

STANDARDS

FOR PROVIDING SERVICES TO SURVIVORS OF SEXUAL ASSAULT

AUGUST 1998

STATE OF NEW JERSEY



CHRISTINE TODD WHITMAN
GOVERNOR

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DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CRIMINAL JUSTICE

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SEXUAL ASSAULT STANDARDS

Introduction

Reports of sexual assaults against adults have continued to increase throughout the past decade.¹ Despite comprehensive nationwide reporting, no one can know for certain how many actual assaults take place each year. Some victims still choose not to report the assault because of embarrassment, fear and trauma. Others lack faith in the follow-up treatment and in the investigative and prosecutorial systems.

A significant number of sex crimes are not reported to law enforcement agencies.² Many survivors fear they will not be believed or lack confidence in the criminal justice system and are concerned how their family and friends might react. Many survivors feel guilty or responsible for being victimized. In many cases those who have been sexually victimized have been treated with skepticism. Additionally, many survivors of sexual assault are reluctant to report the crime if their actions involved risky or illegal behavior. Some survivors fear offender retaliation, some are embarrassed and fear media attention.

Reports of child sexual abuse have also increased dramatically in the past few years, although these remain even more difficult to document than assaults involving adults. Traditionally, the successful prosecution of both adult and child sexual assault cases has been difficult. Since the victim often is the only witness to the crime, the collection of physical evidence as well as the documentation of medical trauma may be crucial to substantiate an allegation and help strengthen the case.

Data collected through an informal survey provided by the New Jersey Division on Women shows that among the reasons for survivors not reporting the crimes are fear of not being believed, lack of confidence in the criminal justice system, fear for their own safety, concern for their families, and concerns about privacy.³

Notwithstanding cases which must be reported to the Division of Youth and Family Services, there is no mandated reporting of sex crimes in New Jersey. The purpose of this document is to assist in affecting change by creating an environment where victims of sexual assault will choose to report their crimes to law enforcement. These changes should assure that survivors who seek help, counseling, medical treatment and wish to report the crimes committed against them to law enforcement are treated with fairness, compassion and respect.

The Role of Standards

These standards are authoritative statements by the Attorney General's Office, the medical profession, the nursing profession, law enforcement, rape crisis advocates, and other representatives of the community that interacts with victims of sexual assault crimes. They describe the responsibilities of all members of this community and reflect the values and priorities of the community. Written in measurable terms, standards also define the communities' accountability to the public and the outcome for which members of this community are responsible.

These standards will provide direction for professionals, counselors, law enforcement officers, and other individuals in the State of New Jersey who deal with adult and child victims of sexual assault, and a framework for the evaluation of their efforts. They are intended for all members of the community that provide services to victims, investigates and prosecutes sexual assault cases, including professionals and individuals in the public and private sectors. The standards have the ultimate objective of improving the provision of all services to victims of sexual assault in New Jersey.

A Victim Centered Approach

These standards have been written to develop a victim centered approach, defined as; the systematic focus on the needs and concerns of a sexual assault victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. All too often, in the provision of services and care to a victim of sexual assault the focus is on the needs of those individuals providing support and services. Victims are required to wait for long periods of time in hospital emergency rooms while the needs of emergency department personnel take priority in caring for other individuals. Time pressures on overburdened

municipal police departments often place the investigating officer's needs over those of the victim. Heavy caseloads, under staffing in prosecutor's offices, especially in sex crime units, takes the focus off the victim's needs for sensitive treatment and an understanding of what occurs during the prosecution of a case. In a victim centered approach, the victim's wishes, safety and well being take priority in all matters and procedures.

Development of the Sexual Assault Protocols

These standards have been developed pursuant to an amendment to a provision of New Jersey Law that ensures the rights of crime victims.⁴ The existing law provides for specific information regarding available services to meet a victim's needs resulting from a crime, information regarding the status of the criminal prosecution that may result from investigation of the crime, the opportunity for a victim to make an in-person statement at sentencing, notice of a defendant's release from custody, notification of a sexual assault victim's right to obtain an HIV test as well as the right to obtain a court order requiring the offender to submit to an HIV test. The new addition to this law requires the Attorney General to coordinate the establishment of standard protocols for the provision of information and services to victims of sexual assault, and make these protocols available to victims upon request.

In response, the New Jersey Division of Criminal Justice, through the State Office of Victim Witness Advocacy invited representatives from many disciplines to participate on the Sexual Assault Protocol Council, including law enforcement, rape care advocacy, the nursing and medical professions, various state organizations and other individuals involved in the care of adult and child survivors of sexual assault and the investigation and prosecution of sexual assault cases. The Council members were carefully selected to include members of the community who have demonstrated a sincere interest, experience, professional expertise, professional responsibility and a genuine commitment to improving the quality of care and services for victims of sexual assault in New Jersey.

The Assembly Law and Public Safety Committee, in a statement to the Legislature, emphasized that the purpose of these statewide protocols is to coordinate the efforts of police departments, hospitals, prosecutors and rape crisis centers. The committee declared that well-defined statewide guidelines and

standardized procedures will enhance the collection, preservation and transmission of forensic evidence, which, in turn, would contribute to the effective prosecution of sexual assault crimes.⁵ These sexual assault protocols are designed to significantly improve the provision of information and services to victims of sexual assault and augment the existing standards to ensure the rights of crime victims.

In recognition of the fact that there are many survivors who are reluctant to report their assaults in New Jersey, we must create a system where those who have been victimized will choose to report their crimes to law enforcement. This system must assure that all who report crimes committed against them will feel affirmed and supported. Proving cases beyond a reasonable doubt involves a high standard of proof and is a difficult task for prosecutors. However it is vital that even in those cases which do not develop beyond an initial report to the police, that victims feel that they are respected and believed. A criminal justice system focused on a victim-centered approach will create an environment in which sexual assault survivors are encouraged to report incidents of sexual assault and are supported throughout the process.

The investigation and prosecution of sexual assault cases is enhanced by the cooperation of law enforcement, health care providers and rape crisis advocates, working as a team. It is important to recognize the roles and responsibilities of each discipline when dealing with victims of sexual assault. Cross training of professionals among and within disciplines is vital. Law enforcement personnel, as well as health care providers and rape crisis personnel, should receive training and familiarize themselves with the procedures presented in this document including those that are utilized by other disciplines involved in working with victims of sexual assault. The duties and responsibilities of each are described in this document, which constitutes a comprehensive guide for minimum standards which must be followed at the local level.

How to Use These Protocols

These protocols are divided into three sections; Standards, Recommendations and Resources.

Standards

These are the protocols that represent the basic standards for the provision of services to sexual assault survivors. They contain four components:

1) The Standard

This is the minimum criterion that establishes the conduct, performance, knowledge requirements, types of services and quality of services for individuals and communities providing care and services to survivors of sexual assault.

2) The Rationale

Specific reasons and concepts that support the Standard.

3) The Outcome

This is the specific objective of the standard or how the standard will be applied in terms of the actual provision of services, conduct of service providers, the type of information and how it is provided to survivors.

4) Measurement Criteria

Specific statements that describe measurable conduct, procedures and services. These provide a method of determining if a standard is met. The measurement criteria also form the basis for an action plan for communities to develop resources, training and services to ensure the standards are met to improve the care and services for survivors of sexual assault.

Recommendations

These are specific recommendations by the Sexual Assault Protocol Council for methods, training, and services to improve the care and treatment of sexual assault survivors.

Resources

Specific contact information for programs and agencies providing services to survivors of sexual assault.

The Sexual Assault Protocols ARE INTENDED to:

- promote consistency and coordination by and between county level agencies, departments, hospitals, rape crisis services and providers of care and services to victims of sexual assault in the private sector;
- reflect a comprehensive set of “best practice” responses to sexual assault;
- provide additional guidance to communities in their efforts to strengthen their responses to sexual assault;
- assist in evaluating current policies and practices, identifying existing gaps and setting goals for future action;
- assist in the identification of policy directions;
- be consistent with state and federal statutes as of the date of issuance.

The Sexual Assault Protocols ARE NOT INTENDED to:

- provide detailed, specific implementation directions. While overall implementation strategy should reflect the priorities of victim safety and offender accountability outlined in this policy, the ways to get there may vary greatly from one community to another. For example, resources may be available in one county that may not be available to another.

- serve as an exhaustive set of recommendations, but rather as a solid foundation of information and guidance to further reinforce the work being done by all individuals involved in the care and treatment of survivors of sexual assault and the investigation and prosecution of these cases.

DEFINITIONS

VICTIM CENTERED APPROACH

The systematic focus on the needs and concerns of a sexual assault victim that ensures compassionate and sensitive delivery of services in a nonjudgmental manner.

RAPE CARE ADVOCATE

An individual who has completed a minimum of 40 hours of training in the dynamics of sexual assault, types of sexual assaults, myths about sexual assault, post traumatic stress, the psycho-biology of traumatic memory, reactions of survivors and significant others, treatment of survivors the importance of a victim-centered, cooperative, multi-disciplinary approach and provides information, counseling or assistance to victims of sexual assault under the control of a direct services supervisor of a victim counseling center.

SEXUAL ASSAULT FORENSIC EXAMINER

A Registered Professional Nurse or Physician, licensed in this state, who has successfully completed a course of training as set forth in Recommendations 2 and 3 of these standards. A Registered Nurse practicing in this role is considered to be a Sexual Assault Nurse Examiner.

SEXUAL ASSAULT NURSE EXAMINER

A Registered Professional Nurse licensed in this state, who has successfully completed a course of training as set forth in Recommendations 2 and 3 of these standards and approved pursuant to the provisions of N.J.A.C. 13:37-2.5.⁶

LAW ENFORCEMENT OFFICER

Any officer of the State of New Jersey or of a political subdivision thereof who is empowered by law to conduct investigations of, or to make arrests

for, any offense enumerated in the New Jersey Criminal Code and any person appointed to temporarily or intermittently perform duties similar to those performed regularly by members of a police force of a local unit, or to provide assistance to a police force during unusual or emergency circumstances, or at individual times or during regular seasonal periods in resort municipalities.

FORENSIC MEDICAL EXAMINATION

An examination provided to a sexual assault victim by medical personnel trained to gather evidence of a sexual assault in a manner suitable for use in a court of law.

- (1) The examination should include at a minimum:
 - (i) examination of physical trauma;
 - (ii) determination of penetration or force;
 - (iii) patient interview; and
 - (iv) collection and evaluation of evidence.

SEXUAL ASSAULT

Any conduct proscribed by Title 2C, Chapter 14 of the New Jersey Criminal Code, which includes both assaults committed by offenders who are strangers to the victim and assaults committed by offenders who are known or related by blood or marriage to the victim.

SURVIVOR

A survivor of sexual assault is a victim of the crime of sexual assault who suffers personal, physical or psychological injury and has reached out for help to begin the process of healing. This term is used in the Sexual Assault Standards in recognition of the strength, hope and courage that sexual assault victims teach us by reaching out to our communities for help.

LETTERS OF SUPPORT



State of New Jersey

DEPARTMENT OF COMMUNITY AFFAIRS

CHRISTINE TODD WHITMAN
Governor

JANE M. KENNY
Commissioner

DIVISION ON WOMEN
101 South Broad Street
PO Box 801
Trenton, NJ 08625-0801

June 24, 1998

Dear Colleague:

It is with great pleasure that the Division on Women endorses this first edition of Sexual Assault Protocol for the State of New Jersey. This document represents hours of collaborative work between various disciplines who came together, in many cases for the first time, to look at the way our state does business in dealing with this serious crime.

It was the task of the Sexual Assault Protocol Coordinating Council to address the hard issues of sexual assault from a victim's perspective in order that a more victim-centered approach would be developed. With sexual assault being one of the most underreported crimes and the recidivism rate being so high in these cases, we recognize the importance of developing a methodology which treats survivors with sensitivity and understanding if we wish to see this trend reversed.

It is our hope that counties and municipalities recognize the serious impact this crime has on their communities and that they would begin the work of adopting this victim-centered protocol in the way they address this crime. The compassionate treatment of victims is essential if we are to encourage survivors of sexual assault to seek support from our towns and communities.

We look forward to the ongoing work of the Sexual Assault Protocol Coordinating Council as they continue to evaluate and further develop these protocol and move forward to address the issues of offender prevention and risk reduction for our state. The Division on Women is honored to support this important effort on behalf of sexual assault victims in our state.

Sincerely,

Linda B. Bowker
Director



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New Jersey State Association of Chiefs of Police

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June 18, 1998

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Westfield Police Dept.

Chaplain
Rev. John R. Bowering

To: N.J. Police Chiefs

As your representative to the Sexual Assault Protocol Council, I wish to endorse the work of the Council in the formulation of this document.

The work of the Council was accomplished through the cooperative effort of representatives from each of the disciplines which are charged with the responsibility of handling the survivor of sexual assault. The purpose of the Council was to formulate a "Victim-Centered" approach to the handling of these cases. It was also hoped that while providing this approach, it would also improve the ability of each agency to handle these incidents in a thorough and compassionate manner.

I believe that this final document accomplishes this purpose, and will benefit every survivor as well as being beneficial to all those agencies involved. This is accomplished in the Protocol, as it clearly defines each participants roles, and mandates cross-training in order to eliminate any potential conflicts.

I would like to complement and thank the work of all the members of the Council who came together, to put aside their differences, in the furtherance of formulating a protocol to benefit all Survivors of Sexual Assault.

Very truly yours,

Chief Daniel H. Colucci
President



Date: July 1998

To: Chief Executive Officers

From: Gary. S. Carter *MSC*
President & CEO

Subject: **Sexual Assault Standards**

The New Jersey Hospital Association (NJHA), in collaboration with representatives from sexual assault service providers, participated in the New Jersey Department of Law and Public Safety, Division of Criminal Justice, Sexual Assault Protocols Coordinating Council to assist in developing standards that will improve the quality and uniformity of services offered to sexual assault survivors throughout the state.

The attached standards address procedural, clinical and educational issues for the establishment of a victim-focused interdisciplinary team approach to evaluation and treatment. They are intended to help hospitals minimize the physical and psychological trauma to survivors by ensuring appropriate and consistent treatment in hospital emergency rooms. A careful and systematic implementation of these standards will also facilitate proper collection and preservation of physical evidence for potential use in subsequent criminal proceedings. The standards also offer information on ways to improve sensitivity to the special needs of sexual assault survivors and should help integrate improved care with existing hospitals procedures.

Although these standards are currently voluntary, NJHA strongly encourages hospitals to collaborate with law enforcement and rape care advocates to foster the development of community-focused programs that deliver a coordinated response, as well as the provision of a victim-centered approach to care. They are particularly important because they will serve as a basis for more specific protocols and interventions that consider each community's unique needs.

Sexual assault is a national tragedy that devastates the lives of hundreds of thousands of victims each year. It is imperative that communities work together to develop victim-centered methods of care and investigate, prosecute and adjudicate sexual assault cases through the development and implementation of a multi-disciplinary, multi-agency approach. We hope these standards help to facilitate the development of your future services and programs.

Attachment

760 Alexander Road PO Box 1 Princeton, New Jersey 08543-0001
Tel 609-275-4000

Sexual Assault Protocol Council Members

This project represents an substantial amount of time and effort on the part of the following Council members, whose dedication and commitment have resulted in this standardized protocol that will greatly improve the treatment of sexual assault victims in the State of New Jersey:

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STANDARDS

I. THE PHYSICAL, EMOTIONAL AND PSYCHOLOGICAL WELL BEING OF A SURVIVOR OF SEXUAL ASSAULT IS GIVEN PRECEDENCE OVER ALL OTHER MATTERS.

Rationale: Every Survivor of a sexual assault has the right to be treated with fairness, compassion and respect by the criminal justice system.⁷ The State Legislature has determined that "...without the participation and cooperation of crime survivors and witnesses, the criminal justice system would cease to function."⁸ Survivors who do not fear mistreatment are more likely to seek help and report sexual assaults.

Outcome: Every Survivor of a sexual assault can express an understanding of their autonomy and right to make choices regarding medical treatment, law enforcement interviews, evidence collection, counseling and prosecution.

Measurement Criteria

1. Informed consent for all procedures and evidence collection is obtained in all cases.
2. Every Survivor is given a copy of the Crime Victims Bill of Rights.⁹
3. Every Survivor receives information pertaining to services and support for Survivors of sexual assault.¹⁰
4. Every Survivor is informed that they have a right to speak with a Rape Care Advocate prior to beginning any treatment, evidence collection or law enforcement interviews.¹¹
5. Every Survivor's privacy and confidentiality is maintained by all individuals providing treatment, support and legal intervention.

6. No information or documentation is released without first informing a Survivor of the reasons for the release. Survivors who have had information released to the media can demonstrate an understanding of the law enforcement responsibilities under Executive Order No. 69 and the public right to know laws.¹²
7. Survivors are not charged for the costs of collecting forensic evidence.¹³

II. STANDARDIZED EVIDENCE COLLECTION AND INJURY DOCUMENTATION PROCEDURES WILL BE DEVELOPED AND USED IN ALL SEXUAL ASSAULT CASES.

Rationale: Effective evidence collection and the likelihood of successful prosecution is increased through standardization of evidence collection and training for all individuals that provide these services. Survivors often seek a resolution to the severe trauma that results from a sexual assault through a conviction of the offender. Additionally, the community has a strong interest in the successful prosecution of these cases and the deterrence of criminal conduct to prevent future sexual assaults.

Outcome: Every Survivor of a sexual assault receives a competent, uniform and sensitive forensic medical examination that maximizes the potential of a successful prosecution.

Measurement Criteria

1. Every hospital or other exam site provides a private waiting and exam area.
2. A standard forensic evidence collection kit is used in all cases in the state.
3. Evidence is collected by a trained and certified Sexual Assault Forensic Examiner.

4. The preservation of evidence integrity and chain of custody are maintained collaboratively between the forensic examiner, hospitals, and law enforcement.¹⁴
5. Standardized documentation forms for use with the evidence kit, are utilized in all cases.
6. Photographs to document the injuries associated with the incident are taken by an individual trained in forensic photography. Whenever possible, the forensic photographer is of the gender selected by the Survivor.
7. Testing for chemical substances used in drug facilitated rapes is done only with the consent of the survivor.

III. SURVIVORS OF SEXUAL ASSAULT SHOULD BE TREATED IN THE MOST SENSITIVE AND EFFECTIVE MANNER WHEN REPORTING A SEXUAL ASSAULT AND SEEKING IMMEDIATE HELP.

Rationale: Survivors of sexual assault are often in severe crisis and experience continuing fear, emotional and physical trauma immediately after the attack. They have many needs which can be most effectively and sensitively addressed by specially trained individuals who can provide support, health care and legal recourse.

Outcome: A specially trained sexual assault response team, comprised of a sexual assault forensic examiner, a rape care advocate and a law enforcement officer is available to respond in every case to provide counseling, law enforcement intervention and forensic medical examination, when requested by a Survivor of sexual assault.

Measurement Criteria

1. Every Survivor is aware of and has access to a 24-hour rape crisis

hotline.¹⁵

2. Every Survivor is informed of the right to meet privately with a Rape Care Advocate prior to beginning or consenting to any procedure, when medically feasible.
3. Every county develops a Sexual Assault Response Team which is comprised of a law enforcement officer, a forensic medical examiner and a rape care advocate.
4. Every county develops and implements an activation protocol for the Sexual Assault Response Team.
5. Each member who serves on the team is trained and demonstrates competence in their area of expertise.¹⁶

IV. SURVIVORS OF SEXUAL ASSAULT SHOULD RECEIVE THE SAME QUALITY OF ASSISTANCE AND TREATMENT REGARDLESS OF WHERE THE ASSAULT OCCURS.

Rationale: Occasionally, a Survivor wishes to seek help, treatment and report the occurrence of a sexual assault in a different county from where the assault occurs. Survivors should be encouraged to report sexual assaults and a desire to report the assault in a different county should not make the reporting process more difficult, delay treatment or intimidate the Survivor.

Outcome: Each county will have a minimum of one facility where Sexual Assault Response Team services are provided.

Measurement Criteria

1. Each County, with the assistance of the Division of Criminal Justice, establishes at least one facility where the services of a sexual assault response team are available 24 hours a day.

2. The facility is private, secure and has ready access to emergency services.
3. The facility provides for separate treatment and interview areas, with accommodations for family members and friends.
4. The facility is equipped and staffed to administer high quality forensic examinations, treatment and counseling support for sexual assault Survivors.¹⁷
5. The County Sex Crimes/Child Abuse Investigators Association of New Jersey develops protocols for the investigation and referral of cases reported in a different location than where the assault occurred.

V. SURVIVORS OF SEXUAL ASSAULT WILL HAVE THE OPPORTUNITY TO PROVIDE INPUT AND COMMENT ON SERVICES PROVIDED BY HEALTH CARE FACILITIES, RAPE CRISIS ADVOCATES, VICTIM WITNESS ADVOCACY, LAW ENFORCEMENT AND PROSECUTION.

Rationale: Participation in the investigation, prosecution and final outcome of the case can have a positive effect upon survivors of sexual assault, enabling them to resolve physical, emotional and psychological crisis earlier and more effectively. Survivors enter the healing process and are better able to cope with the issues involved in the prosecution of the case when given the opportunity to comment on the various stages of intervention, treatment and care. All participants in the criminal justice process will benefit from information provided by Survivors for the purpose of improving existing methods and protocols.

Outcome: Evaluation survey forms are provided to every Survivor so that they have the opportunity to provide comments on the services provided and their contact with the criminal justice system, including the

opportunity to comment on the health care facility and staff, the rape crisis center, the Survivor witness advocacy services, the police department and the prosecutor's office.

Measurement Criteria

1. The Division of Criminal Justice in consultation with the Sexual Assault Protocol Council develops survey methods and evaluation forms that maximize effective data collection and promote ease of use by Survivors.
2. Evaluation forms are reviewed by the Sexual Assault Protocol Council to assess the effectiveness of current services and protocols.
3. The Sexual Assault Protocol Council refers evaluations to the appropriate agencies and individuals, providing support and reassessment of standards and services to assure that Survivors' needs are met throughout the state.
4. The Sexual Assault Protocol Council meets regularly to review all standards for the provision of information, services and treatment of Survivors of sexual assault to optimize the implementation of standards and protocols.

VI. THE BEST INTERESTS OF THE SURVIVOR ARE CONSIDERED AT ALL TIMES BY LAW ENFORCEMENT OFFICERS WHO ARE INVOLVED IN RESPONSE AND INVESTIGATION OF A SEXUAL ASSAULT PRIOR TO THE ACTIVATION OF THE SEXUAL ASSAULT RESPONSE TEAM (SART) OR WHEN A SART IS NOT ACTIVATED.

Rationale: Prior to the activation of the sexual assault response team, a survivor of a sexual assault may come into contact with various law enforcement professionals and emergency response workers. The critical time period for the collection of evidence and administration of certain medications is within 72 hours of the assault.¹⁸ Law

enforcement officers who are aware of the critical components of the time period following an assault, the services available and the role of the various individuals that provide these services can act to utilize these services, help the survivor to achieve a sense of safety and improve the potential for a successful prosecution of the case.

Outcome: A Rape Care Advocate is available to the Survivor immediately after reporting a sexual assault to law enforcement. If the Survivor chooses, the opportunity is given for the Survivor to speak privately with the rape care advocate prior to questioning by police.

Measurement Criteria

1. The law enforcement officer calls the local rape crisis center to request the services of an advocate when Sexual Assault Response Team is not activated.
2. Interviews of the Survivor are delayed until the arrival of the Rape Crisis Advocate when possible.
3. Law enforcement officers discuss the critical health care needs and transport those who agree to a health care facility for examination and treatment.
2. Even in cases where the Survivor describes no injuries, medical attention is considered.
3. Survivors who choose to have the support of a rape crisis advocate can demonstrate an understanding that the advocate can be present and provide support during a medical examination and law enforcement interviews.¹⁹
4. The Survivor and the officer are aware of the time constraints concerning medical procedures, treatment and evidence collection and can demonstrate an understanding that certain treatment options may not be available if treatment is delayed.

5. The law enforcement officer explains each step of the investigation, especially the need to ask personal, intimate and detailed questions about the assault.
6. The Survivor is informed when an arrest is made, when the defendant is released on bail and during each step of the case.
7. Survivors who choose not to speak with a Rape Care Advocate receive information on agencies that provide counseling, health care and legal services to survivors of sexual assault.²⁰

VII. THE BEST INTERESTS OF THE SURVIVOR ARE CONSIDERED AT ALL TIMES BY RAPE CARE ADVOCATES WHO ASSIST A SEXUAL ASSAULT SURVIVOR.

Rationale: A survivor may not wish to report an assault to authorities because of a distrust of the system or a lack of knowledge regarding the options available. Providing competent, sensitive care and information to the survivor may reduce the anxiety and fear that occurs after an assault and improve the potential for arrest and successful prosecution. The Rape Care Advocate is in the best position to provide information, crisis intervention and immediate counseling to promote a survivor's autonomy and ability to make the best choices regarding medical treatment, law enforcement or prosecution options and forensic evidence collection. Rape crisis advocates have important roles in supporting survivors and their families by providing crisis intervention, emotional support, information, and referrals. Most rape care programs offer counseling, therapy, and support groups.

Outcome: Rape Crisis Advocates encourage Survivors to make informed decisions about reporting the assault, medical treatment, forensic evidence collection and counseling.

Measurement Criteria

1. The Rape Care Advocate does not speak with the Survivor unless the Survivor has given an informed consent and expresses a clear desire to speak with the advocate.
2. When a Survivor wishes to report the crime to law enforcement, the Sexual Assault Response Team is activated immediately.
3. The Rape Crisis Advocate and the Survivor can demonstrate an understanding of the following:

Many survivors find it empowering to file charges against the assailant.

By filing charges, Survivors may be eligible for funds from the Victims of Crime Compensation Board which may assist in paying costs associated with being a Survivor of crime (e.g., medical, counseling or therapy costs).

Rape crisis advocates are available to support survivors through the criminal justice process.

Survivors may need to repeat the events of the incident many times.

It may take several years to resolve the case through trial or guilty plea.

There is no guarantee of a successful prosecution of the case.

4. Rape Care Advocates who participate on the Sexual Assault Response Team have received 40 hours of specialized training.²¹

VIII. PROSECUTORS CONSIDER THE PHYSICAL, EMOTIONAL AND PSYCHOLOGICAL WELL BEING OF THE SURVIVOR IN ALL PHASES OF THE PROSECUTION OF THE CASE.

Rationale: A central principle of this State's criminal justice system is that crimes are committed against the entire society as well as the individuals who are directly victimized. Thus, for example, our law requires that indictments be captioned, "State against..." and conclude with the allegation that the crime was committed "against the peace of this State, the government and dignity of the same." This may create misunderstanding on the part of sexual assault survivors. These individuals have been subjected to one of the most traumatic experiences possible. They expect that the prosecutor will represent their interests in what they perceive to be their case. Prosecutors, on the other hand, do not have the responsibility to represent the personal interests of each sexual assault victim. Their Constitutional duty is to represent the interests of society in the State's cases. Because sexual assault survivors see themselves as the aggrieved parties, they expect to participate in the decisions made concerning the processing of their cases.²²

Outcome: The prosecutor utilizes a victim centered approach to promote survivor participation, ensure that the survivor is treated with compassion, respect and ensure offender accountability.

Measurement Criteria

1. Prosecutors assume the ultimate responsibility for informing survivors of the status of the case from the time of the initial charging decision to determinations of parole.
2. Prosecutors bring to the attention of the court the views of survivors on bail decisions, continuances, plea bargains, dismissals, sentencing and restitution.
3. Prosecutors charge and pursue to the fullest extent of the law defendants who harass, threaten, injure, or otherwise attempt to

intimidate or retaliate against victims or witnesses.

4. Prosecutors strongly discourage case continuances. When such delays are necessary, procedures are established to ensure that cases are continued to dates agreeable to the survivor and witnesses, that these dates are secured in advance whenever possible, and that the reasons for the continuances are adequately explained to the survivor.
5. Prosecutors ensure the prompt return of the survivor's property, absent a need for the actual evidence in court.
6. Prosecutors recognize the profound impact that crimes of sexual violence have on both child and adult victims and their families.
7. Prosecutors, where appropriate, request that any release on bail or personal recognizance bond include no contact provision as a condition of bail.
8. Prosecutors include the survivor, whenever possible, in decisions concerning the reduction of charges, plea offers, the offer of diversion programs, dismissal or other dispositions.
9. The prosecutor maintains communication with the survivor, responding to inquiries as soon as possible.
10. Where the size of the office and resources permit, each Prosecutor's office has an Assistant Prosecutor who has expertise or special training in the investigation and prosecution of sexual assault cases available in each county for consultation with law enforcement, health care personnel and rape care advocates at all times.
11. The survivor receives a copy of "A Crime Victim's Guide to the Criminal Justice System" and a representative of the County Victim Witness Office is available to answer questions about the criminal justice process.
12. The Prosecutor's Office assures that:

the victim is notified of the right to obtain an approved serological test for acquired immune deficiency syndrome (AIDS) or infection with the human immunodeficiency virus (HIV) or any other related virus identified as a probable causative agent of AIDS, and assists the victim, or refers the victim for assistance, in obtaining a test and appropriate counseling and medical care and;

the victim is notified of the right to obtain a court order pursuant to subsection a. of section 4 of P.L.1993, c. 364 (C. 2C:43-2.2) requiring the offender to submit to an approved serological test for acquired immune deficiency syndrome (AIDS) or infection with the human immunodeficiency virus (HIV) or any other related virus identified as a probable causative agent of AIDS in the event that the offender is indicted, formally charged, convicted or adjudicated delinquent.²³

13. The Prosecutor's Office provides the following services:

- (1) Orientation information about the criminal justice system and the victim's and witness's role in the criminal justice process;
- (2) Notification of any change in the case status and of final disposition;
- (3) Information on crime prevention and on available responses to witness intimidation;
- (4) Information about available services to meet needs resulting from the crime and referrals to service agencies, where appropriate;
- (5) Advance notice of the date, time and place of the defendant's initial appearance before a judicial officer, submission to the court of any plea agreement, the trial and sentencing;
- (6) Advance notice of when presence in court is not needed;
- (7) Advice about available compensation, restitution and other forms of recovery and assistance in applying for government compensation;
- (8) A waiting or reception area separate from the defendant for use during court proceedings;
- (9) An escort or accompaniment for intimidated victims or witnesses

during court appearances;

(10) Information about directions, parking, courthouse and courtroom locations, transportation services and witness fees, in advance of court appearances;

(11) Assistance for victims and witnesses in meeting special needs when required to make court appearances, such as transportation and child care arrangements;

(12) Assistance in making travel and lodging arrangements for out-of-State witnesses;

(13) Notification to employers of victims and witnesses, if cooperation in the investigation or prosecution causes absence from work;

(14) Notification of the case disposition, including the trial and sentencing;

(15) Assistance to victims in submitting a written statement to a representative of the county prosecutor's office about the impact of the crime prior to the prosecutor's final decision concerning whether formal charges will be filed;

(16) Advice to victims about their right to make a statement about the impact of the crime for inclusion in the presentence report or at time of parole consideration, if applicable;

(17) Notification to victims of the right to make an in-person statement, prior to sentencing, directly to the sentencing court concerning the impact of the crime;

(18) Expediting the return of property when no longer needed as evidence;

(19) Advise and counsel, or refer for advice or counseling, victims of sexual assault, or other criminal acts involving a risk of transmission of disease, concerning available medical testing and assist such victims, or refer such victims for assistance, in obtaining appropriate testing, counseling and medical care and in making application to the Victims of Crime Compensation Board for compensation for the costs of such testing, counseling and care;

(20) Assistance to victims in submitting a written impact statement to a representative of the county prosecutor's office concerning the impact of the crime which shall be considered prior to the prosecutor's accepting a negotiated plea agreement containing

recommendations as to sentence and assistance to victims in securing an explanation of the terms of any such agreement and the reasons for the agreement;

(21) Notification to the victim of the defendant's release from custody which shall include:

(a) notice of the defendant's escape from custody and return to custody following escape;

(b) notice of any other release from custody, including placement in an Intensive Supervision Program or other alternative disposition, and any associated conditions of release;

(c) notice of the filing by an inmate of an application for commutation of sentence pursuant to N.J.S. 2A:167-4 and its disposition;

(d) notice of parole consideration pursuant to provisions of P.L.1979, c. 441 (C. 30:4-123.45 et seq.); and

(e) notice of the pending release of an inmate due to expiration of sentence; and

(22) Interpreting services for victims and witnesses when necessary to assist a victim or witness who is hearing impaired or developmentally disabled as defined in section 3 of P.L.1977, c. 82 (C. 30:6D-3) to understand questions and frame answers.²⁴

14. The survivor is notified of the anticipated release of the defendant from incarceration in a county or State penal institution using any reasonable means available, unless the victim has requested not to be notified.²⁵
15. The survivor is notified if the defendant is scheduled for a custody status review which might result in a reduced custody classification that would make him eligible to leave the correctional facility to participate in a community release agreement program, halfway house program or substance abuse treatment program and provides written comments to the Department of Corrections regarding the change of custody status.

IX. THE SPECIAL NEEDS OF SURVIVORS OF SEXUAL ASSAULT ARE RECOGNIZED AND GIVEN PRIORITY.

Rationale: For some survivors, the problems of poverty and discrimination already have resulted in a high incidence of victimization, as well as inadequate access to quality hospital treatment. Additionally, the difficulty of providing adequate responses to the sexual assault survivor is complicated when the survivor is disabled. Some have limited mobility, cognitive defects which impair perceptual abilities, impaired or reduced mental capacity to comprehend questions, or limited language or communication skills to tell what happened. They may be confused or frightened and unsure of what has occurred or may not understand that they have been exploited and are victims of a crime. Further, religious doctrines may prohibit a female from disrobing in the presence of a male who is not her husband, or forbid a genital examination by a male physician. Such practices are considered a further violation. A victim centered approach requires that all individuals who interact with special needs survivors be sensitive to all aspects of a special need and be able to respond in an accepting and supportive manner.

Outcome: Sexual assault victims with special needs are identified by health care personnel, law enforcement officers and rape care advocates and appropriate assistance services are obtained to minimize further trauma and promote evidence collection and prosecution.

Measurement Criteria

1. Partnerships are established among law enforcement, health care providers, rape care programs, religious groups, agencies and organizations providing assistance to persons with disabilities, ethnic community based organizations, adult protective services agencies, county human relations commissions, organizations providing advocacy and services to lesbians and gay males, and other organizations with expertise in working with special populations.
2. A female physician or nurse examiner is available for patients whose

religion or cultural customs prohibit a genital examination by a male physician.

3. Language interpreters are provided to non-English speaking survivors to assist with communication through all phases of the investigation, forensic medical examination and evidence collection process.
4. Coordinated public information campaigns to reach special populations are developed at county and local levels, identifying resources that exist for sexual assault survivors with special needs and provided in a manner that will encourage reporting.
5. State and county training programs for providers of sexual assault services include a component identifying special needs populations and effective response to their unique treatment and support service needs.

X. CHILD VICTIMS OF SEXUAL ASSAULT MUST RECEIVE SPECIALIZED TREATMENT AND SERVICES.

Rationale: Because of the inability of most children to secure medical treatment on their own, the majority of sexually abused children do not receive immediate medical attention. When medical attention is received, it is usually at the request of a third party. This request is usually made by a parent who notices unusual genital tenderness, discharge or urinary problems, by a teacher who sees a sudden change in the child's behavior, by a relative who suspects physical abuse, or by a physician who discovers gonorrhea from a vaginal, urethral or throat culture. Children who are sexually abused are often abused by someone with whom they are familiar, often a caretaker. Sexually abusive and assaultive actions include those which occur before a child is developmentally prepared and cannot give informed consent to engage in sexual activities or behaviors. Special training, examination techniques and interviewing techniques must be utilized to minimize the trauma that a child experiences and optimize the ability to successfully investigate and prosecute the case to provide

both intervention, treatment and offender accountability.

Outcome: Child victims of sexual assault are examined and treated in consultation with the Regional Diagnostic Centers and consistent with the guidelines developed by the New Jersey Task Force on Child Abuse and Neglect.²⁶

Measurement Criteria

1. Health care, law enforcement, and rape crisis personnel ensure child sexual assault victims and their families are treated with compassion and respect.
2. Law enforcement investigators are experienced and receive specialized training.
3. Multiple interviews of the child are avoided by assuring the child protection worker and the investigative team work cooperatively.
4. When a child sexual assault victim presents at a hospital emergency room, they are immediately afforded privacy.
5. The forensic medical examination is done by a health care professional specifically trained in sexual assault procedures for children.
6. An on-call representative from the Regional Diagnostic Center is contacted and consulted when a child victim must be examined and treated in a local hospital emergency department.
7. A child is never restrained or otherwise forced to have a forensic medical examination. When a child cannot comply with evidence collection, the examination is stopped and the child is referred to the Regional Diagnostic Center or affiliated centers.²⁷
8. A child sexual assault victim and the family has the benefit of a rape

crisis or social worker at all times.

9. The child sexual assault victim has a parent or caretaker present throughout the medical and legal process unless it interferes with investigative procedures.
10. The Division of Youth and Family Services is contacted when it is suspected a child has been sexually abused by a caretaker.
11. Treatment for sexually transmissible diseases and pregnancy prevention is made available to the child victim.
12. A Safety Plan is completed and reviewed by health care personnel, law enforcement, rape crisis advocates and the caretaker for the child before the child is released.²⁸

RECOMMENDATIONS

RECOMMENDATION 1.

- A. Each county should develop a Sexual Assault Response Team, available to respond to a sexual assault at any time, that is comprised of a member from each of the following disciplines:
 - Sexual Assault Forensic Examiner
 - Rape Care Advocate
 - Law Enforcement
- B. Activation protocols for the Response Team should be developed and implemented in each county.

RECOMMENDATION 2.

Every participant on the Sexual Assault Response Team must complete a standardized education and training program. The training should include a comprehensive review of the roles and responsibilities of each team member and instruction in the following areas:

- The history of the coordinated multi-disciplinary response to Sexual Assault.
- Specific policies, protocols and procedures that direct the conduct and actions of each team member.
- The collection and handling of evidence.
- Documentation procedures.
- The psychological aspects of sexual assault and rape trauma syndrome.
- The dynamics of sexual assault.
- Confidentiality issues involved in the care treatment of survivors and the investigation of sexual assault cases.
- Comprehensive training in the dynamics of sexual assault, types of

sexual assaults, myths about sexual assault, post traumatic stress, the psycho-biology of traumatic memory, reactions of survivors and significant others, treatment of survivors the importance of a victim-centered, cooperative, multi-disciplinary approach.

RECOMMENDATION 3.

The Council recommends the following training and educational standards for medical and nursing professionals to qualify to practice as Sexual Assault Forensic Examiners:

- Education and training consistent with the standards and practices established by the International Association of Forensic Nurses and the American Academy of Forensic Sciences.
- Certificate of completion of training program in accordance with regulations adopted by the New Jersey Board of Nursing with the approval of the Attorney General.²⁹
- A. Recommended roles and responsibilities for Sexual Assault Forensic Examiners:
 - Explain evidence collection procedures and the right to refuse part or all of an evidentiary or medical exam.
 - Obtain the informed consent of the survivor for an evidentiary exam.
 - Perform a Forensic Medical Examination as consented to by the survivor.
 - Ensure the recognition and treatment of all injuries.
 - Test for pregnancy and sexually transmissible diseases when appropriate.
 - Provide information regarding treatment options and pregnancy prevention and alternatives.
 - Arrange for health care follow-up for additional testing or care as appropriate.
 - Work collaboratively with law enforcement to document initial interview information.
 - Work collaboratively with the rape care advocate to ensure that the

survivor's needs are met.

- B. An annual in service on Sexual Assault Protocols and the responsibilities of each health care professional is recommended for Emergency Medical Technicians, Paramedics, Nurses and physicians.
- C. Recommended roles and responsibilities for other health care professionals:
 - i. Emergency Medical Technicians and Paramedics
 - Transport the Survivor of a sexual assault to the designated facility.
 - Attend an annual in service on sexual assault protocols and responsibilities.
 - ii. Nurses
 - Escort the survivor immediately to a private area.
 - Activate the sexual assault response team in accordance with county protocols established pursuant to recommendation # 1.
 - Complete triage of physical injuries for any urgent medical needs and provide medical intervention by an Emergency Department physician as needed or if requested by the survivor.
 - Provide emotional support.
 - Attend an annual in service on sexual assault protocols and responsibilities.
 - iii. Health Care Providers
 - Provide medical interventions for treatment of physical injuries as needed.
 - Attend an annual in service on sexual assault protocols and responsibilities.

RECOMMENDATION 4.

The Council recommends the following training, educational standards roles and responsibilities for law enforcement officers:

- Attend an annual training on sexual assault protocols and responsibilities
- Activate other members of the SART in accordance with county protocols established pursuant to recommendation #1.
- Collaborate with the Sexual Assault Forensic Examiner or Health Care Provider in conducting the initial interview of the survivor.
- Maintain the of chain of custody of evidence collected.
- Collaborate with the Sexual Assault Forensic Examiner or Health Care Provider in the evidence collection process.

RECOMMENDATION 5.

The Council recommends the following training, educational standards roles and responsibilities for Rape Care Advocates:

- Complete a minimum of 40 hours of training, consisting of comprehensive training in the dynamics of sexual assault, types of sexual assaults, myths about sexual assault, post traumatic stress, the psycho-biology of traumatic memory, reactions of survivors and significant others, treatment of survivors the importance of a victim-centered, cooperative, multi-disciplinary approach and an annual in service on Sexual Assault Protocols and responsibilities.³⁰
- Provide crisis intervention and ongoing emotional support to the survivor.
- Provide initial crisis intervention and make arrangements for ongoing emotional support for significant others.
- Provide or refer other social services.

RECOMMENDATION 6.

Every facility that is developed in each county to provide services to victims of sexual assault utilizing Sexual Assault Forensic Examiners and a Sexual Assault

Response Team must have:

- (1) Full gynecological exam facilities.
- (2) A colposcope with photographic capabilities.
- (3) An alternative light source used in forensic examinations and investigations.
- (4) Other forensic equipment appropriate to detect, collect and preserve evidence.
- (5) Accommodations for family members and significant others.
- (6) The ability to store forensic evidence in a secure area for at least 90 days.
- (7) Access to a private bathroom with shower facilities.
- (8) Access to a change of clothing following the forensic examination.

RECOMMENDATION 7.

Every county must develop a 24 hour rape crisis hotline in collaboration with an established rape care program located within the county. The Council recommends that this 24 hour service be designated as the county wide contact number to activate the Sexual Assault Response Team.

RECOMMENDATION 8.

The Attorney General, in collaboration with the County Prosecutors, Municipal Chiefs of Police and the Superintendent of the State Police, should develop procedures to retain custody of forensic evidence collected from survivors who choose to have forensic evidence collected but have not made a decision or are unable to proceed with further investigation and prosecution. If a victim is undecided regarding prosecution, evidence collected should be held for at least 90 days to give the survivor an opportunity to make a decision when not subject to the intense emotional trauma immediately following a sexual assault. Many victims are in extreme crisis and unable to make clear decisions near the time of the assault. Those who sign a waiver to prosecute may reverse the decision and decide to prosecute at a later date. It is in the best interests of the survivor and the community to preserve the ability of the State to proceed with prosecution.

RECOMMENDATION 9.

The State Board of Nursing and the State Board of Medical Examiners should develop standards, protocols and regulations to ensure that health care professionals serving as Sexual Assault Forensic Examiners have completed training, demonstrate competence of practice in the related health care fields, in forensic medicine and forensic nursing, to ensure the highest quality of care, forensic evidence collection and services to survivors of sexual assault.

RECOMMENDATION 10.

The Attorney General should provide a mechanism for the certification of currency of practice for health care professionals in addition to the standards and regulations developed by the Boards of Nursing and Medical Examiners. This certification process must include a recertification requirement for practitioners every two years. The certification of currency of practice should augment any competency of practice standards and regulations developed by the Board of Nursing and the Board of Medical Examiners to assure that all forensic nurses and other health care practitioners have recent experience, credentialing, approved training and continuing education, to practice as forensic sexual assault examiners.

RECOMMENDATION 11.

The Council recommends the following call and referral protocol be implemented by all municipal police departments:

When a rape victim chooses to go to a police department to seek help and report an assault, the law enforcement officer should call the local rape crisis center to request the services of an advocate. The rape crisis advocate should respond to the police department but have no contact with the survivor without her permission. Those who choose to have support of a rape crisis advocate, may have the advocate present at all times, during questioning and statement. The Council emphasizes that the role of the advocate during this procedure is to support the survivor, not to become actively involved

in or impede the investigation. If a rape victim calls for the police after a sexual assault, every effort should be made to assure that the response ensures the survivor anonymity and minimizes any embarrassment.

RECOMMENDATION 12.

The Attorney General and County Prosecutors should collaborate to provide an annual training program for law enforcement officers and assistant prosecutors in the investigation and prosecution of sexual assault cases.

RECOMMENDATION 13.

County Prosecutors and County Rape Care providers should meet regularly to review the administration of sexual assault services in each county.

RECOMMENDATION 14.

The Council recommends that the following Safety Plan be implemented and used in all cases prior to the survivor returning to the community. This suggested outline should be developed further by each community, with consideration of the specific resources and services in each community for survivors of sexual assault. The Safety Plan is especially important to develop and use in the care and treatment of child victims.

Safety Plan

Every survivor of sexual assault should have the benefit of the discharge plan that addresses personal safety, medical follow-up and emotional needs. The following issues should be addressed:

1. Safety Plan

Determine if the survivor feels safe returning to the residence. If not, they should be assisted in exploring alternatives available such as, relatives, friends and shelters. In the case of child victims, assistance of New Jersey Division of Youth and Family Services should be requested.

2. Transportation

Does the victim have transportation to safely reach home or alternative location? If not, assistance with transportation should be provided.

3. Emotional Reaction

Following the sexual assault, the survivor may experience a time of crisis and confusion. It will affect the victim as well as those who care about her. She will need a great deal of emotional support. The survivor should be counseled prior to discharge regarding the feelings frequently felt by survivors. They should be told these feelings are normal and they have the right to feel them.

Survivors should be helped to identify a personal support system, relatives, friends, clergy, or others they can talk to, or get support from over the next few days. Survivor should also be given information regarding professional resources for counseling available in the community and how to access those services.

4. Medical Follow-up

Survivors should receive information regarding recommended medical follow-up, contact persons, questions or medical concerns that arise following sexual assault forensic examination, and resources available in the community for medical follow-up.

5. Law Enforcement

Survivors should be informed of the next steps in the legal process and provided with a contact person from law enforcement or prosecutor's office.

RECOMMENDATION 15.

The Council recommends that the Division of Criminal Justice , through the State Office of Victim Witness Advocacy, continue the Sexual Assault Protocol Council as a permanent advisory body to review the effectiveness and implementation of these protocols, further develop specific protocols and recommendations to provide for an ongoing review and improvement of services for victims of sexual assault in New Jersey.

RESOURCES

For further information on these protocols please contact:

James A. Gilson
Deputy Attorney General
N.J. Division of Criminal Justice
25 Market Street
P.O. Box 85
Trenton, New Jersey 08625
609-984-1956

USEFUL TELEPHONE NUMBERS

State Office of Victim-Witness Advocacy (609) 588-7900

Victims of Crime Compensation Board (800) 242-0804

Division of Criminal Justice
Prosecutors and Police Section (609) 984-6500

Administrative Office of the Courts
Professional Services - Judicial Complaints (609) 292-2552
Office of Attorney Ethics (800) 406-8594

Child Abuse Hotline (800) 792-8610

NJ Bias Crime Support Network (609) 984-3093

Statewide Domestic Violence Hotline (800) 572-SAFE

NJ Coalition for Battered Women (609) 584-8107

NJ Coalition Against Sexual Assault (732) 846-3586

New Jersey Parole Board (609) 292-4582

COUNTY VICTIM-WITNESS OFFICES

Atlantic County

Jacqueline Simonson, Coordinator
Office of Victim-Witness Advocacy
Atlantic County Prosecutor's Office
1470 19th Avenue
P.O. 2002
Mays Landing, New Jersey 08330
Phone: (609) 645-5808
Fax: (609) 645-5994

Bergen County

Arlene Libuser, Coordinator
Office of Victim-Witness Advocacy
Bergen County Prosecutor's Office
Justice Center, Room 107
Hackensack, New Jersey 07601
Phone: (201) 646-2057 & (201) 646-2973
Fax: (201) 646-2264 & (201) 646-3794

Burlington County

Bobbie DeLaRoi, Coordinator
Office of Victim-Witness Advocacy
Burlington County Prosecutor's Office
49 Rancocas Road, 2nd Floor
Mt. Holly, New Jersey 08060
Phone: (609) 265-5048
Fax: (609) 265-3154 or 265-5586

Camden County

Linda Burkett, Coordinator
Office of Victim-Witness Advocacy
Camden County Prosecutor's Office
25 North Fifth Street
Camden, New Jersey 08102
Phone: (609) 225-8431
Fax: (609) 225-8477

Cape May County

Claire McArdle, Coordinator
Office of Victim-Witness Advocacy
Cape May County Prosecutor's Office
Moore Road, DN 110
Cape May Court House, NJ 08210
Phone: (609) 465-1163
Fax: (609) 465-6766

Cumberland County

Ashley L. Sorantino, Coordinator
Office of Victim-Witness Advocacy
Cumberland County Prosecutor's Office
43 Fayette Street, P.O. Box 01
Bridgeton, New Jersey 08302
Phone: (609) 453-0486 Ext. 517
Fax: (609) 451-1507

Essex County

Pamela McCauley, Coordinator
Office of Victim-Witness Advocacy
Essex County Prosecutor's Office
New Courts Building-3rd Floor
Newark, New Jersey 07102
Phone: (973) 621-4687 and 621-4709
Fax: (973) 621-6150

Gloucester County

Barbara Carter, Coordinator
Office of Victim-Witness Advocacy
Gloucester County Prosecutor's Office
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Hudson County

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Hudson County Prosecutor's Office
Administration Building
595 Newark Avenue
Jersey City, New Jersey 07306
Phone: (201) 795-6508
Fax: (201) 217-5394

Hunterdon County

Virginia Cavella, Coordinator
Office of Victim-Witness Advocacy
Hunterdon County Prosecutor's Office
Flemington, New Jersey 08822
Phone: (908) 788-1403
Fax: (908) 788-6728

Mercer County

Mary Effie Raney, Coordinator

Office of Victim-Witness Advocacy
Mercer County Prosecutor's Office
P.O. Box 8068
Trenton, New Jersey 08650
Phone: (609) 989-6428 (609) 989-6274
Fax: (609) 989-0161

Middlesex County
Jayne A. Guarino, Coordinator
Office of Victim-Witness Advocacy
Middlesex County Prosecutor's Office
P.O. Box 71, JFK Square
New Brunswick, New Jersey 08903
Phone: (732) 745-3394 or (732) 745-5710
Fax: (732) 296-7962

Monmouth County
Marsha Williams-Holts, Coordinator
Office of Victim-Witness Advocacy
Monmouth County Prosecutor's Office
71 Monument Park
Freehold, New Jersey 07728-1261
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Fax: (732) 845-2005

Morris County
Sandra McGowan, Coordinator
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Morris County Prosecutor's Office
Court House
Morristown, New Jersey 07960
Phone: (973) 285-6200 Ext. 6309
Fax: (973) 285-6226

Ocean County
Susan Bruett, Coordinator
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Ocean County Prosecutor's Office
119 Hooper Avenue
Toms River, New Jersey 08754
Phone: (732) 929-2195
Fax: (732) 288-7608

Passaic County
Margarita Rodriguez, Coordinator
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401 Grand Street

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Fax: (973) 881-0436

Salem County
Kimberly Corbin, Acting Coordinator
Office of Victim-Witness Advocacy
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Salem, New Jersey 08079
Phone: (609) 935-7510 Ext: 8526
Fax: (609) 935-8737

Somerset County
Deborah McGowan, Coordinator
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Somerset County Prosecutor's Office
P.O. Box 3000
40 North Bridge Street
Somerville, New Jersey 08876
Phone: (908) 575-3359 or 575-3405
Fax: (908) 231-0781

Sussex County
Lois Ferguson, Coordinator
Office of Victim-Witness Advocacy
Sussex County Prosecutor's Office
19-21 High Street
Newton, New Jersey 07860
Phone: (973) 383-1570 Ext. 15
Fax: (973) 383-4929

Union County
Elaine O'Neal, Coordinator
Office of Victim-Witness Advocacy
Union County Prosecutor's Office
24-52 Rahway Avenue
Elizabeth, New Jersey 07207
Phone: (908) 527-4596
Fax: (908) 558-2587

Warren County
Jenny Sipple, Coordinator
Office of Victim-Witness Advocacy
Warren County Prosecutor's Office
Court House
Belvidere, New Jersey 07823
Phone: (908) 475-2663

New Jersey Sexual Assault Programs

Atlantic County

Rape Care Program
Atlantic County Women's Center
P.O. Box 311, 201 Shore Road
Northfield, New Jersey 08225
800-286-4184
609-646-6767

Bergen County

Rape Crisis Center
YWCA of Bergen County
75 Street, Suite 108
Hackensack, New Jersey 07601
201-487-2227

Burlington County

Rape Care Program
CONTACT of Burlington County
P.O. Box 333
Moorestown, New Jersey 08057
609-234-8888
609-234-5484

Camden County

Services Empowering Rape Victims
Family Counseling Service of Camden
584 Benson Street
Camden, NJ 08103
609-964-SERV(7378)

Cape May County

Coalition Against Rape and Abuse, Inc.
P.O. Box 774
Cape May Court House, NJ 08210
609-522-6489

Cumberland County

Rape Care Program
Cumberland County Guidance Center
Carmel Road, RD #1
P.O. Box 808
Millville, New Jersey 08332
609-455-5555

Essex County

Rape Crisis Program
University Behavioral Healthcare
University of Medicine and Dentistry
215 South Orange Avenue, Room C76
Newark, New Jersey 07103-2770
973-623-2323
973-972-6100

SAIRI

Newark Beth Israel Medical Center
201 Lyons Avenue at Osbourne Terrace
Newark, New Jersey 07112
973-926-6895
(business hours only)

Gloucester County

Rape Care Program
People Against Spouse Abuse
P.O. Box 755
Glassboro, New Jersey 08028
609-881-3335

Hudson County

Sexual Assault Service
Christ Hospital Mental Health Center
176 Palisade Avenue
Jersey City, New Jersey 07306
201-795-8373
201-795-8375

Rape Care Program
Jersey City Medical Center
50 Baldwin Avenue
Jersey City, NJ 07304
201-915-2073

Hunterdon County

Rape Care Program
Women's Crisis Services
47 East Main Street, Suite 140
Flemington, New Jersey 08822
908-788-4044
908-788-7666

Mercer County

Rape Crisis Program
YWCA of Trenton
140 East Hanover Street
Trenton, New Jersey 08608
609-989-9332
609-989-8696

Middlesex County

Rape Crisis Intervention Center
Roosevelt Hospital
One Roosevelt Drive
Edison, New Jersey 08837
877-665-7273

Monmouth County

Rape Care Program
Women's Center of Monmouth County
Rape Care Program
Building 3, Suite 42
1 Bethany Road
Hazlet, New Jersey 07730
732-264-RAPE

Morris County

Sexual Assault Support Service
Women's Health and Counseling Center
59A Broadway
Denville, NJ 07834
908-983-1280

Ocean County

Sexual Abuse and Assault Program
St. Francis Community Center (LBCC, Inc.)
4700 Long Beach Blvd.
Brant Beach, New Jersey 08008
732-370-4010
609-494-1090

Passaic County

Rape Crisis Services
Passaic County Women's Center
P.O. Box 244

Paterson, NJ 07513
973/881-0725 office
973/881-1450 hotline

Salem County

Rape Care Program
Salem County Women's Services
P.O. Box 125
Salem, New Jersey 08079-0125
609-935-6655

Somerset County

Sexual Assault Support Service
Women's Health and Counseling Center
95 Veterans Memorial Drive East
Somerville, New Jersey 08876
908-526-7444

Sussex County

Rape Care Program
Domestic Abuse Services, Inc.
P.O. Box 805
Newton, New Jersey 07860
973-579-2386

Newton Memorial Hospital
Project Against Sexual Assault/Abuse
175 High Street
Newton, New Jersey 07860
800-841-4929

Union County

Rape Crisis Services
302 North Avenue East
Westfield, NJ 07090-1499
908/233-7273 office and hotline

Warren County

Domestic Abuse & Rape Crisis Center
P.O. Box 423
Belvidere, New Jersey 07823
908-453-4181

NOTES

1. According to the Federal Bureau of Investigation's Uniform Crime Reports, an annual statistical compilation of crimes reported to law enforcement agencies across the nation, in 1996, there were 95,769 reported forcible rapes and assaults or attempts to commit rape. Department of Justice, Uniform Crime Reports, Crime in the United States, 1996, p. 23. (1996).

2. The National Crime Victimization Survey conducted by the U.S. Department of Justice obtains information about crimes both reported and not reported to police. In 1996, the NVCS identified 307,000 incidences of rape/ sexual assault committed in the nation. More than two-thirds remained unreported. U.S. Department of Justice, Bureau of Justice Statistics, Criminal Victimization in 1996, p.3 (1996).

3. Report from the Coordinator of the Rape Care Program, Office of the Prevention of Violence Against Women, Division on Women, to the Sexual Assault Protocol Council, February 20, 1998.

4. The existing standards currently require the Office of Victim-Witness Advocacy in each county prosecutor's office to provide:

services to victims and witnesses concerning the criminal justice process; progress and disposition of the case; advice about compensation, restitution, and other forms of recovery and assistance; escort for intimidated victims or witnesses during court appearances, assistance relating to the special needs associated with court appearances, such as transportation and child care arrangements; notification to employers with cooperation in the investigation or prosecution causes absence from work; advice about victims right to make a statement concerning the impact of the crime for inclusion in the presentence report, at the time of parole consideration, or to the county prosecutor prior to the prosecutor accepting a negotiated plea agreement; notification of the right to present an in-court statement including application to the Violent Crimes Compensation Board for compensation for the costs of testing, counseling and care; and notification concerning a defendant's release or escape from custody, or admission to an alternative disposition, such as intensive supervision. Additionally, in a case involving a victim of sexual assault, the office or the prosecutor's office is to notify the victim of a right to obtain an HIV test; notify the victim of the right to obtain a court order requiring the offender to submit to an HIV test; assist the victim in obtaining information concerning the results of the offender's test results; and assist the victim in applying to the

Violent Crime Compensation Board for compensation for the cost of testing, counseling and medical care. N.J.S.A. 52:4B-44.

5. The Assembly Law and Public Safety Committee included the following statement with the committee's approval of Senate Bill No. 89, which established the legislated mandate for the Sexual Assault Protocols:

The Assembly Law and Public Safety Committee reports favorably Senate Bill No. 89. Senate Bill No. 89 amends section 6 of P.L.1985, c.404 (C.52:4B-44) to require the Office of Victim-Witness Advocacy in the Division of Criminal Justice in the Department of Law and Public Safety, in consultation with the Commissioner of Health, the Superintendent of the Division of State Police, and representatives of providers of sexual assault services, to establish standard protocols for the provision of information and services to victims of sexual assault, and to make those protocols available to victims upon request. It is the committee's understanding that these statewide protocols would coordinate the efforts of police departments, hospitals, prosecutors and rape crisis centers. In addition, well-defined statewide guidelines and standardized procedures would enhance the collection, preservation and transmission of forensic evidence, which, in turn, would contribute to the effective prosecution of these crimes.

Assembly Law and Public Safety Committee Statement to the Senate, No. 89, State of New Jersey, (June 3, 1996).

6. Refer to endnote #29.
7. On November 5, 1991, New Jersey voters approved an amendment to the State Constitution to ensure certain rights for crime victims:

A victim of a crime shall be treated with fairness, compassion and respect by the criminal justice system. A victim of a crime shall not be denied the right to be present at public judicial proceedings except when, prior to completing testimony as a witness, the victim is properly sequestered in accordance with law or the Rules Governing the Courts of the State of New Jersey. A victim of a crime shall be entitled to those rights and remedies as may be provided by the Legislature. For the purposes of this paragraph, "victim of a crime" means: a) a person who has suffered physical or psychological injury or has incurred loss of or damage to personal or real property as a result of a crime or an incident involving another person operating a motor vehicle while under the influence of drugs or alcohol, and b) the spouse, parent, legal guardian,

grandparent, child or sibling of the decedent in the case of a criminal homicide.”

N.J. CONST, art. I, ¶ 22.

8. The Crime Victims’ Bill of Rights was signed into law on July 31, 1985, to ensure specific rights for victims of crime. The Legislature included a statement emphasizing the importance of the law:

The Legislature finds and declares that without the participation and cooperation of crime victims and witnesses, the criminal justice system would cease to function. The rights of these individuals should be given full recognition and protection. The Legislature has the responsibility to enhance and protect the necessary role of crime victims and witnesses in the criminal justice process. In furtherance of this, the improved treatment of these persons should be assured through the establishment of specific rights. These rights are among the most fundamental and important in assuring public confidence in the criminal justice system. N.J.S.A. 52:4B-35

9. N.J.S.A. Const. Art. 1, ¶ 22. (refer to note #6).

10. The Victim-witness rights information program shall:

- a. Provide victims or their representatives with information about the availability of social and health care services, especially emergency and social services available in the victim’s immediate geographical area;
- b. Provide victims or their representatives with information about possible compensation under the "Criminal Injuries Compensation Act of 1971," P.L.1971, c. 317 (C. 52:4B-1 et seq.) and of the sentencing court's authority to order restitution under chapter 43 of Title 2C of the New Jersey Statutes;
- c. Provide victims or their representatives with information about how to contact the appropriate county office of victim-witness advocacy and the appropriate county prosecutor's office;
- d. Provide a 24-hour toll-free hotline telephone number for victims and witnesses to call with inquiries concerning the information and services available pursuant to this act (emphasis added);**
- e. Provide victims and witnesses with a detailed description of the rights established under the Crime Victim’s Bill of Rights created by P.L.1985, c. 249 (C. 52:4B-34 et seq.);

f. Gather available information from victims assistance programs throughout the country and make that information available to the Office of Victim-Witness Advocacy, police agencies, hospitals, prosecutors' offices, the courts, and other agencies that provide assistance to victims of crimes; and
g. Sponsor conferences to bring together personnel working in the field of victim assistance and compensation to exchange methods and procedures for improving and expanding services to victims. N.J.S.A. 52:4B-42.

11. a. Every state, county, and municipal police department and hospital or other place of emergency medical care shall have available and shall post in a public place information booklets, pamphlets or other pertinent written information, to be supplied by the Violent Crimes Compensation Board, relating to the availability of crime victims' compensation including all necessary application blanks required to be filed with the board.

b. Included in the information supplied by the Violent Crimes Compensation Board shall be information for victims of sexual offenses. This information shall contain the location of rape crisis centers in all geographical areas throughout the State and shall instruct victims of sexual offenses that if a rape crisis center is not available in a victim's immediate geographical area, the victim may contact the appropriate county victim-witness coordinator appointed by the Chief of the Office of Victim-Witness Advocacy established pursuant to P.L.1985, c. 404 (C. 52:4B-39 et seq.). Unless the victim requires immediate medical attention, **this information shall be personally conveyed to the victim of a sexual offense by a representative of the hospital or place of emergency care before a medical examination of the victim is conducted, or by a representative of the police department before the victim's statement is taken, to afford the victim the opportunity to arrange to have assistance from the rape crisis center or county victim-witness coordinator during these procedures.** (Emphasis added). Hospitals shall be held harmless from suits emanating from a hospital's carrying out the obligation to convey information to victims of sexual offenses.

"Rape crisis center" means an office, institution or center offering assistance to victims of sexual offenses through crisis intervention, medical and legal information and follow-up counseling.

c. Every police department shall, upon the filing of a report of a violent crime, make available to any victim information concerning crime victims' compensation. N.J.S.A. 52:4B-22.

12. Executive Order No. 69, signed by Governor Whitman on May 15, 1997, provides specific rules for Prosecutors and other law enforcement officers throughout the state regarding the release of information to the public about crimes, including

the identity of the victim and specific circumstances involved in the crime. The rules apply to all law enforcement officers in New Jersey and require the release of certain information within 24 hours of a request. The Order contains specific provisions that consider the safety of the victim and the victim's family:

3. Notwithstanding the above section 2, the following information shall be available to the public within 24 hours, or sooner if practicable, of a request for such information:

(a) where a crime has been reported but no arrest yet made, information as to the type of crime, time, location and type of weapon, if any;

(b) if an arrest has been made, information as to the name, address and age of any victims, unless there has not been sufficient opportunity for notification of next of kin of any victims of injury and/or death to any such victim or where the release of the names of any victim would be contrary to existing law or court rule. In deciding on the release of information as to the identity of a victim, the safety of the victim and the victim's family, and the integrity of any ongoing investigation, shall be considered;

(c) if an arrest has been made, information as to the defendant's name, age, residence, occupation, marital status and similar background information and the identity of the complaining party, unless the release of such information is contrary to existing law or court rule;

(d) information as to the text of any charges, such as the complaint, accusation and indictment, unless sealed by the court or unless the release of such information is contrary to existing law or court rule;

(e) information as to the identity of the investigating and arresting personnel and agency and the length of the investigation;

(f) information of the circumstances immediately surrounding the arrest, including but not limited to the time and place of the arrest, resistance, if any, pursuit, possession and nature and use of weapons and ammunition by the suspect and by the police; and

(g) information as to circumstances surrounding bail, whether it was posted and amount thereof.

The term "request" shall mean either a written or oral request; provided, however, that all requests are made with sufficient clarity so as to enable a reasonable person to understand the information that is being sought. The law enforcement official responding to oral requests should make best efforts to respond orally over the telephone; however, it shall not be unreasonable to require the requester to appear in person to receive the information. Unless the parties note otherwise, it shall be understood that there is no duty to release or obtain information that is not in the possession of the law enforcement agency at the time of request.

4. Notwithstanding any other provision of this Executive Order, where it shall appear that the information requested or to be examined will jeopardize the safety of any person or jeopardize any investigation in progress or may be otherwise inappropriate to release, such information may be withheld. This section is intended to be narrowly construed to prevent disclosure of information which would be truly harmful to a bona fide law enforcement purpose or public safety if released. It is also intended to prevent such release that would violate existing law regarding confidentiality in areas including, but not limited to, domestic violence and juveniles.

Executive Order No. 69, May 15, 1997.

13. The Victims of Crime Compensation Board currently provides for payment of medical examinations for the purpose of collecting forensic evidence, which is contingent upon the victim applying for compensation and requires that a complaint or charges are filed. Additionally, the Attorney General Standards require the Prosecutor's Office in each county to pay for the costs of a forensic medical examination for sexual assault victims.

14. Assembly Bill No. 99, pre-filed for the 1998-99 legislative term, would require hospitals to follow specific procedures in maintaining evidence in sexual assault cases. The Statement to this bill sets forth the components of the legislation:

This bill requires a health care facility to provide treatment to a patient who has been injured during the commission of an alleged act of sexual assault without requiring the patient, or without interfering with the patient's ability, to file formal charges with the police. The health care facility would also be required to safeguard any evidence gathered during the treatment of the

patient and to store it in a secure area in order to preserve its evidential value. Under the provisions of the bill, evidence could not be moved, inspected or disposed of without written consent from an administrator, a physician, or nurse and:

1. the evidence is surrendered to a law enforcement agency or the patient at the written request of the patient, the patient's legal guardian or pursuant to a court order or subpoena; or
2. 30 days have elapsed from the time the evidence is collected and no request for its surrender has been made.

Finally, the bill would require that the health care facility document that the patient seeking treatment has been offered a copy of the provisions of this bill. This bill does not impose a new duty, but rather provides for safeguarding the material.

The Sexual Assault Protocol Council supports the concept of this legislation, but recommends that the time period for the retention of evidence be expanded to 90 days and procedures for evidence custody and retention be developed consistent with Council's Recommendation 7.

15. Refer to endnote #10.

16. Refer to Council Recommendation # 2.

17. Refer to recommendation # 4

18. American College of Obstetricians and Gynecologists, Practice Patterns, Clinical Practice Guidelines, Number 2 (October 1996).

19. "Unless the Survivor requires immediate medical attention, this information shall be personally conveyed to the Survivor of a sexual offense by a representative of the hospital or place of emergency care before a medical examination of the Survivor is conducted, or by a representative of the police department before the Survivor's statement is taken, to afford the Survivor the opportunity to arrange to have assistance from the rape crisis center or county Survivor-witness coordinator during these procedures." N.J.S.A. 52:4B-22(b).

20. Information recommended to be given to survivors that do not wish to speak with a rape care advocate:

Family planning services
Legal Advocate
Survivor Services
Social Services
Psychological counseling
Shelter (Housing)
Substance Abuse Services

21. Refer to recommendation # 2.

22. National Victim Center, Looking Back, Moving Forward: A Guide for Communities Responding to Sexual Assault, 1993.

23. N.J.S.A. 52:4B-44c (1,2).

24. N.J.S.A. 52:4B-44 b (1-22).

25. The law that provides for notification of crime victims holds the Department of Corrections responsible for notifying the county Prosecutor of a defendant's release:

Notwithstanding any other provision of law to the contrary, the Department of Corrections shall provide written notice to the prosecutor of the anticipated release from incarceration in a county or State penal institution or the Adult Diagnostic and Treatment Center of a person convicted of murder; manslaughter; aggravated sexual assault; sexual assault; aggravated assault; aggravated criminal sexual contact; kidnaping pursuant to paragraph (2) of subsection c. of N.J.S. 2C:13-1; endangering the welfare of a child by engaging in sexual conduct which would impair or debauch the morals of the child pursuant to subsection a. of N.J.S. 2C:24-4; endangering the welfare of a child pursuant to paragraph (4) of subsection b. of N.J.S. 2C:24-4; luring or enticing pursuant to section 1 of P.L.1993, c. 291 (C. 2C:13-6); any other offense involving serious bodily injury or an attempt to commit any of the aforementioned offenses." N.J.S.A. 30:4-123.53a (d).

26. New Jersey Task Force on Child Abuse and Neglect, A Professional's Guide to Identification, Reporting, investigation and Treatment of Child Abuse and Neglect, 1997.

27. New Jersey Regional Diagnostic Centers for Child Sexual Abuse:

- ** Child Sexual Abuse Program
Robert Wood Johnson Medical School
1 Robert Wood Johnson Place--CN 19
New Brunswick, NJ 08903-0019
(732) 235-6146
Linda Shaw, M.D.-- Medical Director
- ** Center for Children's Support
42 East Laurel Road, Suite 1100
Stratford, NJ 08084
(609) 566-7036
Martin A. Finkel D.O. --Medical Director
- ** R.I.T. Program
Newark Beth Israel Medical Center
Newark, NJ 07112
(973) 926-5590
Anna Haroutunian, M.D. -- Medical Director
- ** The Children's House
Hackensack University Medical Center
300 Atlantic St.
Hackensack, NJ 07601
(201) 996-2271
Julia DeBellis M.D. -- Medical Director

28. Refer to Recommendation #14

29. On April 1, 1996, the New Jersey Board of Nursing adopted regulations providing for training requirements for nurses wishing to practice as Forensic Sexual Assault Nurse Examiners. These regulations were written pursuant to P.L. 1995, c. 187 which established the first SANE program in Monmouth County. This regulation was augmented by P.L. 1998, c. 328, which recognized the success of the SANE program and the importance of statewide development. The regulation sets forth training requirements for SANE nurses and provides criteria for the approval of SANE training programs:

A registered nurse licensed by the Board or a nurse practitioner/clinical nurse specialist certified by the Board who wishes to qualify as a forensic nurse sexual assault examiner pursuant to the provisions of P.L. 1995, c.187, shall

successfully complete a comprehensive course in clinical forensics focusing on the various aspects of conducting an examination and physical assessment of the sexual assault victim as well as on recognizing, collecting and documenting evidence, which course shall be approved or conducted by the Monmouth County Prosecutor's Office. N.J.A.C 13:37-2.5

30. The New Jersey rules of evidence protect communications between a victim and a counselor in certain circumstances. The rules define a "Victim counselor" as:

a person engaged in any office, institution or center defined as a victim counseling center by this act, who has undergone 40 hours of training and is under the control of a direct services supervisor of the center and who has a primary function of rendering advice, counseling or assisting victims of acts of violence.

N.J.S.A 2A:84A-22.14