

1. Initial Contact

Recommendations at a glance for jurisdictions and responders to facilitate initial contact with victims:

- Build consensus among involved agencies regarding procedures for coordinated initial response when a recent sexual assault is disclosed or reported. Educate responders to follow procedures.
 - Recognize essential elements of initial response.
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Build consensus among involved agencies regarding procedures for initial coordinated response when a recent sexual assault is disclosed or reported. First responders from these agencies (e.g., 911 dispatchers, law enforcement representatives, emergency medical services (EMS) technicians, hospital emergency department staff, sexual assault examiners, and advocates) need to be educated about and follow these procedures. Responders also need discipline-specific procedures (e.g., EMS procedures should stress preserving evidence when caring for acute injuries and treating victims with sensitivity).

In addition, other community professionals to whom victims may disclose need to know procedures for activating the SART or obtaining immediate assistance for victims if a SART does not exist. (For information on this topic, see *A.1. Coordinated Team Approach and Appendix B. Creation of SARTs.*) Also, recognize that some institutions and residential living programs have internal procedures for handling sexual assault disclosures. SART members should work with these entities to ensure that their procedures address the needs of victims and are coordinated with jurisdictional multidisciplinary response.

Recognize essential activities of initial response. Some victims may initially present at a health care facility. But most victims who receive immediate medical care for sexual assault initially contact 911, law enforcement, or an advocacy agency for help.

Law enforcement, 911, and EMS response. Elements during initial law enforcement, 911, or EMS contact include:

- Assess victims' needs for immediate care for potentially life-threatening or serious injuries. Administer necessary first aid and request/obtain emergency medical assistance according to jurisdictional policy.
- Address safety needs of victims and others at the scene (e.g., offenders may be present), calling for assistance/backup if needed.
- Assess quickly the age, abilities, communication modality, and health condition of victims and tailor response as appropriate (e.g., a certified interpreter or protective service worker may be needed).
- Respond to requests for victim assistance as quickly as possible.¹⁵¹ Understand that victims need immediate assistance for many reasons: they may not be safe, may be physically injured, and/or are experiencing trauma. Be aware that time delays in response can cause loss of evidence and increased trauma.
- If injuries do not appear serious, emphasize to victims the need for medical evaluation and address related health concerns. Also, explain the purpose of the exam and what happens during the exam process, keeping in mind that the amount of information that victims want at this time varies.

¹⁵¹ In some areas, law enforcement representatives may not respond promptly because they must travel considerable distances and through rough terrain to get to victims' locations. Some law enforcement agencies may not have enough representatives to respond to each case in a timely manner (e.g., a rural sheriff's office may only have one officer). In communities with such problems, it is important that agencies and professionals involved in these cases advocate for increasing the capacity of law enforcement agencies to respond promptly. They also can work jointly to ensure that there is at least one responder/agency from which victims can consistently receive initial help (e.g., EMS or the advocacy program). That professional/agency should be trained in initial response and able to access emergency medical assistance if needed and coordinate transportation to the exam facility. Information about which agency/responder to call for help must be publicized in the community.

- Inform victims about exam facility options (if options exist) and seek their consent to transport them to the facility of their choice (if they had options) for treatment and/or evidence collection.¹⁵²
- Encourage victims' interaction with advocates as soon as possible after disclosure of the assault, even if victims choose not to receive medical care and/or have the medical forensic exam. In a few jurisdictions, advocates may be dispatched directly to the scene to provide victim support and advocacy, if appropriate. Follow local procedures for activating an advocate.
- Ask victims if they would like family members or friends to be contacted.
- Take measures to preserve crime scene evidence, including evidence on victims. Document victims' demeanor and statements related to the assault, according to jurisdictional policy.
- Explain to victims their reporting options. Keep in mind that the amount of information desired will vary per individual.
- Responding law enforcement officials should seek basic information from victims about the assault in order to apprehend suspects and facilitate crime scene preservation in a timely manner.

If victims agree to seek emergency care and/or have evidence collected:

- Explain to victims how to preserve bodily evidence until it can be collected (e.g., do not wash, change clothes, urinate, defecate, smoke, drink, eat, brush hair or teeth, or rinse mouth).
- Explain to victims that clothing most likely will be taken as evidence. They may wish to bring or have someone bring a clean change of clothes to the exam facility. If applicable, let victims know that replacement clothing will be available at the exam site. If they changed clothes since the assault, clothing worn during and immediately after the assault will be needed. Follow law enforcement procedures for retrieving clothing or other items from a crime scene so that evidence is not inadvertently destroyed or contaminated.
- In suspected cases of drug-facilitated assault, victims' first available urine sample should be sought if they cannot wait to urinate until arrival at the exam site. (For information on procedures, see *C.7. Drug-Facilitated Sexual Assault*.) Victims might have been drugged without their knowledge. If they or their families, friends, or responders suspect drug-facilitated assault, a urine sample should be sought.
- Transport or arrange transportation for victims to the exam site. Victims with disabilities may have equipment (e.g., wheelchairs and other assistive devices) and/or service animals that also need to be transported.¹⁵³ Keep in mind that victims may consider such equipment as extensions of themselves and equipment should be treated with care.
- Follow jurisdictional policy on alerting exam facilities about the pending arrival of patients.
- Do not take suspects to the same exam facility as victims at the same time, if possible.

Advocate response. If victims have initial contact with advocates, this contact typically occurs through a phone hotline call or a face-to-face meeting. Advocates should follow agency-specific and jurisdictional policy for first response. For example, advocates should assess victims' safety and need for medical assistance and call 911 in cases of serious injuries or when there is an imminent threat to someone. Advocates should encourage victims to seek care for other injuries and offer support, information about their options (e.g., health care, advocacy and counseling, evidence collection, exam site options, and reporting to law enforcement), and referrals. They can explain to victims how to preserve bodily evidence for evidence collection and the importance of prompt toxicology testing if drug-facilitated assault is suspected. In general, advocates can help victims identify and consider how to address their needs and concerns, as well as

¹⁵² Inform victims of the approximate amount of time it will take to travel to the facility and how long they will be at the exam site. This information can help them prepare for what to expect and make needed arrangements (e.g., childcare, getting time off from work or school, or informing family members). In some areas, it may take considerable time to get to the exam site (e.g., a number of hours). Involved agencies in these areas may want to consider the feasibility of having a specially trained examiner located in their community.

¹⁵³ Victims with disabilities may need assistive devices and service animals while at the exam site. Also, evidence might be found on them.

identify individuals who might support them in dealing with the aftermath of the assault. They can activate the SART (if one exists) with victims' permission. Alternately, advocates can offer to help victims arrange transportation to the exam site, obtain nonemergency medical care, and obtain assistance from law enforcement. They can also accompany them through medical forensic procedures.

Regardless of which agencies are first responders, responders should always be sensitive to the victim's needs and level of trauma. Even if victims have taken actions that destroy evidence, such as showering, responders should react in a sensitive and caring manner.