

GUIDELINES FOR SEXUAL ASSAULT INVESTIGATION

1999



**THE COMMISSION
ON PEACE OFFICER STANDARDS AND TRAINING**

STATE OF CALIFORNIA

GUIDELINES FOR SEXUAL ASSAULT INVESTIGATION

JULY 1999

CALIFORNIA COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING 

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FOREWORD

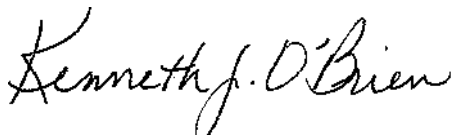
Sexual assault is one of the most offensive crimes committed in our society. Not only is it a threat to the community, but may also physically and psychologically affect the victim in many ways. The emotional trauma of being sexually assaulted may differ from victimization in other forms. The personal nature of this act makes it even more critical that responding officers possess the skills and sensitivity necessary to provide the support that the victim needs.

Penal Code Section 13516 mandates that the Commission on Peace Officer Standards and Training (POST) prepare guidelines establishing standard procedures which may be followed by law enforcement agencies in the investigation of sexual assault cases. This statute also requires POST to prepare and implement a course for the training of specialists in the investigation of sexual assault cases. This guideline document has been recently updated to incorporate changes in the law and changes in investigative procedure.

Guidelines are presented in a format that will allow the reader to follow a step-by-step process for conducting a sexual assault investigation. POST encourages the sharing of this information with all law enforcement personnel who may serve as the liaison between the sexual assault victim and the criminal justice system.

The technical information contained in this document is updated from the original 1978 document "Advanced Sexual Assault Investigation," and the 1986 publication entitled "Sexual Assault Investigation." For specific information concerning investigating crimes against children, the reader is referred to the document "POST Guidelines for the Investigation of Child Physical Abuse and Neglect, Sexual Abuse and Exploitation."

The Commission appreciates the contributions of the Sexual Assault Investigation Guidelines/Curriculum Advisory Council for their assistance in the updating of this information. Questions or comments concerning this document should be directed to the Training Program Services Bureau at (916) 227-4885. For information on obtaining additional copies of this document, please call POST Media Distribution at (916) 227-4856.

A handwritten signature in cursive script that reads "Kenneth J. O'Brien".

KENNETH J. O'BRIEN
Executive Director

Commission on Peace Officer Standards and Training

Sex Crime Investigation

P.C. 13516

§ 13516. Sexual assault cases; standard investigative procedures; training; legislative intent

- (a) The commission shall prepare guidelines establishing standard procedures which may be followed by police agencies in the investigation of sexual assault cases, and cases involving the sexual exploitation or sexual abuse of children, including, police response to, and treatment of, victims of these crimes.
- (b) The course of training leading to the basic certificate issued by the commission shall, on and after July 1, 1977, include adequate instruction in the procedures described in subdivision (a). No reimbursement shall be made to local agencies based on attendance on or after that date at any course which does not comply with the requirements of this subdivision.
- (c) The commission shall prepare and implement a course for the training of specialists in the investigation of sexual assault cases, child sexual exploitation cases, and child sexual abuse cases. Officers assigned to investigation duties which include the handling of cases involving the sexual exploitation or sexual abuse of children, shall successfully complete that training within six months of the date the assignment was made.
- (d) It is the intent of the Legislature in the enactment of this section to encourage the establishment of sex crime investigation units in police agencies throughout the state, which units shall include, but not be limited to, investigating crimes involving the sexual exploitation and sexual abuse of children.
- (e) It is the further intent of the Legislature in the enactment of this section to encourage the establishment of investigation guidelines that take into consideration the sensitive nature of the sexual exploitation and sexual abuse of children with respect to both the accused and the alleged victim.

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INTRODUCTION

The law enforcement officer is one of the most visible authority figures in our society. When the public perceives the need for assistance, the police officer is usually the first one to be called. Each officer must be well trained, well informed, and empathetic to the needs of the community members. This becomes critical when the offense involves sexual assault.

Unlike other criminal acts, sexual assault may cause lasting emotional scars. The skill and sensitivity of the officers handling the investigation may ease the victim's trauma and provide a sense of security and support. Due to the very personal nature of the offense, the responding officer must attempt to establish a rapport with the sexual assault victim so that complete and accurate information about the offense can be obtained.

Many times little or no physical evidence is found to corroborate the victim's statement. Thus, the criminal justice system must rely on the skills of the police officers handling the investigation to provide the necessary information to successfully prosecute the offender. Often, it comes down to the victim's statement of what took place versus the offender's denial.

Law enforcement has a legal and moral obligation to thoroughly investigate reports of sexual assault and to determine whether a crime has in fact been committed. This investigation should be carried out in a professional and sensitive manner to protect the rights of the alleged victim and the suspected offender. The work done during the initial phases of the investigation may have a positive or negative impact on both the victim as well as on the successful prosecution of the offender. Sexual assault investigations may become complicated and labor intensive. Officers involved in sexual assault investigations should have specialized training in modern investigative procedures, including the proper methods for interviewing victims, witnesses, and suspects.

The guidelines are provided to assist agencies in the development of agency policy and procedures for investigating sexual assault crimes. They are designed to provide order and continuity to law enforcement investigations. The sequence of the guidelines follows the normal progression of events from the receipt of the initial report to the completion of the case summary for the prosecuting attorney.

Whether or not the offender is apprehended, law enforcement personnel should adopt the role of resource provider. The sexual assault victim should be provided with resource information that will allow for the acquisition of medical and/or psychiatric counseling. Information should also be provided pertaining to State and local victim/witness assistance programs.

The appendices contain reference material that may assist in clarifying the subjects discussed in the guidelines. Law enforcement agencies are encouraged to share the information in this document with all officers who may be called upon to handle a sexual assault investigation.

C P T E R O N E

GENERAL SEXUAL ASSAULT INVESTIGATIVE PROCEDURES

I. INVESTIGATIVE PROCEDURES

Guideline #1 - Investigative Objective

The primary objective of the investigation is to determine the facts from all available evidence, prevent further trauma to the victim, safeguard the community, and protect the rights 'of all parties, including the following:

- A. Victim(s)
- B. Suspect(s)
- C. Witnesses

An effort should be made for a "multi-disciplinary team" approach which may include detectives, victim advocate, social services, mental health, district attorney, etc.

Guideline #2 - Law Enforcement's Responsibility

Law enforcement personnel have the responsibility to conduct an objective and unbiased investigation of all possible sexual assault sex crimes (see Appendix A).

Guideline #3 - Victim Contacts

It is critical that officers understand the combination of sensitivity and investigative work necessary to obtain the most accurate information from victims and witnesses.

Law enforcement agencies shall maintain a liaison with, and a list of, community support organizations that may be able to provide aid to the sexual assault victims and their families. This list shall include, but is not limited to, the names and locations of rape victim counseling centers within the county, (Penal Code Section 264.2(a); see also Penal Code Section 13701, and Education Code Sections 67385(a) and 94385(a)).

II. INITIAL RECEIPT AND EVALUATION OF INFORMATION

Guideline #4 - Initial Reporting Of Offense

It is the responsibility of law enforcement personnel receiving the initial report of an offense to:

- A. Gather the pertinent facts (who, what, where, when, how, and why)
- B. Assess the continued risk to the victim's physical and/or emotional well being
- C. Determine the priority of the response
- D. Consider coordination of response with other pertinent agencies

Guideline #5 - Law Enforcement Response

Upon the initial receipt and evaluation of a reported offense, the urgency of the response should be based on the following considerations:

- A. Danger to the victim(s)
- B. Whether the suspect still has access to the victim(s)
- C. Need for medical attention
- D. Potential for loss and/or, destruction of evidence
- E. Known vs. unknown suspect(s)

Guideline #6 - Responding Officer

The first officer on the scene, taking into consideration officer safety issues, should assess the continued risk to all parties, including both the physical and/or emotional well being of all parties involved (see Appendix B).

The officer should then determine whether a crime has been committed by observing and by conducting initial interviews with the following individuals:

- A. Reporting party
- B. Victim(s)
- C. Suspect(s) (if and when appropriate)
- D. All witnesses

III. PRELIMINARY INVESTIGATIVE PROCEDURES

Guideline #7 - Initial Information

In the preliminary investigation, the following information should be gathered to investigate the allegation of sexual assault:

- A. Type, extent, number and order of specific criminal acts during the overall incident
- B. Identification of ALL persons with possible knowledge of the incident
- C. Detailed description of the suspect(s) and location, if known
- D. A detailed description of the crime scene(s)(if known)

Guideline #8 - Evidence

All evidence in support of the allegation of sexual assault should be documented, collected, and properly preserved (see Appendix C). These items include, but are not limited, to:

- A. Photographs/videos of the victim(s), suspect(s) and crime scene (if appropriate)
- B. Medical/legal examination and a sexual assault evidence kit and urine sample
- C. All articles of clothing from the victim(s) and the suspect(s)
- D. Biological (body) fluids collected at scene, which must be air dried and frozen
- E. Bedding or other objects relevant to the crime(s)
- F. All dispatch tapes and/or records regarding the incident, including any 911 tapes

NOTE: Comprehensive medical examination protocol for sexual assault victims has been developed by the California Office of Criminal Justice Planning (OCJP 923/925). Every effort should be made to assure that the medical examination of the sexual assault victim(s) is consistent with that protocol (see Appendix D).

Guideline #9 - Victim Notification Of Investigative Procedures

The victim(s) should be advised of the steps that may be encountered in the preliminary investigation, including, but not limited to:

- A. In-depth interviews (specific and personal questions)
- B. Forensic medical examinations (OCJP protocols)
- C. Follow-up investigation procedures (interviews and identification of possible suspect(s))
- D. Judicial process (courtroom testimony procedures)
- E. Victim/witness program
- F. Advisement of victim's rights/obligations regarding non-law enforcement interviews (e.g., media, Defense)
- G. Confidentiality laws pursuant to Penal Code Section 293

Guideline #10 - Suspect Identification

The officer should seek to identify the suspect(s) and determine whether or not to interview and/or make an arrest (see guidelines on suspect interview and law enforcement responsibility).

Guideline #11 - Suspect Interview/Interrogation

The investigating officer should determine:

- A. Suspect's awareness of the investigation
- B. When the suspect(s) should be made aware of the investigation
- C. When the suspect(s) should be interviewed/interrogated
- D. Who should do the interview/interrogation of the suspect(s)
- F. Where the interview/interrogation should take place
- G. Whether the use of audio/video recording is appropriate

NOTE: Officers should adhere to their agency's policy and or guidelines concerning suspect interviews.

Guideline #12 - Mandatory Notifications-Juvenile Victim

Mandatory notifications required by law shall be made (PC 11166(g)).

Guideline #13 - Documentation

The preliminary investigative report should contain the necessary documentation including but not limited to:

- A. Statements from relevant parties, (verbatim) key words, phrases and any actions used by the suspect, including written, video, and audio recording pursuant to local policies and/or guidelines
- B. Observations (i.e., physical/emotional condition, of all parties)
- C. Physical evidence
- D. Actions taken by investigating officer and others
- E. Confirmation of consistency between police and medical report

Guideline #14 - Personal Opinions

Reports should not contain any personal opinions or conclusions.

Guideline #15 - Impact Of Investigation

Every law enforcement officer should be aware of the fact that the actions taken during the preliminary investigation, coupled with the quality of the police report, will have a crucial bearing on the welfare of the victim and the successful prosecution of the case. Law enforcement officers are NOT advocates, they are fact finders.

Guideline #16 - Victim-Witness Program

PC 13835.5 and 13835.7 requires the investigative agency to provide the victim with information pertaining to the benefits afforded crime victims by the State of California Victim-Witness Assistance Program.

IV. FOLLOW-UP INVESTIGATION PROCEDURES

Guideline #17 - Scope And Direction Of The Investigation

The investigator should review the completeness of the preliminary investigation to determine the scope and direction of the follow-up investigation including:

- A. Confirmation of the elements of the crime
- B. Need for further interviews
- C. Determination of investigative priorities
- D. Need for case confidentiality
- E. Status of victim (mental and physical)
- F. Status of the suspect (mental and physical)
- G. Identification of all evidence and prioritization for analysis, and notification of crime lab personnel
- H. Determination of the need for additional evidence as appropriate
 - (1) Follow-up medical exam (bruising, genital trauma, photos)
 - (2) Follow-up crime scene investigation
- I. Determination of additional preliminary steps that should be addressed

Guideline #18 - Records Checks

A thorough records check of victims/witnesses (determine appropriate confidentiality safeguards), and suspect(s) should be conducted to include:

- A. Criminal history including federal (FBI history), state (CHI/290/Sexual Habitual Offender Program), county and local systems
- B. Reporting history data
- C. Outside agency files and resources
- D. CA DOJ Child Abuse Central Index (if appropriate)

Guideline #19 - Investigative Leads

Investigative leads should be explored and developed through the use of the following resources:

- A. State and local appropriate telecommunications
- B. Modus operandi files (M.O.)

- C. Composite drawings
- D. Photographic line-ups
- E. Suspect profile (See Appendix E and F on Typologies and Paraphilias)
- F. Field interview (RI.) files
- G. Computerized tracking of crime patterns (crime data analyst)
- H. Agency S.H.O.P. coordinator
Police bulletins
- J. Media (per agency policy)
- K. State, local, and federal databases and subject matter experts (e.g., gang detectives, vice, etc.) when appropriate to the case (See Appendix G, Resource Lists)

Guideline #20 - Additional Victim Interviews

Additional interviews with the victim should be considered in an effort to identify any overlooked information or items during the preliminary investigation:

- A. Obtain additional information which the victim was reluctant or forgot to provide during the preliminary investigation
- B. Clarify any inconsistencies in the original report(s)
- C. Take photos (instant, self-developing film not recommended), or videos to document injuries which were not originally reported or those which have changed in appearance
- D. Attempt to locate additional evidence
- E. Reaffirm information on victim resources
- F. Describe crime scene, residence and/or vehicle
- G. Describe marks, scars, and tattoos (especially on those body parts normally covered by clothing) on suspect
- H. Identify any overlooked items left by the victim at the crime scene
- I. Identify any overlooked items(s) left or taken by the suspect
- J. Obtain additional information as to suspects(s) verbal and physical activity in order to further establish modus operandi (M.O.) traits

Guideline #21 - Corroboration

Corroborating information should be developed through:

- A. Medical examination information (see Appendix D)
- B. Witness statements including persons the victim may have told prior to, or after, the official report to authorities (family member, best friend, neighbor, clergy, etc.) especially first contact (fresh complaint witness)
- C. Physical evidence

- D. Incriminating statements made by suspect (pretext recorded phone call, phone traps/trace)
- E. Confirming or rebutting that the suspect had the opportunity to commit the crime
- F. Modus Operandi (M.O.) factors
- G. Searches
 - 1. Search Warrants
 - a. Drugs
 - b. Indicators of sexual deviant behavior, e.g., pedophilia (see Appendix F)
 - c. Reference bloods, buccal swabs, head and pubic hair
 - d. Physical evidence (hairs, fibers, plant material)
 - e. Telephone records, pager/cell phone records
 - f. Computer hardware, software, imaging equipment, computer generated data/file/images
 - g. Dental impressions/castings/photographs
 - h. Listening to tape of initial phone call to law enforcement by victim/reporting party (if available)
 - 2. Warrantless Searches
 - a. Consent
 - b. Probation
 - c. Parole
 - d. Exigent circumstances/emergency

Guideline #22 - Background Investigation

A thorough background investigation should be conducted on the suspect including:

- A. Previous residences (prior offenses in another jurisdiction(s))
- B. Previous relationships (spouse, ex-spouse, prior and current consensual/compliant relationships, relatives)
- C. Contacts with other agencies and/or jurisdictions and law enforcement officers
- D. Obtaining arrest and crime reports on any priors
- E. Obtaining relevant medical records

Guideline # 23 - Evidence

Evidence collected throughout the investigation should be analyzed and evaluated including:

- A. The Sexual Assault Evidence Kit; if body fluids are present request further analysis (conventional serology, DNA, CODIS)
- B. Obtaining the appropriate reference samples (victim, suspect(s), consensual partner(s))

- C. Fingerprints (utilizing automated computerized fingerprint system, if applicable)
- D. Scheduling a follow-up exam with the victim, if "physical findings" are noted on medical-legal exam form
- E. Following-up with applicable expert(s) on evidence results, (e.g., tire tracks, tool marks, bite marks, fibers, weapons, clothing, etc.)
- F. Requesting necessary medical release forms for medical records of victim (determine appropriate confidentiality safeguards for victim records)

Guideline #24 - Suspect Interview/Interrogation

The suspect should be interviewed/interrogated using the following criteria as a guide:

- A. Administrative (booking) interview
- B. Consideration of legal issues
- C. Obtain statement using appropriate interrogation techniques
- D. Corroborate information already obtained through investigation
- E. Obtain incriminating statements including admissions and confessions
- F. Consider, evaluate and investigate all new information and alternative explanations provided by the suspect

NOTE: Officers should adhere to their agency's policy and or guidelines concerning suspect interviews.

Guideline #25 - Arrest Of Suspect

The following factors should be considered when determining whether or not to arrest the suspect:

- A. Imminent danger to the victim, community, or self
- B. Nature of the offense (felony/misdemeanor) - (See Appendix A)
- C. Likelihood the suspect will flee, if appropriate, consider bail enhancement procedure
- D. Destruction of evidence
- E. When the arrest would not jeopardize an ongoing investigation (e.g. pre-text phone call)

Guideline #26 - Case Management

Case management considerations should include, but are not limited to the:

- A. Development of a plan for maintaining and documenting victim contacts
- B. Preservation of statements which may include written, video or audio communications (recommend preserving original 911 tape)

- C. Disposition of the suspect including notification of probation and parole officer, etc.
- D. Coordination and consultation with other involved entities (Crime Lab, D.A., etc.)
- E. Need for confidentiality of case information
- F. Report of the case progress to appropriate parties of the offense
- G. Timely completion of reports of investigation and all mandated report requirement forms (See Appendix B)
- H. Potential long term management of case evidence

NOTE: When managing multiple cases, it is important to maintain a system in order to document the M.O. present in both solved and unsolved cases.

Guideline #27 - Case Summary

In complicated cases, or where there are multiple victims, incidents, or offenders, a case summary might help to emphasize the important points the investigator wishes to make. The summary may include:

- A. A synopsis of pertinent points of the investigation
- B. Charts showing relationships of the parties involved in the offense
- C. Charts depicting the type and number of offenses involved and how they relate to the prosecution of the offenders
- D. Diagrams, photographs and mapping of the crime scene(s) for courtroom presentation
- E. Time line
- F. Master victim/witness list
- G. Charts showing relationship of evidence among cases
- H. Charts showing similarities of victim characteristics (e.g., social status, high risk victim).

Guideline #28 - Preparation Of The Victim For Court

Even though legal mandates exist that victim/witness and rape crisis advocate programs will prepare the victims for court, in some jurisdictions the law enforcement investigator may need to ensure that the victim/witness is prepared for court. In an effort to ease the discomfort of the victim while testifying in court, the following techniques should be considered:

- A. Invite the victim and any support person to come to the prosecuting attorney's office prior to the hearing or trial
- B. Explain what the victim will be required to do while in court
- C. Allow the victim to visit the empty courtroom (if appropriate) and encourage the victim to sit in the witness chair

D. Remind the victim/witness to "just tell the truth"

NOTE: Despite Proposition 115, victims should not be told that they will not be required to testify at a preliminary hearing.

Guideline #29 - Continued Contact With The Victim

The law enforcement investigator should maintain contact with the victim until the conclusion of the judicial process. The victim should be provided periodic status reports on the progress of the investigation or prosecution status of the offender.

CHAPTER TWO

INTERVIEW AND INTERROGATION TECHNIQUES

I. GENERAL CONSIDERATIONS

Guideline #30 - Objective Of The Interview

The objective of the interview is to determine the truth of the allegations of the sexual assault without further traumatizing the victim.

Guideline #31 - Law Enforcement Responsibilities

The primary responsibility for conducting criminal investigative interviews and interrogations rests with law enforcement.

Guideline #32 - Interview And Interrogation Considerations

When conducting interviews and interrogations, the investigating officer should consider the following:

- A. Plan and prepare for the interview/interrogation carefully (e.g., location, setting, time of day, etc.)
- B. Consider the use of audio/video technology
- C. Determine the functional level of the victim, witness, and suspect
- D. Determine the various relationships of all parties involved in the alleged offense
- E. Determine if there are additional victims, witnesses, and suspects
- F. Establish the existence of evidence
- G. Protect confidentiality of parties involved in the offense as appropriate
- H. Conduct all interviews/interrogations separately
- I. Avoid disclosure of case information to all parties involved in the alleged offense to prevent contamination
- J. Instruct all parties involved in the alleged offense to maintain confidentiality
- K. Possibility of parties involved in the offense to recant their accounts of the incident due to intimidation, guilt, or repercussion

H. VICTIM INTERVIEWS

Guideline #33 - Minimizing The Number Of Interviews With The Victim

Every effort should be made to minimize the number of interviews with the victim. Some techniques to consider include:

- A. Consultation with specialized law enforcement sexual assault investigative unit (if available) prior to the interview
- B. Conducting thorough and well documented interviews
- C. Coordination of the investigation with other agencies (Multi-Disciplinary Team), if appropriate
- D. Consider the pros and cons of audio/video recordings
- E. Consultations with the prosecuting attorney

Guideline # 34 - Victim Sensitivity

Care should be taken to be sensitive to the needs of the victim in order to ensure complete and accurate information. Factors to consider include:

- A. Establishing the victim's developmental/functional level
- B. Establishing rapport with the victim
- C. Careful selection of interview setting
- D. Having support person available, if needed or requested
- E. Use of interview aids (sketch artist)
- F. Being aware that the victim may be blaming himself/herself for the offense, or protecting the perpetrator
- G. Recognizing when to temporarily discontinue the interview based on victim's demeanor and/or well-being
- H. Being aware of cultural differences
- I. Informing the victim of what to expect during the investigation
- J. Being aware of the potential for a variety of emotional and behavioral responses during the interview as a result of the crime
- K. Concluding the interview in such a fashion that the victim knows that there will be further contact with the investigator
- L. Being aware of possibility of victim withholding information due to fear or embarrassment

Guideline #35 - Special Considerations

When conducting victim interviews, the investigator should consider the following:

- A. Avoid influencing or challenging the victim's account of the alleged offense
- B. Allow the victim(s) to describe the incident in their own words
- C. Establish time frames, types and respective number of incidents, and jurisdictions (crime scenes) for all alleged offenses
- D. Avoid technical terminology
- E. Avoid making assurances or promises
- F. Consider the pros and cons of audio/video recording
- G. Consider the use of accepted memory enhancement interview methods (cognitive, free format)

- H. Being aware of possibility of victim response more than what actually occurred

NOTE: Care should be taken to accurately report both the content and the context of the interview.

III. WITNESS INTERVIEWS

Guideline # 36 - Interview Considerations

When conducting interviews with witnesses to an alleged sexual assault offense, the investigating officer should consider the following:

- A. Sequence for the witness interviews
- B. Source of the witness's knowledge of the alleged offense
- C. Witness's relationship to the victim/suspect
- D. Developmental/functional level of the witness
- E. Motivation of the witness
- F. Witnesses' accounting of the alleged offense
- F. Use of accepted memory enhancement interview methods

Guideline # 37 - Witness Sensitivity

Care should be taken to be sensitive to the needs of the witness. Factors to consider include:

- A. Establishing the witnesses, developmental/functional level
- B. Establishing rapport with the witness
- C. Careful selection of interview setting
- D. Having support person available, if needed
- E. The use of interview aids (sketch artist)
- F. Recognizing when to temporarily discontinue the interview based on witness demeanor and/or well-being
- G. Being aware of cultural differences
- H. Informing the witness of what to expect during the investigation
- I. Being aware of the potential for a variety of emotional and behavioral responses during the interview
- J. Concluding the interview in such a fashion that the witness knows that there will be further contact with the investigator

IV. SUSPECT INTERVIEWS/INTERROGATIONS

Guideline #38 - Interview/Interrogation-Considerations

When conducting an interview/interrogation with the suspected offender, the following factors should be taken into consideration by the investigating officer:

- A. Suspect's complete background
- B. Possible defenses to crime
- C. Consideration of legal issues
- D. Careful selection of the setting for the interview/interrogation
- E. Relationship between the suspect, witness, and victim
- F. If the suspect had access to the victim and/or crime scene (particularly when or where the alleged offense took place)
- G. Monitor and note the demeanor of the suspect throughout the interview
- H. The encouragement of the suspect to relate the incident/alibi in a narrative format
Statements made that are consistent or inconsistent with other findings and evidence
- J. The use of audio/video recording
- K. Appropriate interrogation techniques
- L. The level of criminal sophistication of the suspect
- M. Age of suspect

Guideline #39 - Corroboration Of Suspect's Statement

Every attempt should be made to corroborate statements made by the suspect. Use of the following information may help the investigating officer accomplish this task:

- A. Statements by the victim(s)
- B. Statements by the witness(es)
- C. Suspect explanation for presence of physical evidence
- D. Prior criminal history (both charged and uncharged)
- E. Prior complaints by victim(s), witness(es)
- F. Suspect alibi/statement
- G. Suspect relationship with the victim

APPENDIX A

LAWS PERTAINING TO SEXUAL ASSAULT

LAWS PERTAINING TO SEXUAL ASSAULT

California Penal Code

Rape:

- 261(a)(1) Victim incapable of consent due to mental disorder
- 261(a)(2) By force, violence, duress, menace or fear of injury
- 261(a)(3) By administration of intoxicant
- 261(a)(4) Victim unconscious of nature of act
- 261(a)(5) By pretense of being victim's spouse
- 261(a)(6) By threat of future retaliation
- 261(a)(7) By threat of public official authority
- 262 Spousal Rape

Unlawful Sexual Intercourse:

- 261.5 Victim under 18 years old

Rape or Penetration In Concert:

- 264.1 Rape by force in concert
- 264.1 Penetration by foreign object in concert

Sodomy:

- 286(b)(1) Victim under 18 years old
- 286(b)(2) Victim under 16, Defendant over 21 years old
- 286(c) Victim under 14, Defendant more than 10 years older
- 286(c) By force, violence, duress, menace
- 286(c) By threat of future retaliation
- 286(d) By force, in concert
- 286(d) By threat of future retaliation, in concert
- 286(e) In prison or jail
- 286(f) Victim unconscious of nature of act
- 286(g) Victim incapable of consent due to mental disorder
- 286(h) Victim incapable of consent due to mental disorder,
Victim and defendant in state hospital
- 286(i) By administration of intoxicant
- 286(j) By pretense of being victim's spouse
- 286(k) By threat of public official authority

Lewd Act On a Child:

- 288(a) Victim under 14
- 288(b) Victim under 14, by force, violence, duress, etc.
- 288(c) Victim 14 or 15, Defendant at least 10 years older
- 288.5 Victim under 14, 3 or more acts in 3 or more months
- 269 Aggravated sexual assault of child under 14, defendant 10 or more years older

Oral Copulation:

- 288a(b)(1) Victim under 18
- 288a(b)(2) Victim under 16, Defendant over 21 years old
- 288a(c) Victim under 14, Defendant more than 10 years older
- 288a(c) By force, violence, duress, menace
- 288a(c) By threat of future retaliation
- 288a(d)(1) By force, violence, duress, menace, in concert
- 288a(d)(2) By threat of future retaliation, in concert
- 288a(d)(3) Victim incapable of consent due to mental disorder, in concert
- 288a(e) In prison or jail
- 288a(f) Victim unconscious of nature of act
- 288a(g) Victim incapable of consent due to mental disorder
- 288a(h) Victim incapable of consent due to mental disorder, victim and defendant in state hospital
- 288a(i) By administration of intoxicant
- 288a(j) By pretense of being victim's spouse
- 288a(k) By threat of public official authority

Penetration by Foreign Object:

- 289(a) By force, violence, duress, menace
- 289(a) By threat of future retaliation
- 289(b) Victim incapable of consent due to mental disorder
- 289(c) Victim incapable of consent due to mental disorder, victim and defendant in state hospital
- 289(d) Victim unconscious of nature of act
- 289(e) By administration of intoxicant
- 289(f) By pretense of being victim's spouse
- 289(g) By threat of public official authority
- 289(h) Victim under 18 years old
- 289(i) Victim under 16, Defendant over 21 years old
- 289(j) Victim under 14, Defendant at least 10 years older

Sexual Battery:

- 243.4(a) Victim unlawfully restrained
- 243.4(b) Victim institutionalized
- 243.4(c) Victim unlawfully restrained, made to masturbate or touch Defendant/third person
- 243.4(d) No restraint

Assault With Intent to Commit Sex Crime:

- 220 Intent to commit 203, 261, 262, 264, 288a, 288, or 289

Related Definitions:

- 261.6 Consent defined
- 261.7 Request for condom not consent
- 263 Penetration defined
- 243.4(c) & (f) Sexual Battery definitions

Related Crimes:

- 136 Intimidation of Witnesses
- 203 Mayhem
- 205 Aggravated Mayhem
- 206 Torture
- 207/208(d) Kidnaping for Sexual Purposes
- 236 False Imprisonment
- 266(j) Procurement of child under 16 for Lewd Act
- 272 Contributing to delinquency of minor
- 288.2 Harmful matter sent with intent to seduce minor
- 311.3 Sexual exploitation of a child
- 311.4 Employment/use of minors for prohibited acts
- 311.10 Advertising obscene matter depicting minor under 18
- 311.11 Possession of obscene matter depicting minor under 18
- 314 Indecent Exposure
- 646.9 Stalking
- 647.6 Misdemeanor Child Molest
- 653f(b) Solicitation to commit sexual assault

Enhancements For Sex Crimes

- 667(a) 5 years for prior serious and current serious felony
- 667.5(a) 3 years for prior prison term and current violent felony
- 667.5(b) 1 year for prior prison term

667.51	5 years for prior sex crime
667.61	"One Strike" for certain specified sex crimes committed under certain circumstances
667.71	Life for Habitual sex offender
667.8	3 years for kidnap for purpose of sexual assault
667.83	3 years for Ritualistic sex crime against child under 18
674	2 years for sex crime by day care provider
12022.3(a)	3, 4 or 10 years for use of firearm or deadly weapon
12022.3(b)	1, 2 or 5 years if armed with firearm or deadly weapon
12022.8	5 years for GBI in sex crime
12022.85	3 years if Defendant knowingly has AIDS during sex crime

Probation Denials

1203.065	No probation for certain sex crimes
1203.066	No probation unless certain circumstances for child molest cases

Related Laws re: Sex Offenses

290	Registration of sex offenders
290.2	Blood/saliva for sex offenders
290.4	Sex offender registration database
291	School Employee/Teacher arrest for sex offense: Notice to school officials
293	Confidentiality/Disclosure requirements of victim's identity
637	Prohibition of Polygraph/CVSA
868	Open v. Closed Courtroom
868.5	Victim's right for support person in court
868.7	Closure of Courtroom by Prosecutor
868.8	Child witness protections
1102.6	Crime victims attendance during court hearings
1112	Prohibition of psychiatric exam for witnesses
1201.1	AIDS test for sex offenders
1524	Victim request for Defendant AIDS test
13823	Medical exams of victims; consent and collection of evidence

Welfare and Institutions Code

WIT 11166 Mandatory reporting requirements

Evidence Code

1228 Hearsay exception for Sexual Assault where child under 12 years and Defendant confesses
1360 Hearsay exception for Sexual/Physical Abuse where child under 12
1370 Hearsay exception where infliction or threat of physical injury

CASE LAW RELATING TO SEX CRIMES

Great Bodily Injury:

Great Bodily Injury is defined as a "significant or substantial physical injury" under Penal Code section 12022.7. There is no requirement that the injuries be prolonged or permanent. Examples of Great Bodily Injury in sex cases include:

1. Child with multiple contusions with swelling, discoloration, and pain.
People v. Jaramillo (1979) 98 Cal.App.3d 830;
2. Victim with multiple bruises, abrasions and injury to neck and vaginal area.
People v. Escobar (1992) 3 Cal.4th 740;
3. Victim with severe bruising, swelling of the eye and loss of consciousness.
People v. Muniz (1989) 213 Cal.App.3d 1508;
4. Victim who was a virgin and suffered genital tearing and pain.
People v. Williams (1981) 115 Cal.App.3d 446;
5. Victim becoming pregnant with later abortion as result of sexual assault.
People v. Sargent (1978) 86 Cal.App.3d 148;
6. Victim contracting sexually transmitted disease (STD).
People v. Johnson (1986) 181 Cal.App.3d 1137.

Definition of Force or Duress:

Force

Force refers to physical force that is substantially different from or greater than that necessary to accomplish the act. **People v. Bolander** (1994) 23 Cal.App.4th 155. Force can be found in circumstances where the defendant physically manipulates the victim into performing or acquiescing to an act. The following are examples of force:

1. The defendant picked up the victim, carried her to another location and proceeded to fondle her. **People Cicero** (1984) 157 Cal.App.3d 465;
2. The defendant manipulated the victim's hand to fondle his genitals and pushed the victim's head during acts of oral copulation. **People v. Pitmon** (1985) 170 Cal.App.3d 38.

Duress

Duress is defined as a direct or implied threat of force, violence, danger, hardship or retribution sufficient to coerce a reasonable person of ordinary susceptibilities to (1) perform an act which otherwise would not have been performed or, (2) acquiesce in an act to which one otherwise would not have submitted (**Pitmon**). In determining if duress exists, the total circumstances, including the age of the victim and his or her relationship to the defendant are factors to be considered (**Pitmon**).

Kidnaping: Definition of Asportation

There are two different types of kidnaping: (1) Simple kidnap; and (2) aggravated kidnap (including kidnap for purpose of sex crimes). Each requires a different level of **asportation** (or movement).

1. **Simple kidnap** (PC 207) is a less stringent standard that requires movement for a substantial distance that is more than slight or trivial. **People v. Daniels** (1993) 18 Cal.App.4th 1046
2. **Aggravated kidnap** (which includes 208(d)) requires two elements be satisfied to find asportation:
 - a. The movement be for a substantial distance and not merely incidental to the commission of the sex crime. This element depends on the scope and nature of the movement. Actual distance is a factor to be considered but is not conclusive; and
 - b. The movement must substantially increase the risk of harm to the victim. This element includes consideration of such factors as the decreased likelihood of detection, the danger inherent in the victim's foreseeable attempts to escape, and the attacker's enhanced opportunity to commit additional crimes.
People v. Ravford (1994) 9 Cal. 4th 1.

LEWD ACTS: DEFINITION OF "TOUCHING"

In molest cases, it is not necessary that the defendant touch the genital or anal area of the child. In fact, the touching may be of **any** part of the child's body as long as the defendant has the specific intent for sexual arousal. Thus, even touching a child's hair can constitute a PC 288(a) crime if done so with the requisite sexual intent.

In addition, the "touching" may be by the child of his/her own person if done at the defendant's instigation. **People v. Austin** (1980) 111 Cal.App.3d 110. For instance, if the defendant compels a child to remove his or her own clothes, the defendant can be convicted of PC 288. The defendant can also be convicted where he compels a child to touch herself. **People v. Imler** (1992) 9 Cal.App.4th 1178.

APPENDIX B

SEXUAL ASSAULT INVESTIGATION CONSIDERATIONS LIST

SEXUAL ASSAULT INVESTIGATION CONSIDERATIONS LIST

The following are some considerations to provide the investigating officer with some assistance in the investigation of sexual assault cases.

I. ARRIVAL AT SCENE

- ☐ Officer Safety, determine if suspect(s) is still at scene
- ☐ Determine location and condition of victim(s)
- ☐ Emergency medical treatment for victim(s) if immediately needed
- ☐ Establish rapport with victim(s)
- ☐ Determine specific crime(s) that may have occurred
- ☐ Crime Broadcast if appropriate
- ☐ Identify and protect the scene(s)
- ☐ Locate and identify witness(es)

II. PRELIMINARY INVESTIGATION

- ☐ Care for victim(s) needs
 - ☐ Take victim for Sexual Medical/Legal Exam as soon as practical
 - ☐ Find a comfortable and private area to interview the victim
 - ☐ Obtain additional telephone numbers and addresses where victim can be contacted
- ☐ Obtain a detailed account of the crime from victim(s) and witness(es)
 - ☐ Determine all the crimes committed by suspect(s)
 - ☐ Determine suspect(s) activity
 - ☐ Statements/actions
 - ☐ Oddities/characteristics
- ☐ If crime scene processing is appropriate, arrange for the proper personnel to respond (i.e., Photos, Criminalist, Prints)
- ☐ Document, collect and preserve all crime scene related evidence at the earliest appropriate time (i.e., victim(s) clothing, bedding, etc.)

- ☐ Note if victim(s) showered, bathed or changed clothes prior to officers arrival
- ☐ Note if victim(s) altered or cleaned the scene prior to officers arrival
- ☐ Document victim(s) condition
 - Photograph bruises, scratches, defense wounds, etc.
 - ☐ Torn stained clothing
 - Outward appearance and other evidence of trauma

III. SUSPECT CONTACT/ARREST

- ☐ Record spontaneous statements
- ☐ Separate suspects when more than one
- ☐ Do not permit suspect(s) into crime scene area
- ☐ Prevent communications between all involved parties
- ☐ Photograph suspect(s) physical appearance, physical injury, torn or stained clothing
- ☐ Collect all of suspect(s) clothing as evidence if appropriate

APPENDIX C

PHYSICAL EVIDENCE FOR SUBMISSION TO CRIMINALISTIC LABORATORIES

SICAL EVIDENCE FOR SUBMISSION TO C I INALISTIC LABORATO S

**Prepared by the Los Angeles Sheriffs Department
FORENSIC SAMPLES**

<u>EVIDENCE</u>	<u>COLLECTION PACKAGING STORAGE</u>		
Bloodstains	1) collect entire stained items (Or) 2) cut out stained area and adjacent control area (Or) 3) scrape a crust (Or) 4) moisten sterile cloth swatch or cotton swab with distilled water and apply to stain <i>Note: correctly collected samples should appear dark brown or black in color</i>	1) paper bag or paper wrap 2) paper envelope or bindle (control packaged separately) 3) bindle 4) glass tubes, glass in envelopes, bindles, (each sample separate from the other)	MUST BE AIR DRIED THEN FROZEN
Vaginal Samples	FORENSIC EXAMINER Using cotton swabs, collection is made from the vaginal vault (and cervix); the sample is then smeared over labels glass slides	AIR DRY or use swab dryer (if available). Swabs and slides are retained. Packages in paper or uncapped plastic tubes and slide mailers, respectively	FROZEN

EVIDENCE**COLLECTION****PACKAGING****STORAGE**

Rectal and Oral
Samples

**FORENSIC
EXAMINER**

Using cotton swabs,
collection is made
from the appropriate
orifice, the sample is
then smeared onto
labels glass slides

Same as with vaginal
sample

Same as with vaginal
sample

External Stain
Samples

**FORENSIC
EXAMINER**

Stains are located by
utilizing a Wood's
Lamp or UV light
source. A body
surface control
sample should also
be taken from an
unstained area.
*Note: it is imperative
that the location of
the external stain be
documented on the
OCJP form as well
as labeled on the
slide and the swab
container.*

Same as with vaginal
sample

Same as with the
vaginal sample

Urine Sample
(Victim)

Have victim urinate
in a sterile container.
*Note: It is
imperative to get a
urine sample as soon
as possible from the
victim.*

The container should
have a lid that
provides an airtight
seal.

FROZEN
(must be maintained
frozen to test for
GHB and Rohypnol)

Clothing/Bedding

Entire item
*Note: With bedding it
can be helpful to
designate the
position on the bed.*

Paper bags, butcher
paper wrap
*Note: Each item
packaged separately.*

**AIR DRY
FROZEN**

<u>EVIDENCE</u>	<u>COLLECTION</u>	<u>PACKAGING</u>	<u>STORAGE</u>
Pubic Combings	FORENSIC EXAMINER Pubic area is combed through with the provided comb or brush.	Hair and comb\brush are placed in a bindle and then placed in the appropriate evidence envelope.	FROZEN (can be subsequently placed in room temperature storage if there are no biological concerns)
Condoms	Collect entire item <i>Note: Criminalist will collect a separate sample from the outside and the inside so minimal handling is essential.</i>	Paper bag/envelope <i>Note: If there is visible liquid in the condom, and it cannot be sampled right away, it should be packaged in an airtight container and frozen.</i>	FROZEN
Conceptus (product of an abortion) <i>Note: This evidence collection requires prior arrangements with both the physician performing the procedure and the criminalist examining the conceptus.</i>	Obtain all tissue from the procedure	NO FORMALIN Place in a sealed specimen container	TAKE DIRECTLY TO THE CRIMINALIST
Cigarette butts/envelopes	Collect entire item	Paper envelope or bag	FROZEN
Trace evidence (glass, fibers, loose hairs, etc.)	Collect using forceps, gloved fingers, or tape lifts	If collected with forceps, place in a paper bindle. Tape lifts should be packaged on a Mylar sheet or in a plastic petri dish.	Room temperature

EVIDENCE

Shoe prints/tire tracks

COLLECTION PACKAGING

Photographs using L- Casts should be shaped scale, tripod, secured in boxes and level with the film plane parallel to the subject, using oblique lighting at each of the four sides, minimum 4 photos per subject.
Note: Black and white film is highly recommended for high contrast. Casts can be made, if appropriate.

STORAGE

Room temperature

Firearms

Carefully retrieve without placing anything down the barrel. Unload prior to packaging.
Note: If you are unfamiliar with a particular firearm, have a firearms expert unload it, do not attempt to unload it yourself.

Secure in a cardboard box
Consider multiple evidence processing prior to storage (blood collection, prints), if additional processing is to be done, it should be done prior to submission to the Firearms Examiner.

Projectiles/Cartridge Casings

Carefully collect items separately
Note: Do not mark the evidence item directly, label and seal the packaging.

Paper envelopes or ziplock baggies.

Room temperature

<u>EVIDENCE</u>	<u>COLLECTION</u>	<u>PACKAGING</u>	<u>STORAGE</u>
Document Evidence	Carefully collect items with forceps (consideration should be given to fingerprints)	Place in a prelabeled envelope <i>Note: Do not mark the item, label the envelope before placing the item inside, if you label it after the item is inside, this will obscure or add to any indented writing.</i>	Room temperature
Ligatures	Do not untie any knots. If you must cut the ligature, cut it away from any knots and mark your cut.	Paper bag or envelope	FROZEN (can be subsequently placed in room temperature storage, if there are no biological concerns)
Bite Marks	Consult a forensic odontologist, photo document with and without a dental L-shaped scale (ABFO scale) <i>Note: Photos should be taken over a few days as the bruises will change appearance. Swabbings should be taken of the area prior to casting.</i>	Swabs should be AIR DRIED and packaged in paper	Swabs should be FROZEN
Other Evidence	Consult a criminalist prior to collection if you are not familiar with a particular item of evidence.	Consult a criminalist	Consult a criminalist

PHYSICAL EVIDENCE FOR SUBMISSION TO CHEMICAL ANALYTICAL LABORATORIES

REFERENCE STANDARDS

<u>EVIDENCE</u>	<u>COLLECTION</u>	<u>PACKAGING</u>	<u>STORAGE</u>
Blood (from the victim suspect and any consensual partner, if applicable)	(Medical personnel) EDTA (purple top) vial	Label the tube, label the evidence envelope	Transfer sample to lab ASAP REFRIGERATE if there is a delay DO NOT FREEZE
Saliva or Buccal swab	1) Gauze pad cotton swatch placed in the mouth of donor and saturated 2) Cotton swab sweep the mouth between the cheek and gum.	1) AIR DRY Package in paper	FROZEN
Hairs (pubic, head, facial, body)	Pull 20 or more hairs from different areas. <i>Note: Make sure the head hair is pulled from the front, top, sides, and back.</i>	Paper bindle or envelope. <i>Note: Each body surface sample should be packaged separately and labeled.</i>	Room temperature
Tissue from a decomposed victim	(Forensic Pathologist) No Formalin Deep muscle, organ, or bone tissue should be collected depending on the state of decomposition.	Specimen container	FROZEN

Note: All evidence submissions should be sealed with tamper resistant seals. Staples alone are an insufficient seal. All seals should be initialed.

Source: ASCLD Guidelines

Appendix D

COMMON FORMS AND MEDICAL ABBREVIATIONS

Office of Criminal Justice Planning (OCJP)

Form #923

Form #925

These forms are to be filled out by the health care practitioner performing the medical/legal exam.
They are included in this document for your information only.

MEDICAL REPORT
SUSPECTED SEXUAL ASSAULT

Form (OCJP) # 923

MEDICAL REPORT—SUSPECTED SEXUAL ASSAULT

Patients requesting examination, treatment and evidence collection: Penal Code § 13823.5 requires every physician who conducts a medical examination for evidence of a sexual assault to use this form to record findings. Complete each part of the form and if an item is inapplicable, write N/A.

Patients requesting examination and treatment only: Penal Code § 11160-11161 requires physicians and hospitals to notify a law enforcement agency by telephone and in writing if treatment is sought for injuries inflicted in violation of any state penal law. If the patient consents to treatment only, complete Part A # 1 and 2, Part B 1, and Part E # 1-10 to the extent it is relevant to treatment, and mail this form to the local law enforcement agency.

Minors: Civil Code § 34.9 permits minors, 12 years of age or older, to consent to medical examination, treatment, and evidence collection related to a sexual assault without parental consent. Physicians are required, however, to attempt to contact the parent or legal guardian and note in the treatment record the date and time the attempted contact was made including whether the attempt was successful or unsuccessful. This provision is not applicable if the physician reasonably believes the parent or guardian committed the sexual assault on the minor. If applicable, check here () and note the date and time the attempt to contact parents was made in the treatment record.

Liability and release of information: No civil or criminal liability attaches to filling out this form. Confidentiality is not breached by releasing it to law enforcement agencies.

A. GENERAL INFORMATION
(prior or typo)

Name of Hospital:

1. Name of patient					Patient ID number		
2. Address			City	County	State	Phone (W) (H)	
3. Age	DOB	Sex	Race	Date/time of arrival	Date/time of exam	Date/time of discharge	Mode of transportation
4. Phone report made to law enforcement agency: Name of officer				Agency	ID number	Phone	
5. Responding officer				Agency	ID number	Phone	

B. PATIENT CONSENT

- I understand that hospitals and physicians are required by Penal Code § 11160-11161 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted upon any person in violation of any state penal law. The report must state the name of the injured person, current whereabouts, and the type and extent of injuries:

- I understand that a separate medical examination for evidence of sexual assault at public expense can, with my consent, be conducted by a physician to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. Knowing this, I consent to a medical examination for evidence of sexual assault. I understand that I may withdraw consent at any time for any portion of the evidential examination.

- I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area. Knowing this, I consent to having photographs taken:

- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Board of Control for out-of-pocket medical expenses, loss of wages, and job retraining and rehabilitation. I further understand that counseling is also a reimbursable expense.

Patient/Parent/Guardian (circle)

Patient/Parent/Guardian (circle)

C. AUTHORIZATION FOR EVIDENTIAL EXAM

I request a medical examination and collection of evidence for suspected sexual assault of the patient at public expense.

Law Enforcement Officer

Agency

ID Number

Date

DISTRIBUTION OF OCJP 923 FOR EVIDENTIAL EXAMS ONLY**HOSPITAL IDENTIFICATION INFORMATION**

ORIGINAL TO LAW ENFORCEMENT;
PINK COPY TO CRIME LAB (SUBMIT WITH EVIDENCE);
YELLOW COPY TO HOSPITAL RECORDS

D. OBTAIN PATIENT HISTORY: RECORDER SHOULD ALLOW PATIENT OR OTHER PERSON PROVIDING HISTORY TO DESCRIBE INCIDENT(S) TO THE EXTENT POSSIBLE AND RECORD THE ACTS DESCRIBED BELOW. DETERMINE AND USE TERMS FAMILIAR TO THE PATIENT. FOLLOW-UP QUESTIONS MAY BE NECESSARY TO ENSURE THAT ALL ITEMS ARE COVERED.

1. Name of person providing history _____ Relationship to patient _____ Date/time of assault(s) _____

2. Location and physical surroundings of assault (bed, field, car, rug, floor, etc.) _____

3. Name(s), number and race of assailant(s) _____

4. Acts described by patient

(Any penetration, however slight, of the labia or rectum by the penis or any penetration of a genital or anal opening by a foreign object or body part constitutes the act: Oral copulation and masturbation only require contact:)

Penetration of vagina by

Penis

Finger

Foreign object

Describe the object _____

Penetration of rectum by

Penis

Finger

Foreign object

Describe the object _____

Oral copulation of genitals

of victim by assailant

of assailant by victim

Oral copulation of anus

of victim by assailant

of assailant by victim

Masturbation

of victim by assailant

of assailant by victim

other

Did ejaculation occur
outside a body orifice?

if yes, describe the location
on the body.

Foam, jelly, or condom used
(circle)

Lubricant used

Fondling, licking or kissing
(circle)

If yes, describe the location
on the body.

Other acts

Yes	No	Attempted	Unsure	If more than one assailant, identify person.

5. Physical injuries and/or pain described by patient

Yes

Lapse of consciousness:

Vomited:

Pre-existing physical
injuries:

If yes, describe:

8. Pertinent medical history

Last menstrual period: _____

Any recent (60 days) anal-genital
injuries, surgeries, diagnostic
procedures, or medical treatment
which may affect physical
findings? () Yes () No

If yes, record information in
separate medical chart.

Consenting intercourse within past
72 hours? () Yes () No

Approximate date/time:

**DO NOT RECORD ANY
OTHER INFORMATION
REGARDING SEXUAL HISTORY
ON THIS FORM.**

6. Methods employed by perpetrator

Yes No

Area of body

Weapon inflicted injuries

Type of weapon(s)

Physical blows by hands |
or feet (circle)

Grabbing/grasping/holding |
(circle)

Physical restraints

Type(s) used

Bites

Choking

Bums (including
chemical/toxic)

Threat(s) of harm

To whom:

Type of threat(s)

Other method(s) used

Describe:

7. Post-assault hygiene/activity

() Not applicable if over 72 hours

Urinated

Defecated

Genital wipe/wash

Bath/shower

Douche

Removed/inserted tampon,
sponge, diaphragm (circle)

Brushed teeth

Oral gargle/swish

Changed clothing

Yes	No

HOSPITAL IDENTIFICATION INFORMATION

E. CONDUCT A GENERAL PHYSICAL EXAM AND RECORD FINDINGS. COLLECT AND PRESERVE EVIDENCE FOR EVIDENTIAL EXAM:

1. Blood pressure Pulse Temperature Respiration 2: Height Weight Eye color Hair color

3. Note condition of clothing upon arrival (rips, tears, presence of foreign materials)

4. Collect outer and underclothing worn during or immediately after assault:

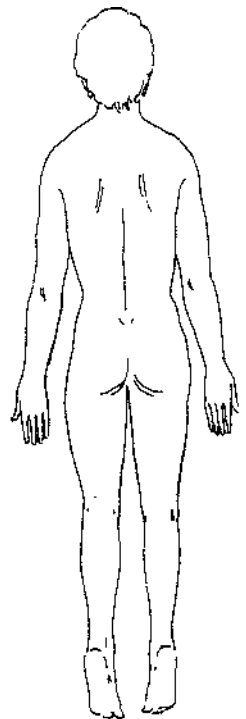
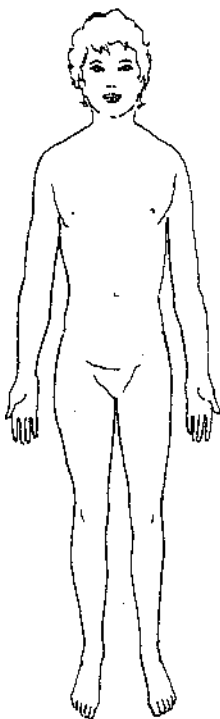
5. Collect fingernail scrapings, if indicated.

6. Record general physical appearance:

- Record injuries and findings on diagrams: erythema, abrasions, bruises (detail shape), contusions, induration, lacerations, fractures, bites, burns and stains/foreign materials on the body.
- Record size and appearance of injuries. Note swelling and areas of tenderness.
- Collect dried and moist secretions, stains, and foreign materials from the body including the head, hair, and scalp: Identify location on diagrams:
- Scan the entire body with a Wood's Lamp. Swab each suspicious substance or fluorescent area with a separate swab. Label Wood's Lamp findings "W.L.:"
- Collect the following reference samples at the time of the exam if required by crime lab: saliva, head, hair, and body/facial hair from males.
- Record specimens collected on Section 11.

7. Examine the oral cavity for injury and the area around the mouth for seminal fluid. Note frenulum trauma:

- If indicated by history: Swab the area around the mouth. Collect 2 swabs from the oral cavity up to 6 hours post-assault for seminal fluid. Prepare two dry mount slides.
- If indicated by history, take a GC culture from the oropharynx and offer prophylaxis. Take other STD cultures as indicated.
- Record specimens collected on Section 11.



HOSPITAL IDENTIFICATION INFORMATION

8. External genitalia

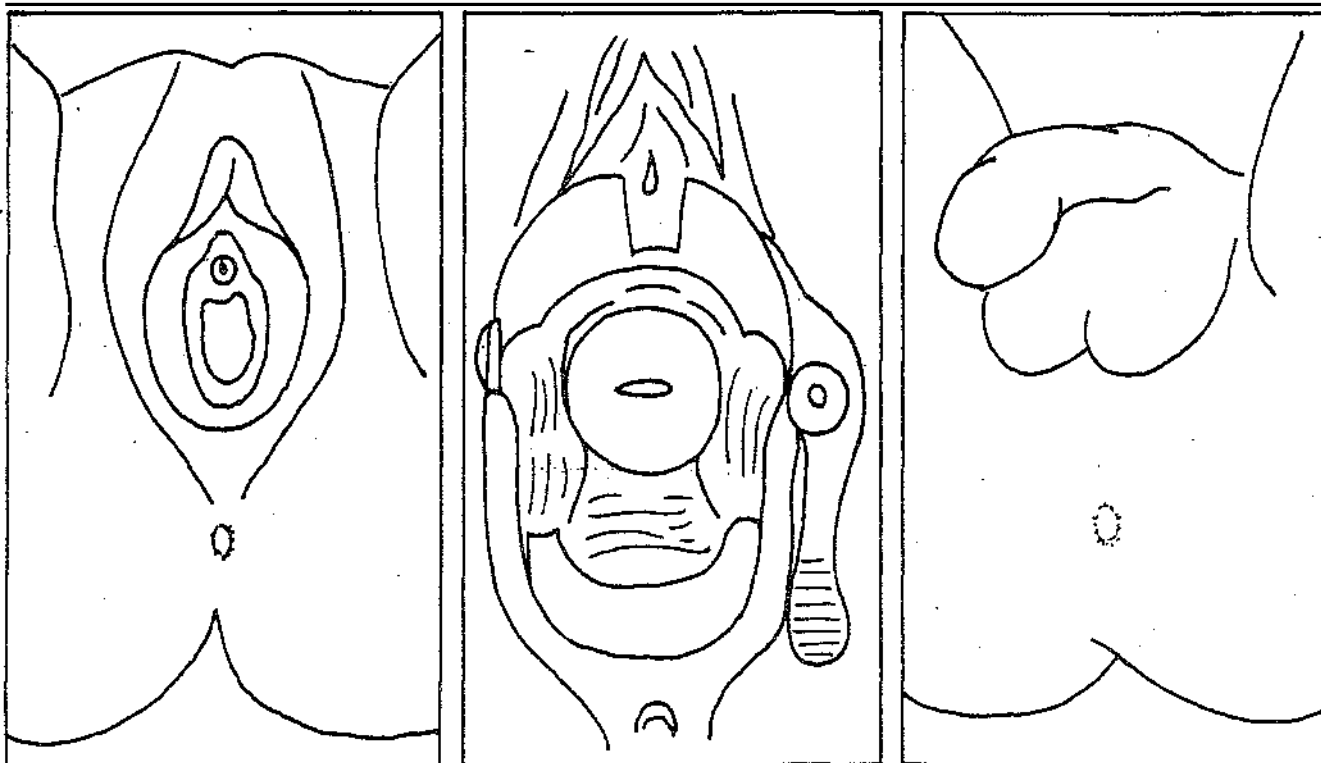
- Examine the external genitalia and perianal area including the inner thighs for injury and foreign materials.
- Collect dried and moist secretions and foreign materials. Identify location on diagrams.
- Cut matted pubic hair. Comb pubic hair to collect foreign materials.
- Scan area with Wood's Lamp. Swab each suspicious substance or fluorescent area: Label Wood's Lamp findings "W:L:"
- Collect pubic hair reference samples at time of exam if required by crime lab.
- For males, collect 2 penile swabs if indicated. Collect one swab from the urethral meatus and one swab from the glans and shaft. If indicated by history, take a GC culture from the urethra and offer prophylaxis. Take other STD cultures as indicated:
- Record specimens collected on Section 11.

9. Vagina and cervix

- Examine for injury and foreign materials.
- Collect 3 swabs from vaginal pool. Prepare 1 wet mount and 2 dry mount slides. Examine wet mount for sperm. Take a GC culture from the endocervix and offer prophylaxis. Take other STD cultures as indicated.
- If the assault occurred more than 24 hours prior to the exam, collection of cervical swabs may be indicated up to 2 weeks post-assault if no possibility exists of contaminating the specimen with semen from previous coitus. Label cervical swabs and slides to distinguish them from the vaginal swabs and slides.
- Aspirate/washings to detect sperm are optional.
- Record specimens collected on Section 11.
- Obtain pregnancy test (blood or urine).

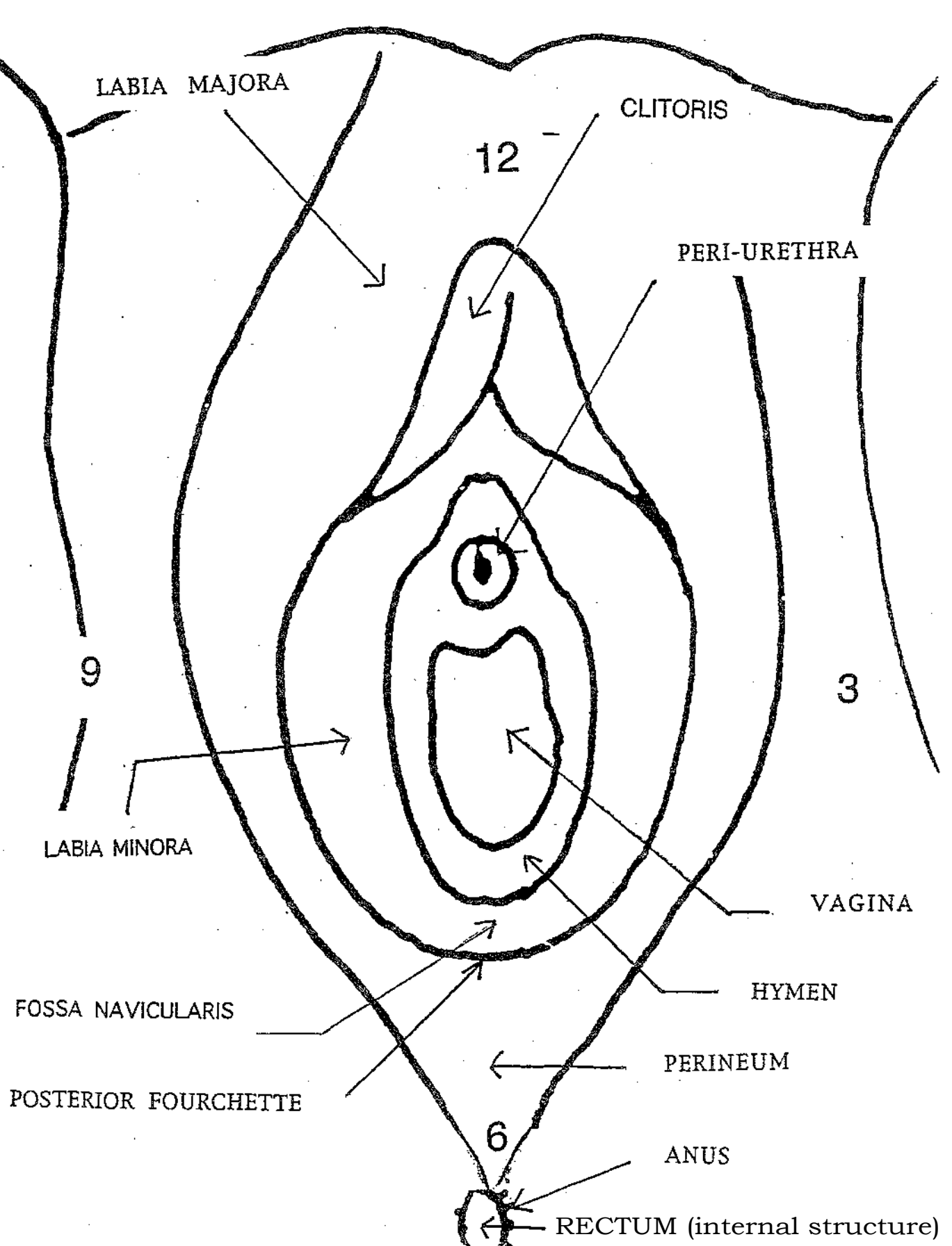
10. Anus and rectum

- Examine the buttocks, perianal skin, and anal folds for injury:
- Collect dried and moist secretions and foreign materials. Foreign materials may include lubricants and fecal matter:
- If indicated by history and/or findings: Collect 2 rectal swabs and prepare 2 dry mount slides. Avoid contaminating rectal swabs by cleaning the perianal area and dilating the anus using an anal speculum.
- Conduct an anoscopic or proctoscopic exam if rectal injury is suspected:
- If indicated by history, take a GC culture from the rectum and offer prophylaxis. Take other STD cultures as indicated:
- Record specimens collected on Section 11:
- Take blood for syphilis serology. Offer prophylaxis:



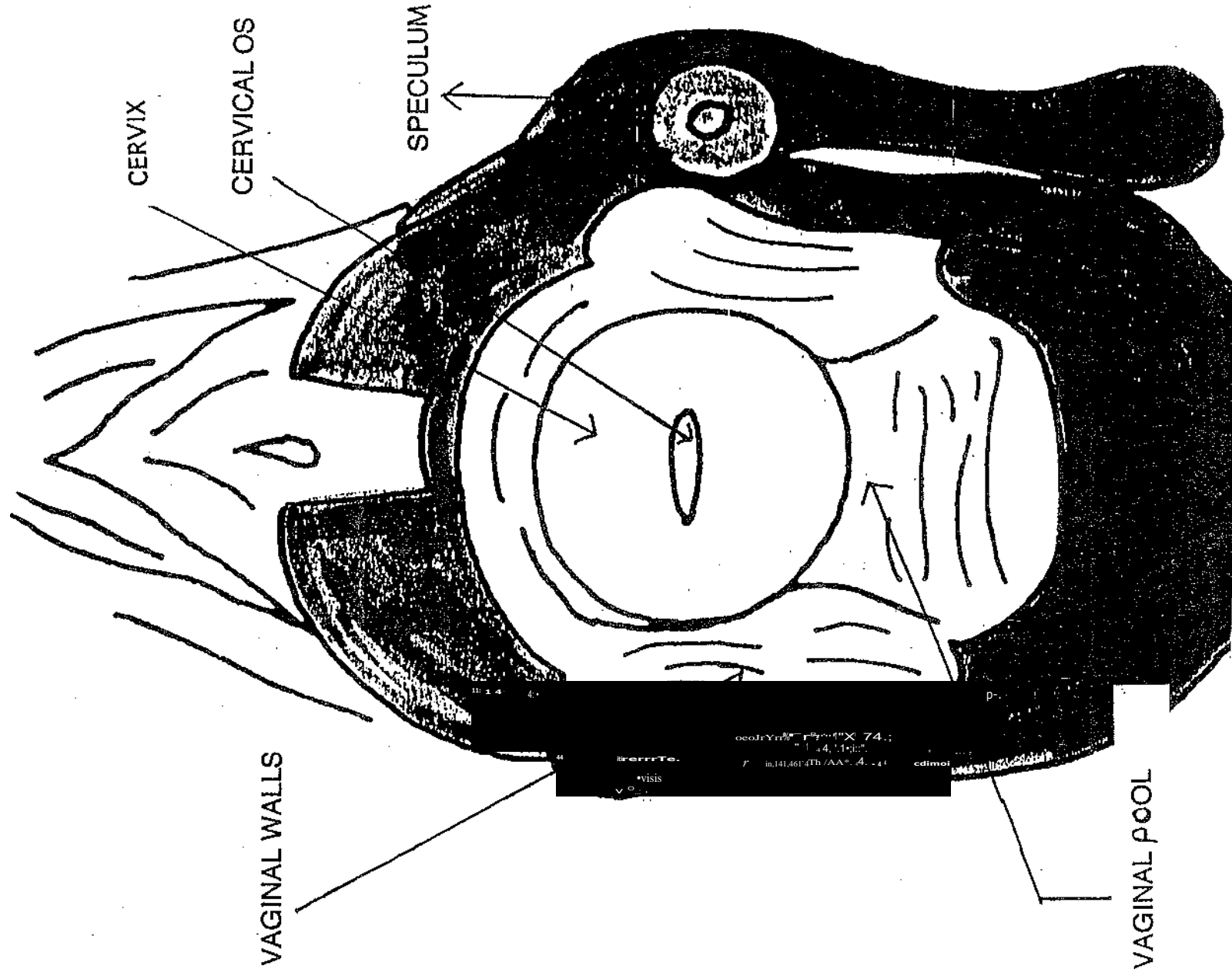
HOSPITAL IDENTIFICATION INFORMATION

EXTERNAL GENITALIA-
ANATOMICAL LANDMARKS



INTERNAL GENITAL EXAM-

View Through The Specul-



11: Record evidence and specimens collected.

ALL SWABS AND SLIDES MUST BE AIR DRIED PRIOR TO PACKAGING (PENAL CODE § 13823.11). AIR DRY UNDER A STREAM OF COOL AIR FOR 60 MINUTES. Swabs and slides must be individually labeled, coded to show which slides were prepared from which swabs, and time taken: All containers (tubes, bindles, envelopes) for individual items must be labeled with the name of the patient, contents, location of the body where token, and name of hospital. Package small containers in a large envelope and record chain of custody: See the State of California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims published by the state Office of Criminal Justice Planning, 1130 K Street, Sacramento, CA.95814 (916) 324-9100 for additional information.

SPECIMENS FOR PRESENCE OF SEMEN, SPERM MOTILITY, AND TYPING TO CRIME LAB								REFERENCE SAMPLES AND TOXICOLOGY SCREENS TO CRIME LAB											
	Swabs	Dry mount slides	Yes	No	N/A	Taken by	Time	Reference samples and toxicology screens can only be collected with the consent of the patient. Reference samples can be collected at the time of the exam or at a later date according to crime lab policies. Toxicology screens should be collected at the time of the exam upon the recommendation of the physical examiner or law enforcement officer:											
Oral																			
Vaginal																			
Rectal																			
Penile																			
Aspirate/washings (optional)								<div style="display: flex; justify-content: space-between;"> Reference samples Yes No N/A Taken by </div> <div style="display: flex; justify-content: space-between;"> Blood typing (yellow top tube) </div> <div style="display: flex; justify-content: space-between;"> Saliva </div> <div style="display: flex; justify-content: space-between;"> Head hair </div> <div style="display: flex; justify-content: space-between;"> Pubic hair </div> <div style="display: flex; justify-content: space-between;"> Facial/body hair: </div>											
Vaginal wet mount slide examined for spermatozoa, dried, and sub- mitted to crime lab																			
Motile sperm observed																			
Non-motile sperm observed																			
OTHER EVIDENCE TO CRIME LAB								<div style="display: flex; justify-content: space-between;"> Toxicology screens </div> <div style="display: flex; justify-content: space-between;"> Blood/alcohol toxicology (grey top tube) </div> <div style="display: flex; justify-content: space-between;"> Urine toxicology </div>											
Clothing																			
Fingernail Scrapings																			
Foreign materials on body																			
Blood																			
Dried secretions								EXAM INFORMATION (print)											
Fiber/loose hair																			
Vegetation																			
Dirt/gravel/glass																			
Matted pubic hair cuttings																			
Pubic hair combings								<div style="display: flex; justify-content: space-between;"> Anoscopic exam </div> <div style="display: flex; justify-content: space-between;"> Proctoscopic exam </div> <div style="display: flex; justify-content: space-between;"> Genital exam done with: </div> <div style="display: flex; justify-content: space-between;"> Direct visualization </div> <div style="display: flex; justify-content: space-between;"> Colposcope </div> <div style="display: flex; justify-content: space-between;"> Hand held magnifier </div>											
Comb																			
Swabs of bite marks																			
Control swabs																			
Photographs																			
Area of the body								<div style="display: flex; justify-content: space-between;"> PERSONNEL INVOLVED (print) PHONE </div> <div style="display: flex; justify-content: space-between;"> History taken by: </div> <div style="display: flex; justify-content: space-between;"> Physical examination performed by: </div> <div style="display: flex; justify-content: space-between;"> Specimens labeled and sealed by: </div> <div style="display: flex; justify-content: space-between;"> Assisting nurse: </div>											
Type of camera																			
Other																			
FINDINGS								SUMMARY OF FINDINGS											
Report of sexual assault, exam reveals: <input type="checkbox"/> PHYSICAL FINDINGS <input type="checkbox"/> NO PHYSICAL FINDINGS <input type="checkbox"/> Exam consistent with history <input type="checkbox"/> Exam consistent with history <input type="checkbox"/> Exam inconsistent with history <input type="checkbox"/> Exam inconsistent with history																			
PHYSICAL EXAMINER								LAW ENFORCEMENT OFFICER											
Print name of physical examiner								I have received the indicated items as evidence and the original of this report.											
Signature of physical examiner								Law enforcement officer											
License number of physical examiner								Law enforcement agency ID number Date											
HOSPITAL IDENTIFICATION INFORMATION																			

ARRANGE FOLLOW-UP FOR STD, PREGNANCY, INJURIES,
AND PROVIDE REFERRALS FOR PSYCHOLOGICAL CARE.

**MEDICAL REPORT
SUSPECTED CHILD SEXUAL ABUSE**

Form (OCJP) # 925

MEDICAL REPORT—SUSPECTED CHILD SEXUAL ABUSE

Record examination findings: Penal Code § 13823.5 requires every physician who conducts a medical examination for evidence of child sexual abuse to use this form to record findings. Complete each part of the form and if an item is inapplicable, write N/A.

Child abuse reporting law: Penal Code § 11166 requires all professional medical personnel to report suspected child abuse, defined by Penal Code § 11165, immediately by telephone and submit a written report (DOJ SS 8572) within 36 hours to the local law enforcement agency, county department of social services or probation department. Professional medical personnel means any physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

Minors: Civil Code § 34.9 permits minors, 12 years of age or older, to consent to medical examination, treatment, and evidence collection related to a sexual assault without parental consent. Physicians are required, however, to attempt to contact the parent or legal guardian and note in the treatment record the date and time the attempted contact was made including whether the attempt was successful or unsuccessful. This provision is *not* applicable if the physician reasonably believes the parent or guardian committed the sexual assault on the minor. If applicable, check here () and note date and time attempt to contact parents was made in the treatment record.

Liability and release of information: No civil or criminal liability attaches to filling out this form. Confidentiality is not breached by releasing this form or other relevant information contained in the medical records to law enforcement or child protective agencies (Penal Code § 11167).

A. AUTHORIZATION FOR EXAM REQUESTED BY PATIENT/PARENT/GUARDIAN (Note: Parental consent for an evidential examination is not required in cases of known or suspected child abuse. Contact a law enforcement or child protective service agency.)

I hereby request a medical examination for evidence of sexual abuse and treatment for injuries. I understand that collection of evidence may include photographing injuries and these photographs may include the genital area. I further understand that hospitals and physicians are required to notify child protective authorities of known or suspected child abuse and if child abuse is found or suspected, this form and any evidence obtained will be released to a child protective agency.

Patient/Parent/Guardian (circle)

I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Board of Control for out-of-pocket medical expenses, loss of wages, and job retraining and rehabilitation. I further understand that counseling is also a reimbursable expense.

Patient/Parent/Guardian (circle)

B. AUTHORIZATION FOR EVIDENTIAL EXAM REQUESTED BY CHILD PROTECTIVE AGENCY

I request a medical examination and collection of evidence for suspected sexual abuse of the patient at public expense.

Law enforcement officer or child protective services

Agency

ID number

Date

C. GENERAL INFORMATION

(print or type)

Name of Hospital:

1. Name of patient		Patient ID number			
2. Address	City	County	State	Phone	
3. Age	DOB	Sex	Race	Date/time of arrival	Date/time of exam
				Date/time of discharge	
4. Name of () Mother () Stepmother () Guardian			Address	City	County
				State	Phone
5. Name of: () Father () Stepfather () Guardian			Address	City	County
				State	Phone
6. Siblings: Name	DOB	Name	DOB	Name	DOB
7. Phone report made to: () Law enforcement agency					
Name		Agency	ID number	Phone	
() Child protective services					
Name		Agency	ID number	Phone	
8. Responding officer		Agency	ID number	Phone	

DISTRIBUTION OF OCR 925

HOSPITAL IDENTIFICATION INFORMATION

ORIGINAL TO CHILD PROTECTIVE AGENCY REQUESTING EXAM;
PINK COPY TO CRIME LAB (SUBMIT WITH EVIDENCE);
YELLOW COPY TO HOSPITAL RECORDS

D. OBTAIN PATIENT HISTORY. RECORDER SHOULD ALLOW PATIENT OR OTHER PERSON PROVIDING HISTORY TO DESCRIBE INCIDENT(S) TO THE EXTENT POSSIBLE AND RECORD THE ACTS AND SYMPTOMS DESCRIBED BELOW. DETERMINE AND USE TERMS FAMILIAR TO THE PATIENT. FOLLOW-UP QUESTIONS MAY BE NECESSARY TO ENSURE THAT ALL ITEMS ARE COVERED.

1. Name of person providing history	Relationship to child	Address	City	County	State	Phone H)
-------------------------------------	-----------------------	---------	------	--------	-------	----------

2. Chief complaint(s) of person providing history

3. Chief complaint(s) in child's own words

4. ☐ Less than 72 hours since incident(s) took place
Date/time/location

☐ Over 72 hours since incident(s) took place
Date(s) or time frame/location

5. Identity of alleged perpetrator(s), if known Age Sex Race Relationship to child

6. Acts described by patient and/or other historian

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Vaginal contact						
Penis						
Finger						
Foreign object						
Describe the object						
Anal contact						
Penis						
Finger						
Foreign object						
Describe the object						
Oral copulation of genitals of victim by assailant						
of assailant by victim						
Oral copulation of anus of victim by assailant						
of assailant by victim						
Masturbation of victim by assailant						
of assailant by victim						
other						
Did ejaculation occur outside a body orifice?						
If yes, describe the location on the body:						
Foam, jelly, or condom used (circle)						
Lubricant used						
Fondling, licking or kissing (circle)						
If yes, describe the location on the body:						
Other acts:						

8. Symptoms described by patient and/or other historian

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Physical symptoms						
Abdominal/pelvic pain						
Vulvar discomfort or pain						
Dysuria						
Urinary tract infections						
Enuresis (daytime or nighttime)						
Vaginal itching						
Vaginal discharge						
Describe color, odor and amount below:						
Vaginal bleeding						
Rectal pain						
Rectal bleeding						
Rectal discharge						
Constipation						
Incontinent of stool (daytime or nighttime)						
Lapse of consciousness						
Vomiting						
Physical injuries, pain, or tenderness. Describe below.						
Behavioral/emotional symptoms						
Sleep disturbances						
Eating disorders						
School						
Sexual acting out						
Fear						
Anger						
Depression						
Other symptoms						
Additional information:						

7. Post-assault hygiene/activity

() Not applicable if over 72 hours

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Urinated						
Defecated						
Genital wipe/wash						
Bath/shower						
Douche						
Removed/inserted tampon						
Brushed teeth						
Oral gargle/swish						
Changed clothing						

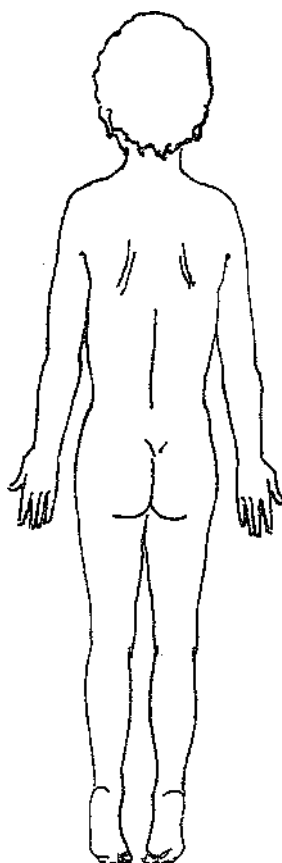
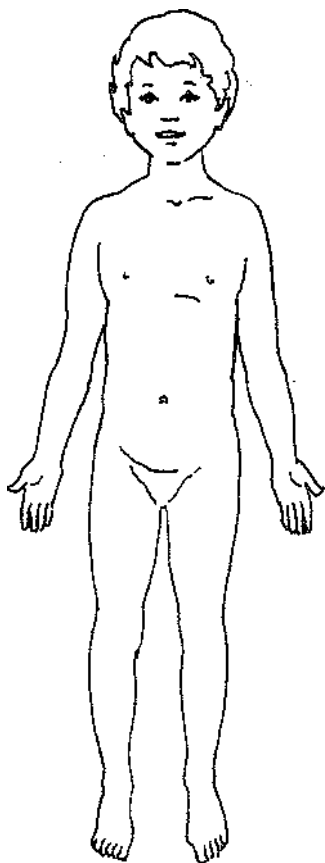
HOSPITAL IDENTIFICATION INFORMATION

E. OBTAIN PERTINENT PAST MEDICAL HISTORY

- | | | | |
|----------------------------|--|--|--|
| 1. Menarche age
() N/A | Date of last menstrual period
() N/A | Use of tampons
() Yes () No () N/A | History of Vaginitis
() Yes () No () N/A |
|----------------------------|--|--|--|
2. Note pre-existing physical injuries () N/A
3. Pertinent medical history of anal-genital injuries, surgeries, diagnostic procedures, or medical treatment? () Yes () No If yes, describe
4. Previous history of child abuse? () Yes () No () Unknown. If known, describe

F. CONDUCT A GENERAL PHYSICAL EXAM AND RECORD FINDINGS. COLLECT AND PRESERVE EVIDENCE FOR EVIDENTIAL EXAM.

- | | | | | |
|-------------------|-------|-------------|-------------|---|
| 1. Blood pressure | Pulse | Temperature | Respiration | Include percentiles for children under six
Height _____ Weight _____ |
|-------------------|-------|-------------|-------------|---|
2. Record general physical condition noting any abnormality () Within normal limit
- Record injuries and findings on diagrams: erythema, abrasions, bruises (detail shape), contusions, induration, lacerations, fractures, bites, and burns.
 - Record size and appearance of injuries: Note swelling and areas of tenderness:
 - Examine for evidence of physical neglect.
 - Take a GC culture from the oropharynx as a base line. Take other STD cultures as indicated. Provide prophylaxis:
IF EXAMINED WITHIN 72 HOURS OF ALLEGED INCIDENT(S):
 - Note condition of clothing upon arrival (rips, tears, or foreign materials) if applicable. Use space below to record observations.
 - Collect outer and underclothing if worn during or immediately after the incident.
 - If applicable, collect fingernail scrapings.
 - Collect dried and moist secretions, stains, and foreign materials from the body including the head, hair, and scalp. Identify location on diagrams.
 - Scan the entire body with a Wood's Lamp. Swab each suspicious substance or fluorescent area with a separate swab. Label Wood's Lamp findings "W:L."
 - Examine the oral cavity for injury and the area around the mouth for seminal fluid. Note frenulum trauma. If indicated by history: Swab the area around the mouth. Collect 2 swabs from the oral cavity up to 6 hours post-assault for seminal fluid. Prepare two dry mount slides.
 - Collect saliva and head hair reference samples at the time of the exam if required by crime lab and if there is a need to compare them to a suspect.
 - Record specimens collected on Section 7.

**HOSPITAL IDENTIFICATION INFORMATION**

Optional: Take photographs of genitals before and after exam.

Record injuries and findings on anal-genital diagrams: abrasions, erythema, bruises, tears/transections, scars, distortions or adhesions, etc. Use anal-genital chart on next page to record additional descriptive information.

3. External genitalia

- o Examine the external genitalia and perianal area including inner thighs for injury.
- For boys, take a GC culture from the urethra. Take other STD cultures as indicated. Provide prophylaxis.
IF EXAMINED WITHIN 72 HOURS OF INCIDENT:
 - Collect dried and moist secretions and foreign materials. Identify location on diagrams.
- o Pubertal children: Cut matted pubic hair. Comb pubic hair to collect foreign materials. Collect pubic hair reference samples at time of exam if required by crime lab and if there is a need to compare them to a suspect.
- o Scan area with Wood's Lamp. Swab each suspicious substance or fluorescent area. Label Wood's Lamp findings "W.L."
- For boys, collect 2 penile swabs if indicated. Collect one swab from the urethral meatus and one swab from the glans and shaft. Take a GC culture from the urethra. Take other STD cultures as indicated. Provide prophylaxis.
- o Record specimens collected on Section 7.

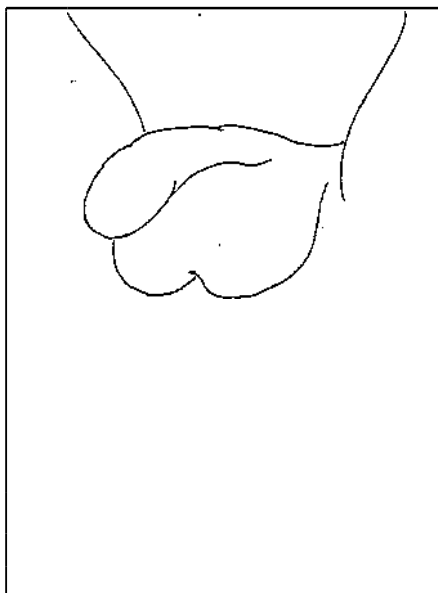
4. Vagina

- Examine for injury and foreign materials.
- Pre-pubertal girls with intact hymen/normal vaginal orifice: No speculum exam necessary.
- Pre-pubertal girls with non-intact hymen and/or enlarged vaginal orifice: Only conduct a speculum exam if major trauma is suspected and use pediatric speculum.
- Take a GC culture from the vaginal introitus in pre-pubertal girls with intact hymen/normal vaginal orifice; from the vagina in pre-pubertal girls with non-intact hymen and/or enlarged vaginal orifice; and, the endocervix in adolescents: Take other STD cultures as indicated. Provide prophylaxis.
- Obtain pregnancy test (blood or urine) from pubertal girls.
IF EXAMINED WITHIN 72 HOURS OF INCIDENT:
 - Pre-pubertal girls with intact hymen/normal vaginal orifice: Collect 2 swabs from the vulva.
- o Adolescents or pre-pubertal girls with non-intact hymen and/or enlarged vaginal orifice: Collect 3 swabs from vaginal pool. Prepare 1 wet mount and 2 dry mount slides. Examine wet mount for sperm and trichomonas.
- Record specimens collected on Section 7.

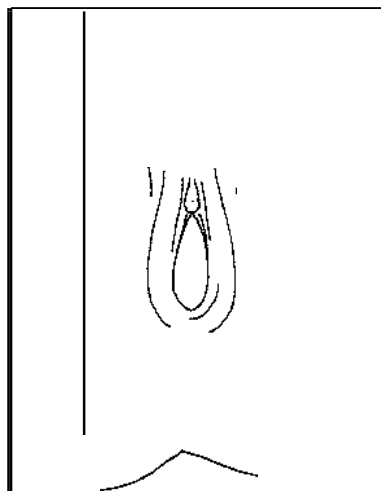
5. Anus and rectum

- Examine the buttocks, perianal skin, and anal folds for injury.
- Conduct an anoscopic or proctoscopic exam if rectal injury is suspected.
- Take a GC culture from the rectum. Take other STD cultures as indicated. Provide prophylaxis.
- Take blood for syphilis serology. Provide prophylaxis.
IF EXAMINED WITHIN 72 HOURS OF ALLEGED INCIDENT:
 - Collect dried and moist secretions and foreign materials. Foreign materials may include lubricants and fecal matter.
 - If indicated by history and/or findings: Collect 2 rectal swabs and prepare 2 dry mount slides. Avoid contaminating rectal swabs by cleaning the perianal area and relaxing the anus using the lateral or knee-chest position prior to insertion of swabs.
- Record specimens collected on Section 7.

DRAW SHAPE OF ANUS AND ANY LESIONS ON GENITALIA, PERINEUM, AND BUTTOCKS



DRAW SHAPE OF HYMEN AND ANUS AND ANY LESIONS. ON GENITALIA, PERINEUM, OR BUTTOCKS



HOSPITAL IDENTIFICATION INFORMATION

[illegible]

MEDICAL ABBREVIATIONS

BCPs	birth control pills
c	with
CBC	complete blood count
Condyloma	venereal wart
Cx	cervix
DOA	drug of abuse or dead on arrival
ECPs	emergency contraceptive pills
GC	gonorrhea
HEENT	Head, eyes, ears, nose & throat
HCG test	pregnancy test
Hx	history
LMP	last menstrual period
NKA	no known allergies
RPR or VDRL	syphilis blood test
	without
s/p	status post
STDs	sexually transmitted diseases
UA	urinalysis
VS	vital signs
WNL	wet prep exam of vaginal secretions
	male
	female

Appendix E

A TYPOLOGY OF RAPISTS

A TYPOLOGY OF RAPISTS

Prepared by Gary Lowe and Michael Prodan, DOJ

ELEMENT	POWER REASSURANCE	POWER ASSERTIVE	ANGER RETALIATION	ANGER EXCITATION
Personality Characteristics	Introverted Low self esteem Lack of social skills Fear of communication Women are intimidating	Exaggerated self- confidence Aggressive Socially skilled Smooth communicator	Highly expressive aggression Poor impulse control Lone Wolf No sense of humor	Learned, hidden, enduring pattern of sexual arousal or response to sadistic imagery
Social Behavior	Single, if dating inferior/younger	Short term relationships Frequent dating Male oriented	Domestic violence Divorce	Socially skilled Manipulative Controlling Relationships are victim oriented
Intellectual Level	Average or above Under achiever	Average Limited formal education	Below average History of disciplinary problems in school	Average to above average
Drug/Alcohol	Limited-to lower inhibitions	Extensive Macho drinks Cocaine or Methamphetamine	Heavy abuse	Minimal (not to loose control)
Criminality	Limited Burglary Attempted burglary Breaking & entering	Extensive Violence Traffic offenses	Extensive Varied/violence	None-extensive
Stressors	Sudden increase in responsibility Pressure to achieve Sexual pressure from a man Financial demands	Any threat to his manhood (real or imagined)	Divorce Rejection from a woman Death of important person Losses of relationships	Sexual boredom

ELEMENT	POWER REASSURANCE	POWER ASSERTIVE	ANGER RETALIATORY	ANGER EXCITATION
Cognitive Distortions	She will really love me I have to prove to me, I am a man No injury, no harm, no crime	She owes me She wanted it I deserve it	Women deserve it for what they have done to me She was just a drunk, slut, prostitute She was asking for it	All women are bitches, whores, sluts It's my duty and they deserve it
Pornography	Mail Order Over Counter	Degrading, humiliating Frequents X-rated stores Strip joints Detective magazines	Not part of his life Maybe detective magazines	High violence Degrading and humiliating Detective magazines
Paraphilias	Phone sex/900 #s Exhibitionism Voyeurism Obscene phone calls Child molest	Fetishes Obscene phone calls	Bondage S&M	Bondage (motor and sensory) Sadism Voyeurism
Sex Crime Motivation	Fantasy driven Please victim = I'm adequate Relationship sex	Ritualized, fantasy driven Please me/prove to you	Revenge for the real or perceived wrong he has suffered at the hands of women Punishment	Fantasy driven Intense hatred towards women Total domination of another which is sexualized Stimulated by the suffering
Victim Criteria	Maybe known offender Same race Same age or younger Vulnerable and available	Same age Found in normal activities Maybe date or acquaintance May have met victim on evening of attack	Same age or older Available Symbolic	Available (victim in wrong place) Everything planned except the victim

ELEMENT	POWER REASSURANCE	POWER ASSERTIVE	ANGER RETALIATORY	ANGER EXCITATION
M.O.	Surprise approach At night in victim's residence Unselfish (sexually want to please) Significant attempt to conceal identity	Con approach What ever physical force necessary for compliance Selfish (do-what I want) Multiple, varied sexual attacks	Blitz approach Overwhelming physical force to gain control beyond what is necessary Degrading and humiliating acts	Limited con approach Planned systematic torture Use of devices Records activities
Reaction to Victims Resistance	Cease demand Compromise/negotiate Flight	Ignore Increase threats Increase force	May enrage him Escalates force Punching when no resistance	Begging and pleading excites him Other forms of resistance doesn't matter
Weapons	Weapon displayed	Fists	Of opportunity	Torture devices
Items taken	Souvenirs Personal items	Trophies Valuables	Evidence Valuables	Records activities

FEDERAL BUREAU OF INVESTIGATION

RAPIST CLASSIFICATIONS

RAPIST CLASSIFICATIONS FOR PROFILING

Power Reassurance Rapist (Gentleman Rapist)

A. 81 % of all rapists.

B. Motive / Purpose - To resolve self-doubts by reassuring himself of his masculinity with no real intent to harm his victim.

C. M.O. - "Surprise" approach with force.

1. Strikes between midnight and 5:00 a.m., usually at victim's residence.
2. :Selects through stalking.
3. Victim alone or with small children.
4. Minimum force necessary for control.
5. If resisted, will generally negotiate, threaten, desist or flee.
6. Uses little or no profanity.
7. Often demands personal verbal activity from victim - i.e., her desire or love for him.
8. Will do whatever the victim allows him to do.
9. Attacks in his own residential or work area.
10. Usually travels on foot.
11. Unselfish verbally, physically, and sexually.
12. Covers his victim's face or asks her not to look at him.
13. Slight increase in aggression with increased attacks.
14. Frequently displays a weapon.
15. If he has sexual dysfunction, usually premature ejaculation or impotency (erectile insufficiency).
16. Victim in same age bracket (plus or minus three years). '
17. Assault done in short period of time.
18. Usually single assault.
19. Consistent pattern of attacks (7-15 days).
20. Continues assaults until incapacitated.
21. May call victim before or after assault.
22. He believes that victim enjoyed experience.
23. Will ask the victim to remove her own clothing.
24. May expose only the body parts he assaults.
25. Likely to apologize after the attack.
26. Often takes souvenir.
27. May keep journal or diary of assaults.
28. Victim is generally of the same race.
29. Kissing, fondling, and/or digital penetration of victim is common.

D. **Characteristics of Power Reassurance Rapist.**

1. Inadequate personality.
2. Gentle, quiet, passive.
3. Single.
4. Previous criminal involvement includes peeping activities, fetish burglaries, breaking and entering.
5. Nuisance offenses.
6. Underachiever.
7. Collects soft adult pornography.
8. If veteran, received general discharge.
9. Non-competitive.
10. Lives near victims.
11. Resides with parents or alone.
12. Mother very domineering.
13. Loner with few friends.
14. Frequents adult bookstores/movies.
15. Self-concept as a loser.
16. Employment With Little or No Contact With the Public.

E. **Approach to interviewing power reassurance rapists.**

1. Interview with empathetic counseling technique.
2. Non-police setting.
3. Non-police appearance.
4. Evening hours.

II. **Power Assertive Rapist**

A. 12% of all rapists.

B. **Motive / Purpose** - expressing his virility, dominance, superiority. He is "entitled" because he is a man, e.g., will rape after two or three dates.

C. **M.O.**

1. Attacks early evening, 7:00 p.m. to 1:00 a.m.
2. Usually attacks some distance from where he lives or works.
3. Usually victim of opportunity, but may meet at bar or date one to two times.
4. If armed, has a weapon of choice.
5. If resisted, will hit, slap, and curse until he gets what he wants.
6. Likely to tear clothes.
7. 20-25 days between assaults.
8. No contact with victim will be maintained.
9. Anal assault likely.
10. If sexually dysfunctional, will exhibit retarded ejaculation with wife or girlfriend as well as victim.
11. Approach is direct and overpowering or con.
12. Multiple assaults on victim.
13. Makes little or no attempt to disguise appearance.
14. Selfish verbally, physically and sexually.

D. Characteristics of Power Assertive Rapist.

1. Very body conscious, macho, athletic-minded and active.
2. Problems in high school - did not need it.
3. Doesn't like authority.
4. If veteran, was administratively terminated from ground forces.
5. No mental health case history unless court ordered.
6. Multiple marriages with history of unfaithfulness, domination, and spousal abuse.
7. Primary concern is his image.
8. If criminal record, will be for crimes against property and domestic disturbances.
9. Uses, but not necessarily abuses, alcohol and drugs.
10. Father probably acted same way towards his mother.
11. Socially projects macho image and frequents single bars
12. Drives a flashy car as defined by the region where the suspect lives.
13. Very self-centered, cannot stand criticism.

E. Approach to interviewing power assertive rapist.

1. Press and attack.
2. Expects "respect."
3. Don't demonstrate disrespect.

HI. Anger Retaliatory Rapist

A. 5% of all rapists.

B. Motive / Purpose - To punish and degrade women - get even using sex as weapon for real or perceived injustices to him by women.

C. M.O.

1. "Blitz" style attack.
2. Occurs in own area.
3. Spends short time with victim.
4. Selects victim of same age or older.
5. Tears clothing off of victim.
6. Episodic assaults - precipitated by something in life involving a domestic' partner but will not assault the partner.
7. If sexually dysfunctional, will suffer from retarded ejaculation.
8. Likely to beat the victim before, during, and after the assault.
9. Favors anal intercourse followed by oral copulation (fellatio)
10. Great deal of directed profanity.
11. Ejaculates on victim's face.
12. Spontaneous - attacks anytime.
13. Typically does not kill but may.
14. If the victim dies, may defecate on the victim.

D. **Characteristics of anger retaliatory rapist.**

1. Conflicted marriage, has affairs.
2. If history of mental care, done so by court order; likely stemming from domestic abuse.
3. Quick and violent temper.
4. If an arrest history, will be for disorderly conduct crimes.
5. Alcohol abuse.
6. Involved in highly competitive sports.
7. Pornography not a factor.
8. Socially a loner - will not drink with groups.
9. Superficial relationships with people.
10. Action-oriented job to help work off aggression, i.e., laborer construction worker.
11. No specific type of car.
12. High school dropout.
13. Will feel some guilt, but will attack again, six months to one year.

Approach to interviewing.

1. Start with non-hostile business approach then increase pressure.
2. May start with female interview partner, then have her leave.

IV. Anger Excitation Rapist (Sadist)

A. 3% - 5% of all rapists.

B. **Motive/Purpose** - To inflict physical/emotional pain on his victim. His aggression is eroticized.

C. **M.O.**

1. Most thought-out and premeditated of all perpetrators.
2. Uses a situation determined con.
3. Once victim is under his control, dramatically changes.
4. Immobilizes via the use of blindfold, gag, handcuffs, etc:
5. Victims are strangers.
6. Crime committed long distance from his home or job.
7. Has his weapon with him, may have a rape kit (gloves, tape, rope, etc.) and a van (to provide privacy for his assault).
8. May have pre-selected private or remote location where he commits assault.
9. Sexual acts may be excessive, experimental in nature, or be pseudo-sexual acts of torture.
10. Selfish behavior.
11. May blindfold victim and describe what he is doing to victim in detail.
12. May use Polaroids, tape recorders, to record acts.
13. May employ ritualistic techniques.
14. May change patterns as he learns from experience.
15. May search for victims by cruising.
16. May select symbolic victims.

17. No remorse.
18. Victims' age may vary.
19. Episodic attacks depending on reactions of victim.
20. Dysfunction will be retarded ejaculation.
21. Likely to cut or tear clothes off
22. Commanding and degrading language, impersonal during the assault.

D. Characteristics of anger-excitation rapist.

1. No mental health care history.
2. Likely collects bondage, S & M, and discipline pornography.
3. Collects and reads detective magazines.
4. May collect Nazi paraphernalia.
5. Above average I.Q.
6. Very often college educated.
7. Uses, but not abuses, marijuana and cocaine.
8. No arrest record.
9. Usually in 30's and family man.
10. Compulsive - if military background, did well.
11. Difficult to apprehend.
12. Car clean and well maintained.
13. Middle class - white collar job.
14. Extremely meticulous.

E. Approach to interviewing.

1. Dependent on variables.
2. Thinks he is more intelligent and knowledgeable than the investigator.
3. Allow the suspect to control the interview.

V. Opportunist Rapist

- A. Unknown percentage of all rapists.
- B. Sexual assault for sexual gratification.
- C. Burglarizes home, robs 7-11's, finds women who appeal to him and does not appear ready to violently resist, so he rapes.
- D. Probable used drugs or alcohol just before to lower inhibitions.
- E. Rapes only once.
- F. Usually does not hurt victim physically.

NOTE: Rape is many times connected with other crimes (little or no premeditation).

Appendix F

Sexual Paraphilias

(Prepared by Mike Prodan, Special Agent Supervisor, California Department of Justice)

SEXUAL PARAPHILIAS

(Sexual Deviations)

Receiving Sexual Arousal or Gratification in Response to Objects, Situations, and/or Non-Consenting Partners

Sexual paraphilias are commonly referred to as "sexual deviations" (in the DSM-IV as a sexual and gender identity disorder). There are four of these disorders, 1) sexual dysfunctions, 2) paraphilias, 3) gender identity disorders, and 4) sexual disorder not otherwise specified.

The essential feature of a paraphiliac disorder is reoccurring sexual urges and sexually arousing fantasies generally involving: (1) Non-human objects, (2) the suffering or humiliation of oneself or one's partner (not merely simulated), or (3) children or other nonconsenting partners.

For some individuals with a paraphilia, the paraphiliac fantasies or stimuli may always be necessary for erotic arousal and are always included in the individual's sexual activity (including criminal activity).

In others, it occurs only episodically, i.e. during periods of stress. At other times, the person can function sexually without the paraphiliac fantasy or stimuli. In some instances, the paraphiliac behavior may become the major sexual activity in this person's life.

It is commonly accepted that when an individual is identified as having one paraphilia, there are at least one or more additional paraphilias. These individuals rarely seek treatment on their own; usually they come to the attention of mental health professionals only when their behavior has brought them into conflict with sexual partners or society (i.e. they get arrested for criminal behavior).

The following is a comparison of the recognized sexual paraphilias to criminal conduct:

PA PHIL	C INAL CONDUCT
COPROPHILIA Feces.	False imprisonment, assault.
EXHIBITIONISM The exposure of one's genitals to a stranger.	Indecent exposure. Disorderly (lewd) conduct.
FETISHISM Nonliving objects (fetishes). The individual frequently masturbates while holding, rubbing or smelling the object or asks his partner to wear the object.	Burglary, theft, rape.
FROTTEURISM Touching or rubbing against a nonconsenting (or unknowing) partner.	Assault, battery, sexual battery.
HYPOXYPHILIA (KOTZWARRAISM) Producing sexual excitement by mechanical or chemical asphyxiation (hypoxia).	Accidental death, involuntary manslaughter.
INFIBULATION Cutting, alteration, branding, infusion of the genitals (one's own or another's)	Assault with a deadly weapon, kidnaping, sexual battery, mayhem.
KLISMAPHILIA Enemas.	Penetration by foreign object.
MASOCHISM The person is aroused by being humiliated, beaten, bound, or otherwise made to suffer.	Disorderly conduct; prostitution.
NECROPHILIA Sexual arousal with corpses.	Burglary, unauthorized mutilation, theft.

PA . HILIA	CRIMINAL CONDUCT
PARTIALISM Exclusive focus on part of a body (living).	Sexual battery, assault, assault with a deadly weapon.
PEDOPHILIA Sexual attraction to another who is legally a child (prepubescent child).	Rape, lewd or lascivious acts with a child, oral copulation, penetration by foreign object, sodomy, annoying children, child pornography, kidnaping.
PIQUERISM Piercing of the body	Assault with a deadly weapon, sexual battery, mayhem, tattooing.
SADISM Receiving sexual arousal or gratification in response to another's suffering (physical or psychological).	Rape, oral copulation, sodomy, penetration by foreign object, assault with a deadly weapon, kidnaping, murder.
TELEPHONE SCATOLOGIA Talking lewdly, on the telephone, usually to strangers.	Obscene phone calls.
TRANSVESTISM Cross-dressing, wearing the clothing of the opposite sex.	Disorderly conduct, prostitution, theft, burglary, robbery.
UROPHILIA Urine.	Assault, false imprisonment.
VOYEURISM Observing unsuspecting people who are naked or engaging in sexual activity.	Disorderly conduct; "peeping" and prowling.
ZOOPHILIA Animals.	Sexually assaulting an animal.

Any or all of the paraphilias may be exhibited by an offender during a sexual assault of a victim (adult or child).

Appendix G

SEXUAL ASSAULT INVESTIGATION RESOURCES

SEXUAL ASSAULT 1 STIGATION RESOURCES

Section	Telephone Number
Automated Latent Prints	(916) 227-3314
Child Abuse	(916) 227-3285
Child Molester ID Line	1-900-463-0400
Crime Prevention Center	(916) 324-7863
Criminal Investigative Analysis (Criminal Profiling)	(916) 464-2001
Criminal Statistics	(916) 227-3509
DNA Laboratory	(510) 540-2434
Fingerprint - Expedite	(916) 227-3308
Investigative Support Crime Analysis	(916) 227-4736
Missing / Unidentified Persons	(916) 227-3290
Sex / Arson Registration	(916) 227-3288
Sexual Habitual Offender Program (SHOP)	(916) 227-4199
Sexual Predator Apprehension <u>Team</u>	Fresno (209) 445-6421 Los Angeles (213) 889-5271 San Francisco (415) 557-2955
Supervised Release File	(916) 227-4816
Technical Operation Unit	(916) 227-4142

Source: *State of California, Department of Justice*