Winona County Adult Sexual Assault Response Protocol

Created by the Winona County Sexual Assault Interagency Council

April 2008 (3rd Edition)



"Our Mission is to Coordinate an Effective Interagency and Community Response to Sexual Assault, Serving All Victims, and Seeking Justice." This Protocol was created to help effect a more victimcentered approach toward sexual assault crimes, and does not afford a criminal defendant any additional rights or procedural protections beyond those that exist by law. The Protocol contains general operating guidelines only. In some scenarios, various Protocol steps may be added, omitted or amended as appropriate.

For more information please contact:

Winona County Attorney's Office 171 West Third Street Winona, Minnesota 55987 (507)457-6310 www.winonacountysaic.com

Women's Resource Center 77 East Fifth Street Winona, MN 55987 (507)452-4440 saic@wrcofwinona.org

SAIC Members

*Agency representatives are subject to change

Winona Health

Debra Bork Laura Cummings 855 Mankato Ave. Winona, MN 55987 (507)457-4328

Goodview Police Department

Chief Kent Russell Officer Travis Volkman 4140 W. 5th St. Goodview, MN 55987 (507)452-1500

Lewiston Police Department

P.O. Box 129 Lewiston, MN 55952 (507)523-2534

MN Department of Corrections

Michele Rudnik, Enhanced Sex Offender Supervision 10 Washington Street Winona, MN 55987 (507)453-2915

Semcac Family Planning

Chrissy Feine Holly Fratzke 62 W. 3rd St. Winona, MN 55987 (507)452-4307

St. Charles Police Department

Chief Bill Eckles 830 Whitewater Ave. St. Charles, MN 55972 (507)932-3020

St. Mary's University of Minnesota

Ruth Mathews, Ph.D., L.P. Staff Psychologist, Wellness Center Andrea Essar, Head of Security Saint Mary's University of Minnesota 700 Terrace Heights #80 Winona, MN 55987 (507) 457-1773

Winona County Attorney's Office

Karin Sonneman, County Attorney Kevin O'Laughlin, Assistant County Attorney Cami O'Laughlin, Victim Services Coordinator 171 W. 3rd St. Winona, MN 55987 (507)457-6310

Winona County Community Services

Anne Yakle, Social Worker 202 W. 3rd St. Winona, MN 55987 (507)457-6200

Winona County Sheriff's Office

Sheriff Dave Brand Chief Deputy Ron Ganrude 201 W. 3rd St. Winona, MN 55987 (507)457-6368

Winona Police Department

Anne Scharmach, Investigator 201 W. 3rd St. Winona, MN 55987 (507)457-6302

Winona Senior High School

Kelly Jansen, Principal Maryann Dennis, Counselor 901 Gilmore Ave. Winona, MN 55987 (507)494-1504

Winona State University

Pat Ferden, Professor Chair, Counseling Center 101 E. Wabasha St. Second Floor West Winona, MN 55987 (507)457-5330

Women's Resource Center

Adria Sherwood, SAIC Coordinator Bethany Ablan, Advocate 77 E. 5th St. Winona, MN 55987 (507)452-4440

Cultural Competence

Many of the immigrants that come to the Minnesota area are refugees fleeing from war, oppression, civil unrest, and/or natural disasters (i.e. flood, famine) in their homeland. Refugees come to this land with a lifetime of experiences, all of which will impact how they will respond to being victims of sexual violence, and how they will interact with the criminal justice system. We cannot know all of those experiences; however, we can know some of them. \blacksquare

It is our goal to learn and provide as much knowledge to sexual assault service providers about cultures, histories, and communication barriers that are prevalent in the diverse populations that our county serves. Currently, the diverse populations of Winona County consist of such individuals as Hmong, Hispanic/Latino, Mexican, Indochinese-American, Cambodian, Vietnamese, Japanese, Bosnian, and East Africans.

Hmong:

The Hmong people are from Northern Laos and Thailand. They are from a hill tribe in Laos that received refugee status after U.S. troops pulled out of Vietnam. After the county fell to communism in 1975, many began migrating to the United States. About 45% of the Hmong population lives in Minnesota and Wisconsin. The Hmong practice the religion of Animism, which is the belief that all things have a spirit. Therefore, Shamans are a huge part of culture; they are the healers. Most things are handled within the clan. If a Hmong should seek another method of resolution, it is considered disrespectful.

The husband is head of household. It is his job to provide for the family and he is responsible for all acts committed by any member of his family.

Things to remember:

- ☑ Conflict within the Hmong culture is generally handled within the clan. Typically there is not domestic violence and the Elder in the family setting handles marriage/divorce issues. Respect and family honor are very important.
- ☑ If a Hmong woman is raped, she is very unlikely to tell anyone due to her fear that it will bring dishonor to her family. She will have the fear of being banished from her home with no place to go and the fear of causing shame to come to her family.

- ☑ Sexual assaults are viewed in the community as the woman's fault or that she is promiscuous.
- ☑ A young woman will have fear that her marital status will be at risk if anyone knows she was raped. Since the culture tends to lay blame on the woman, she (the victim) will fear that her future to be married in the culture will be jeopardized.
- ☑ Due to the fact that victims of sexual assault will face scrutiny in their clan, it is very important to reassure victims that the information that they provide is confidential.
- ☑ The Hmong people and culture believe in the work of Shamans. A Shaman is an elder in the community that has healing powers, similar to a doctor. For example, if a child is running a fever, the Shaman will pinch and rub the skin to rid the body of evil spirits. This will often time leave bruising on the individual's body.
- ☑ It is <u>not</u> common for women to provide eye contact. This makes it difficult to hold a conversation. We assume that the individual is lying or not understanding. However, this is not the case, but rather a part of their culture.
- ☑ Many of the older Hmong do not speak English very well. The second generation is learning to read and write in English, but not learning to write in Hmong. They are caught in between the Hmong and American lifestyle. Unfortunately, the younger children are expected to interpret. However, due to vocabulary constraints and closeness to the client, the full interpretation may not be done.

Hispanic/Latino:

☑ In Winona County, the main populations of Hispanic/Latino live in the St. Charles and Altura areas. Many are uneducated and have a difficult time reading Spanish and speaking English. English is a second language to them, and even though they try to participate in ESL (English as a Second Language) classes, they are still struggling. Many are waiting to become citizens. However, their children are citizens of the United States, but their paperwork has not been processed. There are five different types of Latino/Hispanic people. Mexican, Latino, Hispanic, Spanish, and Chicano are the five different types and all with different backgrounds.

- ☑ In the Hispanic/Latino culture, formality is viewed as respectful. Always use a courtesy title when addressing an individual (i.e. Mr., Mrs., and Ms).
- ☑ Much of the time a conversation will take place at close distance. If you move away, they may just step forward to close the distance.
- ☑ Women will most likely **not** shake hands when approached.
- ☑ When talking with a woman of this ethnicity, do not put your hands on your hips or in your pockets. This is seen as threatening or that you are making a challenge.
- ☑ You should also <u>not</u> make the "O.K." sign with your fingers; it is considered vulgar.
- Hispanics frequently use humor, which may be misunderstood as not accepting a serious situation. Humor provides a variable coping mechanism.

Mexican:

- ☑ Silence is seen as a sign of respect. Most of the time they will remain silent in a conversation.
- ☑ They also like to stand very close to others. If you stand far away, it is disrespectful. Do not be surprised if a Mexican individual moves closer to you during conversation.
- \square They do <u>not</u> give direct eye contact.
- When questioning a victim about height or stature of a person, use your index finger and not your entire hand to show height limits. Mexicans use their entire hand to signal the height of animals, but with people it is inappropriate.
- ☑ When talking with Mexicans, avoid words like *immigration*, *immigrant*, *illegal*, or *legal*. The individuals may stop listening and conversing for fear that themselves or a family member will be deported.
- ☑ Do not leave female victims alone with a male (i.e. doctor, officer), as they may not feel safe.

- ☑ When summoning someone to follow you, use a gesture where the hand palm is down.
- ☑ Just because someone is nodding, do <u>not</u> assume they agree or understand what is being said. Instead of asking "yes" or "no" questions, ask the victim what they think. In some cultures, it is rude to disagree. By asking open-end questions, you can prevent this from occurring.

Indochinese-American:

- ☑ This term has some negative connotations for the refugees and immigrants it represents, but generally covers the area of Laos, Vietnam, and Cambodia. These cultural backgrounds are very different even though they come from the same area. They are different in culture, gesture, lifestyle, religion, language, and ways of communicating. This can cause misunderstandings if both parties are not aware of them.
- ☑ Family is the center most part of life. Most have a traditional Caste society.
- ☑ Most do <u>not</u> shake hands but bow as a way to show respect.
- ☑ When talking they usually do <u>not</u> make direct eye contact.

Cambodians:

- ☑ Khmer is the dominant language spoken in Cambodia and Buddhism is the dominant religion.
- ☑ Conflict is handled within the family structure; the father will handle disputes. If the matter cannot be settled there, the chief of the district will be asked to solve the problem. Only cases involving large sums of money, death, or severe bodily harm are ever reported to law enforcement.
- ☑ The concepts of domestic abuse and sexual assault do not exist in the Cambodian culture. When a husband beats his wife, it is considered discipline. When a husband rapes his wife, it is considered sex. Women are seen as the property of their husbands.
- ☑ The treatment of girls within the Cambodian culture is harsh. Because a girl's virginity is fundamentally correlated to her reputation and family honor, she is expected to help her mother with the work and avoid socializing with men at all times. If she does socialize, she will be viewed as a woman with unfit morals.

- ☑ Since a Cambodian girl's virginity is important to her identity and her family's honor, she may not report a sexual assault to anyone, including her parents. In addition, Cambodians consider discussions regarding sex forbidden and embarrassing.
- ☑ In order to prevent shame to a victim's family, victims will deny that the assault occurred. If the assault does become known, families will often ostracize their daughter.
- ☑ Cambodians have suffered a long history of mistreatment at the hands of law enforcement and government officials. As a result, they tend not to believe or trust any government authority.

Vietnamese:

- ☑ The population of Vietnam is comprised of Tay, Thai, Chinese, and Khmer. Vietnamese people are the dominant ethnic group in Vietnam. Vietnamese is the official language spoken; however, there are three different dialects (north, south, and central).
- ☑ Much like Cambodians, Vietnamese do not believe in taking problems outside of their inner-circle. They will handle most problems in their family or group.
- ☑ Vietnamese believe that keeping sexual assault a secret is more important than justice, as the reputation of the woman and family may be scrutinized in their culture.

Japanese:

- ☑ Bow with hands folded at chest level. The eldest is expected to bow first and continue in order to age. The individual with lowest status must bow longer.
- ☑ Do not touch the heads of children and infants. Japanese believe that the "spirit" dwells in the head and touching it may bring about bad luck or a bad omen.

Bosnian:

☑ Winona is home to a growing number of Bosnian refugees. Many of the families are adjusting well into the American culture. The need for Bosnian interpreters has dropped, but is sometimes used in performance reviews and job training.

Somalian/East Africans:

- ☑ Somalis speak the same language but ethnicity varies depending on what part of the country they came from. Most practice the Muslim religion.
- ☑ Women do not shake hands.
- ☑ Women are to be covered from head to foot at all times.
- ☑ Somalis do not like to have photos taken. They believe it is immodest to have photographs of one's self.
- ☑ Due to their negative experiences, Somalis tend to not trust police or court. In Somalia, it is common to buy officials and judges. Therefore, court is rarely taken seriously.
- ☑ In their culture, it is not proper for Somali women to be alone with a man in a room.

Project Fine

Project Fine offers trained interpreters in and outside the Winona County area. Based in downtown Winona, individuals that need the service of translators should call Project Fine at **507-452-4100**. They offer interpreters in the following languages:

- ☑ Spanish
- ☑ Vietnamese
- ☑ Mandarin
- ☑ Hmong
- ☑ Russian
- ☑ Cantonese
- ☑ Bosnian
- ✓ Arabic
- ☑ Thai

▼Zdarzil, A (2000). MCAA Seminar, Grand Rapids, MN.

Protocol Checklist: Law Enforcement

Dispatchers Response to a Sexual Assault Call

- ☑ Obtain and record caller's name, address, and phone number.
- Obtain location of suspect/victim, and jurisdiction of where crime was committed.
- ☑ Determine if the victim is in immediate physical danger. If so, ask if assailant is present and/or armed, get a name, address, phone number, and physical description. Determine appropriate response for all other emergencies.
- ☑ Dispatch patrol officer(s) according to department policy.
- Assess situation and if necessary keep callers on line until officer(s) arrive unless it is unsafe to do so.
- \square Save the audio tape of the call.

Patrol Officers

- ☑ Safety of victim and officers is the first priority.
- ☑ Provide aid to the injured. Locate victim and reassure them.
- ☑ Secure any possible crime scene(s) to ensure that evidence is not lost, changed, or contaminated.
- ☑ Provide interpreter services, if needed, including language translation for non-English speakers and signing for hearing-impaired victims.
- ☑ Obtain necessary information on victim, suspect, and witnesses. (Home, work, cell phone numbers, full name, DOB's, and addresses).
- ☑ If crime has just occurred, furnish other field units (through Dispatch) with descriptions, method and direction of flight, and other relevant information concerning wanted persons and/or vehicles, etc.
- ☑ Obtain a detailed audio recorded statement from victim and witnesses.

- o Determine what crime was committed.
- o Where the assault took place and when.
- Who was the suspect get full name, DOB, phone number, etc.
- Ask victim if they want to pursue charges.
- o Was there a struggle?
- o Did victim say no?
- o Did victim tell anyone else of the incident? If so, who?
- o Why did they wait to report the incident?
- o Document demeanor of the victim.
- o Were alcohol or drugs involved?
- ☑ Photograph scene, victim injuries, and any items of evidentiary value.
- ☑ Gather and collect any evidence at the scene(s).
- ☑ All items collected should be placed into evidence.
- ☑ Determine if a sexual assault kit needs to be done. Arrange for victim to be taken to the hospital. Ask victim to sign a medical release form at the hospital. Upon completion of the sexual assault kit, collect the kit, clothing, and any other items from hospital staff. Document transfer of custody from hospital to police. Hospital will hold kit for up to 30 days.
- ☑ If "Date Rape" drugs are suspected, a urine kit needs to be completed while at the hospital. Symptoms are:
 - o Report of intoxication in short span of time (5-15 minutes)
 - o Cannot remember what happened.
 - o Reports waking up but passing out a second time.
 - o Rohypnol can not be detected at 48 hours after ingestion.
 - o GHB can last, at most, 12 hours after ingestion
- ☑ Give victim the SAIC resource packet. Explain resources available to victim. Offer WRC services and ask if they want an advocate called.
- ☑ Contact Supervisor. Supervisor will request an investigator and/or evidence tech to be paged out, if necessary. If investigator and evidence tech aren't available, patrol can continue with the investigation.
- ☑ Write a detailed report.

Supervisor/Officer in Charge

- ☑ Assess situation, i.e., officer's findings, victim and witness statements, and scene review.
- ☑ Coordinate securing and processing the crime scene(s).
- ☑ WPD Only: Notify Deputy Chief of CID if an investigator/evidence technician and other support personnel are needed.
- ☑ Work with WRC to address any safety concerns the victim may have, i.e., creating a safety plan, finding safe housing.
- ☑ Determine whether the victim is willing to cooperate with the investigation.
- ☑ Obtain all records on the suspect, including NCIC, POR, DOC, etc...
- ☑ Sign completed 9-1-1 form from dispatch to obtain tape of call if applicable.
- ☑ Coordinate efforts to arrest or interview the suspect.

Investigator/Officer in Charge/Evidence Tech

- ☑ Keep victim informed about the status of the investigation.
- ☑ Accommodate victim's needs during those steps in the investigation process that require victim participation. For example, interviews, hearing, line-ups/show-ups.
- ☑ Notify victim when suspect is taken into custody.
- ☑ Determine information needs for police and prosecutor from victim interviews to minimize necessity of repetitious interviews.
- ☐ Take appropriate steps to make victim comfortable with interviews.
- ☑ Determine whether victim is willing to cooperate with the investigation and prosecution of the offense.
- ☑ Collaborate with Evidence Technician (if appropriate) to determine what evidence should be seized and what photos should be taken and if any of the following needs be done:
 - o Fingerprint scene if appropriate.

- o Sketch scene if appropriate.
- o Collect all pertinent evidence.
- o Photograph victim's injuries if present at the scene.
- Photograph suspect's injuries if appropriate.
- o Collect biological samples from appropriate people.
- o Blood to be done at the hospital.
- ☑ Collect all appropriate evidence in the absence of an Evidence Technician.
- ☑ Notify victim of services available, i.e. advocacy programs (WRC), Crime Victims Reparations Board, etc...
- ☑ Obtain medical records from the victim, if applicable.
- ☑ Review all records and print out NCIC sheet on suspect.
- ☑ Obtain 9-1-1 tape, if applicable.
- ☑ Review entire case and draft search warrant(s) when necessary.
- ☑ Determine suspect(s) and coordinate interview(s).
- ☑ Determine if suspect will be arrested and/or referred to the county attorney for charges.
- ☑ Notify victim when suspect is taken into custody.

Detention Personnel

☑ Make every reasonable effort to notify the victim of the assailants release from custody as soon as the release date and time is known.

Protocol Checklist: Advocacy

The advocate's role is to provide support and information to the sexual assault victim.

All of the following guidelines are based on the victim's wishes.

Initial Contact

- ☑ Get name, address, and phone number if victim is willing.
- ☑ Determine if victim is in immediate danger.
- ☑ Help identify and address the immediate concerns of victim.
- ☑ Determine if emergency medical assistance is needed.
- ☑ Encourage evidentiary exam if assault has happened within the past 72 hours. If assault happened longer than 72 hours ago, encourage victim to do pregnancy/STI testing.
- ☑ If victim agrees to sexual assault exam, advise victim to either wear or bring along the clothes that were worn before/during/after the assault as there may be evidence on these items. If victim does not want to wear those clothes to the hospital, advise them to place each item in a separate paper bag (NOT plastic) and bring along to hospital.
- ☑ Caution victim against evidence destruction, and, if possible, advise victim to save first urine.
- ☑ Arrange transportation to and from the hospital.
- Answer victim questions about law enforcement and the criminal justice system. Remind victim that it is their choice whether or not they wish to report, and they can make that choice at any time.

- ☑ Inform victim of how long criminal process may take. It is not unusual for cases to take a year or more to be resolved.
- ☑ Offer crisis support and referral services.
- ☑ Arrange for a safe home, if appropriate.
- ☑ Help develop a safety plan that includes the option of him or her obtaining an Order for Protection (OFP) or Harassment Restraining Order (HRO).
- ☑ Offer, and if accepted, assist him or her in obtaining an OFP or HRO.
- ☑ Give victim a rights and referral card if they have not been given one.

Medical Examination

- ☑ Provide victim with emotional support during the examination, and answer any questions victim may have about exam process.
- ☑ Emphasize the importance of being completely honest with ER staff, even though some of the questions may be difficult.
- ☑ Make sure the victim knows approximately how long exam/ER visit will take (4 hours is the average).
- ☑ Inform victim that the exam will be at no cost to them; it will be billed to the county in which the assault occurred.
- ☑ Provide support and referral services for secondary victims.
- ☑ Inform victim that hospital will keep evidence kit for 30 days, and that it does not get processed or sent to the BCA unless the victim decides to report to the police.
- ☑ Inform victim that clothing may be kept as evidence. Arrange for replacement clothing, if not provided by the hospital.

Initial Interview with Law Enforcement

- ☑ Provide emotional support.
- ☑ Encourage victim to be completely honest with Law Enforcement. If any details are left out, they may surface later and damage the victim's credibility.

- ☑ Monitor attention to victim's needs.
- ☑ Help inform victim about what to expect in the future.
- ☑ Ensure that victim knows that an immediate arrest of the assailant may not be made.
- ☑ Take notes on the information given to the victim on their behalf.
- ☑ Encourage victim to contact Law Enforcement if more details are remembered later.

Crime Victims' Reparations

- ☑ Notify victim of compensation available through Crime Victims' Reparations.
- ☑ Assist victim with completing the application.
- ☑ Follow-up on the application to ensure that it is processed in a timely manner.

Investigation

- ☑ Facilitate communication between law enforcement investigators and victim.
- ☑ Provide support for victim participation in the investigation.

Arrest

- ☑ Be available to assist in notifying the victim when an arrest is made.
- ☑ Be available to assist in notifying the victim when the assailant is released. If victim wishes, assist with registering assailant's information with VINE (Victim Information and Notification Everyday).
- ☑ Inform the victim of the defendant's conditions of release.

Prosecution

- ☑ Communicate with victim regarding status of court case.
- ☑ Accompany victim to court procedures (if they wish), and provide support and information.

- ☑ Monitor court procedures and communicate with victim regarding results.
- ☑ Facilitate communication between victim and prosecutor regarding plea negotiations and victim's needs.
- ☑ Provide victim with information on preparing a Victim Impact Statement.
- ☑ Assist victim, at his or her request, with preparation of Victim Impact Statement.
- ☑ Accompany victim to sentencing if the victim wishes.

Post-sentencing

☑ Be available to assist victim in understanding the community notification process.

Ongoing Victim Services

- ☑ Provide continuing services as long as victim requires emotional support or advocacy.
- ☑ Provide referrals for other community services.

If Victim Chooses Not to Report to Law Enforcement

- $\ensuremath{\square}$ Inform victim of other options or services available.
- \square Inform victim they may report at a later time if they want to.
- ☑ Inform victim of the implications of a delayed report (lack of evidence, harder to prosecute at times).
- ☑ Ensure that the victim feels supported in her or his decision.

Protocol Checklist: Winona Community Memorial Hospital

Purpose:

- ☑ Provide resources that meet the physical, emotional, and spiritual needs of each victim with an emphasis on the individual's right to maintain control of his/her life.
- ☑ Provide holistic nursing and medical treatment
- ☑ Provide optimal and comprehensive care
- ☑ To regard all victims with respect, and to maintain their dignity

Presentation to Hospital:

- ☑ Community Memorial Hospital triages patients in two (2) categories:
 - Urgent
 - o Emergent (Sexual Assaults are always categorized as emergent)
- Patient is brought to an individual exam room for privacy and confidentiality.
- ☑ Offer and, if accepted, assist in calling the Women's Resource Center to obtain an advocate for the patient. May also offer other support services such as family, friends, spiritual leader, etc. at the patient's request.
- ☑ Encourage the patient to report assault to police, and assist the patient with the report if patient so desires.
- ☑ Document on Sexual Assault Data Sheet 406a. Include patient's physical and emotional status.
- ☑ Utilize Alleged Assault Form 20 for doctor's documentation of patient's examination.

- ☑ Ask patient to confirm time of sexual assault.
 - <72 hours: complete Sexual Assault Data Sheet (406a), and do Sexual Assault kit.
 - >72 hours: complete Sexual Assault Data Sheet (406a), and examination.
- ☑ All examinations include STI (Sexually Transmitted Infection) screening.
- ☑ Inform patient about collection, and retention of evidence to be used for criminal prosecution.
- ☑ Ask the patient if he or she would like to have evidence collected
- ☑ Patient must sign Sexual Assault Data Sheet (406a) to give consent for collection of evidence and retention.
- ☑ Hospital Emergency Department will store Sexual Assault Kit (and any clothing collected as evidence) in a locked refrigerator for minimum of 30 days with no guarantee to be held longer.
- ☑ Provide a thorough explanation of the Sexual Assault Kit, and process of evidence collection.
- ☑ Call doctor to examine patient.
- ☑ Follow instructions provided in the Sexual Assault Kit.
 - o Sexual Assault Kits are provided by the BCA.
- ☑ Provide the patient with a current list of local referral agencies and phone numbers to assist them with support services and needs he or she may require in the future.
- ☑ Give the patient information on STI's, morning-after options, etc.
- ☑ Provide patient with name of the follow-up physician assigned and option to follow-up with SEMCAC Family Planning/STI clinic.
- ☑ CMH/SEMCAC reminder card
- ☑ Provide a change of clothing, if appropriate.

Protocol Checklist:

SEMCAC STI and Family Planning Clinic

IF SEXUAL ASSAULT OCCURRED IN PAST 72 HRS:

If patient plans to report assault to police:

- ☑ Offer patient emergency contraception
- ☑ Refer to CMH for evidence collection
- ☑ If not wearing clothing that was worn at time of assault, inform client to bring that clothing with them to the hospital; it is needed for evidence collection.
- ☑ Call CMH emergency department. Inform them assault victim is coming in.
- ☑ Indicate on communication card what services were provided. Instruct client to present card to CMH staff
- ☑ Have client sign release of information form (ROIF) giving consent to give info regarding visit related to sexual assault to either CMH staff and/or Winona law enforcement personnel

If patient does not plan to report assault:

- ☑ Offer emergency contraception
- ☑ Offer treatment medications for Chlamydia and Gonorrhea
- ☑ Offer testing for STI's , encourage repeat testing in 2 weeks
- ☑ Offer HIV test now and in 3-6 months
- ☑ Refer to additional support services (i.e. Women's Resource Center, Victim Services)

- ☑ Careful documentation of any physical findings for possible future reporting
- ☑ Have client sign *Release of Information Form* (ROIF) giving consent to give info regarding visit related to sexual assault to either CMH staff and/or Winona law enforcement personnel

IF SEXUAL ASSAULT OCCURRED >72 HRS AGO:

If assault >72 hrs ago but < 2 wks ago:

- ☑ Offer treatment medications for Chlamydia and Gonorrhea
- ☑ Offer testing for STI's, encourage repeat testing in 2 weeks
- ☑ Offer HIV test now and in 3-6 months
- ☑ Refer to additional support services (i.e. Women's Resource Center, Victim Services)
- ☑ Discuss reporting assault to authorities
- ☑ Careful documentation of any physical findings for possible reporting
- ☑ Have client sign *Release of Information Form* (ROIF) giving consent to give info regarding visit related to sexual assault to either CMH staff and/or Winona law enforcement personnel

<u>If assault occurred > 2 weeks ago</u>:

- ☑ Offer testing for STI's, await results before treating with medication
- ☑ Offer HIV test now and in 3-6 months
- ☑ Offer pregnancy testing
- ☑ Refer to additional support services (i.e. Women's Resource Center, Victim Services)
- ☑ Discuss reporting assault to authorities
- ☑ Careful documentation of any physical findings for possible reporting

- ☑ Have client sign *Release of Information Form* (ROIF) giving consent to give Info regarding visit related to sexual assault to either CMH staff and/or Winona law enforcement personnel
- ☑ (These protocols are general guidelines. Each situation will be individually assessed and changes may be made accordingly.)

Protocol Checklist County Attorney's Office

- ☑ If the County Attorney's Office is the first agency to receive a report of a sexual assault, take the caller's name and phone number, and refer the caller to the appropriate law enforcement agency and the Women's Resource Center.
- ☑ Follow-up with law enforcement and the Women's Resource Center within one day to ensure the victim contacted one or the other.

When transmittal and reports are sent to the County Attorney's Office

- ☑ Review reports to determine possible charges and strength of case.
- ☑ Contact the victim (or the Women's Resource Center) to determine victim's perception of threat from the perpetrator and to discuss charging options, bail and release conditions, victim safety plan and available victim services.

If charges will be filed

- \square Draft the complaint.
- ☑ Inform law enforcement that charges have been filed.
- ☑ Inform the victim of release conditions and what steps the victim can take if these conditions are violated.
- ☑ Send the victim a notification letter, victim rights information and refer the victim to the Women's Resource Center.
- ☑ Communicate with the victim in-person, by telephone or through written correspondence to:
 - Explain the victim's rights under Minnesota Statute §§ 611A.01-611A.06, and offer an opinion concerning the victim's rights when appropriate and/or requested.
 - Explain to the victim how the legal system works and the roles of the judge, prosecutor, defense counsel, advocate, jury, etc.

- Explain relevant legal concepts.
- Explain the charges filed against the defendant and what the Sentencing Guidelines recommend.
- Explain the strengths and weaknesses of the case together with possible outcomes and any plea negotiation policy and/or plea negotiation position being taken by the prosecutor.
- Seek the desires and opinions of the victim as to outcome, any plea negotiations and the victim's willingness to testify at trial.
- Explain to the victim that his or her cooperation with the prosecution is beneficial to the case and, if possible, agree upon a course of action. Explain, however, that the prosecutor is not bound by the wishes of the victim and must make an independent determination.
- Explain to the victim that it is the prosecutor who is prosecuting the case and not the victim and that the victim will be subpoenaed for trial to appear as a witness if necessary.
- Determine how involved the victim wishes to be in the case. (If they would like to be called at each decision point; be notified only of the trial and sentencing; etc)
- Explain to the victim his or her input will be sought during the various stages of the court process.
- ☑ Where appropriate, recommend the victim seek an Order for Protection.
- ☑ Encourage the victim to report any and all violations of the conditions of release to the prosecutor or law enforcement officers. Assure the victim that any probable violations of the conditions of release (or any defendant who harasses, threatens, injures or otherwise attempts to intimidate or retaliate against the victim or witnesses) will be pursued to the fullest extent of the law.

If charges will be filed and follow-up investigation is also needed ☑ Draft the complaint.

- ☑ Inform law enforcement of the charges and any follow-up investigation needed, copy to-do list to file and diary file for date to follow-up with law enforcement.
- ☑ Send the victim a notification letter, victim rights information and refer the victim to the Women's Resource Center.

If follow-up investigation is needed before a charging decision can be made

- ☑ Inform law enforcement more investigation is needed and diary the file for a date to follow-up with law enforcement.
- ☑ Notify the victim we have received the law enforcement reports but more investigation is needed before charges can be filed.
- ☑ Make a charging decision when additional investigation is received.

If charges will not be filed

- ☑ Staff the case with at least one other prosecutor to see if that attorney concurs in the turn-down decision.
- ☑ Offer to set up a time for the victim to speak with the prosecutor about the charging decision. Inform the victim a supportive person may be present during the meeting.
- ☑ Describe the services provided by the Women's Resource Center and the County Attorney's Office Victim Services Program.
- ☑ At the meeting, determine if the victim has more information regarding the assault.
- ☑ If so, re-evaluate the charging decision based on new information.
- ☑ If not, explain to the victim why the incident is not going to be charged at this time.

After Charging

- ☑ Notify the victim of all hearings and changes in scheduling.
- ☑ Discuss the desired conditions of release with the victim prior to the bail hearing.
- ☑ Keep the victim informed about the detention status of the defendant.

- ☑ Allow the victim to express his or her concerns about the danger the suspect poses to the victim or to others, when possible.
- ☑ Consider the needs of the victim (e.g., religious holidays, health requirements, family activities and occupational requirements) when scheduling case-related activities.
- ☑ Facilitate the victim's participation in all activities at which the defendant has a right to be present.
- ☑ Consider the effect of defendant's requests for continuances on the victim and object when the effect on the victim is adverse.
- ☑ Inform the victim of the reasons to consider a negotiated plea.
- ☑ Describe alternative courses of action other than a negotiated plea.
- ☑ Discuss the specific plea offer, including sentencing possibilities with the victim prior to accepting or rejecting the plea. Disclose all consequences of the plea.
- ☑ Determine what courses of action the victim wants to take.
- ☑ Consider the needs of the victim in accepting a plea (e.g., restitution, prosecution, emotional security).
- ☑ Inform the victim any objections to the plea agreement may be voiced in a victim impact statement at sentencing. Provide the victim with the right to make a statement at sentencing.

Pre-trial

- ☑ Ensure that the victim is given the opportunity to attend all hearings.
- ☑ Keep the victim informed about court schedules (e.g., dates, times and places).
- ☑ Meet with the victim (with a third party present) to discuss his/her proposed testimony.
- ☑ Familiarize the victim with the courtroom and the people who will be in the courtroom.

- ☑ Ensure that the victim's right not to disclose his or her residence address or full identity is protected. (Minn. Stat. § 611A.035)
- ☑ Offer ongoing emotional support to the victim.

Trial

- ☑ Provide waiting areas for the victim and the victim's family separate from the courtroom access used by the defendant and the defendant's witnesses or family during any court proceedings.
- Advise the victim and witnesses not to discuss the case in the waiting areas or hallways with each other, and especially not when jurors are within earshot.
- ☑ Advise the victim he or she will not be able to have access to the courtroom until after testifying and possibly not even after testifying.
- ☑ Provide the victim with access to the courtroom after testifying, if desired, permitted and wise.

Sentencing

- ☑ Inform the victim of the sentencing date.
- ☑ The Victim Services Coordinator will inform the victim he or she has the opportunity to present a victim impact statement as part of sentencing considerations.
- ☑ Show the victim the type of information usually included in a victim impact statement.
- ☑ Offer to assist the victim in preparing a victim impact statement.
- ☑ Support the victim's right to speak and/or provide a written statement and/or have the prosecutor read the victim impact statement at the sentencing hearing.
- ☑ Include any needs the victim has as part of the sentence (e.g., restitution, protection, emotional security, and closure).

Post-sentencing

☑ Notify the victim about probation revocation hearings.

- ☑ Provide priority prosecution for violations of release/probation conditions.
- ☑ Provide the victim with information about his or her right to pursue civil remedies to create a civil judgment from an order for restitution.
- ☑ Remind the victim of his or her right to seek redress through civil litigation.
- ☑ Keep the victim informed about the status and timelines of appeals.
- ☑ Establish procedures for keeping the victim informed about changes in the incarceration status of the offender.
- ☑ Notify the victim that the defendant is now a registered sex offender.

If defendant is found not guilty

- ☑ The prosecutor should give the victim an opportunity to meet with him or her to discuss the trial, ask any questions about the process, and offer information on other remedies still available (reparations, civil litigation).
- ☑ Offer the victim an opportunity to meet with the Women's Resource Center to create a safety plan.

Protocol Checklist: University

Options for victims:

- ☑ Report to the police with medical attention and an investigation.
- ☑ Report to the police anonymously.
- ☑ Report to Campus Security and Housing
- \square Report to hall staff only.
- ☑ Report informally; provide the victim with information regarding oncampus services; incident tracked as per Campus Security Act.

Security:

- ☑ Incident is reported to University Security.
- ☑ Professional staff are required to respond to the scene and make assessment.
- ☑ Seek medical assistance for the victim if requested/needed, and ensure the victim's immediate needs are met.
- ☑ Protect the incident scene until the scene is turned over to law enforcement or until the victim chooses not to seek further investigation into the incident.
- ☑ Contact the Director of Security immediately.
- ☑ Inform the victim of services available.

Director of Security:

☑ Meet with the victim to determine the location of the incident, basic information and his/her wishes.

- ☑ Advise the victim of options concerning the assault; e.g. law enforcement, University investigation, referrals on and/or off campus.
- ☑ Depending upon the victims choices:
 - o Contact the police.
 - o Transport or arrange for transportation to the hospital.
 - Assist and cooperate with local law enforcement in the investigation of the incident.

Housing:

If a staff member becomes aware of a sexual assault:

- ☑ Keep in mind the preferences of the victim. A victim of sexual assault makes his/her own decisions regarding further action.
- ☑ If the sexual assault has just occurred, make sure the victim is safe from further harm.
- ☑ LISTEN to the person and be supportive as she/he shares their story. DO NOT push the student to share information.
- ☑ Inform the victim that the Hall Director can help her/him with resources and options. Involve the Hall Director if victim agrees.
- ☑ Consult with the Hall Director and, if possible, follow the procedures outlined below.
 - Alert the Hall Director to the fact that a sexual assault took place even if a victim insists on anonymity. The Hall Director must file a report with Student Life and Development. (These reports can be filed without the victim's name.)
 - o Respect the victim's privacy.
 - Assure the victim that he/she remains in control of all decisions she/he makes regarding the assault.
- ☑ If the victim's decision is to report only to Housing, involved staff will need to review the options for victims, including medical, legal and emotional support.
- ☑ Ask the student not to shower, clean or change clothes before making a decision regarding a physical examination and/or rape kit.
- ☑ Explain possible financial costs and resources for the rape kit.
- ☑ Let the student guide, as much as possible, what direction is taken.

The effects of sexual assault need to be addressed concurrently on each of the following levels:

☑ Physical Level:

 Will the victim consider seeking medical attention? If yes, the alternatives include a local hospital, clinic, health services, or a private physician.

☑ Emotional Level:

- Will the victim consider seeking assistance from an outside consultant to assist in decision making? If yes, call the Women's Resource Center.
- Will the victim consider seeking assistance from a mental health professional? If yes, alternatives include the University Counseling Center and agencies listed in the protocol.

☑ Legal Level:

- Will the victim consider making a legal response? If yes, the alternatives are:
- File a report with the Hall Director who will contact proper authorities to initiate a potential University investigation/disciplinary response.
- Contact Campus Security or the Winona Law Enforcement Center to initiate a potential criminal prosecution.

Counseling Center:

- ☑ The primary concern is the emotional well-being and support of the student. Establish a plan for possible follow-up counseling services.
- ☑ Give options to the student and discuss what may be experienced with each option as well as advantages and disadvantages of the ones she/he is considering.
- \square Let the student guide, as much as possible, what direction is taken.
- ☑ Support, encourage and assist her/him in the decisions the student makes.

Health Services:

- ☑ Discuss the options of reporting and testing.
- ☑ If there is ANY question about how much the student will report, refer them to the emergency room at Winona Health for a complete forensic exam and testing.
- ☑ If the student does not want to report or press charges, strongly recommend that they have STI testing done.
- ☑ Contact the Counseling Center while the student is in the office to schedule an appointment.
- ☑ Offer further support and encouragement for the decisions the student is making.

Mandated Reporting

What is mandated reporting?

☑ Mandated reporting is a requirement of MN Statute 626.556 subdivision 3. It means that any person who works with children or families is legally required, or mandated, to report suspected child abuse or neglect.

Who are mandated reporters?

- ☑ Educators teachers, assistants, support staff, bus drivers, custodians
- ☑ Health Care Workers
- ☑ Mental Health Professionals
- ☑ Childcare workers
- ☑ Law Enforcement
- ☑ Other human service professionals

When should you report abuse or neglect?

Any time you know or have reason to believe a child is being neglected or abused, you should file a report. If you believe the abuse or neglect happened within the 3 preceding years, you are legally required to make a report.

What if I'm not sure that something meets the requirements for a report?

☑ Call Human Services or Law Enforcement with all of the information you have. Those agencies will determine if the information meets statutory requirements for assessment.

What information should I call in?

- ☑ Your name, address, phone number and relationship to the child and his/her family
- ☑ Where the child is now and whether the child is in immediate danger
- ☑ A description of what happened to the child, including when and where it happened
- ☑ A description of any injuries or the present condition of the child
- ☑ The names, address, phone number of the child, parents or caregivers

- ☑ The child's date of birth
- ☑ Name and relationship of the alleged offender
- ☑ Names of any witnesses of the incident
- ☑ Any additional information that might be helpful

What happens after an assessment is done?

As a mandated reporter, you are entitled to know both whether your report will be assessed and the final outcome of that assessment.

Should I tell a family that I've made a report?

☑ You have no legal obligation to do so. If you feel that you have an ethical responsibility to share this with the family, please check this out with the social worker first. Family dynamics, particularly in the area of sexual abuse, can interfere with the assessor's ability to get accurate information if they've been alerted to a report. This is very important.

Will my name be released?

☑ No. State law prohibits the release of a reporter's name unless that person gives permission for their name to be released or unless the court specifically orders the reporter's name to be released.

Do I have to write a report?

☑ Yes, you must file a written report within 72 hours of your call. You must make a verbal report of suspected abuse or neglect as soon as you have information and then you must file a written report.

What happens if I don't call in a report of known or suspected abuse or neglect?

☑ MN law requires you to report known or suspected abuse of children. Failure to do so is a misdemeanor. You can be prosecuted if you fail to report.

What will child protection do?

☑ Human Services will determine if the report meets statutory requirements for an assessment. If the information meets criteria for assessment, it will be assigned either for a traditional assessment or an alternative response. A child welfare check is also a possible response.

What if the child asks me not to make the report?

☑ Individual wishes do not supersede the law. You have a legal obligation to make the report. If you need help explaining this to the child please call Human Services.

If I share the information with a supervisor or co-worker does that satisfy my mandate to report?

☑ No. The law says the report is to be made to County Human Services or Law Enforcement.

When you make a report, you will be asked the following:

- ☑ There are four categories of maltreatment:
 - 1. **Physical abuse**: non-accidental injury caused by a caretaker **Ask the following:**
 - ☑ What is the injury describe it fully including marks, color marks, location of marks, size and shape of marks
 - ☑ How did it happen
 - ☑ Who did it
 - ☑ When did it happen
 - ☑ Where did it happen
 - ☑ Did they witness the incident or injury
 - ☑ Threatened injury is a part of the physical abuse category. It means that through word, action, or behavior, a caretaker put a child at imminent risk of substantial harm but NO injury resulted. Get as many details about the threat or threatening situation as possible. WHO, WHAT, WHEN, WHERE
 - 2. **Neglect**: failure of the caretaker to provide the child with one of life's basic necessities which are food, clothing, shelter, or medical care when the absence of that care would result in serious harm to the child's health; it also includes inadequate supervision; and failure to protect from danger.

**Ask enough questions so you get a clear picture of what is going on

- ☑ Who
- ☑ What
- **☑** Where
- ☑ What is lacking
- ☑ When did it happen
- ☑ How long has this situation been in place or going on
- $\ oxdot$ How much have they seen or directly observed
- 3. **Sexual Abuse:** any sexual exploitation involving children-take the report regardless of ages given by reporter and team will assess the information

**Ask the following:

- ☑ Who
- **☑** What
- ☑ When

- ☑ Where
- ☑ How long
- ☑ Have the reporter define what they mean by "sex" or "sexual abuse" or "having sex"
- 4. **Mental Injury**: (aka emotional and verbal abuse) child's emotional stability or psychological development has been damaged and that damage affects the child's ability to function within a normal range of performance and behavior.

**Ask the following:

- ☑ Who
- ☑ What
- ☑ When
- ☑ How often
- ☑ How long
- ☑ Have reporter define what they mean by "emotional abuse," "verbal abuse" or whatever term they use
- ☑ If reporter is in a professional role, do they have documents to help support mental injury
- ☑ Have the reporter clearly state what the concern is. IF they say "abuse" have them define the abuse through specific examples that they have firsthand knowledge of. **If they don't have firsthand knowledge, tell them we need the person with that information to call, come in or make an immediate written report.
- ☑ If reporter wants to remain anonymous, ask them why/for what reasons. Remember, mandated reporters must give us their names but we won't release their name.

	On-Call/ Emergency Services	Transportation	Emergency Funds	Child Care	Counseling*
Counseling					
Catholic Charities	X				X
Community Memorial Hospital					X
Counseling Associates, LLC					X
Family & Children's Center					X
Hiawatha Valley Mental Health			X		X
Winona Clinic, Ltd.					Х
Winona Health					Х
Schools					
Red Wing/Winona Technical					Х
St. Mary's University	X	X	Х		Х
Winona State University	X	Х	Х		Х

Community Resources & Referrals							
	On-Call/ Emergency Services	Transportation	Emergency Funds	Child Care	Counseling*		
Community Resources							
Birthright	X	X		Χ			
SEMCAC							
SEMCAC STI/Planning Clinic							
Winona County Human							
Services			X				
Winona Senior Friendship							
Center			X				
Winona Volunteer Services		X	Х				
Women's Resource Center	X	X	Х	Χ			

^{*}Counseling refers to receiving services from a professional counselor

If the victim is looking for faith-based resources, refer them to the yellow pages where they can look up their specific denomination in order to obtain the appropriate services.

^{**}To receive services, you must be affiliated with the College/University

Community Resources List

Catholic Charities

111 Market St. Winona, MN 55987 (507)454-2270

Family & Children's Center

63 E. 3rd St. Winona, MN 55987 (507)452-7292

Counseling Associates, LLC

111 Market St. Suite 4A Winona, MN 55987 (507)452-5033

St. Mary's University

700 Terrace Heights Winona, MN 55987 (507)457-1773

Birthright

920 W. 5th St. Winona, MN 55987 (507)452-2421

SEMCAC STI/Family Planning

62 W. 3rd St. Winona, MN 55987 (507)452-4307

Winona County Human Services

202 W. 3rd St. Winona, MN 55987 (507)457-6200

Winona Volunteer Services

416 E. 2nd St. Winona, MN 55987 (507)452-5591 **Community Memorial Hospital**

855 Mankato Ave. Winona, MN 55987 (507)457-4328/454-3650

Hiawatha Valley Mental Health

166 Main St. Winona, MN 55987 (507)454-4341

Red Wing/Winona Technical

1250 Homer Rd. Winona, MN 55987 (507)453-2734

Winona State University

P.O. Box 5838 Winona, MN 55987 (507)457-5330

SEMCAC

165 E. 4th St. Suite 100 Winona, MN 55987 (507)452-8396

Winona Clinic, Ltd.

420 E. Sarnia Winona, MN 55987 (507)454-3680

Winona Senior Friendship Center

251 Main St. Winona, MN 55987 (507)454-5212

Women's Resource Center

77 E. 5th St. Winona, MN 55987 (507)452-4440