

**CAPITAL AREA**

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**SART**

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**Sexual Assault Response Team**

## **Policies & Procedures**



**A Subcommittee of**  
Capital Area Domestic & Sexual Violence  
Coordinating Council

**Co-Chair Agencies**

Sparrow Sexual Assault Nurse Examiner Program  
Michigan State University Sexual Assault Program

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# Capital Area Sexual Assault Response Team (CASART) Policies & Procedures

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# Capital Area Sexual Assault Response Team (CASART)

## I. Introduction

### Why the Initiation of a Sexual Assault Response Team (SART)?

Sexual violence in America is a serious problem that affects hundreds of thousands of individuals each year:

- Someone is sexually assaulted **every two minutes** in America.<sup>1</sup>
- **247,730 individuals** reported being victims of rape, attempted rape, or sexual assault in 2002.<sup>1</sup>
- Findings of the National Violence Against Women Survey suggest **one in six women** and **one in 33 men** report having been victims of rape or attempted rape at some point in their lives.<sup>2</sup>
- The number of reported sexual assaults still appears to be dramatically **underreported**.<sup>3</sup>
- In 2002, the Department of Justice reported that **only 39%** of sexual assaults were **reported to law enforcement**.<sup>4</sup>
- Based on the 2004 Michigan Uniform Crime Report, **5,337 forcible and 179 attempted rapes** were reported to the Michigan Uniform Crime Reporting Program.\* Of these reported rapes, 4,488 (97%) were female victims and 139 (3%) were male victims.<sup>5</sup>
- In a 1996 survey of women over the age of 16, **40% of Michigan women experienced some form of sexual violence**, ranging from unwanted touching to forcible rape.<sup>5</sup>

\* Definition of Rape for the Michigan Uniform Crime Reporting Program: Rape is the carnal knowledge of a person; forcibly and against that person's will, or where the victim is incapable of giving consent because of his/her temporary or permanent mental or physical incapacity. Rape classification includes assault to rape and attempted rape, and only those offenses where the victim and offender are of the opposite sex. Other types of sexual penetration are not included. Offenses are the unlawful acts reported to a law enforcement agency. *Please see the Index of Definitions in Appendix A for CASART definitions of rape and sexual assault.*

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<sup>1</sup> Bureau of Justice Statistics: National Crime Victimization Survey (NCVS), 2002.

<sup>2</sup> Tjaden & Thoennes, 2000.

<sup>3</sup> Koss, 1996.

<sup>4</sup> DOJ, 2003.

<sup>5</sup> Survey of Violence in the Lives of Michigan Women. Michigan Department of Community Health, Community Public Health Agency, 1996.

## What is a SART?

A Sexual Assault Response Team (SART) is a multidisciplinary team that collaboratively responds when a sexual assault is reported, and seeks to improve community responses and services for survivors of sexual assault.<sup>6</sup> SARTs may also seek to improve the effectiveness of sexual assault investigation, prosecution, and evidence collection by increasing collaboration, communication, and training among SART members. SARTs may be comprised of either a small number of individuals or a large number of agencies reacting to sexual assault reports. These parties include, but are not limited to, advocates, law enforcement, and medical professionals. Other community organizations not normally associated with the treatment of sexual assault victims, such as churches and drug and alcohol treatment programs, have also allied with SARTs.<sup>7</sup>

## The SART Approach

**Victim-Centered Approach:** SARTs function from a “victim centered” perspective, meaning that they value and are responsive to the opinions, rights, wishes, and decisions of the survivor throughout all stages of the process. Thus, a main goal for SARTs is to empower and support the survivor. With the victim centered approach it is anticipated that secondary victimization may be prevented or reduced. Secondary victimization is a collection of statements and/or actions made by service providers that the individual who was sexually assaulted finds distressing or re-victimizing.<sup>8</sup> Secondary victimization practices may include the denial of services (testing for sexually transmitted infections) or information (prosecution options), the lack of follow-up care (stagnate prosecution case after a police report is filed), and blaming communications (questions directed at the survivor that focuses on her characteristics and/or behaviors, such as past sexual history and dress).

## SART Anticipated Outcomes

**Improved Sexual Assault Services:** Although evidence from empirical investigation of SART outcomes is limited, SART programs appear to benefit the survivor of sexual assault. The presence of a SART may help facilitate service delivery in hospital emergency departments.<sup>9</sup> For example, survivors of sexual assault were four to five times more likely to receive information on the physical and psychological impact of rape as compared to survivors of sexual assault who were examined in an emergency department without a SART. Furthermore, the presence of a SART doubled the likelihood that the survivor of sexual assault would receive treatment for her injuries and that she would receive information on sexually transmitted infections (STIs).

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<sup>6</sup> Barkhurst et al., 2002

<sup>7</sup> Hirschel & Dawson, 2003

<sup>8</sup> Campbell and Raja, 1999

<sup>9</sup> Campell and Byee, 1997

**Trainings:** Ongoing training for individuals and community agencies is an essential component of the SART model. Cross-training among SART members facilitates understanding and communication between the many community organizations and persons working to improve the survivors' post-assault experiences. For example, many police officers attend trainings in which both advocates and SANEs address topics specific to their expertise such as, rape culture, myths and facts, post-traumatic stress disorder/rape trauma syndrome, and aspects of forensic investigation. SART trainings enhance community knowledge related to sexual violence and help forge positive team efforts and stronger, more effective collaborations.

### **History and Formation of the SART in Lansing, Michigan**

In the summer of 2004, the Lansing SART began as a collaborative effort between the SANE Program at Sparrow Hospital and the MSU Sexual Assault Crisis & Safety Education Program. With a grant from Victims of Crime Act (VOCA) that afforded additional support to help oversee and facilitate the development effort, SART development efforts steadily evolved.

In November 2004, primary SART partners were identified and committees were formed. The Lansing SART adopted the name CASART, the Capital Area Sexual Assault Response Team. The work of the committee included creating and implementing an Inventory of Existing Services Survey, developing the activation procedures for the CASART pager system, creating a strategic workplan and timeline, writing protocols for working together, creating a logo, as well as recommendations for ongoing education, training, evaluation, and data collection. Over the next several months an agreement between community agencies and service providers to cooperate and work together, which became known as an Operational Agreement, was created; signatures were obtained showing the support of multiple community sectors. CASART then became a sub-committee of the Capital Area Domestic and Sexual Violence Coordinating Council (CADSVCC).

## **II. CASART Goals**

### **Statement of Purpose:**

Provide a competent, coordinated, multidisciplinary response to sexual assault and support for sexual assault survivors in Ingham County.

### **Goals & Objectives:**

- 1) Provide legal, medical, and advocacy support;
- 2) Prevent and minimize retraumatization of survivors;

- 3) Develop and offer services that empower survivors;
- 4) Develop collaborative relationships between community partners that improve the quality of assistance provided to the survivor;
- 5) Protect the privacy, rights, and dignity of survivors;
- 6) Increase community service providers commitment to consistent follow-up services;
- 7) Increase awareness of and provision of culturally sensitive services for survivors;
- 8) Increase prosecution and conviction of perpetrators while empowering survivors;
- 9) Increase community awareness of the dynamics behind sexual assault, the impact of sexual assault, and sexual assault resources;
- 10) Increase utilization of sexual assault services.

### III. CASART Acknowledgements

CASART acknowledges that the Policy and Procedures document is a dynamic document, evolving as a work in progress that will reflect our best understanding and current practices. It will be revised as our learning increases and as CASART continues to grow and develop. The MSU Sexual Assault Co-Chair representative will be responsible for maintaining and updating the master policies and procedures document on an as-needed or annual basis. Changes or updates to the policies and procedures will be incorporated only after review and approval from both Co-Chairs. Thank you to all CASART Advisory Committee members, past and present, that contributed to this process!

In addition, CASART would like to acknowledge and thank other SARTs in the nation who published their guidelines, policies and procedures in the public arena so others could learn from their efforts—the Pennsylvania Coalition Against Rape, the Kentucky Association of Sexual Assault Programs, the San Diego County Sexual Assault Response Team, and the Ramsey County Sexual Assault Protocol Team. *Publication information in detail is provided in the Reference List in Appendix B.*

#### **CASART Community Partners**

**First Responders:** First responders are the advocates, medical personnel, and law enforcement agents that first encounter a survivor of sexual violence post assault and begin the process of supporting and responding to the needs identified by the survivor and implementing a SART response.

**Advisory Committee:** The Advisory Committee is an interdisciplinary group of experts in the field of both sexual and domestic violence who have assisted in

the formation and implementation of CASART, and who currently serve in an advisory role to provide input, feedback, and support for ongoing CASART initiatives. *See Appendix C for the complete listing of the Advisory Committee.*

**Operational Agreement:** The Operational Agreement is a countywide commitment signed by community leaders to support the formation and implementation of a SART team in Ingham County. *See Appendix D for a description and copy of the Operational Agreement.*

### **Statement of Multidisciplinary Language**

**Use of the term “survivor”:** CASART recognizes various disciplines’ roles in responding to sexual assault are different; each discipline subscribing to their own language when describing these processes. In this document, CASART will frequently use the word “survivor.” A survivor connotes someone identified as a victim, patient, witness, and/or client receiving services after experiencing sexual violence.

### **Statement of Cultural Competency**

**Cultural Competency:** Cultural competency is a commitment and promise to increase service providers’ understanding of the socio-cultural dynamics of sexual violence and the subsequent impact that sexual violence and other forms of oppression have on survivors simultaneously. CASART acknowledges that upholding our goal to minimize retraumatization, every aspect of our response (including education and training) must include a knowledge of and competence for socio-cultural considerations. These considerations can include: race, class, age, gender, sexual orientation, ability, national origin, and religious affiliation.

### **Statement of Confidentiality**

**Interagency Communications:** When communicating about a survivor or specific case for collaborative purposes, it is important to consider the ethical treatment of survivors and case information. First and foremost, the members of CASART will uphold our commitment to maintain confidentiality. Individuals will also be accountable to their own agency’s confidentiality policy at all times. All CASART advisory members and first responders will sign a confidentiality policy and will be held accountable to those terms. *Please see Appendix E for the CASART Confidentiality Agreement.* Minimal identifying information about the sexual assault survivor or those involved with the case should be revealed only when absolutely necessary for a comprehensive and coordinated response. Sexual assault survivors and their cases may also be discussed in CASART and case review meetings to better inform quality future case management and response. Discussing the details of a case outside the



CASART meeting in an inappropriate context will be considered a breach of confidentiality. If a case has been made public through the news media this *does not* alter the fact that the survivor still has confidentiality privileges maintained by the CASART Policies and Procedures. All active CASART members will verbally agree, in front of the other team members, to maintain confidentiality before any case discussion.

**Interagency Data Collection:** CASART will engage in data collection and evaluation processes; information and statistical data will be collected from participating agencies. CASART will ensure measures to preserve an individual's privacy and protect the confidentiality of information. When agencies share program information and data, identifiable client information (e.g. names, addresses, phone numbers, social security numbers, etc.) will not be included. Data shared with CASART should first be reviewed by a Co-Chair to ensure identifying information is not shared. Any statistical information or program data gathered from relevant agencies will be collected by either co-chair of CASART, will be transported in a secure fashion and contained in confidential, locked file cabinets maintained by the MSU Sexual Assault Program—the Co-Chair organization of CASART. Any electronic information generated from data collection or the evaluation methodology will be compiled, analyzed, and reported from a password-secured database located on a computer server at the above mentioned agency. Only the CASART Co-Chair and the Program Coordinator of the MSU Sexual Assault Program will have access to hard copies and electronic files. The CASART Co-Chair representing the MSU Sexual Assault Program is responsible for overseeing data collection, management and reporting. Any CASART member needing to access the database information or electronic files will follow the confidentiality policy. *Please see Appendix F for example CASART-related data collection forms.*

#### IV. CASART Sub-Committees

Within a SART, committees or task forces are often formed to develop coordinating policies and to evaluate coordinated responses, as well as address prevention efforts and community awareness. The committees may be time sensitive and enacted when need arises.

**Review Committee:** The Review Committee was formed, comprised of representatives from various disciplines within the community including SANE, law enforcement, and advocates. This committee is charged with developing policies and procedures, including a design for consistent case review and overall project evaluation.

**Advocacy Committee:** The Advocacy Committee was formed to enhance communication and collaboration among human service agencies

providing advocacy to survivors. The Advocacy Committee will seek to advocate for survivors' rights in the community at large.

**Training Committee:** The Training Committee will be formed to organize and facilitate CASART training for law enforcement, SANEs, and advocates to ensure a consistent and effective team response to sexual assault.

**Outreach & Promotional Committee:** The Outreach & Promotional Committee will be formed to organize and facilitate CASART outreach, education, and promotional efforts within the greater Ingham County community. This committee will be charged with the development of a CASART website to include sexual assault information and resources, announcements, a calendar of events, policies & procedures, satisfaction surveys, and links to member agencies, as well as local and national resources.

## V. Interagency Procedures

### SART Services

CASART is activated whenever a survivor seeks services. The sexual assault response team is activated by the first CASART agency the survivor has contact with. Although the activation occurs automatically, the survivor will be informed of their right to refuse all or part of advocacy, medical, law enforcement, or legal services at any point.

### CASART Activation System

**Medical Activation:** When a survivor presents to Sparrow Hospital, the triage nurse, charge nurse or SANE will activate the CASART pager system to notify the SANEs and advocates to respond and arrive at Sparrow.

If a survivor presents to a different hospital or health care clinic in the community, the pager system can be activated by a health care provider in that setting.

- For survivors 18-years and older, an **ADULT GROUP** page will be called
- For survivors 17-years and younger, a **PEDS GROUP** page will be called

This distinction is made for advocacy agency coordination in responding to the page and determining which agency will travel to the hospital or health care setting.

Law enforcement will be contacted by the SANE based on the jurisdiction of where the sexual assault occurred.

**Advocacy Activation:** When a survivor contacts an advocacy agency in person or by telephone through the agency business line or crisis hotline, they will be given information and options related to receiving medical care (including a SANE exam) and reporting to law enforcement. Advocates will also abide by their own agency-specific protocols when activating CASART. If the survivor chooses to receive medical care, they will be directed to the Sparrow Hospital SANE program. Upon the arrival of the survivor to the hospital, the CASART pager system will be activated. If it is certain a survivor is on their way to the hospital, an advocate can activate the CASART pager system as well.

If the survivor decides to make a police report without seeking medical or SANE services, the advocate will help determine the jurisdiction and appropriate law enforcement agency. The advocate will help facilitate contact with law enforcement and support the survivor in making arrangements to meet with law enforcement. Advocates will accompany survivors to make the report at a police station if the survivor so chooses.

If the need for advocacy is identified by other affiliated CASART agencies, (e.g. Prosecutor's Office, Personal Protection Order Office, etc.), but the victim is not seeking SANE or law enforcement services, CASART advocacy agencies should be contacted directly for referral.

**Law Enforcement Activation:** Law enforcement activation procedures will always be activated in accordance with the policies and procedures specific to individual police departments.

If officers encounter a victim/survivor in the field, and the victim/survivor is going to Sparrow for a SANE exam, officers will instruct dispatch to notify Sparrow that the victim/survivor is en route and the age of the victim. Sparrow's charge nurse will then activate age-appropriate CASART page (shortening victim's waiting time at Sparrow). Sparrow Hospital is considered a secure site.

If the victim/survivor chooses not to go to the hospital, and the **scene is secure** (e.g. police station, human service agencies, etc.) officers will instruct dispatch to contact CASART via the *advocacy-only pager* to respond to the scene. The age of the victim/survivor will determine which advocacy agency responds to the page. This will be determined through communication between advocacy agencies after the page is received.

If the victim chooses not to go to the hospital, and the **scene is not secure**, officers will present the victim/survivor with the CASART Permission to Contact Form. If the victim/survivor desires contact from an advocate, and gives permission for follow-up contact, information will be referred to a CASART advocate agency according to that police department's specific protocols. If the victim/survivor refuses permission to contact, no information will be released to CASART.

## VI. Service-Specific Guidelines

The service-specific guidelines are not to reiterate procedures that are already in place; rather they are listed here as a checklist of minimum standards or expectations in keeping with the purpose and goals of CASART in providing quality support and services. Service-specific guidelines are to be used in conjunction with agency-specific policies and procedures.

### Medical Guidelines

- Survivor presents at Emergency Department
- Triage nurse assesses need for emergent care and SANE services
- Every effort to ensure that the survivor is as comfortable as possible will be extended
- Patient is placed in private room, if possible, and registered
- CASART is activated by either the Charge Nurse, Triage Nurse or SANE via pager system
- Initial assessment of medical history and injuries is completed
- Need for crisis intervention assessed by advocate or SANE nurse
- SANE services are explained to the survivor by the advocate or SANE
- Consent obtained by the SANE nurse (including permission for follow-up contact by advocate) *See Appendix G for Permission to Contact forms*
- SANE conducts a medical/forensic history in collaboration with Law Enforcement and Advocate, if possible
- SANE completes a head-to-toe physical exam and a medical/forensic exam
- Photographic evidence is taken
- Chain of custody is maintained to protect evidence *See Appendix E for Chain of Custody form*
- Other medical care is given as needed
- Emergency contraception and STI prophylaxis is offered
- Assess safety issues and provide referrals for follow-up care (including HIV testing referrals)
- Copy of medical forensic examination record and evidence is made available to law enforcement (as consented by the survivor) *See Appendix F for Medical Forensic Exam Record*

- Store evidence if survivor has not consented for contact with law enforcement (up to 30 days)
- Provide discharge instructions including the contact information for the Health Department, counseling services and other community resources for follow-up care (including HIV testing)
- Discharge instructions will include detailed information about medication(s) or other prescribed treatments
- Encourage to follow-up with primary care physician/practitioner
- Provide the survivor with a contact number for the SANE Program
- Review and assess for safety. Develop safety plan as needed
- Maintain Confidentiality

### **Advocacy Guidelines**

#### **Crisis Line:**

- Assess/identify safety concerns
  - Is current location of caller safe?
  - Is location of perpetrator known by caller?
  - Is there need for medical treatment?
  - Is there threat of immediate harm?
- Provide emotional support and crisis intervention
- Address concerns about police or hospital procedures and provide information as requested
- Allow the survivor to make informed decisions about filing a police report and/or obtaining medical treatment
- If survivor authorizes, then CASART will be activated by the advocate
- Develop safety plans, identify support system, and establish coping techniques the survivor can utilize
- Provide ongoing crisis support and referral information as needed
- Maintain Confidentiality

#### **Medical Advocacy:**

- Advocate must wear Sparrow Medical Advocate badge indicating their name
- Introduce yourself and explain role as advocate to the survivor, SANE nurse, and law enforcement as needed
- When present for the police interview, advocates must provide all required information to law enforcement officials, including name, date of birth, and advocacy agency name and contact information
- Assess need for cultural or gender-specific advocate
- Inform survivor of right to refuse all or part of advocacy, medical, law enforcement, or legal services at any point
- Obtain consent from the survivor before providing advocacy services
- Emphasize the power the survivor has during all parts of the medical forensic exam to make decisions or ask for clarification
- Assess need for back-up advocate to provide additional support to significant others and/or coordinate with medical and law enforcement personnel

- Address concerns about medical forensic exam, paying particular attention to the emotional and psychological needs
- Provide continuous support and encourage survivor and/or significant others to talk privately as needed
- Consult with medical personnel or other hospital personnel if additional treatment or intervention is necessitated
- After assisting the survivor, check in with others who are present to support survivor
- Develop safety plans, identify support system, and establish coping techniques that the survivor can utilize
- Before discharge, identify immediate housing/shelter and/or transportation needs of the survivor
- Provide referrals as needed including information on Crime Victim's Compensation and counseling services
- Request verbal permission (in conjunction with signed SANE consent form) to follow-up within 3 days
- Maintain Confidentiality

**Legal Advocacy:**

- Explore criminal and/or civil court options, benefits, and deterrents as identified by the survivor
- Provide information and clarify the difference between criminal and civil court proceedings
- Provide information regarding the reporting process, police investigation, and the role of the Ingham County Prosecutor's office in criminal court procedures or the role of independent representation in civil court procedures
- Offer to be present and provide support during the reporting process
- Offer to be present and provide support throughout the investigative process
- Offer to be present and provide support through the court proceedings
- Develop safety plans, identify support system, and establish coping techniques that the survivor can utilize
- Provide ongoing support and information as needed
- Encourage open communication between prosecutor's office and survivor
- Provide referrals as needed and request permission to follow-up
- Maintain Confidentiality

***When Perpetrator is Arrested:***

- Inform survivor about the process to obtain offender's case status
- Develop safety plans, identify support system, and establish coping techniques that the survivor can draw on
- Provide ongoing support and information as needed
- Provide referrals as needed and request permission to follow-up

***For Charged Cases:***

- Facilitate communication with Victim Witness Advocate as requested by survivor
- Accompany to meetings and hearings as requested by survivor
- Assist in communicating safety concerns
- Attend trial as requested by survivor
- Develop safety plans, identify support system, and establish coping techniques that the survivor can draw on
- Provide ongoing support and information as needed
- Provide referrals as needed and request permission to follow-up

***For Cases Not Charged:***

- Contact prosecuting attorney for information on decision not to charge as requested by survivor
- Provide continuing support services and advocacy as needed
- Address safety concerns
- Accompany to meeting with prosecuting attorney to discuss non-charge as requested by survivor
- Develop safety plans, identify support system, and establish coping techniques that the survivor can draw on
- Provide ongoing support and information as needed
- Provide referrals as needed and request permission to follow-up

***For Sentencing:***

- Assist with survivor impact statement if requested (are victim impact statements always offered?)
- Accompany to sentencing hearing if requested
- Develop safety plans, identify support system, and establish coping techniques that the survivor can draw on
- Provide ongoing support and information as needed
- Provide referrals as needed and request permission to follow-up

***For Post-Sentencing:***

- Be available to respond to ongoing needs and inform about options
- Offer counseling services and referrals to other community services
- Develop safety plans, identify support system, and establish coping techniques that the survivor can draw on
- Provide ongoing support and information as needed
- Discuss the Michigan Crime Victim Notification Network
- Provide referrals as needed and request permission to follow-up

**Law Enforcement General Guidelines****At the Scene**

- Make sure the victim is safe
- The first priority is to take the victim to the hospital if medical treatment is necessary or evidence collection is possible

- Note: Any victim who reports a sexual assault within 72 hours should be taken to the hospital
- Take custody of all physical evidence – especially any evidence which may contain DNA (If offender ejaculated collect any items which may contain bodily fluids. Examples – defendant's clothing, sheets, couch pillows, and any other items which may contain bodily fluids)
- Put any wet items in paper bags
- Make sure to include any items used by the victim to clean up (Example – toilet paper, tissues, bandages)
- Interview any eyewitnesses (get signed statement if possible)
- Photograph scene when possible
- Collect the victim's clothing (including underwear) if the victim has changed
- Collect any items which corroborate that the incident occurred

### **Documentation of Physical Injuries**

- Ask the victim whether she/he has suffered any physical injuries
- Take pictures of the victim's injuries (if any – using as much modesty as possible)
- Follow-up pictures should be taken several days later
- Take pictures of the defendant's injuries (if any)
- Include descriptions in your report of any injuries suffered by the victim or the defendant

### **At the Hospital**

- Get the names and contact phone numbers for all nurses and doctors who come into contact with the victim (include these in your report)
- If possible, have the victim sign a consent form for the release of any medical records
- If an evidence collection kit is completed, be sure to ask the examining nurse or doctor for copies of any paperwork they may have completed (sexual assault reports are not always included when we subpoena medical records)
- Obtain consent for release of records
- Make sure to ask for copies of any papers which are placed in the evidence collection kit (if any)
- Document the chain of custody of the evidence collection kit

### **Follow Up Investigation**

- Get 911 tape, if appropriate
- Take the evidence collection kit and any other evidence to the lab (this must be done ASAP)
- Find out who the victim first reported the rape to and interview that person, if possible
- Ask the victim to write a statement if this has not been done already



**Police Report**

- Include the victim's date of birth (this is necessary so we can subpoena medical records)
- Describe any injuries which the victim or defendant may have sustained
- Include the names and phone numbers of all medical personnel who came into contact with the victim
- Detail all investigative steps taken (include only facts – do not include conclusions)
- Include whether the victim received medical treatment and if so, where and when

**Interview of the Suspect**

- Advise the suspect of Miranda warnings when applicable
- Interview the suspect whenever possible
- Ask the suspect about his/her relationship with the victim
- If the suspect alleges that the victim consented, find out what language was used – how did the suspect know the victim consented
- If possible, videotaping of interviews is encouraged; tape recording is also suggested. If recording, be sure to request the defendant's consent to record him/her. If neither is possible, please have the suspect write a statement and sign it
- Ask suspect whether the victim has any motive to falsely accuse him/her
- Ask suspect if anyone can corroborate their version of events

**Filing Charges**

- ADA approval is required to filing a criminal complaint charging a defendant with felony sexual assault charges

The above guidelines were adapted, with written permission, from the American Prosecutors Research Institute, National Center for the Prosecution of Violence Against Women ***Sexual Assault Investigation Guidelines***.

**Follow Up Guidelines:**

Follow up is an important step in beginning the healing process for every survivor. The follow-up process will be directed by the individual's needs, focusing on restoring the individual's sense of control and providing them as many options and resources as possible. Even though the CASART members will work together to provide the best follow-up plan, each team member will have specific roles. Some of the follow-up guidelines overlap with previously outlined guidelines—they have been restated here to ensure that the survivor has been supported throughout the processes.

**Medical Follow-Up Guidelines:**

- Provide discharge instructions including the name, phone number, and address of a gynecologic professional for follow-up as well as a general medical professional for any issues that may arise following the assault
- Referral for HIV testing will be provided
- Discharge instructions also will include detailed information about medication(s) or other prescribed treatments so the survivor may refer to it at a later date
- Provide the survivor with a contact in case there are questions about evidence collection
- Any planned follow-up phone calls in regard to medical care will be explained to the survivor; the survivor will have the opportunity to choose where and when the SANE will place the call
- If the assailant is someone with whom the survivor has or has had an intimate relationship, the issue of domestic violence will be addressed during aftercare and safety planning
- Referrals and counseling related to this issue will be offered to the survivor
- Maintain Confidentiality

**Advocate Follow-Up Guidelines:**

- Address if the survivor feels safe returning to their residence
  - o If not, the advocate will assist the survivor with exploring temporary housing options
- Address transportation needs
- Offer referrals to accommodate a survivor's psychosocial needs. This will include discussing therapeutic options in the community including Sparrow, Listening Ear, MSU Sexual Assault Program, Women's Center, or other community agencies (take to larger CASART – descriptors of options, list of private therapists, etc.)
- Assist survivor to identify a personal support system consisting of relatives, friends, sexual assault advocates, members of the faith community or others the survivor can talk to or get support from over the next several days
- Referral information on survivor services will be provided
- If the assailant is someone with whom the survivor has or has had an intimate relationship, the issue of domestic violence will be addressed during aftercare and safety planning
  - o Referrals and counseling related to this issue will be offered to the survivor
- Maintain Confidentiality

**Law Enforcement Follow-Up Guidelines:**

- Inform the survivor of the next steps in the legal process and provide them with the name of a contact person from law enforcement or the prosecutor's office.

- Again, any planned follow-up phone calls will be explained to the survivor and the survivor will have the opportunity to suggest where and when the contact will place the call.
- Consideration of survivor confidentiality will be maintained at all times
- If the assailant is someone with whom the survivor has or has had an intimate relationship, the issue of domestic violence will be addressed during aftercare and safety planning.
  - o Referrals and counseling related to this issue will be offered to the survivor.

## VII. Community Resources

### COMMUNITY RESOURCES of Greater Lansing

Adapted for Sexual Violence

Compiled by the Service Providers Subcommittee  
Capitol Area Domestic and Sexual Violence Coordinating Council

***NOTE: phone numbers have a (517) area code unless otherwise stated. Addresses were not included in this resource list to save space. Additionally, the CADSVCC would recommend calling the referral first to make sure their services fit your needs.***

#### COUNSELING

**Ingham Counseling Center (Community Mental Health):** 346-8051 (children and families) or 346-8371 (adults)

**LGBT Hotline through Lansing Association for Human Rights** - peer counseling, information and referrals for individuals who are lesbian, bisexual, gay, and transgender: 332-3200

**Michigan State University Counseling Center** - for MSU students only: 355-8270

**Michigan State University Psychology Clinic** - services offered for a reduced fee and are available to both MSU-affiliated persons and non-affiliated community members: 355-9564

**Women's Center of Greater Lansing**- offers support groups on a variety of topics: 372-9163

**Michigan Coalition Against Domestic and Sexual Violence, Michigan Resource Center Library:** 347-7000, [www.mcadsv.org](http://www.mcadsv.org)

#### SEXUAL ASSAULT

**AIDS Hotline** - referrals for testing sites, support groups, healthcare, etc.: 1-800-872-AIDS

**Angel House** - crisis intervention, counseling, and support groups for minor aged victims of sexual assault and support groups for parents of child victims of sexual assault: 882-4000 x116

**Listening Ear** - sexual assault crisis intervention, counseling, and advocacy, 24-hour crisis line: 337-1717, [www.theear.org](http://www.theear.org)

**Michigan State University Sexual Assault Program Crisis Line** –sexual assault counseling and advocacy: 355-3551, [www.endrape.msu.edu](http://www.endrape.msu.edu), 24 hour crisis line for all sexual assault survivors, their friends or family, in Greater Lansing (not just MSU students): 372-6666

**Patient Support Services at Sparrow Hospital:** 364-2385

**Sexual Assault Clinic/Sexual Assault Nurse Examiners (SANE) at Sparrow** - located in the Sparrow ER, available 24 hours per day, provides forensic examinations and referrals for counseling and advocacy: 364-3641

**Women’s Center of Greater Lansing-** sexual assault survivor support groups: 372-9163

## MEDICAL

### CLINICS

**Carefree Medical Clinic** - locations in South Lansing and Mason: 244-0120

**Cristo Rey Health Clinic:** 371-1700

**Ingham County Family Health Clinic, St. Lawrence Campus:** 364-7440

**Ingham County Health Services (Friendship Clinic), Sparrow Hospital:** 364-3074

**Ingham County Public Health Department** - general adult and child health, dental services, lice treatment, and blood pressure screening; sliding-scale charge for visits: 887-4302. **Immunizations:** 887-4316

**Pediatric Minor Emergency Unit at Sparrow, St. Lawrence Campus-** open evenings: 364-5420

**Planned Parenthood, East Lansing location** - provides birth control, gynecological exams, pregnancy tests, morning after pill and options including medical abortion: 351-0550

**Planned Parenthood, Frandor location** - provides birth control, gynecological exams, pregnancy tests, morning after pill and options: 333-6744

**Planned Parenthood, Southfield location** - provides birth control, gynecological exams, pregnancy tests, morning after pill and options including surgical and medical abortion: 248-569-7010

**Sparrow Family Health Center:** 364-5710

**Willow Plaza Services-** medical clinic and counseling for those ages 11-21 years old: 484-9292

**Women’s Health Center:** 702-4306

### EMERGENCY CARE/URGENT CARE

**Fire/Police/Ambulance/Other Emergencies: 911**

**Ingham Medical Emergency:** 334-2286, 410 W. Greenlawn, Lansing

**Mason Urgent Care:** 676-4333, 800 E. Columbia, Mason

**Poison Control:** (800) 222-1222

**Redi-Care:** 339-2100, located in the Haslett Village Square at the corner of Haslett and Marsh Roads

**Redi-Care:** 694-3134, 6910 S. Cedar, just south of the Holiday Inn

**Sparrow Emergency:** 364-4120, 1215 E. Michigan, Lansing

**Sparrow Hospital, St. Lawrence Campus Emergency:** 364-7000, 1210 W. Saginaw, Lansing

**DISABILITY AND REHABILITATION SERVICES**

**Capital Area Center for Independent Living-** provides advocacy, case management, independent living skills, training, and referrals: 241-0393

**Cristo Rey-** can help people apply for Social Security Disability benefits, assistance with signing up for SpecTran: 372-4700

**Ingham County Department of Human Services-** for state disability: 887-9400

**Justice in Mental Health-** housing assistance and case management: 485-7170

**Lansing Community College Disability Support Services-** for LCC students with a disability: 483-1904

**Brain Injury Association of Michigan:** 810-229-5880

**Michigan Protection and Advocacy–** provides legal assistance if your rights are being denied due to a disability: 487-1755

**Michigan Rehabilitation Services:** 241-5122

**MSU Resource Center for Persons with Disabilities-** for MSU students with a disability: 355-9642

**Tri County Office on Aging:** 887-1440, [www.tcoa.org](http://www.tcoa.org)

**INSURANCE**

**Community Health Plans-** to see if your county offers a health plan:  
[communityhealthplans.org](http://communityhealthplans.org)

**Department of Human Services-** for Medicaid application, State Medical for single low-income adults: 887-9400

**Ingham Health Plan-** Enrollment Services: (517) 887-4465; Member Services: 1-866-291-8691

**Medicaid Hotline:** 1-800-642-3195

**Tri County Office on Aging-** Medicare/Medicaid assistance, health insurance counseling: 887-1440

**HIV/AIDS**

**AIDS Hotline-** referrals for testing sites, support groups, healthcare, etc.: 1-800-872-AIDS

**Ingham County Public Health Department -** HIV and other sexually transmitted infections testing: 887-4302.

**Lansing Area AIDS Network (LAAN) -** anonymous and confidential HIV testing, support groups and other services to persons that are HIV positive: 394-3719

**Michigan Protection and Advocacy–** provides legal assistance if your rights are being denied due to HIV/AIDS: 487-1755

**Olin Health Services at Michigan State University-** provides confidential or anonymous HIV testing for MSU students, faculty and staff. Call 353-9754 to set up an appointment for confidential testing. Go to Olin, room 358 for instructions on how to get an anonymous test.

**Planned Parenthood-** HIV testing: 333-6744

**PRESCRIPTIONS** (when funding is available)

**American Red Cross:** 484-7460 x149

**Capital Area Community Services:** 393-7077

**Cristo Rey -** once per year assistance: 372-4700

**Ingham County Health Department:** 887-4300

**Michigan Emergency Pharmaceutical Program for Seniors** - for individuals who are over age 65 and low income: 887-1440, 676-1081, Clinton: 224-7998, Eaton: 482-3005, 543-6075

**Salvation Army:** 484-4424

**Sparrow Hospital Pharmacy** - assistance for Sparrow Hospital patients: 364-2405

## LEGAL

### DOCUMENTATION OF ABUSE

You may want to document the abuse you have experienced for current or future court cases.

**Domestic Violence Support Unit-** provides advocacy including assistance with Personal Protection Orders. Located in the Ingham County Sheriff's Office in Mason: 676-8285

**End Violent Encounters (EVE, Inc.)-** for assistance on how to document the abuse you've experienced: 372-5572

**Edwards Photographic Studios, Inc.** - free and confidential photos of injuries: 393-4170

**MSU Safe Place-** for assistance on how to document the abuse you've experienced: 355-1100 ext. 2. If you get voice mail, please leave a message.

**Police:** call the police dept. where the crime occurred to report the abuse, to have pictures taken, or for copies of police reports (listed below under "Police").

**Sexual Assault Clinic/Sexual Assault Nurse Examiners (SANE) at Sparrow-** located in the Sparrow ER, available 24 hours per day, provides forensic examinations and referrals for counseling and advocacy: 364-4120

### JAIL

*To find out if your assailant was arraigned and what the bond is, or to see if the assailant has been released.*

**Clinton County Jail:** 989-224-5200

**Eaton County Jail:** 517-543-3513

**Ingham County Jail:** 676-2431

**Lansing Police Department Jail:** 483-4674

**VINE-** to be notified if your assailant is released or escapes from county jail or prison: 1-800-770-7657

### LEGAL NEEDS

**54A District Court (Lansing)** - to find out the status of your case: 483-4445

**54A District Court Probation (Lansing):** 483-4424

**54B District Court (East Lansing)** - to find out the status of your case: 351-7000

**54B District Court Probation (East Lansing):** 351-7026

**55<sup>th</sup> District Court (Mason)** - to find out the status of your case: 676-5400

**55<sup>th</sup> District Court Probation (Mason):** 676-8422

**Attorney General of Lansing** - investigates consumer complaints and landlord/tenant matters: 373-1140

**Access to Justice-** answers legal questions on a walk-in basis. Located at 303 W. Kalamazoo, Lansing

**Auto Repair Complaints** - Bureau of Automotive Regulations: 800-292-4204, 636-6400

**Boone and Associates Process Servers-** serves legal papers for a fee (around \$30): 371-3136

**Capital Area Response Effort (CARE)** - info and referrals for victims of domestic assault; can provide an advocate to go to court with you: 272-7436

**Children's Ombudsman** - reviews Child Protective Services cases to decide if they have been handled appropriately: 800-642-4326

**City of Lansing Building Inspector's Office** - can determine if codes have been violated, unsafe or hazardous conditions exist, can order owner to make repairs, and may condemn the property: 483-4361

**Civil Rights Commission** - responsible for enforcing Michigan's civil rights laws. Protects against discrimination of persons because of religion, race, color, national origin, age, sex, marital status, height, weight, arrest record, education, areas of employment, housing and accommodations: 335-3165

**Dispute Resolution Center** - mediation between parties involved in civil suits that have not gone to litigation; written agreements arranged and signed by both parties are honored by the courts: 485-2274

**Domestic Violence Support Unit** - provides advocacy including assistance with Personal Protection Orders. Located in the Ingham County Sheriff's Office in Mason: 676-8285

**Eaton County Clerk's Office** - to obtain copies from your court file or to file motions such as a motion to modify/terminate a PPO or a motion for a show-cause hearing if your PPO has been violated: 517-543-7500

**Eaton County Friend of the Court:** 517-543-7500

**Eaton County Prosecuting Attorney's Office:** for PPO violations or to talk about your case: 517-543-7500

**End Violent Encounters (EVE, Inc.)** - can provide an advocate to go to court with you if you were the victim of a domestic assault: 372-5572

**Freedom House**- immigration procedures and individual rights: (313) 964-4320

**Ingham County Circuit Court Probation:** 483-6100

**Ingham County Clerk's Office** - to obtain copies from your court file or to file motions such as a motion to modify/terminate a PPO or a motion for a show-cause hearing if your PPO has been violated: 483-6500

**Ingham County Family Court:** 483-6105

**Ingham County Friend of the Court:** 483-6103

**Ingham County Parole Office:** 334-8288

**Ingham County Prosecuting Attorney's Office:** 483-6108

**Ingham County Prosecuting Attorney's Office Victim Witness Unit** - if you have been a victim of a crime and have questions about your rights or the case: 483-6256

**Lawyer Referral Service:** 800-968-0738

**Legal Services of South Central Michigan** - free legal representation for civil matters such as divorce, custody, and landlord/tenant matters. Call during hotline hours to see if you qualify: Monday-Wednesday: 9-11am; Thursday: 9-11am and 5-7pm. 394-3121 or 1-800-968-0044

**Michigan Attorney Grievance Commission** - to request an investigation into misconduct by an attorney practicing in Michigan: 313-961-6585

**Michigan Protection and Advocacy** - provides legal assistance if your rights are being denied due to a disability: 487-1755

**Michigan State University College of Law Housing Clinic** - for assistance with landlord problems: 336-8088

**Michigan State University Safe Place** - can provide an advocate to go to court with you if you were the victim of a domestic assault: 355-1100 ext. 2. If you get voice mail, please leave a message.

**Michigan Welfare Rights** - assists welfare recipients in dealing with DHS in cases of unfair treatment: (989) 758-1880

**Personal Protection Order (PPO) Office, a program of EVE, Inc.** – open during business hours, free assistance in obtaining a PPO for Ingham county residents: 483-6545.

**RAVE** - can provide an advocate to go to court with you if you were the victim of a domestic assault: (877) 952-7283

**Refugee Services** - immigration procedures and individual rights, translators: 323-4734

**Social Security Fraud Hotline** - to report if someone is using your Social Security # without your consent: 800-269-0271

**Target Information** - sells divorce paperwork for do-it-yourself divorces (\$35): 337-1211

**Thomas M. Cooley Law School Sixty Plus Elder Law Clinic** - free legal services for civil matters for persons over 60 years, including estate planning, landlord/tenant issues, and Social Security appeals: 334-5760

**Women's Center of Greater Lansing** - offers a divorce workshop several times per year: 372-9163

### **POLICE**

*If you are in immediate danger, call 911. Otherwise, call the department where the assault took place to file a report:*

**Clinton County Sheriff Department:** (989) 224-6792

**DeWitt Township Police Department:** 669-6578

**East Lansing Police Department:** 351-4220

**Eaton County Sheriff Department:** 543-3510

**Ingham County Sheriff Department:** 676-2431

**Lansing Police Department:** 483-4600

**Leslie Police Department:** 589-9700

**Mason Police Department:** 676-2458

**Meridian Township Police Department:** 332-6526

**Michigan State Police:** 322-1911

**Michigan State University Police Department:** 355-2221

**Williamston City Police Department:** 655-4222

### **FINANCIAL ASSISTANCE**

**Care Credit** - payment plans for dentistry, vision care, vet bills, and other medical services: [www.carecredit.com](http://www.carecredit.com)

**Crime Victim's Compensation Board** - financial assistance for injured victims of crime: 373-0979

**Ingham County Department of Human Services** - for food stamps, cash assistance, childcare assistance, Medicaid, or state disability: 887-9400

**Eaton County Department of Human Services** - for food stamps, cash assistance, childcare assistance, Medicaid, or state disability: 517-543-0860

**Social Security Office** - for Social Security and Social Security Disability: 800-772-1213

**Law Center for Social Security Rights** - free phone consultation regarding your legal rights in applying for assistance through the Social Security system: (800) 832-3471,

<http://www.ssrights.com/>



## **HOUSING**

To receive assistance for first month's rent and/or security deposit, you must be homeless. For rent assistance to avoid eviction, you must receive a 7-day notice from your landlord. You must have a decision letter from the Department of Human Services before any other agency can assist you with first month's rent, security deposit, or any other assistance with rent.

## **SHELTERS AND TRANSITIONAL HOUSING**

**Advent House** - transitional and temporary housing, weekend day shelter: 485-4722

**American Red Cross** – may house families in motels overnight or over the weekend when all shelters are full. Need referral from other shelters: 484-7461

**Ballentine Stepping Stones** - transitional housing, 24 months, must be in a shelter to apply: 485-4644

**City Rescue Mission** - homeless shelter for men: 485-0145

**Covenant House** - referrals to shelters: 1-800-999-999

**Crisis Services for the Elderly:** 887-1450

**End Violent Encounters (EVE, Inc.)-** domestic violence shelter in Lansing: 372-5572

**Family Center** - Christian based homeless shelter for women and children: 482-2145

**Franklin Street Community Housing Corporation:** 482-8708

**Gateway Community Services** - Homeless Youth Program: 351-4000

**Grand Ledge Emergency Assistance Program** - overnight shelter: 627-2891

**Haven House-** homeless shelter for families, in East Lansing: 337-2731

**Housing Services for Eaton County:** 517-541-1180 or 517-541-0269

**Loaves and Fishes** - homeless shelter, open limited hours (for dinner and sleeping during over night hours only): 482-2099

**MSU Safe Place** - domestic violence shelter on campus, primarily for MSU-affiliated: 355-1100 ext. 2

**National Domestic Violence Hotline** - for domestic violence shelters across the state or nationwide: 1-800-799-SAFE

**RAVE** - domestic violence shelter in Shiawassee County: (877) 952-7283

**SIREN** - domestic violence and homeless shelter in Charlotte: (517) 543-4915

**Sisters Maternity Home** - 13-month live-in discipleship program for women who are struggling: 371-3128

**Volunteers of America Homeless Shelter:** 484-4414

**Zacchaeus House** - transitional housing for women with children: 482-2099

## **TEMPORARY HOUSING FOR PETS**

**Capital Area Humane Society** - may house pets for survivors of domestic violence: 626-6060 x21

**Cecilia Lash-** free shelter for pets of domestic violence survivors. Dogs must be spayed or neutered: 337-7259

**Pet Safe** - ask your advocate to contact the Pet Safe Program

## CHILD AND FAMILY

### PARENTING SUPPORT

**Black Child & Family Institute** - parenting classes: 487-3775

**Building Strong Families** - services for mothers with children three and under: 887-4593

**Child Abuse Prevention Services** – Parent Aide Program: 484-8444

**Clinton-Eaton-Ingham Community Mental Health**- family guidance services, ADHD parent group, grand parenting support group, parent-infant program: 346-8000 or [www.ceicmh.org](http://www.ceicmh.org)

**Cristo Rey** - parenting classes: 372-4700

**Family Growth Center** - drop off childcare on first come, first serve basis; parenting classes: 484-2610 (Lansing) or 351-6641 (East Lansing)

**Head Start**: free preschool, 3-5 year olds: 482-1504

**Ingham County Child Protective Services** - to report abuse or neglect: 887-9450

**Ingham County Friend of the Court** - to file a parenting time complaint on your child's other parent: 483-6103

**Kinship Care Resource Center** - resources for person caring for a family member's child or children: 355-9600 or 1-800-535-1218

**Lansing Area Parents' Center** - after school program, respite care, training program for caregivers: 372-6671 or 324-2887

**Mothers of Preschoolers**: 351-6810

**Office For Young Children** - listing of preschool/day care programs: 887-4319

**Parent Help Line** – 800-942-4357

**Parenting Resource Center** - 325-6451

**RAVE** – parent-child wellness program in Shiawassee county: 877-952-7283

**Toughlove** - for teens "out of control": (800) 333-1069

**Women, Infants and Children (WIC)**: 887-4326

### PREGNANCY SERVICES AND ALTERNATIVES

**Family Planning and Prenatal Clinic**- exams for contraceptives, pregnancy testing, prenatal care: 887-4320

**Fountain Street Church** - funding for abortions when available: 616-459-8386

**Hersey Fund** - funding for abortions when available: (612) 825-8270

**Jean Granger Prenatal Clinic** - prenatal/ postpartum care, counseling for low-income women: 484-9292

**National Network of Abortion Funds** - information on funding sources for abortions: (413) 559-5645

**National Abortion Federation** - information on funding sources for abortions: 800-772-9100

**Our New Beginnings Pregnancy Center**: 343-7077

**Planned Parenthood** - pregnancy testing and counseling based on income: 351-0550

**Planned Parenthood/Jane Doe Fund** - funding for abortions when available: 351-0550

**Pregnancy Resource Center**: 989-723-4025

**Pregnancy Services** - free pregnancy testing, referrals to housing and adoption, maternity & infant clothing, and items for baby: 332-0633

**Shared Pregnancy Crisis Clinic** - pregnancy testing, counseling, parenting program: 484-1882

**Womencare** - abortion services, free pregnancy testing, sexually transmitted infection testing: 337-7350

**Women's Health Services** - pregnancy testing: 702-4300

### **YOUTH SUPPORT SERVICES**

**Baker/Donora Focus Center** - programs for kids: 485-0907

**Big Brothers/Big Sisters** - serves children ages 5-18 who are without a father or mother: 372-0160

**Black Child and Family Institute** - after school tutoring, after school recreation and summer programs, computer classes: 487-3775, [www.bcfi.org](http://www.bcfi.org)

**Boys & Girls Club** - guidance programs incl. goal setting, physical education, arts & crafts, library programs, game room and sports programs for kids ages 7-17: 394-0455,

**CACS Neighborhood Youth Corps** - employment/training, summer programs, high school completion: 487-8893

**Charlotte Public Schools Latchkey Program:** 517-543-8559

**Gateway Community Services** - Homeless Youth Program, counseling for youth age 10-17 regarding school or family issues: 351-4000

**Happy Time Child Care Center** - free school readiness program: 325-6242

**North Network Center** - after school programs for kids: 346-5194

**RAP line** - 24-hour hotline for runaways and teens: 1-800-292-4517

**St. Vincent's Home** - treatment facility for emotionally impaired children: 323-4734

**Turning Point** - counseling for youth ages 11 - 21 who have been involved with prostitution, truancy, substance abuse, or who have been the victims of abuse, a runaway or homeless: 484-9292

**Turning Point Youth Center** - residential treatment for boys ages 12-18: 800-762-3742

**Willow Plaza** - peer education: 484-9292

**Willow Teen Medical Clinic** - teen parenting classes, health care, and counseling for ages 11 – 21 years old: 484-9292

**YMCA:** 316-9622

**Youth Development Corporation:** 482-2081, 482-2022, [www.theydc.org](http://www.theydc.org)

**YWCA:** 485-7201

## **BASIC NEEDS**

### **CLOTHING/ PERSONAL NEEDS**

**Abie House (Northside Network Center):** 346-5794

**Advent House:** 485-4722

**American Red Cross** - diapers once every two months: 484-7461

**Baby Pantry:** 989-227-9000 (Clinton Co.) or 989-723-5877 (Shiawassee Co.)

**Black Child and Family Institute:** 487-3775 or [www.bcfi.org](http://www.bcfi.org)

**Cedar Chest** - consignment shop, appointment required: 485-0865

**Christian Services** - small children's clothing bank, school clothes bank, birthday gifts for children, diapers, total layette: 394-5411

**City Rescue Mission Free Store** - by appointment only: 485-0040

**Community Services Center-** clothing bank on the first Tuesday of the month, 1:00-3:30p.m.: 321-8238

**First United Methodist Church** - 676-9449

**Give or Take Center** - for MSU students: 353-6778

**Lansing Network Center:** 346-5194

**Mt. Hope United Methodist Church:** 482-1549, [www.mounthopeumc.org](http://www.mounthopeumc.org)

**Pregnancy Services of Greater Lansing** - maternity and infant clothes, other infant needs: 332-0633

**St. Vincent DePaul** - thrift store, appointment needed: 484-4228

**Salvation Army** - diapers and personal needs: 484-4424, their stores: 482-0825  
**Seventh Day Adventist:** 321-8238  
**Shared Pregnancy:** 484-1882  
**Valueland-** thrift store: 393-8507  
**Volunteers of America Retail Outlet:** 372-8210  
**Westminster Presbyterian Church:** 484-8433

### **CULTURAL ASSISTANCE PROGRAMS**

**Cristo Rey** - variety of services available including bilingual/ Spanish programs: 372-4700  
**Lao Family Community/Mid-Asian Community:** 272-1582  
**Refugee Services** - provides services mainly to refugees but may be able to assist other immigrants: 484-1010  
**Vietnamese Association:** 485-9208

### **FOOD**

**Advent House:** 485-4722  
**American Red Cross** - emergency food packets: 484-7461 (after hours)  
**Black Child & Family Institute** - WIC distributor, Share Foods program site: 487-3775, www.bcfi.org  
**Capitol Area Community Services** - surplus commodity food cards: 393-7077  
**Central United Methodist Church** - food bank: 485-9477  
**Christ Community Soup Kitchen** - on Saturdays, 11:30-12:30: 482-2252  
**City Rescue Mission** - 3 free meals a day, no lunch Sunday: 485-0145  
**Community Services Center** - Food Bank Offshoot, at the Seventh Day Advent church, Wed. only: 321-8238  
**Cristo Rey Community Center** - free breakfast on Tuesdays and Thursdays: 372-4700.  
**Expanded Food and Nutrition** - free home visits and food for people w/ disabilities, senior citizens: 887-4588  
**Garden Project** - learn to plant, harvest, and preserve food from a garden: 887-4660  
**Ingham County Food Bank:** 887-4314  
**Meals On Wheels** - for people age 60 and older: 627-1532  
**Michigan State University Food Pantry** - for MSU students: 355-3300  
**North Network Center** - offers Food Movers food every other Wednesday: 346-5194  
**St. Vincent DePaul:** 337-9778  
**Salvation Army** - free lunch, call for their schedule: 484-4424  
**Share Michigan** - balanced food packages for 2 hours community service: 482-8900  
**Southside Community Kitchen:** 394-1385  
**Women, Infants and Children (WIC)** - for pregnant women & those with children under 5 years of age: 887-4326

### **IDENTIFICATION**

For a copy of your birth certificate, go to the county clerk's office in the county where you were born, or go to Michigan Vital Records, if you were born in Michigan. If you were born out of state, most counties have web pages explaining how to request a copy of your birth certificate online.

**Cristo Rey** - for assistance in paying for a driver's license or a Michigan ID card: 372-4700

**Michigan Vital Records** - to obtain a certified copy of your birth certificate if you were born in Michigan: 201 Townsend, 3<sup>rd</sup> Floor, downtown Lansing  
**Secretary of State**- for driver's licenses and Michigan ID cards: 322-1460  
**Social Security Office**- to obtain a social security card: 393-3876 or [www.socialsecurity.gov](http://www.socialsecurity.gov)

### **TRANSPORTATION**

**Capital Area Transportation Authority (CATA)** - local bus system: 394-1000;  
[www.cata.org](http://www.cata.org)

- **CATA Rural Services**: (800) 322-1390

- **CATA SpecTran Services**- (only available to persons with disabilities): 394-6230

**Christian Services** - gas/bus tokens for going to job interviews: 394-5411

**Clinton County Transportation**: 989-224-8285

**Cristo Rey** - when funding is available: 372-4700

**Eatran** - public transportation in Eaton County: 517-543-4087 or 371-3312

**Greyhound** - Homefree program offers free tickets for runaways: (800) 621-4000

**Immaculate Heart of Mary** - for business purposes, need notice: 393-3030

**Justice In Mental Health** –for individuals with mental health conditions: 371-4661

**Mercy Pilots** - a program to help survivors of domestic violence relocate: 323-4718

**PAM Assistance** - info on equipment needed for mobility for persons with disabilities: 371-5897

**Salvation Army** – bus tokens, bus tickets: 484-4424

**Traveler's Aid Society** - across state: (313) 962-6740

**Yellow Cab**: 482-1444

### **National & State Websites**

- ◆ Crime Victim Compensation (Michigan Crime Victim Services Commission) [www.michigan.gov/mdch/0,1607,7-132-2940\\_3184---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2940_3184---,00.html)
- ◆ Crime Victim Notification Network <https://mi.gov/corrections/0,1607,7-119-1384-72547--,00.html>
- ◆ Federal Statistics [www.fedstats.gov](http://www.fedstats.gov)
- ◆ International Association of Forensic Nurses [www.iafn.org](http://www.iafn.org)
- ◆ Men Stopping Violence [www.menstoppingviolence.org](http://www.menstoppingviolence.org)
- ◆ Michigan Coalition Against Domestic Violence and Sexual Assault [www.mcadv.org/](http://www.mcadv.org/)
- ◆ Michigan Crime Victim Services Commission [http://michigan.gov/mdch/0,1607,7-132-2940\\_3184---,00.html](http://michigan.gov/mdch/0,1607,7-132-2940_3184---,00.html)
- ◆ Michigan Disability Rights Coalition [www.copower.org/mdrc/MDRC.htm](http://www.copower.org/mdrc/MDRC.htm)

- ◆ National Center on Elder Abuse [www.elderabusecenter.org](http://www.elderabusecenter.org)
- ◆ National Center for Victims of Crime [www.ncvc.org/ncvc/Main.aspx](http://www.ncvc.org/ncvc/Main.aspx)
- ◆ Office for Victims of Crime [www.ojp.usdoj.gov/ovc](http://www.ojp.usdoj.gov/ovc)
- ◆ Office on Violence Against Women [www.ojp.usdoj.gov/vawo](http://www.ojp.usdoj.gov/vawo)
- ◆ RAINN [www.rainn.org](http://www.rainn.org)

## VIII. Michigan Criminal Sexual Conduct Laws

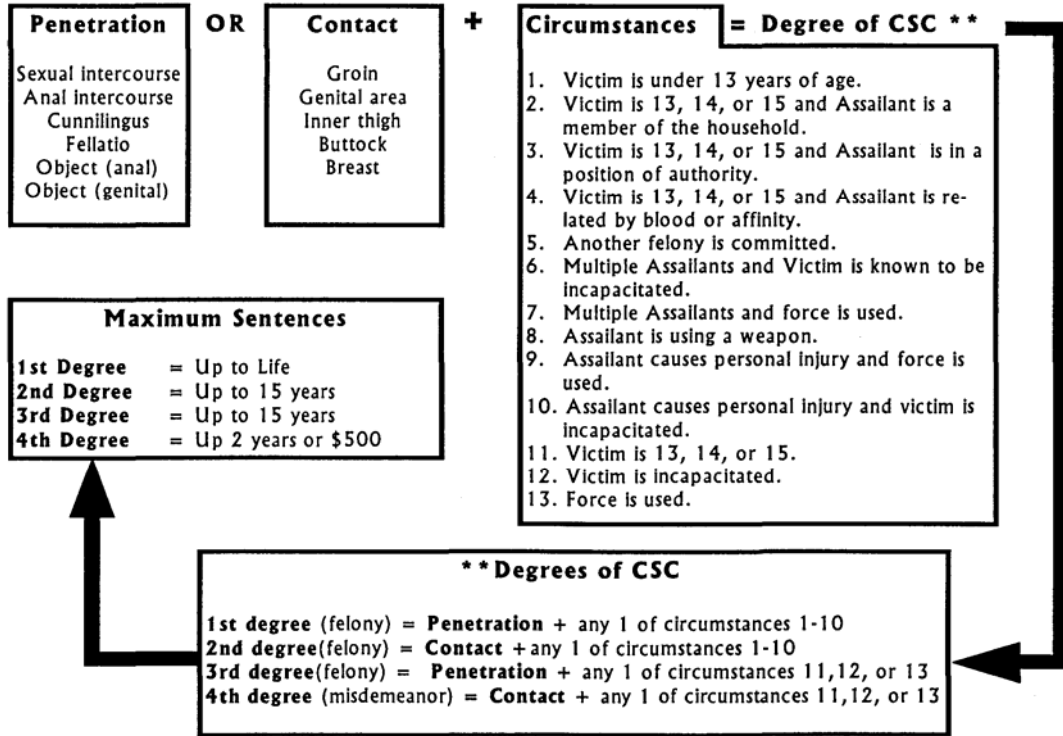
### Brief Description of Michigan Sexual Assault Laws

In Michigan the legal term used for “sexual assault” or “rape” is Criminal Sexual Conduct (CSC). The CSC law includes marital partners, children and same sex rape. There are four “degrees” of CSC, which are summarized below. The degree of the charge depends on a number of circumstances, including the victim’s age, mental capacity, use of weapons, or family relation. The chart below outlines the circumstances of each charge. Severity of sentencing also depends on many factors and most perpetrators do not receive the maximum sentence. These laws can be very complicated. If the perpetrator is charged with one of these crimes, an advocate at your local Sexual Assault Program can help you better understand the criminal process.

- **First Degree or Third Degree CSC:** Both of these crimes involve forced or coerced (without consent)\* penetration. This can be vaginal, anal or oral intercourse; putting a finger or object into another person’s anal or vaginal opening. [MCLA 750.520b & MCLA 750.520d]
- **Second or Forth Degree CSC:** Both of these crimes involve forced or coerced (without consent)\* sexual contact. These include touching the groin, genital area, inner thigh, buttocks or breasts, or the clothing covering these parts. [MCLA 750.520c & 750.520e]
- **Assault with Intent to Commit First Degree CSC:** This crime is an assault where the perpetrator intended to commit CSC in the First Degree. [MCLA 750.520g]
- **Assault with Intent to Commit Second Degree CSC:** This crime is an assault where the perpetrator intended to commit CSC in the Second Degree. [MCLA 750.520g]

\*People who are drugged, incapacitated, or under the age of 16 are deemed by the law to be unable to give consent.

### Criminal Sexual Conduct



**YWCA Sexual Assault Program**  
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## Michigan Penal Codes

### THE MICHIGAN PENAL CODE (EXCERPT) Act 328 of 1931

#### 750.520a Definitions.

Sec. 520a.

As used in this chapter:

- (a) "Actor" means a person accused of criminal sexual conduct.
- (b) "Developmental disability" means an impairment of general intellectual functioning or adaptive behavior which meets the following criteria:
  - (i) It originated before the person became 18 years of age.
  - (ii) It has continued since its origination or can be expected to continue indefinitely.
  - (iii) It constitutes a substantial burden to the impaired person's ability to perform in society.
  - (iv) It is attributable to 1 or more of the following:
    - (a) Mental retardation, cerebral palsy, epilepsy, or autism.
    - (b) Any other condition of a person found to be closely related to mental retardation because it produces a similar impairment or requires treatment and services similar to those required for a person who is mentally retarded.
    - (c) "Intimate parts" includes the primary genital area, groin, inner thigh, buttock, or breast of a human being.
    - (d) "Mental health professional" means that term as defined in section 100b of the mental health code, 1974 PA 258, MCL 330.1100b.
    - (e) "Mental illness" means a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.
    - (f) "Mentally disabled" means that a person has a mental illness, is mentally retarded, or has a developmental disability.
    - (g) "Mentally incapable" means that a person suffers from a mental disease or defect which renders that person temporarily or permanently incapable of appraising the nature of his or her conduct.
    - (h) "Mentally incapacitated" means that a person is rendered temporarily incapable of appraising or controlling his or her conduct due to the influence of a narcotic, anesthetic, or other substance administered to that person without his or her consent, or due to any other act committed upon that person without his or her consent.
    - (i) "Mentally retarded" means significantly subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.
    - (j) "Nonpublic school" means that term as defined in section 5 of the revised school code, 1976 PA 451, MCL 380.5.



- (k) "Physically helpless" means that a person is unconscious, asleep, or for any other reason is physically unable to communicate unwillingness to an act.
- (l) "Personal injury" means bodily injury, disfigurement, mental anguish, chronic pain, pregnancy, disease, or loss or impairment of a sexual or reproductive organ.
- (m) "Public school" means that term as defined in section 5 of the revised school code, 1976 PA 451, MCL 380.5.
- (n) "Sexual contact" includes the intentional touching of the victim's or actor's intimate parts or the intentional touching of the clothing covering the immediate area of the victim's or actor's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification, done for a sexual purpose, or in a sexual manner for:
  - (i) Revenge.
  - (ii) To inflict humiliation.
  - (iii) Out of anger.
- (o) "Sexual penetration" means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal openings of another person's body, but emission of semen is not required.
- (p) "Victim" means the person alleging to have been subjected to criminal sexual conduct.

**History:** Add. 1974, Act 266, Eff. Apr. 1, 1975 ;-- Am. 1983, Act 158, Eff. Mar. 29, 1984;-- Am. 2000, Act 505, Eff. Mar. 28, 2001 ;-- Am. 2002, Act 714, Eff. Apr. 1, 2003

**Constitutionality:** The provision in the criminal sexual conduct statute which permits elevation of a criminal sexual conduct offense from a lesser to a higher degree on the basis of proof of personal injury to the victim in the form of mental anguish is not unconstitutionally vague. *People v. Petrella*, 424 Mich. 221, 380 N.W.2d 11 (1985).

## **THE MICHIGAN PENAL CODE (EXCERPT)** **Act 328 of 1931**

### **750.520b Criminal sexual conduct in the first degree; felony.**

Sec. 520b.

(1) A person is guilty of criminal sexual conduct in the first degree if he or she engages in sexual penetration with another person and if any of the following circumstances exists:

- (a) That other person is under 13 years of age.

- (b) That other person is at least 13 but less than 16 years of age and any of the following:
  - (i) The actor is a member of the same household as the victim.
  - (ii) The actor is related to the victim by blood or affinity to the fourth degree.
  - (iii) The actor is in a position of authority over the victim and used this authority to coerce the victim to submit.
  - (iv) The actor is a teacher, substitute teacher, or administrator of the public or nonpublic school in which that other person is enrolled.
- (c) Sexual penetration occurs under circumstances involving the commission of any other felony.
- (d) The actor is aided or abetted by 1 or more other persons and either of the following circumstances exists:
  - (i) The actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.
  - (ii) The actor uses force or coercion to accomplish the sexual penetration. Force or coercion includes but is not limited to any of the circumstances listed in subdivision (f)(i) to (v).
- (e) The actor is armed with a weapon or any article used or fashioned in a manner to lead the victim to reasonably believe it to be a weapon.
- (f) The actor causes personal injury to the victim and force or coercion is used to accomplish sexual penetration. Force or coercion includes but is not limited to any of the following circumstances:
  - (i) When the actor overcomes the victim through the actual application of physical force or physical violence.
  - (ii) When the actor coerces the victim to submit by threatening to use force or violence on the victim, and the victim believes that the actor has the present ability to execute these threats.
  - (iii) When the actor coerces the victim to submit by threatening to retaliate in the future against the victim, or any other person, and the victim believes that the actor has the ability to execute this threat. As used in this subdivision, "to retaliate" includes threats of physical punishment, kidnapping, or extortion.
  - (iv) When the actor engages in the medical treatment or examination of the victim in a manner or for purposes which are medically recognized as unethical or unacceptable.
  - (v) When the actor, through concealment or by the element of surprise, is able to overcome the victim.
- (g) The actor causes personal injury to the victim, and the actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.
- (h) That other person is mentally incapable, mentally disabled, mentally incapacitated, or physically helpless, and any of the following:
  - (i) The actor is related to the victim by blood or affinity to the fourth degree.

- (ii) The actor is in a position of authority over the victim and used this authority to coerce the victim to submit.
- (2) Criminal sexual conduct in the first degree is a felony punishable by imprisonment in the state prison for life or for any term of years.

**History:** Add. 1974, Act 266, Eff. Apr. 1, 1975 ;-- Am. 1983, Act 158, Eff. Mar. 29, 1984;-- Am. 2002, Act 714, Eff. Apr. 1, 2003

**Constitutionality:** The provision in the criminal sexual conduct statute which permits elevation of a criminal sexual conduct offense from a lesser to a higher degree on the basis of proof of personal injury to the victim in the form of mental anguish is not unconstitutionally vague. *People v. Petrella*, 424 Mich. 221, 380 N.W.2d 11 (1985).

### **THE MICHIGAN PENAL CODE (EXCERPT)** **Act 328 of 1931**

#### **750.520c Criminal sexual conduct in the second degree; felony.**

Sec. 520c.

(1) A person is guilty of criminal sexual conduct in the second degree if the person engages in sexual contact with another person and if any of the following circumstances exists:

- (a) That other person is under 13 years of age.
- (b) That other person is at least 13 but less than 16 years of age and any of the following:
  - (i) The actor is a member of the same household as the victim.
  - (ii) The actor is related by blood or affinity to the fourth degree to the victim.
  - (iii) The actor is in a position of authority over the victim and the actor used this authority to coerce the victim to submit.
  - (iv) The actor is a teacher, substitute teacher, or administrator of the public or nonpublic school in which that other person is enrolled.
- (c) Sexual contact occurs under circumstances involving the commission of any other felony.
- (d) The actor is aided or abetted by 1 or more other persons and either of the following circumstances exists:
  - (i) The actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.
  - (ii) The actor uses force or coercion to accomplish the sexual contact. Force or coercion includes, but is not limited to, any of the circumstances listed in sections 520b(1)(f)(i) to (v).
- (e) The actor is armed with a weapon, or any article used or fashioned in a manner to lead a person to reasonably believe it to be a weapon.

(f) The actor causes personal injury to the victim and force or coercion is used to accomplish the sexual contact. Force or coercion includes, but is not limited to, any of the circumstances listed in section 520b(1)(f)(i) to (v).

(g) The actor causes personal injury to the victim and the actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.

(h) That other person is mentally incapable, mentally disabled, mentally incapacitated, or physically helpless, and any of the following:

(i) The actor is related to the victim by blood or affinity to the fourth degree.

(ii) The actor is in a position of authority over the victim and used this authority to coerce the victim to submit.

(i) That other person is under the jurisdiction of the department of corrections and the actor is an employee or a contractual employee of, or a volunteer with, the department of corrections who knows that the other person is under the jurisdiction of the department of corrections.

(j) That other person is under the jurisdiction of the department of corrections and the actor is an employee or a contractual employee of, or a volunteer with, a private vendor that operates a youth correctional facility under section 20g of 1953 PA 232, MCL 791.220g, who knows that the other person is under the jurisdiction of the department of corrections.

(k) That other person is a prisoner or probationer under the jurisdiction of a county for purposes of imprisonment or a work program or other probationary program and the actor is an employee or a contractual employee of or a volunteer with the county or the department of corrections who knows that the other person is under the county's jurisdiction.

(l) The actor knows or has reason to know that a court has detained the victim in a facility while the victim is awaiting a trial or hearing, or committed the victim to a facility as a result of the victim having been found responsible for committing an act that would be a crime if committed by an adult, and the actor is an employee or contractual employee of, or a volunteer with, the facility in which the victim is detained or to which the victim was committed.

(2) Criminal sexual conduct in the second degree is a felony punishable by imprisonment for not more than 15 years.

**History:** Add. 1974, Act 266, Eff. Apr. 1, 1975 ;-- Am. 1983, Act 158, Eff. Mar. 29, 1984;-- Am. 2000, Act 227, Eff. Oct. 1, 2000 ;-- Am. 2002, Act 714, Eff. Apr. 1, 2003

**THE MICHIGAN PENAL CODE (EXCERPT)**  
**Act 328 of 1931**

**750.520d Criminal sexual conduct in the third degree; felony.**

Sec. 520d.

(1) A person is guilty of criminal sexual conduct in the third degree if the person engages in sexual penetration with another person and if any of the following circumstances exist:

(a) That other person is at least 13 years of age and under 16 years of age.

(b) Force or coercion is used to accomplish the sexual penetration. Force or coercion includes but is not limited to any of the circumstances listed in section 520b(1)(f)(i) to (v).

(c) The actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.

(d) That other person is related to the actor by blood or affinity to the third degree and the sexual penetration occurs under circumstances not otherwise prohibited by this chapter. It is an affirmative defense to a prosecution under this subdivision that the other person was in a position of authority over the defendant and used this authority to coerce the defendant to violate this subdivision. The defendant has the burden of proving this defense by a preponderance of the evidence. This subdivision does not apply if both persons are lawfully married to each other at the time of the alleged violation.

(e) That other person is at least 16 years of age but less than 18 years of age and a student at a public or nonpublic school, and the actor is a teacher, substitute teacher, or administrator of that public or nonpublic school. This subdivision does not apply if the other person is emancipated or if both persons are lawfully married to each other at the time of the alleged violation.

(2) Criminal sexual conduct in the third degree is a felony punishable by imprisonment for not more than 15 years.

**History:** Add. 1974, Act 266, Eff. Apr. 1, 1975 ;-- Am. 1983, Act 158, Eff. Mar. 29, 1984;-- Am. 1996, Act 155, Eff. June 1, 1996 ;-- Am. 2002, Act 714, Eff. Apr. 1, 2003

**THE MICHIGAN PENAL CODE (EXCERPT)**  
**Act 328 of 1931**

**750.520e Criminal sexual conduct in the fourth degree; misdemeanor.**

Sec. 520e.

(1) A person is guilty of criminal sexual conduct in the fourth degree if he or she engages in sexual contact with another person and if any of the following circumstances exist:

(a) That other person is at least 13 years of age but less than 16 years of age, and the actor is 5 or more years older than that other person.

(b) Force or coercion is used to accomplish the sexual contact. Force or coercion includes, but is not limited to, any of the following circumstances:

- (i) When the actor overcomes the victim through the actual application of physical force or physical violence.
  - (ii) When the actor coerces the victim to submit by threatening to use force or violence on the victim, and the victim believes that the actor has the present ability to execute that threat.
  - (iii) When the actor coerces the victim to submit by threatening to retaliate in the future against the victim, or any other person, and the victim believes that the actor has the ability to execute that threat. As used in this subparagraph, "to retaliate" includes threats of physical punishment, kidnapping, or extortion.
  - (iv) When the actor engages in the medical treatment or examination of the victim in a manner or for purposes which are medically recognized as unethical or unacceptable.
  - (v) When the actor achieves the sexual contact through concealment or by the element of surprise.
- (c) The actor knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless.
- (d) That other person is related to the actor by blood or affinity to the third degree and the sexual contact occurs under circumstances not otherwise prohibited by this chapter. It is an affirmative defense to a prosecution under this subdivision that the other person was in a position of authority over the defendant and used this authority to coerce the defendant to violate this subdivision. The defendant has the burden of proving this defense by a preponderance of the evidence. This subdivision does not apply if both persons are lawfully married to each other at the time of the alleged violation.
- (e) The actor is a mental health professional and the sexual contact occurs during or within 2 years after the period in which the victim is his or her client or patient and not his or her spouse. The consent of the victim is not a defense to a prosecution under this subdivision. A prosecution under this subsection shall not be used as evidence that the victim is mentally incompetent.
- (f) That other person is at least 16 years of age but less than 18 years of age and a student at a public or nonpublic school, and the actor is a teacher, substitute teacher, or administrator of that public or nonpublic school. This subdivision does not apply if the other person is emancipated or if both persons are lawfully married to each other at the time of the alleged violation.
- (2) Criminal sexual conduct in the fourth degree is a misdemeanor punishable by imprisonment for not more than 2 years or a fine of not more than \$500.00, or both.

**History:** Add. 1974, Act 266, Eff. Apr. 1, 1975 ;-- Am. 1983, Act 158, Eff. Mar. 29, 1984;-- Am. 1988, Act 86, Eff. June 1, 1988 ;-- Am. 1994, Act 213, Eff. Oct. 1, 1994 ;-- Am. 1996, Act 155, Eff. June 1, 1996 ;-- Am. 2000, Act 227, Eff. Oct. 1,

2000 ;-- Am. 2000, Act 505, Eff. Mar. 28, 2001 ;-- Am. 2002, Act 714, Eff. Apr. 1, 2003

**THE MICHIGAN PENAL CODE (EXCERPT)**  
**Act 328 of 1931**

**750.520f Second or subsequent offense; penalty.**

Sec. 520f.

(1) If a person is convicted of a second or subsequent offense under section 520b, 520c, or 520d, the sentence imposed under those sections for the second or subsequent offense shall provide for a mandatory minimum sentence of at least 5 years.

(2) For purposes of this section, an offense is considered a second or subsequent offense if, prior to conviction of the second or subsequent offense, the actor has at any time been convicted under section 520b, 520c, or 520d or under any similar statute of the United States or any state for a criminal sexual offense including rape, carnal knowledge, indecent liberties, gross indecency, or an attempt to commit such an offense.

**History:** Add. 1974, Act 266, Eff. Apr. 1, 1975

**THE MICHIGAN PENAL CODE (EXCERPT)**  
**Act 328 of 1931**

**750.520g Assault with intent to commit criminal sexual conduct; felony.**

Sec. 520g.

(1) Assault with intent to commit criminal sexual conduct involving sexual penetration shall be a felony punishable by imprisonment for not more than 10 years.

(2) Assault with intent to commit criminal sexual conduct in the second degree is a felony punishable by imprisonment for not more than 5 years.

**History:** Add. 1974, Act 266, Eff. Apr. 1, 1975

**Compiler's Notes:** Section 2 of Act 266 of 1974 provides: "Saving clause." All proceedings pending and all rights and liabilities existing, acquired, or incurred at the time this amendatory act takes effect are saved and may be consummated according to the law in force when they are commenced. This amendatory act shall not be construed to affect any prosecution pending or begun before the effective date of this amendatory act."

**THE MICHIGAN PENAL CODE (EXCERPT)**  
**Act 328 of 1931**

**750.520h Corroboration of victim's testimony not required.**

Sec. 520h.

The testimony of a victim need not be corroborated in prosecutions under sections 520b to 520g.

**History:** Add. 1974, Act 266, Eff. Apr. 1, 1975

**THE MICHIGAN PENAL CODE (EXCERPT)**  
**Act 328 of 1931**

**750.520i Resistance by victim not required.**

Sec. 520i.

A victim need not resist the actor in prosecution under sections 520b to 520g.

**History:** Add. 1974, Act 266, Eff. Apr. 1, 1975

**Compiler's Notes:** Section 2 of Act 266 of 1974 provides: "Saving clause." All proceedings pending and all rights and liabilities existing, acquired, or incurred at the time this amendatory act takes effect are saved and may be consummated according to the law in force when they are commenced. This amendatory act shall not be construed to affect any prosecution pending or begun before the effective date of this amendatory act."

**THE MICHIGAN PENAL CODE (EXCERPT)**  
**Act 328 of 1931**

**750.520j Evidence of victim's sexual conduct.**

Sec. 520j.

(1) Evidence of specific instances of the victim's sexual conduct, opinion evidence of the victim's sexual conduct, and reputation evidence of the victim's sexual conduct shall not be admitted under sections 520b to 520g unless and only to the extent that the judge finds that the following proposed evidence is material to a fact at issue in the case and that its inflammatory or prejudicial nature does not outweigh its probative value:

(a) Evidence of the victim's past sexual conduct with the actor.

(b) Evidence of specific instances of sexual activity showing the source or origin of semen, pregnancy, or disease.

(2) If the defendant proposes to offer evidence described in subsection (1)(a) or (b), the defendant within 10 days after the arraignment on the information shall file a written motion and offer of proof. The court may order an in camera hearing to determine whether the proposed evidence is admissible under subsection (1).



If new information is discovered during the course of the trial that may make the evidence described in subsection (1)(a) or (b) admissible, the judge may order an in camera hearing to determine whether the proposed evidence is admissible under subsection (1).

**History:** Add. 1974, Act 266, Eff. Apr. 1, 1975

**Constitutionality:** This section, the rape-shield law, is not unconstitutional. *People v. Arenda*, 416 Mich. 1, 330 N.W.2d 814 (1982). In *Michigan v. Lucas*, 111 S.Ct. 1743 (1991), the United States Supreme Court held that the Michigan Court of Appeals had erred in adopting a “per se rule” that the notice-and-hearing requirement of Michigan’s rape-shield law violated the Sixth Amendment to the United States Constitution in all cases where it was used to preclude evidence of past sexual conduct between a rape victim and a defendant (see *People v. Lucas*, 160 Mich. App. 692; 408 N.W.2d 431 (1987)). The Court found that the statute “serves legitimate state interests in protecting against surprise, harassment, and undue delay. Failure to comply with this requirement may ... justify even the severe sanction of preclusion.”

### **THE MICHIGAN PENAL CODE (EXCERPT)** **Act 328 of 1931**

#### **750.520k Suppression of names and details.**

Sec. 520k.

Upon the request of the counsel or the victim or actor in a prosecution under sections 520b to 520g the magistrate before whom any person is brought on a charge of having committed an offense under sections 520b to 520g shall order that the names of the victim and actor and details of the alleged offense be suppressed until such time as the actor is arraigned on the information, the charge is dismissed, or the case is otherwise concluded, whichever occurs first.

**History:** Add. 1974, Act 266, Eff. Apr. 1, 1975

**Constitutionality:** The statute authorizing suppression of a court file containing the name of a victim of criminal sexual conduct, the name of the defendant, and the details of the offense until the defendant is arraigned, the charge is dismissed, or the case is otherwise concluded is not a prior restraint upon publication, but a valid legislative restriction on the common-law right of access to public records and the statutory right of access to court proceedings. In re *Midland Publishing*, 420 Mich. 148, 362 N.W.2d 580 (1984).

**THE MICHIGAN PENAL CODE (EXCERPT)**  
**Act 328 of 1931**

**750.520l Legal spouse as victim.**

Sec. 520l.

A person may be charged and convicted under sections 520b to 520g even though the victim is his or her legal spouse. However, a person may not be charged or convicted solely because his or her legal spouse is under the age of 16, mentally incapable, or mentally incapacitated.

**History:** Add. 1974, Act 266, Eff. Apr. 1, 1975 ;-- Am. 1988, Act 138, Imd. Eff. June 1, 1988

**Compiler's Notes:** Section 2 of Act 266 of 1974 provides: "Saving clause." All proceedings pending and all rights and liabilities existing, acquired, or incurred at the time this amendatory act takes effect are saved and may be consummated according to the law in force when they are commenced. This amendatory act shall not be construed to affect any prosecution pending or begun before the effective date of this amendatory act." Section 2 of Act 138 of 1988 provides: "This amendatory act shall take effect June 1, 1988 and apply to crimes committed on or after that date."

**THE MICHIGAN PENAL CODE (EXCERPT)**  
**Act 328 of 1931**

**750.520m DNA identification profiling; chemical testing; manner of collecting and transmitting samples; existing DNA identification profile; disclosure; assessment; report; definitions.**

Sec. 520m.

(1) A person shall provide samples for chemical testing for DNA identification profiling or a determination of the sample's genetic markers and shall provide samples for chemical testing for a determination of his or her secretor status if any of the following apply:

(a) The person is found responsible for a violation of section 83, 91, 316, 317, or 321, a violation or attempted violation of section 349, 520b, 520c, 520d, 520e, or 520g, or a violation of section 167(1)(c) or (f) or 335a, or a local ordinance substantially corresponding to section 167(1)(c) or (f) or 335a.

(b) The person is convicted of a felony or attempted felony, or any of the following misdemeanors, or local ordinances that are substantially corresponding to the following misdemeanors:

(i) A violation of section 145a, enticing a child for immoral purposes.

- (ii) A violation of section 167(1)(c), (f), or (i), disorderly person by window peeping, engaging in indecent or obscene conduct in public, or loitering in a house of ill fame or prostitution.
  - (iii) A violation of section 335a, indecent exposure.
  - (iv) A violation of section 451, first and second prostitution violations.
  - (v) A violation of section 454, leasing a house for purposes of prostitution.
  - (vi) A violation of section 462, female under the age of 17 in a house of prostitution.
- (2) Notwithstanding subsection (1), if at the time the person is convicted of or found responsible for the violation the investigating law enforcement agency or the department of state police already has a sample from the person that meets the requirements of the DNA identification profiling system act, 1990 PA 250, MCL 28.171 to 28.176, the person is not required to provide another sample or pay the fee required under subsection (6).
- (3) The county sheriff or the investigating law enforcement agency shall collect and transmit the samples in the manner required under the DNA identification profiling system act, 1990 PA 250, MCL 28.171 to 28.176.
- (4) An investigating law enforcement agency, prosecuting agency, or court that has in its possession a DNA identification profile obtained from a sample of a person pursuant to subsection (1) shall forward the DNA identification profile to the department of state police at or before the time of the person's sentencing or disposition upon that conviction or finding of responsibility unless the department of state police already has a DNA identification profile of the person.
- (5) The DNA profiles of DNA samples received under this section shall only be disclosed as follows:
- (a) To a criminal justice agency for law enforcement identification purposes.
  - (b) In a judicial proceeding as authorized or required by a court.
  - (c) To a defendant in a criminal case if the DNA profile is used in conjunction with a charge against the defendant.
  - (d) For an academic, research, statistical analysis, or protocol developmental purpose only if personal identifications are removed.
- (6) Until October 1, 2003, the court shall order each person found responsible for or convicted of 1 or more crimes listed in subsection (1) to pay an assessment of \$60.00. The assessment required under this subsection is in addition to any fine, costs, or other assessments imposed by the court.
- (7) An assessment required under subsection (6) shall be ordered upon the record, and shall be listed separately in the adjudication order, judgment of sentence, or order of probation.
- (8) After reviewing a verified petition by a person against whom an assessment is imposed under subsection (6), the court may suspend payment of all or part of the assessment if it determines the person is unable to pay the assessment.
- (9) The court that imposes the assessment prescribed under subsection (6) may retain 10% of all assessments or portions of assessments collected for costs

incurred under this section and shall transmit that money to its funding unit. On the last day of each month, the clerk of the court shall transmit the assessments or portions of assessments collected under this section as follows:

(a) Twenty-five percent to the county sheriff or other investigating law enforcement agency that collected the DNA sample as designated by the court to defray the costs of collecting DNA samples.

(b) Until October 1, 2003, 65% to the department of treasury for the department of state police forensic science division to defray the costs associated with the requirements of DNA profiling and DNA retention prescribed under the DNA identification profiling system act, 1990 PA 250, MCL 28.171 to 28.176.

(c) Beginning October 1, 2003, 65% to the state treasurer for deposit in the justice system fund created in section 181 of the revised judicature act of 1961, 1961 PA 236, MCL 600.181.

(10) Beginning December 31, 2002, the director of the department of state police shall report by December 31 of each year concerning the rate of DNA sample collection, DNA identification profiling, retention and compilation of DNA identification profiles, and the collection of assessments required under subsection (6) to all of the following:

(a) The standing committees of the senate and house of representatives concerned with DNA sample collection and retention.

(b) The house of representatives appropriations subcommittee on state police and military affairs.

(c) The senate appropriations subcommittee on state police.

(11) As used in this section:

(a) "DNA identification profile" and "DNA identification profiling" mean those terms as defined in section 2 of the DNA identification profiling system act, 1990 PA 250, MCL 28.172.

(b) "Investigating law enforcement agency" means the law enforcement agency responsible for the investigation of the offense for which the person is convicted. Investigating law enforcement agency includes the county sheriff but does not include a probation officer employed by the department of corrections.

(c) "Felony" means a violation of a penal law of this state for which the offender may be punished by imprisonment for more than 1 year or an offense expressly designated by law to be a felony.

(d) "Sample" means a portion of a person's blood, saliva, or tissue collected from the person.

**History:** Add. 1990, Act 191, Eff. Oct. 1, 1991 ;-- Am. 1994, Act 163, Eff. Sept. 1, 1994;-- Am. 1996, Act 510, Imd. Eff. Jan. 9, 1997 ;-- Am. 2001, Act 89, Eff. Jan. 1, 2002 ;-- Am. 2003, Act 100, Eff. Oct. 1, 2003

## **IX. Appendices**

- A. Index of Definitions
- B. Reference List
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- E. CASART Confidentiality Agreement
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## Definition of Terms

**Advocate:** The primary role of an advocate is to protect the privacy, respect the integrity, guard the dignity, and promote the best interests of the client, as defined by the client (PCAR, Code of Professional Responsibility Standard 2000).

**First Response:** The response that occurs the first time a victim notifies an agency that they have been sexually assaulted.

**First Responders:** First responders are the advocates, medical personnel, and law enforcement agents that first encounter a survivor of sexual violence post assault and begin the process of supporting and responding to the needs identified by the survivor and implementing a SART response.

**Forensic Medical Examination:** An examination by a medical professional that includes a medical assessment for health purposes and the collection and documentation of evidence.

**Rape:** Nonconsensual, forced or coerced sexual **penetration** against the will of the victim or when the victim is incapable of giving consent because of her/his temporary or permanent mental or physical incapacity or because of her/his youth. Rape is penetration of the mouth, vagina or anus by a penis, finger, tongue, other body parts, or inanimate objects (such as a beer bottle or broomstick).

**SANE:** Sexual Assault Nurse Examiner. A registered professional nurse who has successfully completed both the didactic and clinical training to become a SANE.

**SART:** Sexual Assault Response Team. A SART is a multidisciplinary team that collaboratively responds when a sexual assault is reported, and seeks to improve community responses and services for survivors of sexual assault.

**Sexual Assault:** Sexual assault is a crime in which the perpetrator uses “sex” as a weapon to express power, anger, and control over another. Sexual assault is **any** unwanted, nonconsensual sexual contact (even with someone with whom one has shared prior consensual sex) or when the victim is incapable of giving consent because of her/his temporary or permanent mental or physical incapacity or because of her/his youth.

**STI:** Sexually transmitted infection.

## Appendix B

### References

- Barkhurst, P., Fowler, H., Siadal, I., & Vokes, S. (2002). Attorney General's Sexual Assault Task Force, Sexual Assault Response Team (SART) Handbook. Version I. Retrieved November 2005 from <http://www.oregonsatf.org/documents/PDFVersionofSARTHandbook.pdf>.
- Bureau of Justice Statistics. (2002). *National Crime Victimization Survey*. Washington, DC: U.S. Department of Justice.
- Campbell, R., & Bybee, D. (1997). Emergency medical services for rape victims: Detecting the cracks in service delivery. *Women's Health: Research on Gender, Behavior, and Policy*, 3, 75-101.
- Campbell, R., & Raja, S. (1999). The secondary victimization of rape victims: Insights from mental health professionals who treat survivors of violence. *Violence and Victims*, 14, 261-275.
- Department of Justice. Criminal victimization 2002. Washington, DC: Government Printing Office; 2003. Publication number NCJ 199994. Available from URL: [www.ojp.usdoj.gov/bjs/pub/pdf/cv02.pdf](http://www.ojp.usdoj.gov/bjs/pub/pdf/cv02.pdf).
- Hirschel, J.D., & Dawson, D.J. (2003). Violence against women: Synthesis of research for law enforcement officials. Prepared for the National Institute of Justice, forwarded to Congress. Washington, DC: Publication number NIJ 198372.
- Koss, M. (1996). The measurement of rape victimization in crime surveys. *Criminal Justice and Behavior*, 23 (1), 55-69.
- Michigan Department of Community Health, Community Public Health Agency, Survey of Violence in the Lives of Michigan Women. 1996.

## Appendix B

Tjaden, P., & Thoennes, N. (2000). Full report of the prevalence, incidence, and consequence of violence against women: Findings from the National Violence Against Women survey. Washington, DC: National Institute of Justice. Report NCJ 183781.



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## **A History of the CASART Operational Agreement**

In the summer of 2004, an interdisciplinary team of advocates, clinicians, forensic nurses, law enforcement, and prosecuting attorneys was identified in the Greater Lansing Area to discuss the formation of a SART (Sexual Assault Response Team). This effort was undertaken to better respond to victims of sexual violence in Ingham County. The Capital Area Sexual Assault Response Team (CASART) Advisory Committee was initiated to begin the work of defining and implementing a process to realize a local SART team.

By December 2004, human service providers from various disciplines began to meet and identify community partners whose expertise would be critical to this endeavor. A decision was made to develop an Operational Agreement to ensure the commitment of agency partners to implement SART in Ingham County. This document outlines the goals, objectives, and standards of practice regarding a community response to survivors of sexual violence.

Between January 2005 and January 2006 advisory committee members met with community partners to discuss, receive feedback, support and a signature from those leaders essential to making CASART a reality. We thank and look forward to continued support and involvement from every agency identified in the CASART Operational Agreement.

LeAnn Holland & M. Carmen Lane  
CASART Advisory Committee Co-Chairs

**Capital Area Sexual Assault Response Team (CaSART)**

**OPERATIONAL AGREEMENT**

This operational agreement stands as evidence of the commitment of the agencies listed below to implement SART (Sexual Assault Response Team) in Ingham County.

It is hereby recognized that CaSART is an effective intervention method to ensure competent, coordinated, and effective intervention for survivors of sexual assault. CaSART organizes interagency, multi-disciplinary response to CaSART for the benefit of the survivor and the community. Each agency indicates their commitment to implementing and maintaining CaSART in the following ways:

- Participating in CaSART planning and implementation;
- Training patrol officers and detectives in the SART approach and by implementing first responder training;
- Training prosecuting attorneys in the SART approach;
- Establishing and obtaining training for the sexual assault nurse examiners;
- Ensuring victim advocacy and continuity of care for survivors of sexual assault by involving sexual assault advocates from Michigan State University Sexual Assault Crisis & Safety Education Program Center and the Listening Ear;
- Involving the local law enforcement in training sexual assault nurse examiners;
- Ensuring coordination with the Victim/Witness Unit to facilitate access to the Crime Victim's Compensation Fund and other services;
- Participation by all CaSART agencies in a monthly SART meeting to ensure smooth operations, problem solving, and case review;
- Encourage development and maintenance of a database by each agency and a SART data base;
- A commitment to positive and constructive problem solving for the benefit of the sexual assault survivor and the community;
- A commitment to effective case review to identify trends, themes, offender accountability and system problems; and
- Ensuring a culturally competent system of care especially including the planning and availability of interpreters; (i.e. SART representation from service providers for people with disabilities/immigrant services/etc.)

 MSU Sexual Assault Program	 Sparrow Sexual Assault Program	 Michigan State Police
 The Listening Ear	 Ingham Regional Medical Center	 Mayor of Lansing MI
 Lansing Police Department	 Ingham County Sheriff's Office	 Ingham Co. Board of Commissioner
 Michigan State University Police	 MSP Crime Laboratory	 Angel House- CAC
 Ingham County Prosecuting Attorney	 East Lansing Police Department	 Federal Bureau of Investigation
 Lansing Township Police Department	 Meridian Township Police Department	 Director of 911
 Mason City Police Department	 Victim Witness Unit	 Lansing Community College
 Leslie Police Department	 Williamston Police Department	 Mayor of East Lansing MI

**Capital Area Sexual Assault  
Response Team**



**Confidentiality Agreement**

The preservation of confidential information communicated and developed in the course of first response and supportive services is essential to maintaining service integrity and supporting individuals seeking help in response to being victimized by sexual violence. The Capital Area Sexual Assault Response Team (CASART) recognizes that Michigan law provides for confidentiality when victims of sexual violence seek help from sexual assault services.

It is the responsibility of CASART representatives to keep all matters regarding case and individual victim information confidential. To further reduce the risk of lethality, harm or harassment to victims, information about the victims' family, friends or assailant should be kept confidential.

Sexual assault victims receiving assistance from CASART will be assured that all communications, records, and involvement in our services will not be released to outside agencies unless the victim who holds the confidential privilege signs a written release authorizing CASART to disclose specific information to an identified third party.

As an advisory member, first responder, or representative of CASART, I agree to maintain strict confidentiality of all cases and individual victim information. I further agree to not to release any records or information related to CASART clients except as it relates to the legitimate operation of a sexual assault response team. I agree that no general media or public access to information will be allowed and I will not discuss cases or client information outside the confines of CASART.

***I, the undersigned, understand and agree to abide by the confidentiality agreement of the Capital Area Sexual Assault Response Team.***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title/Affiliation**

\_\_\_\_\_  
**Agency**

\_\_\_\_\_  
**Department**

# Medical Advocacy Feedback Form

**This feedback form is to be completed by the advocate immediately following the medical forensic exam. Your feedback will be used to help improve services for sexual assault survivors. All responses are confidential.**

Name of advocacy agency:  MSU  CARE  Angel House  Listening Ear Date: \_\_\_/\_\_\_/\_\_\_

Time of initial page: \_\_\_\_\_ am/pm Time of initial contact: \_\_\_\_\_ am/pm Name of advocate: \_\_\_\_\_

Who was the first responder?  SANE  Law Enforcement  Advocate

If you were not the first responder, please indicate why (check all that apply):

- Delay in coordinating advocacy response .....
- Primary advocate unavailable when called, time spent coordinating back-up response .....
- You took longer than 45 minutes to arrive at hospital .....
- You were called after exam began .....
- Survivor spoke/met with law enforcement first .....
- Other (describe): \_\_\_\_\_

**Questions 1-7 ask you to provide information regarding the medical forensic exam and the SANE nurse.**

1. Name of SANE who performed forensic exam: \_\_\_\_\_

2. Were you present for the evidence collection? .....  Yes  No

If you were not present, please indicate why (check all that apply):

- Survivor did not want evidence collected .....
- Evidence collection was finished before you arrived .....
- Survivor asked you to leave room .....
- Medical personnel asked you to leave room .....
- Other (describe): \_\_\_\_\_

3. Did the SANE nurse explain the survivor's rights regarding (check all that apply):

- Consent to all, some, or no evidence collection .....
- Consent to participate in police interview .....
- Consent to participate in police investigation .....

4. Did the SANE nurse support the survivor in taking an active role?.....  Yes  No

5. Did the SANE discuss the following with the survivor:

- HIV/AIDS .....  Yes  No  Unsure
- STIs .....  Yes  No  Unsure
- Pregnancy .....  Yes  No  Unsure
- Hepatitis .....  Yes  No  Unsure
- Other (describe): \_\_\_\_\_

6. Did you have any concerns regarding the medical forensic exam or SANE nurse? .....  Yes  No

*If no, please go to question number 7. If yes:*

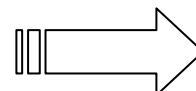
a. Please describe:

b. Were you able to address your concerns as they arose? .....  Yes  No

If you were not able to address your concerns, please describe why:

7. In your opinion, was the SANE nurse (check all that apply):

- Unclear  Positive  Knowledgeable
- Disrespectful  Unresponsive  Confident
- Approachable  Helpful  Friendly



**Questions 8-13 ask you to provide information regarding the police interview and the responding officer. If a police officer was not present, please go to question 14.**

8. Name of officer/badge number: \_\_\_\_\_ Department or precinct: \_\_\_\_\_
9. Were you present for the police interview? .....  Yes  No  
If you were not present, please indicate why (check all that apply):  
Police did not respond .....   
Survivor did not want to report or be interviewed .....   
Interview was complete before you arrived .....   
Survivor asked you to leave room .....   
Police asked you to leave room .....   
Other (describe): \_\_\_\_\_
10. Did the police officer explain the survivor's rights regarding (check all that apply):  
Consent to all, some, or no evidence collection .....   
Consent to participate in police interview .....   
Consent to participate in police investigation .....
11. Did the police officer support the survivor in taking an active role?..... Yes  No
12. Did you have any concerns regarding the police interview or the responding officer? ..... Yes  No  
*If no, please go to question 13. If yes:*  
a. Please describe:  
\_\_\_\_\_  
b. Were you able to address your concerns as they arose? .....  Yes  No  
If you were not able to address your concerns, please describe why:  
\_\_\_\_\_
13. In your opinion, was the police officer (check all that apply):  
Friendly  Positive  Knowledgeable   
Disrespectful  Confident  Unresponsive   
Approachable  Unhelpful  Clear

**Questions 14-18 ask you to provide information regarding your interaction with the survivor and other agency personnel, based on your ability to provide crisis intervention, support, and information.**

14. Did you explain your role as an advocate regarding SANE, law enforcement, and follow-up? ... Yes  No
15. Did you explain the survivor's rights regarding (check all that apply):  
Consent to all, some, or no evidence collection .....   
Consent to participate in police interview .....   
Consent to participate in police investigation .....
16. Did you support the survivor in taking an active role in the decision-making process? ..... Yes  No
17. Did you provide the survivor with information regarding:  
Crime victim's compensation ..... Yes  No  
Counseling services ..... Yes  No  
Safety planning ..... Yes  No  
Rape myths ..... Yes  No  
Community resources ..... Yes  No
18. In your opinion, were you (check all that apply):  
Friendly  Positive  Unknowledgeable   
Disrespectful  Unresponsive  Confident   
Helpful  Approachable  Clear

*Thank you! Please return the feedback form to your coordinator.*

Patient Name: \_\_\_\_\_ MR/Case Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Contact Number: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Time of examination: \_\_\_\_\_

**Medical Forensic Examiner Information:**

Examining Agency: \_\_\_\_\_

Medical Forensic Examiner: \_\_\_\_\_

Law Enforcement Contacted:  No  Yes Law Enforcement Agency: \_\_\_\_\_

Law Enforcement Officer: \_\_\_\_\_ Complaint Number: \_\_\_\_\_

**Medical History:** Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ LMP: \_\_\_\_\_

Current Medications (including contraception): \_\_\_\_\_

Allergies: \_\_\_\_\_

Significant Medical History (recent treatments, anogenital surgery or treatments, vaginal delivery within the previous 6 months):  No

Yes, describe: \_\_\_\_\_

Disability:  No  Yes Comments: \_\_\_\_\_

Last consensual coitus (date): \_\_\_\_\_ Condom use?  No  Yes  NA

**History of Assault:** Date of Assault: \_\_\_\_\_ Time of Assault: \_\_\_\_\_

Brief history of assault: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Patient alcohol and/or drug use prior to assault:  Unknown  No  Yes Details: \_\_\_\_\_

Multiple Assailants:  Unknown  No  Yes (#) \_\_\_\_\_ Assailant(s) Gender: \_\_\_\_\_

Details (including name[s], if known): \_\_\_\_\_

Weapon use: \_\_\_\_\_ Relationship of Assailant(s): \_\_\_\_\_

Location of Assault: \_\_\_\_\_

Patient Position During Assault:  Prone  Supine  Other: \_\_\_\_\_

No	Acts described by patient	Yes	Patient Statements	Attempted	Unsure
	Fondling				
	Licking				
	Kissing				
	Suction				
	Biting				
	Restraint / Force				
	Strangulation				
	Fellatio				
	Vulvar penetration				
	Digital				
	Foreign object use				
	Cunnilingus				
	Anal penetration				
	Digital				
	Foreign object use				
	Ejaculation				
	Injury to assailant				

Initials of examiner: \_\_\_\_\_



Was a Lubricant Used: Unknown No Yes Describe: \_\_\_\_\_

Was a Condom Used: Unknown No Yes Describe: \_\_\_\_\_

Patient's clothing removed: Unknown No Yes Describe: \_\_\_\_\_

Patient Name: \_\_\_\_\_ MR/Case Number: \_\_\_\_\_

>72 hours since assault: Unknown No Yes (Skip to Physical Assessment)

No	Post-assault hygiene activity (NA if >72 hrs.)	Yes	Patient Statements	Unknown
	Urinated			
	Defecated			
	Genital wash/wipe			
	Douche			
	Bath/shower			
	Brushed teeth			
	Vomited			
	Smoked			
	Drank/ate			
	Use of intravaginal product			
	Clothing change			

**Physical Assessment:** \_\_\_\_\_ pulse \_\_\_\_\_ respirations \_\_\_\_\_ blood pressure \_\_\_\_\_ temperature \_\_\_\_\_ weight

Body Surface Map Included:  No  Yes

Pregnancy Test: Positive  Negative  Not Indicated

**Detailed Anogenital Examination:** Oral, anogenital surface map included:  No  Yes

Sexual Maturation Stage/Tanner Stage:  1  2  3  4  5

No Trauma	Anogenital Structure	Trauma Identified (describe)
	<b>Female Patient:</b>	
	Anus	
	Rectum	
	Vulva:	
	Periurethral area	
	Perineum	
	Labia majora	
	Labia minora	
	Posterior fourchette	
	Fossa navicularis	
	Hymen	
	Vagina	
	Cervix	
	<b>Male Patient:</b>	
	Anus	
	Rectum	
	Glans Penis	
	Periurethral area	
	Penis (shaft)	
	Scrotum	

Describe patient's behavior/demeanor during medical forensic examination: \_\_\_\_\_

Initials of examiner: \_\_\_\_\_

**Forensic Specimen Collection:** Evidence Collection Kit used: Yes No Comments: \_\_\_\_\_

**Forensic Specimen Items Included in the Kit:**

<u>Patient Standards:</u>	<u>Trace Evidence</u>	<u>Swabs:</u>	<u>Smears:</u>	<u>Other:</u>
<input type="checkbox"/> Blood (purple top tube)	<input type="checkbox"/> Combed Head Hair	<input type="checkbox"/> Cervical: # _____	<input type="checkbox"/> Cervical: # _____	<input type="checkbox"/> Tampon/pad
<input type="checkbox"/> Pulled head hair	<input type="checkbox"/> Combed Pubic Hair	<input type="checkbox"/> Vaginal: # _____	<input type="checkbox"/> Vaginal: # _____	<input type="checkbox"/> Foreign matter
<input type="checkbox"/> Pulled Pubic Hair	<input type="checkbox"/> _____	<input type="checkbox"/> Anal: # _____	<input type="checkbox"/> Anal: # _____	<input type="checkbox"/> Underwear
<input type="checkbox"/> Buccal Swabs	<input type="checkbox"/> _____	<input type="checkbox"/> Oral: # _____	<input type="checkbox"/> Oral: # _____	<input type="checkbox"/> Fingernail(s)
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Rectal: # _____	<input type="checkbox"/> Penile: # _____	<input type="checkbox"/> Distilled water standard
		<input type="checkbox"/> Penile: # _____	<input type="checkbox"/> Rectal: # _____	<input type="checkbox"/> Genital Wipe
		<input type="checkbox"/> Scrotal: # _____	<input type="checkbox"/> Other: # _____	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Pubic Area: # _____		
		<input type="checkbox"/> Other: # _____		

Patient Name: \_\_\_\_\_ MR/Case Number: \_\_\_\_\_

**Forensic Specimens or Items NOT Included in the Kit:** None Toxicology (blood) Toxicology (urine)

Paper Bags (number): \_\_\_\_\_  Other: \_\_\_\_\_

List Clothing or Miscellaneous Items:

Item	Description/Condition

Items released to: \_\_\_\_\_ Date/time: \_\_\_\_\_

Items released by: \_\_\_\_\_

**Medical Forensic Examination Summary:**

Protective Services Report: NA No Yes Agency: \_\_\_\_\_ Worker: \_\_\_\_\_

**Diagnosis:** Medical Forensic evaluation for sexual assault/abuse

No Physical Findings  Physical Findings Summary of findings: \_\_\_\_\_

Medical forensic specimen analysis pending Michigan State Police Crime laboratory.

Photograph Types:  Polaroid  35mm  Digital  Colposcopic 35mm  Colposcopic Digital  None

Photographs of: face body anogenital other: \_\_\_\_\_

**Treatment(s) Provided and/or Recommended:**

(Circle those given. Note time, dose, & site.)

Analgesia / Other	Response to treatment	Emergency Contraception
Ibuprofen, PO		Not indicated
Acetaminophen, PO		Declined
		Plan B, PO
		Ovral, PO

STI Prophylaxis	Comments
Rocephin 125 mg, IM	
Flagyl 2 gm, PO	
Zithromax 1 gm, PO	
Floxin 400 mg, PO	
Cipro 500 mg, PO	
Suprax 400 mg, PO	

Initials of examiner: \_\_\_\_\_

Other treatments discussed or recommended (including referral for emergency evaluation): \_\_\_\_\_  
\_\_\_\_\_

Medical follow-up referral information discussed with and given to patient:  No  Yes

Counseling Information provided to patient:  No  Yes Comments: \_\_\_\_\_

Safety planning discussed with patient:  No  Yes Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Forensic Examiner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Medical Forensic Examiner

**The information contained in this document is confidential. Disclosure of confidential information is protected by the Federal Privacy Act. AUTHORITY: 1935 PA 59 COMPLIANCE: Voluntary, but information needed for medicolegal purposes.**

Patient Name: \_\_\_\_\_ MR/Case Number: \_\_\_\_\_

**Physical Assessment Body Maps:** Please diagram and describe areas of patient trauma, pain, and alternate light source findings (if used) on the maps below.

Patient Name: \_\_\_\_\_ MR/Case Number: \_\_\_\_\_

**Detailed Oral & Female Anogenital Examination:** Please diagram and describe areas of patient trauma, pain, alternate light source findings, and Toluidine Blue positive areas (if used) on the maps below.

Patient Name: \_\_\_\_\_ MR/Case Number: \_\_\_\_\_

Initials of examiner: \_\_\_\_\_



**After Care Instructions**  
**Sparrow Nurse Examiner Program**

**Sexually Transmitted Diseases:**

You can contract sexually transmitted disease(s) from an assault. We provide some medications to help prevent *treatable* sexually transmitted diseases. *Patients should be aware that we do not test for or provide medications to prevent HIV. Baseline testing is **recommended** within the first week following assault. Repeat testing should be performed 3 months, 6 months, and one year post assault. We **recommend** that you use condoms or other barrier devices for all sexual encounters until the results of one year post assault testing have been received.*

We **recommend** patients follow up with their primary care provider in 7-10 days for further testing and treatment. Children under 12, parents may contact Dr. Guertin at **364-2117** for follow up. For patients without a primary care provider the *Ingham County Health Department* is an option. They are located in the *Human Services Building- Entrance 3; 5303 South Cedar Street; Lansing, MI 48909*. An appointment may be scheduled by calling **(517) 887-4424**. ( 30 days after assault )

We provided the following medications:

MEDICATION	YES/NO	SPECIAL INSTRUCTIONS
Ceftriaxone (Rocephin) 125mg IM		The injections site may be sore. See your primary care provider if the site becomes red, hot, pain increases, or for other concerns.
Azithromycin (Zithromax) 1 gram PO		Diarrhea and/or vaginal itching may develop. See your primary care provider for vaginal itching, as it may indicate a yeast infection.
Metronidazole (Flagyl) 2 grams PO		<b>Do not drink alcohol for 3 days after taking this medication.</b> It will make you sick. And do not take if you have had alcohol 48 hours prior to taking.
Progestin (Plan B) 2 tablets PO		Take with food. Mild nausea may develop. Over-the-counter nausea medications may help.
Ibuprofen (Advil)		Take with food to avoid stomach upset. Follow directions on bottle.
Acetaminophen (Tylenol)		Follow directions on bottle. Avoid alcohol.

**Wound Care:**

Injuries that cause a break in the skin such as abrasions, lacerations, punctures, human or animal bites are prone to infection. Keep these areas as clean and dry as possible until healing has occurred. Cleanse wounds 2-4 times per day with anti-bacterial soap (such as Dial) and dry thoroughly. Consider applying anti-bacterial ointment (such as Bacitracin) and covering with a bandage. ***Seek medical attention for wounds that develop one or more of the following: redness, increasing pain, foul odor, or creamy discharge. Fever is also a reason to seek medical attention.***

Anogenital injuries such as tears, lacerations or abrasions generally heal rapidly. We recommend applying cold packs to affected areas for the first 24 hours. After that, change to warm sitz baths. We also recommend wearing loose cotton underwear, and pelvic rest (no tampons, douche, or sexual contact) until injuries have healed. An over-the-counter stool softener and/or increasing dietary intake of fluids and fiber may decrease the amount of discomfort for patients with bowel elimination. ***Seek medical attention for rectal bleeding, unusual vaginal discharge, abdominal pain, pain/burning with urination, painful intercourse, sores, blisters, warts, or any other anal, genital, or urinary concern.***

**Injury Care:**

We recommend applying ice to sore areas for 20-30 minutes every 2-4 hours while awake for pain and/or swelling for the first 24-48 hours. Be sure to protect skin by not applying ice directly to bare skin. After 48 hours, change to moist heat. We recommend resting and elevating injured areas as much as possible. ***Seek medical attention for any loss of sensation or mobility. If further injuries develop after the initial exam, please call your Doctor. Or you can call the Program Nurse (517) 364-3641.***

**Legal Concerns:** Call the Detective that has been assigned to your case or the Prosecuting Attorneys office.

**Emotional Care:** You have been through an emotional trauma **please** seek support for yourself and family.

**Counseling:** Women's Center **(517) 372-9163**. Listening Ear- **(517) 337-1717** available counseling for adult sexual assault patients. If the patient is a child, below 18 years old **call Angel House at (517) 244-4444 to schedule an appointment.** Or MSU Family & Child Clinic **(517) 432-2272**. 24-hour **crisis lines and counseling:** MSU Sexual Assault Crisis Line- **(517) 372-6666**. Listening Ear- **(517) 337-1717**.

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 Patient/Parent/Guardian

Date

---

 Sexual Assault Nurse Examiner

Date

## Forensic Nurse Examiner Program Competency and Evaluation Tool

Competency	Validation Method		Evaluation	
	Verbalized	Demonstrated	Achieved	Improvement Plan
<b>INITIAL INTAKE</b>				
a. Respond to dispatch and obtain initial patient information to activate team ( <b>360-0297</b> ) ADULT ( <b>226-5641</b> ) PEDS				
b. Build rapport/establish trust with patient				
c. Assess patient medical stability and mental competency; take action as needed				
e. Activate additional resources if needed, including decision for law enforcement/police report, medical consultation and/or state agencies				
f. Explain SANE exam/procedures				
g. Obtain patient consent to proceed				
h. Interview patient for medical history and forensic exam using techniques to <b>empower survivor</b>				
<b>EXAMINATION</b>				
a. Prepare exam room/supplies				
b. Prepare evidence kit				
c. Explain process to patient, initially and on-going				
d. Physical assessment, including head to toe				
e. Take vital signs				
f. Do pregnancy test				
g. Conduct detailed genital exam				
h. Examination process is conducted systematically and consistently				
i. Examination process is done in appropriate sequence (i.e., photo before speculum insertion, anal swabs taken before vaginal, etc)				
j. Toluidine Blue dye				
k. Document injuries, (describe) (tenderness, bruising, redness, swelling)				
l. Injuries measured				
m. Offered and provided comfort				

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measures to patient during exam				
n. Culture child if symptomatic				
<b>Competency</b>	<b>Validation Method</b>		<b>EVALUATION</b>	
	Verbalized	Demonstrated	Achieved	Improvement Plan
<b>EVIDENCE COLLECTION</b>				
a. Photograph injuries, including normal. With pt. identification, scale				
b. Collect trace evidence, using Alternative Light Source if appropriate				
c. Collect patient standards				
d. Collect urine if DFSA suspected use toxically kit				
e. Collect swabs/photo's from orifices that patient indicates penetration				
f. Collect miscellaneous evidence				
g. Collect evidence to minimize cross-contamination				
<b>EVIDENCE PACKAGING</b>				
a. Maintain Chain of Custody/Do not leave kit once opened				
b. Ensure evidence is dried				
c. Do not cross contaminate specimens				
d. Label evidence envelopes/bags				
e. Evidence envelopes and bags are clearly and completely marked with location of evidence collection				
f. Evidence envelopes and bags are signed, dated with integrity seal				
g. Evidence transferred or stored according to protocols with use of supporting forms/documentation				
<b>DISCHARGE</b>				
a. Review process/answer questions the patient may have				
b. Administer/prescribe medications to patient with explanation				
c. Provide resources/referrals to patient. Full packet to pt/parent				
d. Review discharge instructions with patient/Maintain signed copy				
e. Clean equipment/unit; replenish				

Appendix F

supplies. Download photo's & Erase from camera				
f. Complete documentation and data entry if applicable. Chart to office.				
g. Used supplemental forms as needed				
<b>Competency</b>	<b>Evaluation</b>			
	Done Well	Satisfactory	Poor	Improvement Plan
<b>OVERALL</b>				
Evidence Collection				
Evidence Handling				
Evidence Labeling				
Evidence Packaging/Storage				
Use/competency with photography				
Use/competency with Colposcope				
Use/competency with measure tools				
Use/competency with LED lights				
Use/competency with speculum				
Completeness of documentation				
Legibility of documentation				
Use of correct A & P terminology				
Documentation is pertinent/accurate				
Use of diagrams/drawings				
Used critical thinking and problem solving skills				
Maintained professionalism during stressful situation				
Cost effectively uses supplies				
Worked with team approach				
Other measures of competency specific to SANE unit				
a.				
b.				
c.				



### SANE Feedback Form

**This feedback form is to be completed by the SANE nurse immediately following the medical forensic exam. Your feedback will be used to help improve services for sexual assault survivors. All responses are confidential.**

Name of advocacy agency:  MSU  CARE  Angel House  Listening Ear Date: \_\_\_/\_\_\_/\_\_\_

Time of initial page: \_\_\_\_\_am/pm Time of initial contact: \_\_\_\_\_am/pm Name of advocate: \_\_\_\_\_

Who was the first responder?  SANE  Law Enforcement  Advocate

If you were not the first responder, please indicate why (check all that apply):

- Delay in coordinating back-up response if person on shift unavailable.....
- You were with another patient when this patient first arrived .....
- You took longer than 45 minutes to arrive at hospital .....
- Patient spoke/met with advocacy agency first.....
- Patient spoke/met with law enforcement first .....
- Other (describe): \_\_\_\_\_

**Questions 1-4 ask you to provide information regarding the medical forensic exam and the SANE nurse.**

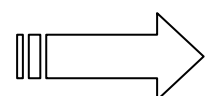
1. Did you explain the survivor’s rights regarding (check all that apply):
  - Consent to all, some, or no evidence collection .....
  - Consent to participate in police interview .....
  - Consent to participate in police investigation .....
2. Did you support the survivor in taking an active role?..... Yes  No
3. Did you discuss the following with the survivor:
  - HIV/AIDS .....  Yes  No  Unsure
  - STIs .....  Yes  No  Unsure
  - Pregnancy .....  Yes  No  Unsure
  - Hepatitis .....  Yes  No  Unsure
  - Other (describe): \_\_\_\_\_
4. In your opinion, were you (check all that apply):
  - Unclear  Positive  Knowledgeable
  - Disrespectful  Unresponsive  Confident
  - Approachable  Helpful  Friendly

**Questions 5-11 ask you to provide information regarding the advocate.**

5. Was the advocate present for the evidence collection? ..... Yes  No
 

If they were not present, please indicate why (check all that apply):

  - Patient did not want evidence collected .....
  - Evidence collection was finished before advocate arrived .....
  - Patient asked advocate to leave room .....
  - You asked advocate to leave room .....
  - Other (describe): \_\_\_\_\_
6. Did the advocate explain their role for SANE, law enforcement, and follow-up? .....  Yes  No
7. Did the advocate explain the patient’s rights regarding (check all that apply):
  - Consent to all, some, or no evidence collection .....
  - Consent to participate in police interview .....
  - Consent to participate in police investigation .....



8. Did the advocate support the patient in taking an active role in the decision-making process? .....  Yes  No
9. Did the advocate provide the patient with information regarding:
- Crime victim's compensation .....  Yes  No
  - Counseling services .....  Yes  No
  - Safety planning .....  Yes  No
  - Rape myths .....  Yes  No
  - Community resources .....  Yes  No
10. Did you have any concerns regarding the advocate or the responding officer? .....  Yes  No  
***If no, please go to question 13. If yes:***
- a. Please describe:
- 
- b. Were you able to address your concerns as they arose? .....  Yes  No  
 If you were not able to address your concerns, please describe why:
- 
11. In your opinion, was the advocate (check all that apply):
- |               |                          |              |                          |                 |                          |
|---------------|--------------------------|--------------|--------------------------|-----------------|--------------------------|
| Friendly      | <input type="checkbox"/> | Positive     | <input type="checkbox"/> | Unknowledgeable | <input type="checkbox"/> |
| Disrespectful | <input type="checkbox"/> | Unresponsive | <input type="checkbox"/> | Confident       | <input type="checkbox"/> |
| Helpful       | <input type="checkbox"/> | Approachable | <input type="checkbox"/> | Clear           | <input type="checkbox"/> |

**Questions 12-17 ask you to provide information regarding the police interview and the responding officer. If a police officer was not present, please do not reply to this section.**

12. Name of officer/badge number: \_\_\_\_\_ Department or precinct: \_\_\_\_\_
13. Were you present for the police interview? .....  Yes  No  
 If you were not present, please indicate why (check all that apply):
- Police did not respond .....
  - Patient did not want to report or be interviewed .....
  - Interview was complete before you arrived .....
  - Patient asked you to leave room .....
  - Police asked you to leave room .....
  - Other (describe): \_\_\_\_\_
14. Did the police officer explain the patient's rights regarding (check all that apply):
- Consent to all, some, or no evidence collection .....
  - Consent to participate in police interview .....
  - Consent to participate in police investigation .....
15. Did the police officer support the patient in taking an active role?.....  Yes  No
16. Did you have any concerns regarding the police interview or the responding officer? .....  Yes  No  
***If no, please go to question 13. If yes:***
- a. Please describe:
- 
- b. Were you able to address your concerns as they arose? .....  Yes  No  
 If you were not able to address your concerns, please describe why:
- 
17. In your opinion, was the police officer (check all that apply):
- |               |                          |           |                          |               |                          |
|---------------|--------------------------|-----------|--------------------------|---------------|--------------------------|
| Friendly      | <input type="checkbox"/> | Positive  | <input type="checkbox"/> | Knowledgeable | <input type="checkbox"/> |
| Disrespectful | <input type="checkbox"/> | Confident | <input type="checkbox"/> | Unresponsive  | <input type="checkbox"/> |
| Approachable  | <input type="checkbox"/> | Unhelpful | <input type="checkbox"/> | Clear         | <input type="checkbox"/> |

*Thank you! Please return the feedback form to your coordinator.*



## Patient Satisfaction Survey

Our Sexual Assault Nurse Examiner Program (SANE) Program cares about you. Your opinion and comments are important and can help us improve our services. Please respond to the statements below by circling your response. All information is confidential. You can either complete it here or complete it later and mail it back in the self-addressed-stamped envelope.

*Please circle your response to each of the statements and feel free to add your comments and suggestions.*

1. I felt the environment was safe, private, and met my unique needs.  
Strongly Agree    Agree            No Opinion            Disagree            Strongly Disagree
  2. The nurse explained my options before I signed the consent form  
Strongly Agree    Agree            No Opinion            Disagree            Strongly Disagree
  3. I felt comfortable in controlling what was going to happen to me during the exam.  
Strongly Agree    Agree            No Opinion            Disagree            Strongly Disagree
  4. The nurse explained what she was going to do in a way I understood.  
Strongly Agree    Agree            No Opinion            Disagree            Strongly Disagree
  5. The nurse was sensitive to my needs.  
Strongly Agree    Agree            No Opinion            Disagree            Strongly Disagree
  6. I could ask the nurse questions and talk about my concerns.  
Strongly Agree    Agree            No Opinion            Disagree            Strongly Disagree
  7. I felt respected.  
Strongly Agree    Agree            No Opinion            Disagree            Strongly Disagree
  8. I feel that the services offered here at the SANE unit were helpful  
Strongly Agree    Agree            No Opinion            Disagree            Strongly Disagree
  9. I felt I was given the appropriate information regarding follow-up (law enforcement, counseling, etc)  
Strongly Agree    Agree            No Opinion            Disagree            Strongly Disagree
  10. I received a copy of my discharge instructions and they were explained to me.  
Strongly Agree    Agree            No Opinion            Disagree            Strongly Disagree
  11. What could our SANE Program have done differently to make this encounter better for you?
- 
-

## Appendix F

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# Capital Area Sexual Assault Response Team



Law Enforcement Agency \_\_\_\_\_

Law Enforcement Complaint # \_\_\_\_\_

## Permission to Contact

You have been given this form by law enforcement or a representative of the Capital Area Sexual Assault Response Team (CASART). CASART requests permission to contact you for follow-up to ensure you receive appropriate information and resources for continued support and services. Signing this form does not commit you to receive services, but only gives permission for a CASART representative to contact you and offer further information and assistance. It is a priority of CASART that you are **safe** and know your **options and legal rights**. *Your contact information will be protected by CASART's confidentiality policy. Only authorized CASART representatives will have access to this information, and it will not be provided to other agencies without your written permission.*

***I give permission for a CASART representative to contact me for follow-up services.***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***When victim is a minor, permission for contact must be obtained from parent/guardian.***

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
**Parent/Guardian Printed Name**

Taking privacy and safety into consideration, may we contact you? Check all that apply.

**Phone**

- If no answer or you're not available, we can leave a message that we are from CASART
- If no answer or you're not available, we can leave a message with ONLY our first name & phone # to be reached
- Do NOT leave a message
- Leave a message with a trusted friend/family member (Provide safe phone #) \_\_\_\_\_

**Email**

- U.S. Mail** to the above address
- U.S. Mail** to a safe address in care of your name (Provide safe address) \_\_\_\_\_

# Capital Area Sexual Assault Response Team



Law Enforcement Agency \_\_\_\_\_

Law Enforcement Complaint # \_\_\_\_\_

## Permission to Contact

You have been given this form by law enforcement or a representative of the Capital Area Sexual Assault Response Team (CASART). CASART requests permission to contact you for follow-up to ensure you receive appropriate information and resources for continued support and services. Signing this form does not commit you to receive services, but only gives permission for a CASART representative to contact you and offer further information and assistance. It is a priority of CASART that you are **safe** and know your **options and legal rights**. *Your contact information will be protected by CASART's confidentiality policy. Only authorized CASART representatives will have access to this information, and it will not be provided to other agencies without your written permission.*

***I give permission for a CASART representative to contact me for follow-up services.***

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

***When victim is a minor, permission for contact must be obtained from parent/guardian.***

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
**Parent/Guardian Printed Name**

Taking privacy and safety into consideration, may we contact you? Check all that apply.

- Phone**
  - If no answer or you're not available, we can leave a message that we are from CASART
  - If no answer or you're not available, we can leave a message with ONLY our first name & phone # to be reached
  - Do NOT leave a message
  - Leave a message with a trusted friend/family member (Provide safe phone #) \_\_\_\_\_
- Email**
- U.S. Mail** to the above address
- U.S. Mail** to a safe address in care of your name (Provide safe address) \_\_\_\_\_

**SPARROW HEALTH SYSTEM  
Forensic Nurse Examiner Program**

**Permission for Examination and/or Photographs:**

Permission is hereby granted to the medical staff of :  
Sparrow Health System - SANE Program  
1215 East Michigan Avenue  
Lansing, MI 48909-7980

- \_\_\_\_\_ To perform a medical forensic examination
- \_\_\_\_\_ To take medical forensic photographs
- \_\_\_\_\_ To use information and photographs for education
- \_\_\_\_\_ To release information to advocate for follow up call

as may be necessary on the person of: \_\_\_\_\_.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Relationship to Patient:** \_\_\_\_\_

**Consent Not to collect medical forensic specimens:**

I, \_\_\_\_\_ choose not to undergo medical forensic specimen collection at this time. If I decide to have medical forensic specimens collected later it should be done within 96 hours of the assault. I understand that delay in collection could affect the specimens available for collection.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian Signature:** \_\_\_\_\_ **Relationship to Patient:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





**Chain of Custody**

Date \_\_\_\_\_

Sticker \_\_\_\_\_

**Name of victim** \_\_\_\_\_

**Hospital** \_\_\_\_\_

**Examiner-** (print) \_\_\_\_\_

Examiner- (signature) \_\_\_\_\_

**Chain of Custody**

Sealed by \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

Received by \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

Received by \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

Received by \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

Received by \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

Received by \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

Received by \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_