

ST. JOSEPH COUNTY SEXUAL ASSAULT RESPONSE TEAM AGREEMENT

Whereas, St. Joseph County is required by law to establish or join a regional sexual assault response team (IC 16-21-8-1.5); and

Whereas, St. Joseph County recognizes the need and benefit of establishing and maintaining a Sexual Assault Response Team (SJC-SART); and

Whereas, the following signatories of this Agreement desire to be a part of SJC-SART (“Members”) and acknowledge that the SJC-SART will operate based upon a Victim Centered Principle, as forth in the Mission Statement, attached hereto as Exhibit A; and

Whereas, the SJC-SART recognizes the need for collaboration in its efforts to respond to the needs of investigating the serious allegations surrounding the report of a sexual assault; and

Whereas, the Members also recognize the continuing need for periodic review and revision of existing policies, procedures, and guidelines to ensure conformity with the needs of victims, improvements in science and medical procedures, and changes in the laws and investigative procedures and techniques.

IT IS, THEREFORE, RESOLVED AS FOLLOWS:

1. Guidelines for Adults. The Members hereunder agree to adopt and follow the Guidelines for Reporting Adults, attached as Exhibit B, and the Guidelines for Non-Reporting Adults, attached as Exhibit C, in all sexual assault cases reported in St. Joseph County.
2. Guidelines for Minors. The Members hereunder further agree to adopt and follow the Guidelines for Infants, Children, and Adolescents, attached as Exhibit D, in all sexual assault cases involving minors that are reported in St. Joseph County.
3. SJC-SART Committee. The Members agree that these guidelines should be reviewed annually by the SJC-SART Committee.
 - a. The SJC-SART Committee will consist of the following appointees:
 - i. One (1) representative from St. Joseph County’s SVU Prosecuting Attorney’s Office.
 - ii. One (1) Law Enforcement Officer from each of the following law enforcement agencies:
 1. Indiana University South Bend Police Department
 2. Mishawaka Police Department
 3. Notre Dame Security Police Department
 4. St. Joseph County Police Department
 5. South Bend Police Department
 6. The Special Victims Unit Detectives
 7. Representatives from Lakeville, New Carlisle, Osceola, Roseland, North Liberty, and Walkerton police departments and Bethel University and Holy Cross College security

departments are also invited and encouraged to join the SJC-SART.

- iii. One (1) Sexual Assault Nurse Examiner (SANE) or administrator from each of the following hospitals:
 1. Memorial Hospital
 2. Saint Joseph Regional Medical Center
- iv. One (1) representative from each of the following universities/colleges (non-law enforcement personnel):
 1. Bethel University
 2. Holy Cross College
 3. Indiana University South Bend
 4. Ivy Tech Community College-North Central
 5. Notre Dame University
 6. Saint Mary's College
- v. One (1) representative from each of the following advocacy-based organizations:
 1. The Family Justice Center of St. Joseph County
 2. The YWCA North Central Indiana
 3. Other agencies as identified and agreed upon by the SJC-SART
- b. Experience Recommended. It is recommended that all appointees have experience working with sexual assault cases and their victims.
- c. Committee Meetings. Committee meetings shall be held as agreed upon by the committee members, but are to be regularly scheduled every other month.
4. Amendments. Any recommended revisions to this Agreement and its Exhibits shall be submitted to all Members for review and approval, as agreed upon by the Committee Members.
5. Compliance with Laws. The parties will operate at all times in compliance with federal, state, and local laws, rules and regulations, the policies, rules, and regulations of the parties, and the applicable standards of accrediting bodies. It is the intent and agreement of the parties that neither this Agreement nor any part thereof shall be construed to require any party to violate the Laws in its operation and all parts of this Agreement must be interpreted in a manner that is consistent with the Laws.
6. Privacy of Victims. Members agree at all times to respect and preserve the privacy of the victims the SJC-SART is serving to the extent of reasonably possible.
7. Acronyms: Sexual Assault Examination Kit will be referred to in this document as SAEK, Special Victim's Unit will be referred to in this document as SVU, and Sexual Assault Nurse Examiner will be referred to in this document as SANE.

Exhibit A

SEXUAL ASSAULT RESPONSE TEAM OF ST. JOSEPH COUNTY

MISSION STATEMENT

We are first and foremost, victim-centered. We bring together key stakeholders in St. Joseph County to collaborate as a multi-disciplinary team to strengthen systemic policies and practices, meet victim needs, promote victim healing, reduce the prevalence of sexual violence in our community, and hold perpetrators accountable for their actions

Exhibit B

ST. JOSEPH COUNTY SEXUAL ASSAULT RESPONSE TEAM GUIDELINES FOR REPORTING ADULTS

Policy:

1. At the hospital, a location will be utilized for the treatment of sexual assault patients that ensures complete privacy. One SANE/nurse should be assigned to the patient throughout the entire hospital visit. Once a sexual assault kit is started, the SANE/nurse is obligated to the case until it is completely finished, and the kit is signed over to the collecting officer.
2. Mechanisms should be in place to protect patient privacy and confidentiality. Patients have a right to understand the scope and limits of confidentiality related to laws, mandated reporting, and roles of various providers as it relates to communications, records, forensic evidence, and photographs.
3. Confidential advocates from Sex Offense Services (S-O-S) are available to sexual assault patients and their significant others 24 hours a day. Advocates can help to provide the crisis intervention necessary when patients first arrive for treatment and support family members or friends of the patient who may be at the hospital. Members of the S-O-S team should be called to support the patient after acquiring verbal consent from the patient to do so.
4. Reporting the incident to the correct police agency is vital. The police jurisdiction where the crime began should be contacted upon arrival of the patient to the hospital. An initial report will be collected; later a detective will contact the patient for further information, outside of the hospital setting.
5. The patient will be informed of the rights for victims of sexual assault under Indiana law and will be provided with a signed copy of those rights prior to discharge from the hospital (IC 16-21-8-9).
6. Appropriate informed and legal consents will be signed by the patient or guardian for treatment, release of information, and application for payment by the State of Indiana. Patients have the right to decline any portion of the exam, offered testing, or to answer any question without negatively impacting the remainder of the exam or care provided. If a patient chooses to stop the exam before its completion, a partial kit may be turned over to law enforcement with appropriate documentation (e.g. "patient declines further examination").
7. Initial History and Assessment: During the initial assessment, SANE/nurse will take care to not lose or destroy evidence that may be on the clothing or the patient's body. Treat only emergent injuries before completing the forensic examination. The forensic examiner/nurse should be listening for valuable information concerning potential evidence and injury.

8. If the assault occurred within 120 hours for vaginal, 72 hours for anal, and 24 hours for oral prior to the examination for an adult, then the forensic exam should be conducted and the evidence collection kit should be used. The medical exam and forensic evidence collection procedures should be integrated at all times.
9. Compassionate and understanding care should be given to a person who has experienced sexual assault.
10. Medical staff shall provide quality care for patients/survivors of sexual assault to meet their medical, legal, and emotional needs. This includes prophylaxis against infection and pregnancy (if indicated), obtaining forensic collection, and testifying in court, should the case enter litigation.
11. Any evidence collected by the SANE/assigned medical staff will be given to law enforcement.
12. A formal interview of the victim by law enforcement will be conducted at the earliest opportunity.
13. The St. Joseph County Special Victims Unit Prosecuting Attorney will be available for consultation during the investigation, search warrants, court proceedings, or as otherwise necessary to assist all members of the SJC-SART. If the SVU Prosecuting Attorney is unavailable for any reason, the after-hours on-call prosecutor will be available for consultation or as otherwise needed to assist.

Evidence Collection, Preservation, and Transportation:

14. Evidence Integrity (Sealing and Labeling): The custody of any evidence collection kit and the specimens it contains must be accounted for from the moment of collection until the moment it is introduced in court as evidence. This is necessary in order to maintain the legally necessary “chain of custody.” Evidence collection bags should be sealed with clear packing tape or evidence tape. The handler of the evidence items should label them with their initials, the date, source of the specimen, and the name of the patient. Evidence collection envelopes included in the SAEK should be sealed and the handler of the evidence items should label them with their initials and date.
15. Clothing Evidence: The patient’s clothing may hold important evidence in a case such as semen, blood, saliva, hair, and fibers, as well as debris from the crime scene. Damaged or torn clothing may also be important to the case. Each garment should be placed separately in its own paper bag to prevent cross-contamination. If the patient is not wearing the same clothing that was worn during the assault, the police should be given the exact location of the clothing for collection. However, the underwear should always be collected, whether it has been changed or not.
16. To minimize the loss of evidence, the patient should carefully remove clothing one item at a time, and place each garment in a separate evidence bag. Any wet stains, such as blood or semen, should air dry before putting it in bags if time permits. Wet clothing can be stored in a plastic bag when necessary. If any items are wet, medical staff will notify the respective law enforcement officer and the law enforcement officer will take the wet item/s to the drying room upon collection.
17. Any debris found on the patient’s body or clothing should be collected and placed in a paper envelope. Label each sample with the location the debris was collected from.
18. The patient is provided with a hospital gown. Prior to any further collection of evidence, any sign of injury such as bruising, bite marks, cuts/lacerations, patterned injuries,

abrasion, edema, contusion, hand/fingerprints, etc. should be documented and photographed.

19. When taking photos:
 - a. Take a picture of the patient's name labels;
 - b. Take a picture of the patient's face prior to any body shots;
 - c. Use the ruler provided in the kit to reference size near the injury to be photographed;
 - d. Photographs should include a distant shot with an appropriate body reference point, a close-up shot without a ruler, and a close-up shot with an enclosed ruler;
 - e. Photographs should be taken of skin surfaces containing debris before debris collection;
 - f. Upon completion of taking photographs, a picture of the patient's name label should be taken again.
20. The Alternative Light Source is valuable in the detection of fluids on the skin, especially semen. However, the room must be very dark to see an illuminated area on the skin. If an area is in question, use one moistened swab (with sterile water) followed together with one dry swab and swab the area. Place caps over swabs prior to packaging.
21. Skin Swabs: Any areas on the skin can be swabbed for saliva. Question the patient about kissing, biting, or sucking. Using a sterile water moistened swab, swab each of the areas and place cap over swab, prior to packaging in an envelope. Always write where the swab was collected on the outside of the envelope.
22. Oral Collection: The patient should not eat, drink, or smoke prior to collection. Oral swabs can provide the crime lab with DNA and traces of seminal fluid in the mouth. Collect two swabs together and swab the mouth. Swab between the upper and lower lips and gums, over the tongue, and sides of the mouth. Cap the swabs and place them in the envelope marked "oral swabs" oral collection is only obtained if the assault has occurred less than 24 hours ago.
23. A buccal standard should be collected AFTER oral swabs by rinsing the patient's mouth and waiting 20-30 minutes. Then, firmly press two swabs simultaneously onto the inside of the cheek. Rub swabs for 30 seconds in the same area.
24. Head Hair Combing: Using the provided paper and comb in the rape kit, comb the top, back, front, and sides of the patient's hair to collect any debris or loose hairs. The comb should then be folded in the provided paper and placed in the envelope.
25. Pubic Hair Combing: Using the provided paper and comb, comb through the pubic hair to collect any debris or loose hair. The comb should then be folded in the provided paper and placed in the envelope.
26. Fingernail Swabs: Use swabs to swab under all of the patient's nails and swab each hand. Fold each swab into the paper bundle and mark "left" and "right", then place in the envelope and seal. Palm swabs will be placed and marked in separate envelopes. If the nail is broken or torn, the nail should be clipped, preserving the fragmented edge as much as possible and placed in the provided paper and envelope. Be sure to photograph the broken nail before cutting and packaging.
27. Female Organ Evidence Collection Procedure (Collect within 120 hours of assault): It is important that the patient is instructed not to wipe evidence away upon urination. First, obtain specimens from the external genitalia using two swabs simultaneously. (The swabs may need to be moistened with sterile water prior to using them.) Cap the swabs prior to

- packaging. If the external/internal genitalia swabs are collected on pre and post menstrual patients, then obtain specimens from the internal genitalia using two swabs simultaneously. Cap swabs prior to packaging.
28. Penile Collection Procedure: For the male patient, the presence of saliva on the penis could indicate that oral-genital contact was made: the presence of vaginal secretions could corroborate that the penis was introduced into the vaginal orifice; feces or lubricants might be found if anal penetration occurred. In the collection of a penile swab, use two sterile water moistened swabs and thoroughly swab the external surface of the penis and glands (do not swab the urethra.) All outer areas of the penis and scrotum where contact is suspected should be swabbed. The swabs should be capped prior to packaging.
 29. Toluidine Blue Dye: After collecting external genital swabs TBD may be used to better visualize injuries to the genital area. The area should be photographed prior to applying the dye, with the dye on, and also with the dye wiped off. Apply TBD with a swab to the area in question (may be used on labia majora, labia minora, posterior fourchette, perineal body, and perianal area.) Gently blot away excess TBD with 17 acetic acid (1.1 vinegar/water) or lubrication Jelly. Photograph injury noted.
 30. Foley Catheter Technique: This technique may be used for postmenarcheal females to help visualize the hymen for injury. Using a Foley catheter tube, insert the balloon end into the vaginal vault and fill the balloon with 15-30 cc of air. Pull back gently to visualize the hymen. Take photographs if necessary. Deflate the balloon and remove the catheter.
 31. Anal Collection: Using two sterile water moistened swabs, swab the anus for all vaginal and anal assaults. Anal swabs should be collected regardless of reported anal assault, due to possible vaginal run-off. If anal penetration is indicated, also collect two sterile water moistened swabs from the anal canal and package in a separate envelope.
 32. Pelvic Exam (post-menstrual patients only): Use speculum when needed. Swab the vaginal vault with two swabs and the cervix with two swabs. The swabs are capped and placed in the envelopes.
 33. Medical staff will assign a kit number to the SAEK and enter the kit into SAKI, which will generate a pin number that shall be written on the side of the SAEK and included on the provided space on the Rights of Victims of Sexual Assault Brochure. Medical staff should update the status of the SAEK in SAKI once completing the SAEK and again once picked up by the respective law enforcement agency.
 34. The medical provider must notify Law Enforcement that the SAEK is available PRIOR to the discharge of the patient (IC 16-21-8-9).
 35. A police officer from the appropriate jurisdiction picking up sexual assault kit must sign in three places; these are:
 - a. Sexual Assault Chart
 - b. The Sexual Assault Evidence Collection Kit, if applicable
 - c. Sex Crimes Victim Services Fund Application or an alternate evidence transfer form, under "Signature of Officer Transporting Evidence"
 36. The sexual assault kit and photo CD never leave the possession of the SANE/nurse performing the exam until it is signed over to the receiving officer.

Evidence Storage and Transportation:

1. Law enforcement shall obtain the sample within forty-eight (48) hours of receiving a provider's notification; and transport the sample to secured storage at respective jurisdiction (IC 16-21-8-10)
2. Each SAEK case shall be assigned a case number by the appropriate law enforcement agency.
3. The property form for each SAEK shall contain the specific storage requirements necessary for laboratory processing.
4. Each SAEK shall be properly stored at the appropriate jurisdiction until transported to the laboratory for analysis.
5. All SAEKs shall be placed into the appropriate jurisdiction's evidence room until transported by a member of the Special Victims Unit to the laboratory for analysis.
6. The SAEKs shall be transported to the laboratory by a detective of the Special Victims Unit or the Lead Special Victims Unit Deputy Prosecutor.
7. The Police Property or Evidence Manager/Custodian or authorized designee must initially sign for the SAEK to maintain a proper chain of custody. The SVU Detective or Lead SVU DPA transporting the SAEK will acknowledge receipt of the SAEK with their own signature. Upon delivery of the SAEK to the laboratory, the SVU Detective or Lead SVU DPA transporting the SAEK will obtain the signature of the laboratory person accepting responsibility for the SAEK. The original property form will remain with the SAEK, and a copy of the property form will be returned to the Property/Evidence room of the appropriate jurisdiction. If electronic documentation related to the chain of custody exists, it will remain in effect at the appropriate jurisdiction.
8. The SAEK shall be retrieved from the laboratory upon completion of the analysis.
9. Upon return from the laboratory, the SAEK shall be properly stored in the evidence room at the appropriate jurisdiction.
10. No SAEK case shall be closed by any law enforcement agency without the expressed and written approval of the Commander of the Special Victims Unit or the Lead Special Victims Unit Deputy Prosecutor.

Evidence Destruction and Notification:

1. Upon completion of any Sexual Assault investigation by law enforcement, an advocate from the Special Victims Unit shall notify the victim.
2. If the victim wishes to be informed, the Special Victims Unit advocate shall discuss the results of the investigation with the victim.
3. The assigned Deputy Prosecuting Attorney or detective shall be included in this discussion when appropriate.
4. SAEKs shall be retained for a minimum of one (1) year after the date the sample is placed in secured storage or the expiration of any sentence imposed related to the evidence, whichever time period is greater.
5. Once the designated time period has elapsed, the SAEK may be destroyed by the respective jurisdiction, ONLY after obtaining authorization from the St. Joseph County Prosecutor's office.

Exhibit C

ST. JOSEPH COUNTY SEXUAL ASSAULT RESPONSE TEAM GUIDELINES FOR NON-REPORTING ADULTS

Policy:

1. At the hospital, a location will be utilized for the treatment of sexual assault patients that ensures complete privacy. One SANE/nurse should be assigned to the patient throughout the entire hospital visit. Once a sexual assault kit is started, the SANE/nurse is obligated to the case until it is completely finished, and the kit is signed over to the collecting officer.
2. Mechanisms should be in place to protect patient privacy and confidentiality. Patients have a right to understand the scope and limits of confidentiality related to laws, mandated reporting, and roles of various providers as it relates to communications, records, forensic evidence, and photographs
3. Confidential advocates from Sex Offense Services (S-O-S) are available to sexual assault patients and their significant others 24 hours a day. Advocates can help to provide the crisis intervention necessary when patients first arrive for treatment and counsel family members or friends of the patient who may be at the hospital. Members of the S-O-S team should be called to support the patient after acquiring verbal consent from the patient to do so.
4. Reporting the incident to the correct police agency is vital. If the patient does not wish to file a report at this time, they should be encouraged to complete an anonymous kit to preserve any evidence in the event that the patient later changes their mind. By state law, these anonymous kits must be held for at least one year after collection (IC 16-21-8-10).
5. Appropriate informed and legal consents will be signed by the patient or guardian for treatment, release of information, and application for payment by the State of Indiana. Patients have the right to decline any portion of the exam, offered testing, or to answer any question without negatively impacting the remainder of the exam or care provided. If a patient chooses to stop the exam before its completion, a partial kit may be turned over to law enforcement with appropriate documentation (e.g. “patient declines further examination”).
6. The patient will be informed of the rights for victims of sexual assault under Indiana law and will be provided with a signed copy of those rights prior to discharge from the hospital (IC 16-21-8-9).
7. Initial History and Assessment: During the initial assessment, SANE/nurse will take care to not lose or destroy evidence that may be on the clothing or the patient’s body. Treat only emergent injuries before completing the forensic examination. The forensic

examiner/nurse should be listening for valuable information concerning potential evidence and injury.

8. If the assault occurred within 120 hours for vaginal, 72 hours for anal, and 24 hours for oral prior to the examination for an adult, then the forensic exam should be conducted and the evidence collection kit should be used. The medical exam and forensic evidence collection procedures should be integrated at all times.
9. Compassionate and understanding care should be given to a person who has experienced sexual assault.
10. Medical staff shall provide quality care for patients/survivors of sexual assault to meet their medical, legal, and emotional needs. This includes prophylaxis against infection and pregnancy (if indicated), obtaining forensic collection, and testifying in court, should the case enter litigation.
11. Any evidence collected by the SANE/ assigned medical staff will be retained and stored with the SAEK.
12. *If applicable:* The St. Joseph County Special Victims Unit Prosecuting Attorney will be available for consultation during the investigation, search warrants, court proceedings, or as otherwise may be necessary to assist all members of the SJC-SART. If the SVU Prosecuting Attorney is unavailable for any reason, the after-hours on-call prosecutor will be available for consultation or as otherwise needed to assist.

Evidence Collection, Preservation, and Transportation:

13. Evidence Integrity (Sealing and Labeling): The custody of any evidence collection kit and the specimens it contains must be accounted for from the moment of collection until the moment it is introduced in court as evidence. This is necessary in order to maintain the legally necessary “chain of custody.” Evidence collection bags should be sealed with clear packing tape or evidence tape. The handler of the evidence items should label them with their initials, the date, source of the specimen, and the name of the patient. Evidence collection envelopes included in the SAEK should be sealed and the handler of the evidence items should label them with their initials and date.
14. Clothing Evidence: The patient’s clothing may hold important evidence in a case such as semen, blood, saliva, hair, and fibers, as well as debris from the crime scene. Damaged or torn clothing may also be important to the case. Each garment should be placed separately in its own paper bag to prevent cross-contamination. If the patient is not wearing the same clothing that was worn during the assault, the police should be given the exact location of the clothing for collection. However, the underwear should always be collected, whether it has been changed or not. If any items are wet, medical staff will notify the respective law enforcement officer and the law enforcement officer will take the wet item/s to the drying room upon collection.
15. To minimize the loss of evidence, the patient should carefully remove clothing one item at a time, and place each garment in a separate evidence bag. Any wet stains, such as blood or semen, should air dry before putting it in bags if time permits. Wet clothing can be stored in a plastic bag when necessary.
16. Any debris found on the patient’s body or clothing should be collected and placed in a paper envelope. Label each sample with the location the debris was collected from.
17. The patient is provided with a hospital gown. Prior to any further collection of evidence, any sign of injury such as bruising, bite marks, cuts/lacerations, patterned injuries,

abrasion, edema, contusion, hand/fingerprints, etc. should be documented and photographed.

18. When taking photos:
 - a. Take a picture of the patient's name labels;
 - b. Take a picture of the patient's face prior to any body shots;
 - c. Use the ruler provided in the kit to reference size near the injury to be photographed;
 - d. Photographs should include a distant shot with an appropriate body reference point, a close-up shot without a ruler, and a close-up shot with an enclosed ruler;
 - e. Photographs should be taken of skin surfaces containing debris before debris collection;
 - f. Upon completion of taking photographs, a picture of the patient's name label should be taken again.
19. The Alternative Light Source is valuable in the detection of fluids on the skin, especially semen. However, the room must be very dark to see an illuminated area on the skin. If an area is in question, use one moistened swab (with sterile water) followed together with one dry swab and swab the area. Place caps over swabs prior to packaging.
20. Skin Swabs: Any areas on the skin can be swabbed for saliva. Question the patient about kissing, biting, or sucking. Using a sterile water moistened swab, swab each of the areas and place cap over swab, prior to packaging in an envelope. Always write where the swab was collected on the outside of the envelope.
21. Oral Collection: The patient should not eat, drink, or smoke prior to collection. Oral swabs can provide the crime lab with DNA and traces of seminal fluid in the mouth. Collect two swabs together and swab the mouth. Swab between the upper and lower lips and gums, over the tongue, and sides of the mouth. Cap the swabs and place them in the envelope marked "oral swabs" oral collection is only obtained if the assault has occurred less than 24 hours ago.
22. A buccal standard should be collected AFTER oral swabs by rinsing the patient's mouth and waiting 20-30 minutes. Then, firmly press two swabs simultaneously onto the inside of the cheek. Rub swabs for 30 seconds in the same area.
23. Head Hair Combing: Using the provided paper and comb in the rape kit, comb the top, back, front, and sides of the patient's hair to collect any debris or loose hairs. The comb should then be folded in the provided paper and placed in the envelope.
24. Pubic Hair Combing: Using the provided paper and comb, comb through the pubic hair to collect any debris or loose hair. The comb should then be folded in the provided paper and placed in the envelope.
25. Fingernail Swabs: Use swabs to swab under all of the patient's nails and swab each hand. Fold each swab into the paper bundle and mark "left" and "right", then place in the envelope and seal. Palm swabs will be placed and marked in separate envelopes. If the nail is broken or torn, the nail should be clipped, preserving the fragmented edge as much as possible and placed in the provided paper and envelope. Be sure to photograph the broken nail before cutting and packaging.
26. Female Organ Evidence Collection Procedure (Collect within 120 hours of assault): It is important that the patient is instructed not to wipe evidence away upon urination. First, obtain specimens from the external genitalia using two swabs simultaneously. (The swabs may need to be moistened with sterile water prior to using them.) Cap the swabs prior to

- packaging. If the external/internal genitalia swabs are collected on pre and post menstrual patients, then obtain specimens from the internal genitalia using two swabs simultaneously. Cap swabs prior to packaging.
27. Penile Collection Procedure: For the male patient, the presence of saliva on the penis could indicate that oral-genital contact was made: the presence of vaginal secretions could corroborate that the penis was introduced into the vaginal orifice; feces or lubricants might be found if anal penetration occurred. In the collection of a penile swab, use two sterile water moistened swabs and thoroughly swab the external surface of the penis and glands (do not swab the urethra.) All outer areas of the penis and scrotum where contact is suspected should be swabbed. The swabs should be capped prior to packaging.
 28. Toluidine Blue Dye: After collecting external genital swabs TBD may be used to better visualize injuries to the genital area. The area should be photographed prior to applying the dye, with the dye on, and also with the dye wiped off. Apply TBD with a swab to the area in question (may be used on labia majora, labia minora, posterior fourchette, perineal body, and perianal area.) Gently blot away excess TBD with 17 acetic acid (1.1 vinegar/water) or lubrication Jelly. Photograph injury noted.
 29. Foley Catheter Technique: This technique may be used for postmenarcheal females to help visualize the hymen for injury. Using a Foley catheter tube, insert the balloon end into the vaginal vault and fill the balloon with 15-30 cc of air. Pull back gently to visualize the hymen. Take photographs if necessary. Deflate the balloon and remove the catheter.
 30. Anal Collection: Using two sterile water moistened swabs, swab the anus for all vaginal and anal assaults. Anal swabs should be collected regardless of reported anal assault, due to possible vaginal run-off. If anal penetration is indicated, also collect two sterile water moistened swabs from the anal canal and package in a separate envelope.
 31. Pelvic Exam (post-menstrual patients only): Use speculum when needed. Swab the vaginal vault with two swabs and the cervix with two swabs. The swabs are capped and placed in the envelopes.
 32. On the Anonymous SAEK, no patient identifier can be present. The victim's name on the SAEK will be listed as their assigned kit number, assigned by medical staff and entered into SAKI, which will generate a pin number that shall be written on the side of the SAEK and be included on the provided space on the Rights of Victims of Sexual Assault Brochure. Medical staff should update the status of the SAEK in SAKI once completing the SAEK. Medical staff will complete the "Anonymous Examination" form, have the patient sign the form, and instruct them that their kit will be destroyed in 365 days if they take no further action. The patient will also consent (or not) to reminder phone calls that are made 2 weeks prior to kit destruction from either the medical facility at which the SAEK was completed or an advocate from the Family Justice Center of St. Joseph County depending on the medical facility at which the SAEK was administered.
 33. The Police Officer from St. Joseph County Police Department picking up the sexual assault kit must sign in three places; these are:
 - a. Sexual Assault Chart
 - b. The Sexual Assault Evidence Collection Kit, if applicable
 - c. Sex Crimes Victim Services Fund Application or an alternative evidence transfer form, under "Signature of Officer Transporting Evidence"

34. The sexual assault kit and photo CD never leave the possession of the SANE/nurse performing the exam until it is signed over to the receiving officer. No patient identifiers will be provided to the receiving officer, including address of assault or patient name.

Evidence Storage and Transportation:

1. St. Joseph County Police shall obtain the anonymous sample within forty-eight (48) hours of receiving a provider's notification no matter which St. Joseph County jurisdiction the assault occurred in; and transport the sample to secured storage (IC 16-21-8-10)
2. Each anonymous SAEK case shall be assigned a case number by the St. Joseph County Police.
3. The property form for each SAEK shall contain the specific storage requirements necessary for laboratory processing.
4. Each anonymous SAEK shall remain properly stored in the St. Joseph County Police evidence room, until such time as the kit should be tested or destroyed.
5. *In the event that a victim changes their mind about reporting the assault:* The SAEK shall be transported to the laboratory by a detective of the Special Victims Unit or the Lead Special Victims Unit Deputy Prosecutor.
6. The St. Joseph County Police Property or Evidence Manager/Custodian or authorized designee must initially sign for the SAEK to maintain a proper chain of custody. *In the event that a victim changes their mind about reporting the assault:* The SVU Detective or Lead SVU DPA transporting the SAEK will acknowledge receipt of the SAEK with their own signature. Upon delivery of the SAEK to the laboratory, the SVU Detective or Lead SVU DPA transporting the SAEK will obtain the signature of the laboratory person accepting responsibility for the SAEK. The original property form will remain with the SAEK, and a copy of the property form will be returned to the Property/Evidence room of the appropriate jurisdiction. If electronic documentation related to the chain of custody exists, it will remain in effect at the appropriate jurisdiction.
7. *In the event that a victim changes their mind about reporting the assault:* The SAEK shall be retrieved from the laboratory upon completion of the analysis.
8. *In the event that a victim changes their mind about reporting the assault:* Upon return from the laboratory, the SAEK shall be properly stored in the evidence room at the appropriate jurisdiction.
9. No SAEK case shall be closed by any law enforcement agency without the expressed and written approval of the Commander of the Special Victims Unit or the Lead Special Victims Unit Deputy Prosecutor.

Evidence Destruction and Notification:

1. *In the event that a victim changes their mind about reporting the assault:* Upon completion of any Sexual Assault investigation by law enforcement, an advocate from the Special Victims Unit shall notify the victim.
2. *In the event that a victim changes their mind about reporting the assault:* If the victim wishes to be informed, the Special Victims Unit advocate shall discuss the results of the investigation with the victim.

3. *In the event that a victim changes their mind about reporting the assault:* The assigned Deputy Prosecuting Attorney or detective shall be included in this discussion when appropriate.
4. Anonymous SAEKs shall be retained for a minimum of one (1) year after the date the sample is placed in secured storage or until the victim reports the sex crime to law enforcement and the sample is transported to a crime lab, whichever is earlier (IC 16-21-8-10). At least 10 days prior to the end of the retention period an attempt to contact the victim to notify them of their upcoming kit destruction will be made by the St. Joseph County Prosecutor's Office.
5. Once the designated time period has elapsed, if the victim has been notified or the proper attempts to notify the victim of the upcoming SAEK destruction have been made and the victim has not indicated that they would like to report the assault to law enforcement, the SAEK may be destroyed by the respective jurisdiction, ONLY after obtaining authorization from the St. Joseph County Prosecutor's office.

Exhibit D

ST. JOSEPH COUNTY SEXUAL ASSAULT GUIDELINES FOR INFANTS, CHILDREN, AND ADOLESCENTS

Policy:

1. At the hospital, a location will be utilized for the treatment of sexual assault patients that ensures complete privacy. One SANE/nurse should be assigned to the patient throughout the entire hospital visit. Once a sexual assault kit is started, the SANE/nurse is obligated to the case until it is completely finished, and the kit is signed over to the collecting officer.
2. Mechanisms should be in place to protect patient privacy and confidentiality. Patients have a right to understand the scope and limits of confidentiality related to laws, mandated reporting, and roles of various providers as it relates to communications, records, forensic evidence, and photographs
3. Confidential advocates from Sex Offense Services (S-O-S) are available to sexual assault patients and their significant others 24 hours a day. Advocates can help to provide the crisis intervention necessary when patients first arrive for treatment and counsel family members or friends of the patient who may be at the hospital. Members of the S-O-S team should be called to support the patient after acquiring verbal consent from the patient to do so.
4. Reporting the incident to the correct police agency is vital. The police jurisdiction where the crime began should be contacted upon arrival of the patient to the hospital. An initial report will be collected; later a detective will contact the patient for further information, outside of the hospital setting.

5. Appropriate informed and legal consents will be signed by the patient or guardian for treatment, release of information and application for payment by the State of Indiana. Patients have the right to decline any portion of the exam, offered testing, or to answer any question without negatively impacting the remainder of the exam or care provided. If a patient chooses to stop the exam before its completion, a partial kit may be turned over to law enforcement with appropriate documentation (e.g. “patient declines further examination”).
6. Initial History and Assessment: During the initial assessment, SANE/nurse will take care to not lose or destroy evidence that may be on the clothing or the patient’s body. Treat only emergent injuries before completing the forensic examination. The forensic examiner/nurse should be listening for valuable information concerning potential evidence and injury.
7. If the assault occurred within 72 hours prior to the examination for a pre-menstrual female or male under thirteen years of age, then the forensic exam should be conducted, and the evidence collection kit should be used. The medical exam and forensic evidence collection procedures should be integrated at all times.
8. Compassionate and understanding care should be given to a person who has experienced sexual assault.
9. Medical staff shall provide quality care for patients/survivors of sexual assault to meet their medical, legal and emotional needs. This includes prophylaxis against infection and pregnancy (if indicated), obtaining forensic collection, and testifying in court, should the case enter litigation.
10. Any evidence collected by the SANE/assigned medical staff will be given to law enforcement.
11. Department of Child Services: DCS should be notified of cases where the patient is less than 18 years of age. A Child at Risk Form should be initiated.
12. Any evidence collected by the SANE nurse/ assigned medical staff will be given to law enforcement.
13. A formal interview of the victim by law enforcement will be conducted at the earliest opportunity or a CASIE Center interview if the client is under the age of 15, at request of law enforcement, or per request as needed.
14. The St. Joseph County Special Victims Unit Prosecuting Attorney will be available for consultation during the investigation, search warrants, court proceedings, or as otherwise may be necessary to assist all members of the SJC-SART. If the SVU Prosecuting Attorney is unavailable for any reason, the after-hours on-call prosecutor will be available for consultation or as otherwise needed to assist.

Evidence Collection, Preservation, and Transportation:

15. Evidence Integrity (Sealing and Labeling): The custody of any evidence collection kit and the specimens it contains must be accounted for from the moment of collection until the moment it is introduced in court as evidence. This is necessary in order to maintain the legally necessary “chain of custody”. The evidence collection bags should be sealed with clear packing tape or evidence tape. The handler of the evidence items should label them with their initials, the date, source of the specimen, and the name of the patient. Evidence collection envelopes included in the SAEK should be sealed and the handler of the evidence items should label them with their initials and date.

16. Clothing Evidence: The patient's clothing may hold important evidence in a case; semen, blood, saliva, hair, and fibers, as well as debris from the crime scene. Damaged or torn clothing may also be important to the case. Each garment should be placed separately in its own paper bag to prevent cross-contamination. If the patient is not wearing the same clothing that was worn during the assault, then the police should be given the exact location of the clothing for collection. However, the underwear should always be collected, whether it has been changed or not.
17. To minimize the loss of evidence, the patient should carefully remove clothing one item at a time, and place each garment in a separate evidence bag. Any wet stains, such as blood or semen, should air dry before putting it in bags if time permits. Wet clothing can be stored in a plastic bag when necessary. If any items are wet, medical staff will notify the respective law enforcement officer and the law enforcement officer will take the wet item/s to the drying room upon collection.
18. Any debris found on the patient's body or clothing should be collected and placed in a paper envelope. Label each sample with the location the debris was collected from.
19. The patient is provided with a hospital gown. Prior to any further collection of evidence, any sign of injury such as bruising, bite marks, cuts/lacerations, patterned injuries, abrasion, edema, contusion, hand/fingerprints, etc. should be documented and photographed.
20. When taking photos:
 - a. Take a picture of the patient's name labels;
 - b. Take a picture of the patient's face prior to any body shots;
 - c. Use the ruler provided in the kit to reference size near the injury to be photographed;
 - d. Photographs should include a distant shot with appropriate body reference point, a close-up shot without a ruler, and a close-up shot with an enclosed ruler;
 - e. Photographs should be taken of skin surfaces containing debris before debris collection;
 - f. Upon completion of taking photographs, a picture of the patient's name label should be taken again.
21. The Alternative Light Source is valuable in the detection of fluids on the skin, especially semen. However, the room must be very dark to see an illuminated area on the skin. If an area is in question, use one moistened swab (with sterile water) followed together with one dry swab and swab the area. Place caps over swabs prior to packaging.
22. Skin Swabs: Any areas on the skin can be swabbed for saliva. Question the patient about kissing, biting, or sucking. Using a sterile water moistened swab, swab each of the areas and place cap over swab, prior to packaging in an envelope. Always write where the swab was collected on the outside of the envelope.
23. Oral Collection: The patient should not eat, drink, or smoke prior to collection. Oral swabs can provide the crime lab with DNA and traces of seminal fluid in the mouth. Collect two swabs together and swab the mouth. Swab between the upper and lower lips and gums, over the tongue, and sides of the mouth. Cap the swabs and place them in the envelope marked "oral swabs" oral collection is only obtained if the assault has occurred less than 24 hours ago. A buccal standard should be collected AFTER oral swabs by rinsing the patient's mouth and waiting 20-30 minutes. Then, firmly press two swabs simultaneously onto the inside of the cheek. Rub swabs for 30 seconds in the same area.

24. Head Hair Combing: Using the provided paper and comb in the rape kit, comb the top, back, front, and sides of the patient's hair to collect any debris or loose hairs. The comb should then be folded in the provided paper and placed in the envelope.
25. Pubic Hair Combing: Using the provided paper and comb, comb through the pubic hair to collect any debris or loose hair. The comb should then be folded in the provided paper and placed in the envelope.
26. Fingernail Swabs: Use swabs to swab under all of the patient's nails and swab each hand. Fold each swab into the paper bundle and mark "left" and "right", then place in the envelope and seal. Palm swabs will be placed and marked in separate envelopes. Place each swab in the envelope and seal. If the nail is broken or torn, the nail should be clipped, preserving the fragmented edge as much as possible and placed in the provided paper and envelope. Be sure to photograph the broken nail before cutting and packaging.
27. Female Organ Evidence Collection Procedure (Collect within 72 hours of assault): It is important that the patient is instructed not to wipe evidence away upon urination. First, obtain specimens from the external genitalia using two swabs simultaneously. (The swabs may need to be moistened with sterile water prior to using them.) Cap the swabs prior to packaging. If the external/internal genitalia swabs are collected on pre and post menstrual patients, then obtain specimens from the internal genitalia using two swabs simultaneously. Cap swabs prior to packaging.
28. Penile Collection Procedure: For the male patient, the presence of saliva on the penis could indicate that oral-genital contact was made; the presence of vaginal secretions could corroborate that the penis was introduced into the vaginal orifice; feces or lubricants might be found if anal penetration occurred. In the collection of a penile swab, use two sterile water moistened swabs and thoroughly swab the external surface of the penis and glands (do not swab the urethra.) All outer areas of the penis and scrotum where contact is suspected should be swabbed. The swabs should be capped prior to packaging.
29. Toluidine Blue Dye: After collecting external genital swabs TBD may be used to better visualize injuries to the genital area. The area should be photographed prior to applying the dye, with the dye on, and also with the dye wiped off. Apply TBD with swab to the area in question (may be used on labia majora, labia minora, posterior fourchette, perineal body, and perianal area.) Gently blot away excess TBD with 17 acetic acid (1.1 vinegar/water) or lubrication Jelly. Photograph injury noted.
30. Foley Catheter Technique: This technique may be used for postmenarcheal females to help visualize the hymen for injury. Using a Foley catheter tube, insert the balloon end into the vaginal vault and fill the balloon with 15-30 cc of air. Pull back gently to visualize the hymen. Take photographs if necessary. Deflate the balloon and remove the catheter.
31. Anal Collection: Using two sterile water moistened swabs, swab the anus for all vaginal and anal assaults. Anal swabs should be collected regardless of reported anal assault, due to possible vaginal run-off. If anal penetration is indicated, also collect two sterile water moistened swabs from the anal canal and package in a separate envelope.
32. Pelvic Exam (post-menstrual patients only): Use speculum when needed. Swab the vaginal vault with two swabs and the cervix with two swabs. The swabs are capped and placed in the envelopes.
33. Medical staff will assign a kit number to the SAEK and enter the kit into SAKI, which will generate a pin number that shall be written on the side of the SAEK and included on the provided space on the Rights of Victims of Sexual Assault Brochure. Medical staff

should update the status of the SAEK in SAKI once completing the SAEK and again once picked up by the respective law enforcement agency.

34. The medical provider must notify Law Enforcement that the SAEK is available PRIOR to the discharge of the patient (IC 16-21-8-9)
35. A Police officer from appropriate jurisdiction picking up sexual assault kit must sign in three places; these are:
 - a. Sexual Assault Chart
 - b. The Sexual Assault Evidence Collection Kit, if applicable
 - c. Sex Crimes Victim Services Fund Application or an alternate evidence transfer form, under "Signature of Officer Transporting Evidence"
36. The sexual assault kit and photo CD never leave the possession of the SANE/nurse performing the exam until it is signed over to the receiving officer.

Evidence Storage and Transportation:

1. Law enforcement shall obtain the sample within forty-eight (48) hours of receiving a provider's notification; and transport the sample to secured storage at the respective jurisdiction (IC 16-21-8-10)
2. Each SAEK case shall be assigned a case number by the appropriate law enforcement agency.
3. The property form for each SAEK shall contain the specific storage requirements necessary for laboratory processing.
4. Each SAEKs shall be properly stored at the appropriate jurisdiction until transported to the laboratory for analysis.
5. All SAEKs shall be placed in the appropriate jurisdiction's evidence room until transported to the laboratory for testing.
6. The SAEK shall be transported to the laboratory by a detective of the Special Victims Unit or the Lead Special Victims Unit Deputy Prosecutor.
7. The Police Property or Evidence Manager/Custodian or authorized designee must initially sign for the SAEK to maintain a proper chain of custody. The SVU Detective or Lead SVU DPA transporting the SAEK will acknowledge receipt of the SAEK with their own signature. Upon delivery of the SAEK to the laboratory, the SVU Detective or Lead SVU DPA transporting the SAEK will obtain the signature of the laboratory person accepting responsibility for the SAEK. The original property form will remain with the SAEK, and a copy of the property form will be returned to the Property/Evidence room of the appropriate jurisdiction. If electronic documentation related to the chain of custody exists, it will remain in effect at the appropriate jurisdiction.
8. The SAEK shall be retrieved from the laboratory upon completion of the analysis.
9. Upon return from the laboratory, the SAEK shall be properly stored in the appropriate jurisdiction's evidence room.
10. No SAEK case shall be closed by any law enforcement agency without the expressed and written approval of the Commander of the Special Victims Unit or the Lead Special Victims Unit Deputy Prosecutor.

Evidence Destruction and Notification:

1. Upon completion of any Sexual Assault investigation by law enforcement, an advocate from the Special Victims Unit shall notify the victim or parent/guardian.

2. If the victim or parent/guardian wishes to be informed, the Special Victims Unit advocate shall discuss the results of the investigation with the victim.
3. The assigned Deputy Prosecuting Attorney or detective shall be included in this discussion when appropriate.
4. SAEKs shall be retained for a minimum of one year after the date the sample is placed in secured storage or the expiration of any sentence, whichever time period is greater.
5. Once the designated time period has elapsed, the SAEK may be destroyed by the respective jurisdiction, ONLY after obtaining authorization from the St. Joseph County Prosecutor's office.

A handwritten signature in black ink, appearing to read 'K. Cotter', written over a horizontal line.

Kenneth P. Cotter
St. Joseph County Prosecuting Attorney

January 12, 2021

Date