

LAW ENFORCEMENT MANAGEMENT INSTITUTE

A REPORT TO ASSIST EXPERIENCED AND NON-EXPERIENCED
CRIMINAL INVESTIGATORS IN INVESTIGATING SEXUAL
ASSAULT CASES IN TEXAS

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INTRODUCTION

Statement of Purpose

The purpose of this report is to help assist experienced and unexperienced criminal investigators in understanding the proper procedures for investigating sexual assault cases. These cases pertain to both adult and child sexual assaults. This report will assist the investigator in a successful prosecution of suspects in both areas. Since the victim is often the only witness to the crime, the investigator needs to realize that his or her investigation will be the primary report for the prosecution. The report will consist of the collection of physical evidence, documentation of medical trauma, and interviews. The report will also make the criminal investigator aware of the need for sensitivity to the victim's needs in order to gain the victim's confidence for the long range of fair and effective investigation. Communicating with the victim is very crucial to the criminal investigator.

There has been a great increase in sexual assaults throughout the past years. Sexual assaults have dramatically increased both against adults and children. No one knows for certain how many actual assaults take place each year. Some victims still choose not to report this crime because of embarrassment, fear, and trauma. Reports remain difficult to document due largely to a deficiency in collecting data and submission of that data to one certain location. This is more certain in child sexual abuses. Overall many victims lack faith in the investigative, judicial system, and the follow-up treatment.

There are many reasons why there are low reporting rates in child

sexual abuse. Many children are too young to understand that certain kinds of physical contact by adults or older children are inappropriate. Other children may realize that something is wrong but are unable to state their feelings, or in most cases the abuser is the one that the child depends on for care. Another reason is that when the child reports the abuse to a third party, the child's story is looked at as a fantasy or even as a lie. The child will usually get threatened by the abuser which discourages the child or frightens the child in reporting the crime. The child can be led to believe that something terrible will happen to him or her or to his or her family if anyone finds out. Some abusers even plant in the child's mind that they themselves are responsible for the abuse.

Sexual assault cases have fallen to the hands of physicians and nurses in hospital emergency rooms and pediatric units. The role of these individuals plays a very key part in the success of prosecution of these cases. Evidence from the offender and the crime scene often may be found on the body and clothing of the victim. When prompt medical attention is provided, the chances increase that some foreign physical evidence will be found on the victim or the clothes. The time period is very important due to the chances of finding physical evidence decrease between the time of the assault and the medical examination.

Whenever medical personnel or a law enforcement agency collects evidence of a sexual assault or other sex offenses, a collection kit prescribed by protocol of that district attorney shall be used. An evidence collection kit must contain items to collect and preserve evidence of a sexual assault or other sex offenses. A law enforcement agency that requests a medical examination of a victim of an alleged sexual assault or other sex offense for use in the

investigation or prosecution of the offense shall pay the costs of the evidence collection kit. The agency is not, however, required to pay for costs of treatment for injuries. Once the evidence is obtained it may not be released unless the victim of the offense or a legal guardian of the victim signs a written consent to release the evidence. Not following these procedures will not affect the admissibility of the evidence in a trial.

Finally, this report will cover basic procedures on what to do when investigating a sexual assault case, whether it be an adult or a child assault case. Following this procedure will assist in substantiating an allegation or help strengthen a case for court.

SENSITIVITY TO THE VICTIM

General Needs and Sensitivity of the Victim

What is sexual assault? ¹ Sexual assault is any act of sexual contact or intimacy performed upon one person by another, and without mutual consent, or with an inability of the victim to give consent due to age, mental, or physical incapacity.

Sexual assault victims may suffer severe physical injuries, contract a sexually transmitted or other communicable disease, or in a case of a female, become pregnant as the result of the attack. In each case a victim will experience varying degrees of psychological trauma, in which case the effect will be more difficult to recognize than physical trauma. The criminal investigators' perceptions of how sexual assault victims should look, dress, or act and the way these perceptions are conveyed will have a major effect on the victim. This will also have an impact on the recovery of the victim in the weeks and months following the crime. Each victim has his or her own way of coping with sudden stress. When a victim is severely traumatized, he or she may appear to be calm, indifferent, submissive, jocular, angry, uncooperative, and hostile toward those trying to help. The criminal investigator needs to realize that these reactions are within the normal range of anticipation from the victim. An inappropriate response by the investigator about the circumstances surrounding the assault or a misinterpretation of a victim's reaction to the assault may lead to further traumatization and hinder the interview and/or evidence gathering process for the investigation.

Some victims will have problems because of poverty and discrimination as the result of the victimization. Some victims could have mistrust of medical and law enforcement personnel because of past negative experiences with these professionals. For example,¹ in certain cultures, the loss of virginity is an issue of supreme importance which may decide the victim's unacceptability for an honorable marriage.¹ In other cultures, the loss of virginity may not be as great an issue as the assault itself.¹ Some religious doctrines may prohibit a female from being disrobed in the presence of a male who is not her husband, or forbid a genital examination by a male physician. An investigator needs to look into

this situation before the victim is examined. The age of the victim is a very important factor to consider in responding to the victim. This also has an effect on determining the proper method of conducting the interview, medical examination, and providing psychological support.

Criminal acts committed against disabled individuals (physically, mentally, or communicatively) are generally not reported and are seldom prosecuted. These offenders are usually family members, caretakers, or friends who repeat their abuse because the victim is unable to report the crime. These special victims and their families should be given the highest priority. More time should be spent for evaluations, medical examinations, and the collection of evidence. The physically impaired victim may be the most vulnerable to a brutalizing assault and may need special assistance to assume the positions necessary for the examination and the collection of evidence. In communicatively victims, the use of anatomically-correct dolls has proven to be a very successful tool of communication.

A GENERAL PERPETRATOR OF THE CHILD ABUSE AND ITS ACTS

Who is the Perpetrator of Sexually Abused Children?

Most of the same information and principles that apply to examining and interviewing an adult sexual assault victim also applies to children.¹ There are three basic categories that sexual abuse of children fall under: (1) sexual abuse of a child by a family member, caretaker, or other persons known to the child, including other children; (2) sexual abuse of a child by using pornographic materials and exploitation. [Many of these victims are runaway or what is called "throwaway" children. A throwaway child is one who is dependent upon the exploiters for physical survival and in some cases affection]; and (3) sexual abuse of a child by a stranger and in many cases involving kidnapping and/or use of weapons. These assaults usually occur at random and are more likely to result in severe physical injuries to the child. This type of abuse is an account for a growing number of sex-related deaths of children.

In a case involving sexual abuse of a child in a family environment, the abuser is usually related to the victim by blood, marriage, adoption, and common living arrangements. The abusers come in all sizes, shapes, races, sexes, and relationships. The abuser can be a natural or adoptive parent, sibling, grandparent, aunt, uncle, cousin, step parent, guardian, or male or female friend of the parent who is usually viewed by the child as a psychological parent.

In a case involving sexual abuse of a child out of a family environment, the abuser is usually someone who has an opportunity to have frequent contact with the child and/or represents an authority figure for which the child believes to be trustworthiness. These perpetrators are usually the neighbor, day care/school employee, clergy, scout leader, friend of the family, or

a baby-sitter.

Appropriate or Inappropriate Physical Contact

Many of the sexually abused children are abused over a period of years. Long term abuse in family environments may begin as early as the age of three or four years of age or younger and continue well into their adolescence or even after the child leaves home. Until recently, young children had not had the opportunity to learn what appropriate and inappropriate physical contact was. There have been educational programs given at the elementary level which have addressed this type of action. Because of these programs, more and more children are reporting this crime to an individual they can trust. Unfortunately, some of these individuals do nothing about the information given to them by the victim. The abuser will use secrecy, threats of personal harm, or threats against the child's family when sexually abusing the child. Educating the children about proper and improper touching and the importance of telling someone when this inappropriate behavior occurs is essential. Many children do not know that this type of action should be reported or are afraid to do so. The situation is even more complicated to the child when the abuser is someone whom the child loves and/or trusts.

In some inter-family abuse the criminal act can be restricted to fondling or gentle touching. In some instances the abuse starts at this level and then escalates to penetration or full intercourse after an extended period of time. The child views the abuser as an authority figure "who must know what is best" which usually allows the abuser to convince the child that this type of sexual contact is normal and takes place in other families. Some children become adolescents before realizing by speaking with friends about family life and

events. They learn that the sexual contact they have experienced is wrong and does not usually occur in most households. By the time that this occurs the child assumes a great amount of guilt about the sexual activities and will be even more reluctant to reveal what has happened to them to an adult or other family member. When an attempt is made to talk to someone about the abuse, many children are unable to communicate what has happened. On some occasions the child may be quite verbal but the listener may dismiss the story as a make-believe or accuse the child of lying. When this happens and no action is taken to protect the child, the child will decline to initiate the problem again.

THE USE OF SUPPORT PERSONNEL AND ITS IMPORTANCE

Importance of Support

The importance of people available to support the sexual assault victim cannot be over-emphasized. Whenever possible, one individual should be assigned to stay with the victim throughout the medical and the evidence collection procedure and preferably the entire system. A good individual would be the crime victim/witness coordinator for the agency or district attorney's office of that jurisdiction. A well-trained individual can provide immediate crisis intervention necessary when the victim enters the first stage of medical treatment. This individual can assist the medical personnel by explaining to the victim and/or the family members the necessity of collecting evidence. The individual can provide counseling referrals to the victim.

In the case of a child, under no circumstances should the child be left alone. The support individual should be able to establish a good rapport with the child. The investigator should ask the victim, if possible, whether or not they feel comfortable with the interviewer being of the same sex. If the victim does not feel comfortable with either decision, every effort should be made to accommodate the victim. Privacy when interviewing a victim is very important. The investigator should select a location that allows visual privacy, sound privacy, and will avoid any and all interruptions. The presence of an advocate during the interview process is discretionary to the investigator. However, if the victim or the advocate feels that the presence is necessary, then the investigator should take it under consideration.

WHO SHOULD REPORT THE CRIME?

Reporting the Crime

'Texas civil statutes has affirmed that the privacy and choice for the victim is of great importance; therefore, there is no law in the state of Texas that requires an adult victim of sexual assault to report the assault. If there is no report made to a law enforcement agency, payment for procedures and crime victims compensation claims will not be valid. Many hospital personnel have instructions to notify law enforcement agencies whenever any patient is involved in a criminal activity and seeks treatment. But even then the victim should be given the opportunity to decide whether or not to file. When the victim chooses not to report the crime, the victim should be encouraged to file an information report or third party report. This report is very important to the investigation of other cases in which law enforcement might find evidence or leads to other unsolved crimes of this nature. In any event, the victim should still receive medical treatment and the respect and sensitive treatment accorded to those who do choose to report the crime.

However, in the case of a child, 'Texas law (Family Code, Section 34.01 Amended 1987) states that "any person having cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect by a person responsible for the child's care, custody, or welfare shall report in accordance with Section 34.02 of this Code." 'The report must be made to Children's Protective Services of the Texas Department of Human Services or the local law enforcement agency in which jurisdiction the crime was committed. Those reporting the incident or participating in an investigation or court proceeding are immune from civil or criminal liability, unless that person reports

their own conduct or acts in bad faith or with malice.

THE INVESTIGATOR'S FIRST RESPONSE

Many victims of sexual assault will have their first real contact with a law enforcement officer following the assault. The victim will have basically three needs. They are physical (medical), emotional (psychological), and legal needs. These needs should be addressed by the investigator and any peace officer in office in that order. The investigator and/or officer needs to realize that the least amount of times the victim has to repeat his/her story is emotionally better for the victim.

Primary Responsibilities for the Responding Officer

1. Ensure the immediate safety and security of the victim.
2. Obtain all information necessary to complete the original offense report. This would include the preliminary interviewing of all witnesses including the victim, the person reporting the crime, and the outcry witness. The elements of the crime or crimes should be listed in the original report.
3. Secure all physical evidence that would be taken at any crime scene including, but not limited to, fingerprints, trace evidence, the victim's clothing, and that evidence which may be collected from the victim.
4. Advise the victim of the availability of a designated sexual assault facility: should the victim elect to seek medical treatment and undergo a sexual assault examination, transportation should be arranged if necessary.

5. The responding officer should convey the following information to the victim:

- a. The importance of seeking an immediate medical examination since injuries can go unnoticed or appear at a later time.
- b. The importance of preserving potentially valuable physical evidence prior to the hospital examination. The officer should explain to the victim that such evidence can inadvertently be destroyed by activities, such as washing, showering, brushing teeth, using a mouthwash, smoking, eating, drinking, douching, urinating, or defecating.
- c. The importance of preserving potentially valuable evidence which may be present on clothing worn during the assault, after the assault and on bedding or other materials involved at the crime scene. The officer should recommend that a change of clothes be brought along to the hospital in the event clothing is collected for evidentiary purposes.
- d. Advise the victim of the availability of support personnel such as sexual assault programs and crime victim's compensation.

The responding officer should be able to provide the hospital with any available information about the assault which may assist in the examination and the collection of evidence. With the victim's permission the officer can share information with the support personnel.

Preliminary Interview

A preliminary interview with the victim is necessary so that the responding officer can relay information that may be vital to the apprehension of the assailant. Although explicit details of the sexual assault itself are not needed at this point in the investigation, the report should include all of the crime elements. This interview should contain the following information as protocol for an offense report:

1. Offense committed including a description of what happened including the elements of the crime or crimes.
2. When and where the assault took place.
3. The extent of injuries to the victim.
4. Whether a weapon was involved.
5. The identity or description of the assailant(s), if known.
6. Where the assailant(s) lives and/or works, if known.
7. The direction in which the assailant(s) left and by what means, including a description of that assailant's vehicle, if any.
8. Names, addresses, phone numbers of any witnesses and another person who can reach the victim,.
9. Victim's home, work, and third person to be able to contact either by phone or address.

Interviewing the Child

Many of the sexually assaulted children who are brought to a hospital for examination and treatment have not yet been interviewed by law enforcement or a child protective service worker. A consent to conduct the medical examination and to collect evidence is required to be signed by the parents/guardian of the child who is under 18 years of age. However, 'the Family Code, Sections 35.03(g), 1985 and 35.04, 1975 states that an examination may be done in cases of suspected child abuse or suicide prevention with the consent of the minor only, court order, or on the opinion of the physician in emergencies. Examinations may not be done if the child is 16 or older and refuses to consent or if consent is refused by a court order.

It is likely that the examining personnel will be the first person to interview the child about the events. Prior to the interview, it is important to determine what reactions the child has been exposed to following the disclosure of the abuse. The interviewer should try to ascertain if the child's family has been supportive, panicked, ambivalent, disbelieving, angry, or blaming parents or other individuals who have had regular contact with the child should be contacted so the child behavioral changes, if any, can be learned. Interviewing a child about abuse of any kind--physical or sexual--requires special skills. It can often be difficult to get the child to talk or to understand what the child is saying. The interviewer must feel comfortable and must establish a rapport with children. When the interviewer asks about their sexual activities with adults or children, many times their inability or reluctance to answer these types of questions is due to embarrassment, shyness, a fear of being thought of as a tattletale or simply due to a lack of understanding of the question itself.

The interviewer must be aware of the long-term ramifications of their

questions to the child. While the immediate goal for the interviewer is to elicit the clearest possible information from the child, the interviewer should be aware to his/her own feelings about the sexual abuse and must not communicate any attitudes which might create or increase the child's trauma. This is certainly true in cases when the assailant is a family member and in the child's mind the action may have been viewed as an affection.

An assessment of the child's emotional state is a vital part of the interview. The interviewer should be able to learn how the child relates to her or his body posture and the language used. Learning the child's verbal skills level is very important so that the interviewer can use terms that the child can understand. This assessment can be accomplished by asking topical questions about family, school, television, and everyday events. After developing a good rapport with the child, the child can then be asked to describe what happened.

Individuals who will handle the child through the process should remember that one goal in this process is to prevent extensive interviewing about the abuse. Most of the interviewing should be left up to the interviewer. However, if the child volunteers any information, that information should be recorded and given to the interviewer.

Law enforcement or child protective agency representatives should not be in attendance during the medical examination. Parents/guardians should also be restricted from the examination since children sometimes have a tendency not to tell what happened in the presence of these individuals. Unless the child requests their presence, this should be followed. If the parent or guardian is present, the purpose of the interview should be explained in a straightforward manner and their cooperation should be elicited to reassure the child that it is safe to talk to the interviewer. The parent or guardian should also be told that

any facial expressions of shock, disbelief or disapproval, or any verbal or physical signals to the child could hurt the investigation.

The interviewer should be supportive and sensitive through tone of voice, body expression, and must maintain eye contact with the child. The interviewer should sit at eye level with the child so that the child is not intimidated and so that the interviewer is perceived as genuinely interested. The child must be allowed to tell the story with as few interruptions as possible and to use her/his own words in describing what happened. The interviewer must show the child belief at all times, especially in cases when the assailant is disputing the accounts. Again, value judgments and expressions of shock or surprise should be avoided. It must be made very clear to the child, as often as needed throughout the interview, that the child was not at fault. As mentioned previously, statements made by the child should be recorded accurately. The child should not be led in a manner that she/he answers the questions to please the interviewer.

Younger children often have problems with dates and times. In these instances, the interviewer should discuss favorite events or activities. Many times, television shows, a vacation or trip, going to the zoo, or shopping could be starting points. Children also have somewhat short spans of attention. Therefore, the interviewer should avoid long and open-ended questions and provide short rest periods at appropriate intervals during the interview.

The use of interview aids is extremely helpful. Drawings, pictures, and anatomical dolls are particularly effective when used by trained personnel. It may be necessary for the interviewer to follow up on some of the child's descriptions with clarifying questions in order to learn exactly what happened. The main goal of the interviewer, whether the abuse was committed by a

INDICATORS OF CHILD ABUSE IN THE FAMILY STRUCTURE

Some indicators of child abuse in the family structure or other trusted individuals are indicated by observing the child in some signals which are sometimes clearly seen. The child stays inside the house more frequently. The child does not want to go to school or stays at school for a prolonged period of time. The child cries without provocation. The child bathes excessively. The child exhibits a sudden onset of bed wetting or fecal soiling.

TYPES OF EVIDENCE AND COLLECTION PROCEDURES

Documentation

Much of the evidence collected in adult and child abuse cases are the same. All of the evidence is documented the same. 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 a court as evidence. This is necessary in order to maintain the chain of custody. Anyone who handles a particular piece of evidence should label it with their initials, the date, source of the specimen, the name of the attending physician or nurse practitioner, and the victim. All items inside the collection kit should be sealed with an integrity seal.

DNA and its Results

This evidence could prove to be very essential to a case. ¹⁹The analysis of cellular biological material for DNA (Deoxyribonucleic Acid) has greatly enhanced identification possibilities of criminals. This new tool has been used in courts to convict criminals when all other means have failed. This tool has been especially significant in cases where no witnesses were available to make eyewitness identifications. This technique of identification can be helpful in a sexual assault investigation where the victim cannot identify her/his assailant. DNA can be identified in spermatozoa, semen, blood, hair, tissue, and bone marrow.

The technique of sample taking and the number of samples specified should be sufficient for additional DNA analysis if requested by the prosecution. However, the investigating agency should always contact the DNA laboratory for specific information about sample requirements when DNA analysis is needed.

Spermatozoa and Semen

This evidence is very important in the forensic analysis of a sexual assault. This information should be shared with the victim so that the victim will understand what the procedures are and why they are necessary. ¹¹Semen is composed of cells and fluid known as spermatozoa and seminal plasma. In past sexual assault cases, medical personnel and law enforcement officers have placed significant emphasis on the presence of spermatozoa in or on the body or clothing of a sexual assault victim as a positive indication of sexual assault. Usually when no spermatozoa was found, a doubt was sometimes cast upon the victim. This contributed to the misconception that the sexual assault had not occurred. Finding spermatozoa is essential because it shows positive indication that ejaculation occurred and that semen is present. When spermatozoa are alive, it can be an indicator of the length of time since ejaculation. Although the survival time of spermatozoa in the vaginal, oral, and rectal orifices following ejaculation varies considerably in scientific studies, a wide consensus shows that they remain for up to 72 hours or longer in the vagina and up to several hours or more in the rectal cavity, particularly if the victim has not defecated since the assault. However, ¹¹case studies have shown that many sexual assault assailants are sexually dysfunctional and do not ejaculate during the assault. Studies indicate that ejaculation does not occur in up to 50% of sexual assault cases. In other instances the assailant may ejaculate somewhere other than in an orifice or on the victim's clothes or body, or penetration could have been by an object other than a penis. The victim could have inadvertently cleaned or washed away semen or the specimens could have been collected improperly. There could have been a significant time delay between the assault and the collection of specimens. Therefore, a lack of spermatozoa is not conclusive

evidence that an assault did not occur. This only means that spermatozoa may have been destroyed after being deposited or that it may never have been present.

Clothing Evidence

Clothing contains the most important evidence in a case of sexual assault. Clothing provides a surface upon which traces of foreign matter may be found. Foreign matter may be in the assailant's semen, saliva, blood, hairs, and fibers as well as debris from the crime scene. Drainage of ejaculate from the vaginal or anal cavities may collect on the panties/underwear, especially with a child victim. Semen evidence is more likely to be found on the victim's undergarment than on vaginal or anal swabs. For a child, undergarments are very important and parents should be encouraged to bring the child's underwear. Damaged or torn clothing may be significant. This shows evidence of force and can also provide laboratory standards for comparing trace evidence from clothing of the victim with trace evidence collected from the assailant and/or the crime scene.

During the criminal activity of the assailant on the victim, different garments may have contact with different surfaces and debris from both the crime scene and the assailant. Keeping the garments separate from one another permits the forensic scientist to reach certain pertinent conclusions regarding the reconstruction of criminal actions. Therefore, each piece of garment should be placed separately in its own paper bag to prevent cross-contamination from occurring. This is why the investigator/officer needs to pay close attention to what the victim is wearing prior to the examination. If this is the case, then the investigator/officer needs to obtain the clothes with the victim's consent. Any

clothes such as briefs, trunks, sanitary napkins, panty liners, diapers, or tampons worn by the victim for a period of up to 24 hours after the assault should be obtained as they may contain semen or other evidence. Semen may also be found if the assailant ejaculated outside the victim's body. To minimize loss of evidence, the victim should disrobe over a white cloth or sheet of paper. If a victim cannot undress on his/her own because of his/her condition, it may be necessary to cut off items of clothing but make sure that existing rips, tears or stains are not cut into. Any foreign materials found should be collected and placed into a small paper envelope, properly labeled and sealed.

Clothing should be collected and packaged in the following procedures. Some clothing should be air-dried such as underpants, hosiery, slips and bras. These items should be put into a small paper bag separately. As mentioned before, an infant's diaper may be a valuable piece of evidence because it may contain semen or pubic hairs. These diapers mold very rapidly and therefore should be air-dried particularly well and should be placed in a paper bag without folding the diaper on itself. Diapers should be submitted to the lab as quickly as possible. The investigator should notify the lab technician so that the item may be frozen or processed quickly. Always make sure that paper bags are used since they have less tendency to cause mold or mildew. Make sure that there is an adequate bag for the size of item. Any wet stains such as blood or semen should be allowed to air-dry before being placed in paper bags. It is most helpful that clothing be folded inward, placing a piece of paper against any stain so that the stains are not in contact with the bag or other parts of the clothing. If your evidence still has moisture while you are submitting the evidence to the lab, you should place the evidence that has moisture in a larger paper bag in its same paper bag so that the top of the second paper bag is left

open. A label should be placed outside the second paper bag notifying the lab technician that wet evidence is present.

Alerting the Medical Personnel on Other Evidence

The investigator/officer should be alert during the examination and should ask the medical personnel questions as to what he/she will attempt to gather as evidence. The investigator/officer should make the medical personnel aware of swabs and smears, oral, vaginal, penile, rectal, other dried fluids, bitemarks, hair, fingernail scrapings, whole blood specimen, and saliva specimens. Most medical personnel should be trained in this procedure but a reminder should be brought up.

"When a report is submitted to a forensic technician, it should contain the following information: date and time of collection/date and time of assault, sex, race, number of assailants, action of victim before and since assault, contraceptive/menstruation information, history of assault, physical examination details, date and race of last voluntary coitus, and communicable diseases of risk to crime lab personnel.

Should Photographs be Taken of the Victim?

Photographs of sexual assault victims should not be taken on a routine basis. A drawing of a human figure should be used to show the location and size of the injury as well as a written description of the trauma. The drawings provided in the Appendix consist of adult, child and infant figures. The drawings contain genitalia for males and females. Photographs of extremely brutal injuries and bitemarks can prove quite beneficial in court; however, many injuries such as bruises will not appear until several days have passed. Once a photograph is taken, it is subject to subpoena. A photograph can hurt the investigation because sometimes a photograph will not develop to show the actual severity of the injury. Along the same lines, the injury could appear minimal or

the injury may not be seen. Photographs should not be taken of the genital areas unless, like all photographs taken, the victim specifically gives permission. There could be added trauma to the victim along with the examination as well as probable and unnecessary embarrassment in court. If photographs are needed to be taken, they should be taken by a competent camera operator and of the same sex as the victim. The photographer should use a ruler to determine the size of injury and a color chart to determine the color of injury (i.e., bruises).

CONCLUSION

In conclusion with this report, the reader will have learned the basic happenings that a victim will undergo during a reported sexual assault crime. The reader will be able to apply what has been learned into better understanding the sensitivity of the crime and will look at the crime as not just another crime but a crime of intrusion of that human individual. The reader will have learned that this type of crime just doesn't go away or be forgotten, but will live forever in the victim's life. Hopefully, the reader will acquire compassion and understanding towards the victim. To many times Law Enforcement, District Attorney's, Defense Attorney's and Judges see this type of crime as another statistic and actually forget that the victim and/or there family has been scared for life.

BIBLIOGRAPHY

- Bashinski, *Sexual Assault Evidence and the Criminalistics Laboratory*, Oakland Police Department Laboratory, pp. 141-152.
- Bernliner, Lucy; Conte, Jon R.; Journal Article, "Child Abuse and Neglect," 1990, Vol. 14(1), pp. 29-40.
- Bownes, I. T.; O'Gorman, E.C.; Sayers, A. Journal Article, "Issues of Criminological and Legal Psychology, 1991, Vol. 1(17), pp. 25-33.
- Brown, Waln K.; Miller, Timothy P.; Jenkins, Richard L.; Rhodes, Warren A. Journal Article, "Offender Counseling, Services and Rehabilitation," 1990, Vol. 15(2), pp. 109-116.
- Conte and Schuerman, "The Effects of Sexual Abuse on Children," *Journal of Interpersonal Violence*, Vol. 2, No. 4, December 1987, pp. 380-390.
- Dinitto, Martin, Byington and Maxwell, "After Rape: Who Should Examine Rape Survivors?" *American Journal of Nursing*, May 1986, pp. 538-541.
- Felker, R. E. "Incest--The Need to Develop a Response to Intra-Family Sexual Abuse," *Duquesne Law Review*, 1984, Vol. 22, No. 4, pp. 901-925.
- Freeman and Estrade-Mullaney, "Using Dolls to Interview Child Victims: Legal Concerns and Interview Procedures," *NIJ Reports*, January/February 1988, pp. 2-7.
- Goldstein, "Investigating Child Sexual Exploitation: Law Enforcement's Role," *FBI Law Enforcement Bulletin*, January 1984, pp. 22-30.
- Heilbrun, Kirk; Bennett, William S.; Evans, James H.; Offutt, Richard A., Journal Article, "Forensic Reports," January-March, 1992, Vol. 5(1), pp. 85-86.

- Jones, Yamauchi and Lawson, *Physician's Guide to the Evaluation and Management of Sexually Abused Children*, Second Edition, Arkansas Children's Hospital, 1987, pp. 1-46.
- Kitzman, Speech to International Association for Identification, pp. 1-14.
- Koss, Mary P.; Woodruff, W. J., Journal Article, "Behavioral Sciences and the Law," Winter 1991, Vol. 9(1), pp. 85-96.
- MacLeod, M.; Saraga, E., "Abuse of Trust," *Journal of Social Work Practice*, November 1987, pp. 71-79.
- Martin and Dinitto, "The Rape Exam: Beyond the Hospital Emergency Room," *Women and Health*, 1987, Vol. 12, No. 2, pp. 5-28.
- Nathan, "Child Abuse Evidence Debated," *MS.*, March 1989, pp. 81-82.
- National Center for Missing and Exploited Children, "The Interviewer's Role," *Interviewing Child Victims of Sexual Exploitation*, Washington, D. C., February 1987, pp. 1-5.
- Salmond, "Serving as an Expert Witness," *Nursing Economics*, September/October 1986, Vol. 4, No. 5, p. 236.
- Sherkow, Susan P., Journal Article, "Evaluation and Diagnosis of Sexual Abuse of Little Girls, 1990, Vol. 38(2), pp. 347-369.
- Upshaw, "Children on the Witness Stand," *D Magazine*, June 1988, pp. 44-46, 65.
- Woodling and Heger, "The Use of the Colposcope in the Diagnosis of Sexual Abuse in the Pediatric Age Group," *Child Abuse and Neglect*, 1986, Vol. 10, pp. 111-114.

WORKS CITED

1. Martin, and Dinitto, "The Rape Exam: Beyond the Hospital Emergency Room, "Women and Health, 1987, Vol. 12, No. 2
2. Dinitto, Martin, Byington and Maxwell, "After Rape: Who Should Examine Rape Survivors?" Amercian Journal of Nursing, May 1986
3. Dinitto, Martin, Byington and Maxwell, "After Rape: Who Should Examine Rape Survivors?" Amercian Journal of Nursing, May 1986
4. Dinitto, Martin, Byington and Maxwell, "After Rape: Who Should Examine Rape Survivors?" Amercian Journal of Nursing, May, 1986
5. Berlinger, Lucy; Conte, Jon R; Journal Article, "Child Abuse and Neglect," 1990, Vol. 14(1)
6. Texas Law, Family Code, Section 34.02 Amended 1987
7. Texas Law, Family Code, Section 34.01 Amended 1987
8. Texas Law, Family Code, Section 34.02 Amended 1987
9. Texas Law, Family Code, Sections 35.03 (g), 1985 and 35.04, 1975
10. Bashinski, Sexual Assault Evidence and the Criminalistics Laboratory, Oakland Police Department Laboratory, pp. 141-152
11. Martin and Dinitto, "The Rape Exam: Beyond the Hospital Emergency Room," Women and Health, 1987, Vol. 12, No.2, pp. 81-82
12. Conte and Schuerman, "The Effects of Sexual Abuse on Children" Journal of Interpersonal Violence, Vol. 2, No.4,December 1987, pp. 380-390
13. Heilbrun, Kirk; Bennett, William S.; Evans, James H.; Offutt,Richard A.; Journal Article, "Forensic Reports," January-March, 1992, Vol. 5(1), pp. 85-86

APPENDIX













