STATE OF CONNECTICUT

TECHNICAL GUIDELINES

For

Health Care Response

To Victims of Sexual Assault

In accordance with
Connecticut General Statutes
Section 19a-112a

Commission on the Standardization of the Collection of Evidence
in Sexual Assault Investigations
2013

Updated copies of the Guidelines are available online at:
http://examguidelines.connsacs.org/
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INTRODUCTION

History

In 1988, the Connecticut General Assembly passed Public Act 88-210, *An Act Concerning Collection of Evidence in Sex Offense Crimes*. The law created a multi-disciplinary Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations under the authority of the Department of Public Health, and directed it to select a standardized assault evidence collection kit and recommend a hospital protocol for sexual assault evidence collection.

In 1993, Public Act 93-340, An Act Concerning Sexual Assault Investigations, provided for the appointment of additional Commission members and transferred administrative responsibility for the Commission activities to the Division of Criminal Justice. The new Commission designed a sexual assault evidence collection program for use throughout the State of Connecticut. This program includes a customized kit, to replace the standard kit selected by the 1988 Commission, and standardized forms for use by all health care facilities. The Commission also developed the *State of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault* (hereinafter referred to as *Technical Guidelines*), to replace the *Hospital Protocol for Victims of Sexual Assault*, created by the 1988 Commission. Additionally, the Commission established a uniform video training program and procedures for the payment of the evidence collection portion of sexual assault examinations.

The Commission has also acknowledged that some sexual assaults are drug facilitated. In recognition of this development, the Commission has created a separate kit and conducted training for law enforcement investigators and health care providers.
Purpose

It is the goal of the Connecticut General Assembly and this Commission that sexual assault examinations be standardized, to the extent possible, throughout the state, and that health care personnel who encounter or treat sexual assault victims have knowledge of proper and sensitive response, medical treatment, evidence collection and follow-up services. The *Technical Guidelines* establish a standardized model for health care response to victims of sexual assault and the collection of sexual assault evidence. The *Technical Guidelines* do not purport to establish a standard for the medical care and treatment of sexual assault victims. All documentation generated under the *Technical Guidelines* shall become part of the health care facility business/medical record. A law enforcement agency submits the kit itself, including documentation describing the collection of the evidence, to the Department of Public Safety Division of Scientific Services Forensic Science Laboratory.

Pursuant to the authority granted to this Commission in Public Acts 88-210 and 93-340, the requirements for sexual assault evidence shall be set forth in the Regulations of Connecticut State Agencies.

Nothing in the *Technical Guidelines* is intended to create a basis for evidentiary standards or exclusionary motions regarding documentation or evidence. Failure to adhere to the guidelines or regulations is not intended to limit the admissibility of any documentation or evidence in a court of law or any other proceeding.
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Thank you to the Evidence Commission Subcommittee that worked to review and revise this most recent edition of the Guidelines: Linda Cimino, Laura Cordes, Denise Covington, Marielle Daniels, Anna Doroghazi, Candida Fusco, Patti LaMonica, Michelle Noehren, and Joy Reho.

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State of Connecticut

Technical Guidelines for Health Care Response to Victims of Sexual Assault

The Technical Guidelines for Health Care Response to Victims of Sexual Assault (hereinafter referred to as Technical Guidelines), which replaces the Hospital Protocol for Victims of Sexual Assault (1989), establishes a standardized model for health care response to victims of sexual assault, and standardized procedures for sexual assault evidence collection by examiners.

The Technical Guidelines will:

- Introduce the components of the State of Connecticut sexual assault evidence collection program;
- Recommend elements of sensitive response to sexual assault patients;
- Provide guidelines for complete documentation of a sexual assault examination using the CT100 Sexual Assault Medical Report Forms;
- Provide detailed instruction on the use of the CT100 Sexual Assault Evidence Collection Kit and the CT400 Drug Facilitated Sexual Assault Evidence Collection Kit;
- Describe proper procedures for establishing and maintaining the chain of custody of sexual assault evidence;
- Familiarize health care facilities with billing requirements for sexual assault examinations;
- Encourage coordination among health care facilities and service providers in the care of sexual assault patients.

The Technical Guidelines should be incorporated into the policies and procedures of each health care facility that performs sexual assault examinations, and shall serve as a component of the training program.

The Technical Guidelines should be maintained in a location within each such health care facility that provides easy and timely access to health care personnel.

Revision of and/or additions to the contents of the Technical Guidelines will be distributed as needed. Any supplemental material containing a revision and/or addition should promptly be incorporated into the text of the Technical Guidelines.

*See page 7 for ordering information.
The CT100 Sexual Assault Evidence Collection Kit (hereinafter referred to as “the Kit”) shall be used for the collection of sexual assault evidence from victims whenever the completion of an evidence collection kit is deemed appropriate. (CGS §19a-112a).

The Kit will:
- Make it easier for examiners to collect and preserve sexual assault evidence;
- Make it less uncomfortable for patients to undergo the evidence collection exam;
- Help forensic scientists to achieve meaningful results from their analysis of the evidence;
- Help to ensure that the evidence will be useful to prosecutors in their efforts to bring sexual offenders to justice.
- Each health care facility in the state that performs sexual assault examinations should maintain a reasonable supply of Kits. (See page 7 for ordering information).
- Unused, sealed Kits should be stored at room temperature until needed.
- The expiration date on the side of the Kit’s box refers only to blood vacutainers. If the expiration date has passed, vacutainers should be substituted with the same vacutainer from health care facility stock, and the substitution should be noted on documentation.

Complete instructions for the completion of the Kit are included, beginning on page 28.

The CT100 Sexual Assault Forms (hereinafter referred to as Forms) should be used whenever a sexual assault patient is examined by an examiner, whether or not the Kit is completed.

The Forms are contained in the sealed CT100 Kit and shall be completed whenever the Kit is completed.

The Forms are also available separately for use when the CT100 Kit is not completed.

The Forms consist of:
- The State of Connecticut Sexual Assault Medical Report (4 pages);
- The State of Connecticut Sexual Assault Checklist (1 page);
- The State of Connecticut Sexual Assault Discharge Instructions (1 page);
- The Authorization for Sexual Assault Medical Examination and Release of Payment Information (1 page);
- The Forms shall be retained as part of the patient’s medical record, and may be supplemented with other documentation as deemed appropriate.

Each health care facility in the state that performs sexual assault examinations should maintain a reasonable supply of Forms, in addition to its supply of CT100 Kits (which contain Forms), for use when the Kit is not completed. (See page 7 for ordering information).

Complete instructions for the completion of the Forms are included, beginning on page 16.

A sample set of the Forms are included on pages 21 through 27.
The CT400 Toxicology Screen forms should be used if the examiner decides a toxicology screen is warranted (See page 12 Deciding Whether/When to Test) and the sexual assault patient consents to the toxicology screen.

The CT400 Toxicology Screen Evidence Collection forms consist of:
- The State of Connecticut Toxicology Screen Evidence Collection Kit Instructions;
- The Consent for Toxicology Screen.

The Toxicology Screen forms shall be retained as part of the patient’s medical record, and may be supplemented with other documentation as deemed appropriate.

Ordering Information

SEXUAL ASSAULT EVIDENCE COLLECTION AND TRAINING MATERIALS
(860) 263-2767

The following sexual assault evidence collection and training materials can be ordered by telephoning the Ordering Hotline for Sexual Assault Evidence Collection and Training Materials:
- CT100 Sexual Assault Evidence Collection Kits – (CT200 Suspect Evidence Collection Kits are supplied to Law Enforcement facilities upon request)
- CT100 Sexual Assault Forms
- CT400 Toxicology Screen Evidence Collection Kit

Please leave a message that includes the following information:
- Your name (in case additional information is required);
- A telephone number where you can be reached;
- Name of the health care facility;
- Mailing address of health care facility;
- Quantity of each item requested.

NOTE: Many Police Departments maintain a small supply of Kits to ensure availability in case of emergency.

To order copies of this publication (Technical Guidelines for Health Care Response to Victims of Sexual Assault) please contact the Division of Criminal Justice at (860) 258-5800 or CONNSACS at (860) 282-9881.
Information for Victims of Sexual Assault and Their Families
Booklet

The booklet entitled, Information for Victims of Sexual Assault and Their Families (hereinafter referred to as Booklet), should be distributed to every sexual assault patient or guardian either during the sexual assault examination or at the time of discharge. (See Appendix C).

The Booklet contains valuable information that may be very helpful to patients and their families during the aftermath of a sexual assault.

The Booklet contains information about:
- Recovery concerns;
- Medical concerns;
- Compensation;
- Legal concerns;
- Counseling, advocacy, and victim assistance programs.

Each health care facility in the state that performs sexual assault examinations should maintain a reasonable supply of Booklets for distribution to sexual assault patients and their families.

Ordering Information

Contact the Office of Victim Services, (800) 822-8428 for additional copies of the Information for Victims of Sexual Assault and Their Families booklet.
TRAINING PROGRAM

Requirement

- In accordance with Connecticut General Statutes Section 19a-112a(f), each health care facility in the state which provides for the collection of sexual assault evidence shall provide training to all health care personnel who encounter or treat sexual assault patients, including triage/reception personnel.
- It is recommended that each health care facility required to provide such training also provide periodic review of training materials for all health care personnel who encounter or treat sexual assault patients.

Training Program

Such training should include:
- Review of the *Technical Guidelines for Health Care Response to Victims of Sexual Assault*;
- Review of the contents and instructions for the completion of the CT100 Sexual Assault Evidence Collection Kit;
- Review of the CT100 Sexual Assault Forms;
- Review of the instructions for the CT400 Toxicology Screen Evidence Collection Kit;
- Review of the Booklet entitled, *Information for Victims of Sexual Assault and Their Families*. This booklet can be ordered by calling the Office of Victim Services at (800) 822-8428.
- Review the evidence collection training video available from Connecticut Sexual Assault Crisis Services (860) 282-9881.

Documentation

- Each health care facility required to provide such training should establish an internal method of documentation and verification that all health care personnel described above have completed the required training.

Health care facilities are encouraged to involve local sexual assault crisis centers in trainings in order to remain current regarding developing sexual assault issues.
INITIAL RESPONSE

Triage and Intake

- A sexual assault patient (hereinafter referred to as patient) should be considered a priority patient—regardless of whether additional physical injuries are evident.
- Whenever practicable, provide a private area, such as a private treatment room, in which the patient can await both intake and treatment.
- If possible, wait until the sexual assault counselor arrives before beginning the exam.
- Avoid exposing the patient to places and situations which may cause her/him to suffer further emotional stress. Keep in mind the fears and disorientation which the patient may be experiencing.
- Ask the patient if there is someone that s/he would like to have contacted, or anything that s/he needs at that time.
- Exercise discretion and sensitivity when discussing a sexual assault victim or the family with other personnel (e.g., when summoning specialized personnel or when transporting evidence collection materials to an examination room).
- Explain to the patient that urinating, rinsing mouth, showering, etc. may destroy evidence prior to collection. If a patient must go to the bathroom, warn her/him that semen or other evidence may be present in pubic, genital, and rectal areas, and not to wash or wipe away those secretions until after the examination.

The State of Connecticut, Office of Victim Services, Gail Burns-Smith Sexual Assault Forensic Examiners Program (SAFE Program)

- Hospitals participating in the SAFE Program use the following protocol for triaging patients
  - Triage should call the on-call SAFE at: (860) 263-0190. If triage is unable to reach the on-call SAFE or if there are any questions, call the Program Coordinator: (860) 748-3706.
  - The SAFE nurse will then call the local sexual assault crisis services program to activate an advocate.

Counseling and Support

- Call the local sexual assault crisis services program as soon as the patient arrives at the emergency department. See Appendix D (page 108) for a list of programs.
- When the advocate arrives, notify the patient that confidential sexual assault counseling services are available at no charge and that an advocate is at the hospital.
- With the patient’s consent a sexual assault counselor should be allowed to accompany the patient throughout the exam.
- If a victim’s clothes will be collected as part of the evidence collection, notify the sexual assault counselor, who may be able to provide clothing for the victim to wear upon discharge.
Sensitivity

- Keep in mind that the evidence collection exam is likely to be the first significant physical contact that a patient will have following an assault.
- Treat the patient with dignity and respect. Introduce yourself, acknowledge the trauma s/he has experienced, and explain the exam process.
- Ask the patient for permission before touching her/him in any way.
- Give the patient time to respond; try not to rush her/him.
- Use open-ended questions such as, “what, how, where, tell me…, describe…” Avoid “why” questions.
- Avoid judgmental responses and facial expressions.
- Avoid use of the word “alleged” as it tends to creates the impression that you are doubtful about the patient’s truthfulness. Instead of recording “alleged sexual assault” as the chief complaint, simply record “sexual assault.” Instead of recording, e.g., “patient alleges” or “patient claims,” indicate that the “patient states…” Under “Impression/Diagnosis” use “sexual assault by history,” or “examination and history consistent with patient’s chief complaint of sexual assault.
- Allow the patient to regain control and to make her/his own decisions.
- Remember that although caring for sexual assault patients may be a routine procedure for medical personnel, a sexual assault is a traumatic, life changing event for the patient.

Translation Services and Cultural Concerns

- Ensure that patients whose first language is not English have access to sensitive translation services.
- Be aware that a patient with a speech problem may prefer communicating through an intermediary who is familiar with the patient’s speech patterns. If the intermediary assists with the communication of information recorded in the medical record, be sure to record the intermediary’s name, address and telephone number in the signature section of page four of the Medical Report. (See page 25).
- Provide a sign language interpreter when necessary.
- Be tolerant of patient’s language skills and communication barriers, which may be worsened by crisis.
- Be familiar with the cultures in your community in order to build an awareness and appreciation of them, so that your actions and demeanor will help to mitigate rather than exacerbate the trauma.
- Understand that some patients may be apprehensive about service providers from cultural backgrounds different from their own.
- Be aware that discussing sexual assault or sexual terms may be associated with shame and embarrassment in some cultures, and that in some cultures the loss of virginity is devastating.
- Recognize that beliefs about women, men, sexuality, sexual orientation, race, culture, religion, and sexual assault may be very different among patients – never assume anything.

Sexual Assault and Drug Ingestion

- Alcohol, drugs and other substances are sometimes used to sedate or overpower victims. In recent literature, the most frequently used drugs, commonly referred to as “date rape drugs,” are
Rohypnol, Gamma Hydroxyl Butyrate (GHB), and Benzodiazepines, although other drugs may also be utilized.

- Often, these drugs are mixed with alcohol and/or other beverages to incapacitate the victim, usually without the victim’s knowledge. Once the victim recovers from the effects of the drug, retrograde amnesia may make it difficult to recall events. Consequently, sexual assault victims may not be aware of the assault or even of how they were drugged.
- Signs and symptoms of drug facilitated sexual assault include drowsiness, lightheadedness, dizziness, fatigue, decreased blood pressure and memory loss. Some of these symptoms may last several days.
- The examiner should be aware of the possibility of the use of these drugs or other drugs and discuss this with the patient. The patient should be asked to describe any symptoms that may indicate the use of a drug and, if indicated, the examiner should offer to collect samples for a blood and/or urine toxicology screen for the presence of such drugs in the patient’s body.
- Rohypnol, Benzodiazepines, and GHB generally can be detected in the blood anywhere from 4-36 hours after ingestion and in the urine up to 72 hours after ingestion.

**Deciding Whether/When to Test**

- In any of the following circumstances, the possible evidentiary value of collecting a blood and/or urine sample for the identification of drugs should be discussed with the sexual assault patient:
  o If the patient or accompanying person (e.g., family member, friend or police officer) states the patient was or may have been drugged;
  o If the patient suspects drug involvement because s/he has no recollection of the event(s);
  o If, in the opinion of the examiner, the patient’s medical condition appears to warrant toxicology screening for optimal patient care and/or evidentiary purposes (e.g., patient presents with drowsiness, lightheadedness, dizziness, fatigue, decreased blood pressure, memory loss, impaired motor skills, etc).
- **Blood and/or urine sample collection for toxicology testing should be done only with patient consent.** In order for the patient to give informed consent, discuss the following information with the patient. It may be helpful to involve a sexual assault crisis counselor in such discussions.
  o The ability to detect and identify any drugs present depends on collection of blood and/or urine within a very limited time period following ingestion.
  o There is no guarantee that testing will yield positive results.
  o Testing is not limited to so-called “date-rape drugs” and may reveal other drugs that the patient may have voluntarily ingested.
  o Failure or refusal to undergo testing when indicated by circumstances as described above may negatively impact any criminal investigation and/or prosecution.
- If the patient consents to toxicology screening, **samples should be collected even if the patient is undecided about reporting the assault to the police.** (See page 19 of the Technical Guidelines for “Control Number” instructions in such circumstances. Samples should be transported according to transfer procedures set out on page 62)

**Consent for Toxicology Testing**

- Testing for the presence of drugs and/or alcohol in the system of a sexual assault patient is not suggested or required unless medically indicated or indicated by the patient’s case history.
- Fully review the Consent for Toxicology Screen form with the patient in order to help the patient
understand to what s/he is consenting. If the patient consents to testing, retain signed form in patient’s medical record.

- If the decision is made to collect samples for toxicology testing:
  - Collect blood sample at the same time as Step 1 of the CT100 Sexual Assault Evidence Collection Kit (See page 35);
  - Collect urine sample after all steps of the CT100 Sexual Assault Evidence Collection Kit have been completed.

- If the patient consents to toxicology testing, samples should be collected even if the patient is undecided about reporting the assault to the police.

- Hospital labs should not generally be used for forensic toxicology testing. Samples should be collected using the CT 400 Kit and sent to the crime lab for analysis.

### Special Concerns Regarding Elderly Patients

- Elderly patients will likely experience extreme humiliation, shock, disbelief and denial just as other patients do, but in addition, usually also must confront an acute awareness of their physical vulnerability, reduced resilience and mortality.

- Fear, anger or depression can be especially severe in older patients who often are isolated, have no support system and live on meager incomes.

- Be aware that elderly patients may be victims of abuse perpetrated by their caretaker(s).

- Because generally the elderly are physically more fragile, in addition to possible pelvic injury and STIs, the elderly may be more at risk for other tissue or skeletal damage and exacerbation of existing illnesses and vulnerabilities. Their injuries also are more likely to be life-threatening.

- Hearing impairment and other physical conditions attendant to advancing age, coupled with the initial reaction to the assault, may render the elderly patient unable to make her/his needs known. Take care not to mistake this confusion and distress for senility.

- Every effort should be made to provide necessary assistance to elderly patients. Medical and counseling follow-up services should be made easily accessible, otherwise older patients may not be willing or able to seek or receive assistance.

- Without encouragement and assistance in locating services, older patients may be reluctant to proceed with the prosecution of their offenders.

- See page 14 and consult your facility guidelines regarding mandatory reporting requirements when the patient is age sixty or older. (See Appendix E for sample forms).

### Special Concerns Regarding Patients With Disabilities

- Patients with disabilities may have limited mobility, cognitive problems or difficulties which impair perceptual abilities, impaired and/or reduced mental capacity to comprehend questions, or limited language/communication skills to tell what happened. They may be confused, frightened, unsure of what has occurred, or they may not even understand that they have been victims of crime. Every effort should be made to provide necessary assistance for patients with disabilities.

- If speech problems are evident, ask the patient if s/he has or would like a word board or speech synthesizer, or other assistive device. Provide a sign language interpreter whenever necessary.

- Allow additional time as necessary for evaluation and for the medical and evidence collection examination.
• A patient with physical disabilities may need special assistance to assume the positions necessary for a complete medical and evidence collection examination. Allow the victim to control getting on/off the exam table. Modification of normal procedures may be indicated in some instances.
• The use of anatomically-correct dolls by specially trained personnel has proven to be a successful method of communication for patients with communicative disabilities.
• See page 13 and consult your facility guidelines regarding mandatory reporting requirements when the patient is an adult with mental retardation. (See Appendix E for sample forms).

Special Concerns Regarding Children

• Child victims of sexual abuse/assault present with many special needs. Please see pages 52 through 54 for a detailed discussion about the care of child and adolescent victims.

Special Concerns Regarding Male Patients

• Male victims of sexual assault present with several needs specific to their gender. Please see pages 55 through 56 for a detailed discussion about the care of male sexual assault patients.

Mandatory Reporting Requirements

• In Connecticut, there are several laws which require certain health care providers/personnel to file reports when a patient or her/his injuries meet certain criteria. Those criteria include, but are not limited to cases where the patient:
  o Is a child (CGS § 17a-101, et seq.)
  o Is a patient in a nursing home (CGS § 17b-407)
  o Is an elderly person (CGS § 17b-451)
  o Also suffers a gunshot wound (CGS § 19a-490f)
  o Is an adult with mental retardation (CGS § 46a-11c)
• Health care personnel should be familiar with the facility’s mandatory reporting policies and procedures, and should make a report accordingly. The information presented in these technical guidelines is intended to serve only as a guide and is not an exhaustive account of mandatory reporting laws and/or procedures.
• See Appendix E for additional information and sample forms.

Consent for Police Notification

• Notify the police of the sexual assault only with the patient's consent (unless the patient meets mandatory reporting criteria). See child/adolescent section (Pages 52-54)
• Only verbal consent for police notification is needed. Respect the patient's right to change her/his mind at any time. (See below for additional information regarding consent).

Consent for Medical Exam and Evidence Collection

• Consent for medical exam and collection is needed.
• Review the “Authorization for the Sexual Assault Medical Exam and Release of Payment Information” form with the patient.
• Respect the patient’s right to change her/his mind at any time before or during the examination.
• Briefly describe the evidence collection and examination process in order to help the patient understand what s/he is consenting to.
• Notify the patient at initial processing that s/he will not be charged for either the cost of the Kit or the completion of the Kit, even if s/he is undecided about whether to report the assault to police. (See page 69 for more information). Explain that s/he may be responsible for other medical expenses associated with her/his medical treatment, but also may be eligible for help with those expenses through the Office of Victim Services Compensation Program. (See page 74).
• Follow your facility's usual procedures for obtaining consent where the patient is a minor, mature minor, or a person with a cognitive disability.
• Follow your facility's usual procedures for obtaining consent in extraordinary cases (e.g., for severely injured or incoherent, including drugged or intoxicated, patients). Any patient who presents with a complaint of sexual assault shall be given the opportunity to provide informed consent to the sexual assault forensic exam prior to discharge.
• There is no requirement that police be notified in order for evidence to be collected. If the patient consents, evidence can and should be collected as deemed appropriate, even if police are not notified at that time.
  o Note that police should not be present in the examining room during evidence collection. (See page 29).
• If the patient is undecided about whether to report to police, explain the importance of prompt evidence collection, and that the evidence can be held for 60 days to give her/him time to decide. Explain also that during the 60 day period the evidence will be identified by a control number— not her/his name. (See page 19 for information regarding the creation and use of a control number).

**Victim Assistance Information for Patients**

• Notify the patient as soon as possible after s/he arrives that the confidential services of a sexual assault crisis counselor are available free of charge. Make initial contact with local sexual assault crisis service. (See Appendix D)
• Notify the patient as soon as possible that s/he will not be responsible for the cost of the medical exam or collection of evidence, but may be responsible for other related expenses.
• Notify the patient as soon as possible that s/he may be eligible for financial assistance through the Office of Victim Services Compensation Program. (See page 74)
• Notify the patient that assistance, including shelter, may be available if family violence is involved. (See page 74)
STATE OF CONNECTICUT
CT100 SEXUAL ASSAULT FORMS

General Information

- The CT100 Sexual Assault Forms (seven pages) should be completed whenever a sexual assault examination is performed, whether or not the CT100 Sexual Assault Evidence Collection Kit is completed.
- A reasonable supply of Forms should be maintained by each health care facility for the documentation of sexual assault examinations in situations in which the kit is not opened.
- A complete set of Forms includes a four-page Medical Report, one page Checklist, and one page Discharge Instructions. These Forms are contained in each sealed Kit.
- Hospital Billing Personnel may contact the Office of Victim Services with billing questions. (See appendix G).

Use as Medical Record

- The original copy of the Forms (all white pages) shall be retained as part of the patient’s medical record. (See pages 18 and 19 for instructions regarding distribution of yellow copies of pages one and six).
- The Forms may be supplemented with other documentation as deemed appropriate, such as triage forms, patient property release forms, etc.

General Instructions

- Imprint each of the six pages in the upper right corner with patient’s identification information plate/card. If imprinting is not available, legibly handwrite the requested information in the space provided.
- Write clearly and legibly to enable others to read and understand your writing.
- Wherever boxes are provided for responses, be careful to confine the response mark to the appropriate box.
- Avoid using judgmental statements and/or the word “alleged”. Record your observations and the patient’s statement without including your opinions, values or your own personal statements.
- Wherever space is provided for written responses record the patient’s response in her/his own words, especially in Section 2C of the Medical Report.
- Additional space for written responses is provided in Section 9 of the Medical Report. If more space is required, use additional sheets as needed and attach them to the Medical Report.
- Clarify any unclear responses given by the patient to ensure that you understand and record the response properly.
- Avoid asking the patient to repeat her/his account of the assault numerous times (e.g., to nurse, physician, social worker).
- At all times, respect the patient’s right not to answer any or all questions.
- If the patient choose to skip a step of the kit, write “declined” rather than “refused” on the reporting forms.
Completion of Medical Report  (See sample at pages 22 through 25).

**Specific Instructions**

- In Section 2 of the Medical Report record patient’s account of the sexual assault, including information such as gender of assailant, and number of assailants, etc.
- If information requested in Section 2 of the Medical Report is recorded elsewhere, such as on a physician’s consult form, include a copy of that form with the yellow copy of page 1 in the envelope on the Kit box bottom.
- In Section 2 of the Medical Report ask specifically about contact, penetration and ejaculation.
- In Section 3 of the Medical Report document other sexual activity of the patient only if it occurred within 120 hours prior to the assault.
- In Section 3 of the Medical Report record medical history such as present illnesses, medications, drug allergies, gynecological history, etc.
- In Section 4 of the Medical Report provide a detailed description of the patient’s outward appearance.
- In Section 4 of the Medical Report provide details regarding any marks, bruises, etc. on the patient’s body. Be sure to indicate the location on anatomical drawings.
- In Section 5 of the Medical Report provide details regarding any injuries and/or signs of trauma in the area of the patient’s genitalia. Drawings are important even if photographs are taken. (See page 50 for information regarding photographs).
- In Section 5 of the Medical Report provide details regarding the patient’s observable behavior during the examination.
- In Section 8 of the Medical Report record impression/diagnosis (e.g., “sexual assault by History,” or “examination and history consistent with patient’s complaint of sexual assault”).
- Section 9 should be completed to indicate whether photographs were taken. (See page 50 for information regarding photographs).
- Section 9 should be completed to indicate whether a forensic odontologist was consulted. If “Yes” is checked, record details, including the name of the odontologist, in section 9.
- Section 9 of the Medical Report should be completed by the nurse/physician and the officer who completed the transfer, respectively, when collected evidence is transferred to police custody.

**Necessary Signatures**

- The nurse or physician completing each designated group of sections should sign or write her/his name on the appropriate lines as required by the Medical Report form.
- The signature section following Section 9 of the Medical Report should be completed by all medical personnel who participated in the completion of the Medical Report.
- If an interpreter was involved in the translation of the questions and/or responses contained in the Medical Report, print that person’s name, address and phone number in the spaces provided following Section 10.
- When evidence is transferred to police custody, the nurse/physician and the officer who completed the transfer should complete Section 9 of the Medical Report. (See page 62-64).
**Distribution of The Medical Report**

- When all pages of the Medical Report are completed, place the white copies (and any supplemental pages) in the patient’s medical record, and place the yellow copy of the first page (and copies of any supplemental pages) in the envelope on the bottom of the Kit box.
- If a Kit is not completed, place all pages in the patient’s medical record.

**Completion of Discharge Instructions (page 6)** (See sample at page 26).

**Specific Instructions**

- Whenever a sexual assault patient is discharged from the hospital or transferred to an inpatient department, the Discharge Instructions should be completed and a copy should be given to the patient.
- Legibly complete all sections of the Discharge Instructions and provide all relevant information. This information may be helpful to the patient and/or the provider of follow-up care.
- Review all information recorded on the Discharge Instructions with the patient or responsible party during discharge.
- In Section 1 of the Discharge Instructions be sure to explain to the patient that the tests s/he received will only tell whether s/he had the disease/condition prior to the assault and hospital visit. Explain that follow-up testing must be done to determine whether a disease/condition was contracted during the assault.
- In Section 2 of the Discharge Instructions note the name and dose of any medications administered or prescribed. Emphasize the need to take and finish all medications as prescribed.
- In Section 2 of the Discharge Instructions explain that medications were given prophylactically, and stress the need for follow-up care.
- In Section 3 of the Discharge Instructions stress the need to refrain from sexual relations until follow-up care has been received.
- In Section 3 of the Discharge Instructions be sure that the patient, patient’s representative or responsible party understands that s/he is responsible for scheduling follow-up care.
- In Section 3 of the Discharge Instructions provide the telephone number of the sexual assault crisis services Hotline (See page 69 for Referral and Assistance information).
- In Section 3 of the Discharge Instructions provide information regarding available sexual assault crisis services, even though the patient may choose to consult a private mental health provider, or no one.
- In Section 3 of the Discharge Instructions legibly write instructions regarding testing for HIV, including the location and telephone number of an anonymous/confidential HIV counseling and testing facility in the patient’s area. (See Appendix G for listing of counseling and testing facilities). (See also page 58 for information regarding HIV testing of sexual assault patients).
- In Section 3 of the Discharge Instructions legibly write any additional instructions or information, as appropriate use additional paper as needed, keeping a copy for the medical record and providing the patient with a copy.
- In Section 3 of the Discharge Instructions note that the booklet, *Information for Victims of Sexual Assault and Their Families*, was given to the patient.
- In Section 4 of the Discharge Instructions legibly complete all categories of information for the patient’s reference as follows:
o Provide the facility name, the name of one provider/examiner the patient can contact with further questions/problems, and the telephone number s/he can use to make that contact;
o Provide the name and telephone number of the local sexual assault crisis service program. (See Appendix D)
o Provide the name, town or troop, and telephone number of the police officer who responded and/or took custody of evidence;
o Provide any other contact names and numbers discussed with the patient;
o Record the “Control Number” (see below) used to identify any collected evidence if the patient decides not to report the incident to the police at the time.

**Control Number**

- Whenever a sexual assault patient is undecided about whether to report the assault to the police, a control number – in place of the patient’s name or medical record number – must be used on the external identification labels of the evidence containers (e.g., the Kit box and clothing bag(s)).
- The step envelopes inside the Kit box and the small white clothing bags inside the large brown clothing bag should always be labeled with the patient’s name and other requested information even if the control number will be used on external identification labels.
- Control Number specifications should be noted in Section 4 of the Discharge Instructions as follows:
  o The name of the health care facility, followed by a colon;
  o The patient’s initials, followed by a colon;
  o The six-digit discharge date;
  o Hospital Name: ABC: mm/dd/yy.
  o For example, if a patient named Anne Marie Smith had a kit completed at Hartford Hospital on July 17, 2013, the control number would be: *HartfordHospital:AMS:07/17/13*

**Necessary Signatures**

- In Section 5 of the Discharge Instructions, after discussing the recorded information with the patient and providing an opportunity for the patient to read the form and to ask questions, if necessary, the following should be completed:
  o The patient or the patient’s representative (parent or guardian) should sign the form in the appropriate space provided;
  o The examiner completing the Discharge Instructions should sign the form in the appropriate space provided;
  o The date and time of discharge should be entered in the space provided.

**Distribution of Discharge Instructions**

- When the Discharge Instructions have been completed and all necessary signatures have been attached, distribute the copies as follows:
  o The *yellow copy* of the Discharge Instructions should be given to the patient. S/he should be advised to bring that copy to follow-up visits;
  o The *white copy* of the Discharge Instructions should be placed in the patient’s medical record.
**Completion of Checklist** (See sample at page 27).

**Specific Instructions**

- Use the Checklist as a guide while completing the sexual assault examination to ensure that important steps are not overlooked.
- Check-off completed and/or purposely not completed steps listed on the Checklist *during the examination* to ensure that all evidence is collected.
- Record comments in the space provided on the Checklist *during the examination* to ensure that important information is not forgotten.
- If a step listed on the Checklist purposely was not completed, indicate reason/situation in the “comments” section (e.g., N/A, patient declined, etc.).
- Use line 19, “Other,” to record any completed step or procedure not listed on the Checklist (e.g., reporting gunshot victim to police).
- Follow your facility’s guidelines regarding mandatory reporting policies and procedures. (See also page 4 and Appendix F for information about mandatory reporting).

**Necessary Signatures**

- The examiner responsible for the examination should sign the Checklist in the space provided.

**Completion of Checklist (Page 5 of Medical Forms)**

- When the Checklist has been completed, place it in the patient’s medical record, not in the kit.
AUTHORIZATION FOR SEXUAL ASSAULT MEDICAL EXAMINATION
AND RELEASE OF PAYMENT INFORMATION

I, ________________________________ consent to allow ________________________________
(Name of patient) (Name of Examiner)
and any assistant(s) to conduct a physical examination for the purpose of identifying and treating injury and collecting
 evidence related to a sexual assault.

I. THE SEXUAL ASSAULT EXAMINATION AND EVIDENCE COLLECTION
This examination has been fully explained to me. I understand the nature of the examination and that the information
gathered may be used as evidence in a court of law, if I chose to report this crime to law enforcement. I understand this
examination may include clinical observation for the presence of injury and the collection of specimens for laboratory
analysis including testing for pregnancy and sexually transmitted infections, and that the examiner may provide me with
medication(s) to prevent sexually transmitted infections or pregnancy.

I understand that I can stop the examination at any time or withdraw my consent to any portion of the examination or to any
evidence collection procedure(s) at any time.

II. REPORT TO LAW ENFORCEMENT NOT REQUIRED FOR EXAMINATION
I understand that I am not required to report the sexual assault to law enforcement at this time or at any other time to have an
exam and evidence collected or to have the examination and medical care paid for by the Connecticut Office of Victim
Services. If I do not immediately report the assault to the police, I understand that the evidence collected will be held for 60
days, during which time the evidence will be identified by a control number, not by my name. If I decide to report to law
enforcement after the first 60 days following the assault, I understand that the evidence collected during the exam
may no longer be available for use in the prosecution.

III. AVAILABILITY OF SEXUAL ASSAULT COUNSELOR/ADVOCATE
I understand that I have the right to speak with a certified sexual assault counselor/advocate and to have the sexual assault
counselor/advocate present during the examination, if I choose. I understand that if the hospital has not called for a sexual
assault counselor/advocate, I can request that one be contacted immediately. I understand that the services of the sexual
assault counselor/advocate are confidential and free of charge.

IV. PAYMENT AND RELEASE OF PAYMENT
I understand that the costs of the sexual assault medical examination and evidence collection including the costs for any
pregnancy test, tests for sexually transmitted infections, and for any medication(s) to prevent sexually transmitted infection or
pregnancy that I may be given, will be paid for by the Office of Victim Services (OVS). I understand that I am not required
to report the sexual assault to law enforcement to have the examination paid for by OVS when evidence is collected. I
understand that the hospital will not bill me or my insurance company (if any) for these costs. I authorize ________________________________ (Name of hospital) to send billing information to OVS to obtain payment. I
further understand that in the event that I have physical injuries requiring medical treatment beyond the scope of the sexual
assault examination that the hospital will bill me or my insurance company (if any) for the costs of any additional medical
treatment. If I receive a bill that I have questions about, I can call the Office of Victim Services, 1-888-286-7374, or an
advocate with the Connecticut Sexual Assault Crisis Services 1-888-999-5545. I understand that I may be eligible for
financial assistance for any medical costs from the Office of Victim Services, 1-888-286-7347.

Patient Signature ________________________________ Date ________________________________

Parent/Guardian Signature (if applicable) ________________________________ Date ________________________________ Control Number ________________________________

STATE OF CONNECTICUT
SEXUAL ASSAULT MEDICAL REPORT
(CG 19a-112a)

1. HEALTH CARE FACILITY: ____________________________

a. Date and Time of ARRIVAL: ______________

2. MEDICAL HISTORY AS RELATED BY PATIENT

a. Chief Complaint: ____________________________

b. Date and Time of ASSAULT: ________________
   Month Day Year Time

c. Summary of Assault:
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

   d. Offender: M ☐ F ☐ Unsure ☐
   Number of offenders?
   __________________________________________

   e. Nature of Sexual Assault (Check all that apply)

<table>
<thead>
<tr>
<th>Part of Patient’s</th>
<th>Penetration</th>
<th>Perineal</th>
<th>Reproduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Breasts</td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Vagina</td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Anus</td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>No ☐</td>
</tr>
<tr>
<td>Body Patches</td>
<td>Yes ☐</td>
<td>No ☐</td>
<td>No ☐</td>
</tr>
</tbody>
</table>

   f. Between the assault and present, has the patient:

   □ wiped/washed off □ fixed mouth □ douched
   □ bathed/showered □ brushed teeth □ vomited
   □ changed clothes □ ate/drank □ unfed
   □ defecated □ other(s) specify: ____________________________

   g. Was patient menstruating at time of assault? ☐ ☐
   If yes, is tampon/napkin present? ☐ ☐ ☐

3. PAST MEDICAL HISTORY

a. Any other sexual intercourse in last 72 hours?
   Yes ☐ No ☐ Unsure ☐

   If yes, date: ____________ time: ____________

   If yes, type: ☐ Vaginal ☐ Anal ☐ Oral ☐ Other

   Was condom used? ☐ ☐ ☐

b. Does patient use contraception? ☐ ☐ ☐
   If yes, type: ____________________________

PATIENT STAMP (if handwritten, record name, unit # and DOB)

h. Did offender use lubricant? ☐ ☐ ☐
   Yes ☐ No ☐ Unsure ☐

   Use a condom? ☐ ☐ ☐
   Yes ☐ No ☐ Unsure ☐

   Insert foreign object(s)? ☐ ☐ ☐
   Yes ☐ No ☐ Unsure ☐

i. Nature of physical assault, if applicable (specify, e.g.,
   struck, bit, choked, etc.): ____________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

   j. Describe any resulting physical injuries:
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

   Did patient bleed as a result? ☐ ☐ ☐
   Yes ☐ No ☐ Unsure ☐

   k. Describe any physical injuries to offender:
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

   Did offender bleed as a result? ☐ ☐ ☐
   Yes ☐ No ☐ Unsure ☐

SECTIONS 1, 2 & 3 completed by:
(Please print name)
______________________________________________
Month Day Year Time

PATIENT FILE – (All White Copies)

ENVELOPE ON KIT BOTTOM (Yellow Copy of Page 1)
a. Is patient pregnant?  [ ] Yes  [ ] No  [ ] Unsure
   If yes, duration of pregnancy: ______________________
   Date of last menstruation: ______________________

b. Additional medical history: ______________________
   ______________________
   ______________________

4. PHYSICAL EXAMINATION
(Use only non-lubricated gloves)

   a. Describe patient's outward appearance (e.g., torn
      clothing, missing shoe(s), messed/matted hair, etc.):
      ______________________
      ______________________
      ______________________

   b. Mark and describe all abnormal findings (e.g.,
      scratches, lacerations, bite marks, burns, tears,
      ecchymoses, abrasions, redness, swelling and
      tenderness, etc.) Describe any pattern of injury:
      General: ______________________
      HEBNT: ______________________
      Neck: ______________________
      Chest: ______________________
      Back: ______________________
      Breast: ______________________
      Heart/Lungs: ______________________
      Abdomen: ______________________
      Upper Extremities: ______________________
      Lower Extremities: ______________________
      Neurologic: ______________________
      Skin: ______________________
      Other: ______________________
      ______________________
      ______________________
      ______________________
      ______________________
      ______________________
      ______________________

CT100  PATIENT FILE
5. GENITAL EXAMINATION
(use only non-lubricated gloves.)

a. Colposcope used? □ Yes □ No
If yes, magnification: ________________
Video or Photographs? □ Yes □ No

b. FEMALE GENITALIA EXAMINATION (Use warm water-lubricated speculum): Note any abnormalities and/or signs of trauma. Also note any traces of lubricants or rectal soiling.

Labia Majora: ________________________
Labia Minora: ________________________
Introitus /Hymen: ____________________
Meatus: ____________________________
Clitoral Hood: ______________________
Fossa Navicularis: __________________
Vagina: ____________________________
Cervix: ____________________________
Uterus: ____________________________
Adnexa: ____________________________
Posterior Forchette: ________________
Perineum: _________________________
Anus: _____________________________
Rectum: __________________________

c. MALE GENITALIA EXAMINATION: Note any abnormalities and/or signs of trauma. Also note any traces of lubricants or rectal soiling.

Penile Shaft: _______________________
Foreskin: _________________________
Scrotum: _________________________
Meatus: __________________________
Glans: __________________________
Testicles: ________________________
Perineum: ________________________
Anus: ____________________________
Rectum: _________________________

d. Describe affect observed during examination (e.g., tearful, trembling, quiet, flat affect, etc.)

____________________________________
____________________________________
____________________________________
____________________________________

SECTIONS 4 & 5 completed by:

____________________________________
(Please print name)
6. LABORATORY SPECIMENS COLLECTED
   (Note specific type of test performed.)
<table>
<thead>
<tr>
<th>Test</th>
<th>pharynx</th>
<th>cervix</th>
<th>urethra</th>
<th>rectum</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>GC Test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia Test</td>
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<td></td>
</tr>
<tr>
<td>BV</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trichomonas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy Test</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Test</td>
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<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

7. TREATMENT (Note specific medications and doses.)
<table>
<thead>
<tr>
<th>Medication</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>GC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N-PEP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B prophylaxis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy prophylaxis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anti-emetic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laceration Repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. IMPRESSION/DIAGNOSIS
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

9. EVIDENCE COLLECTION
   a. Forensic Evidence CT100 Kit completed?  □ Yes □ No
      Kit Completed by ____________________________
   b. Toxicology CT400 Kit completed?  □ Yes □ No
      Kit Completed by ____________________________
   c. Photographs taken?  □ Yes □ No
      (print name of photographer) ____________________________ (phone #)
   d. Forensic Odontologist consulted?  □ Yes □ No
      (print name of odontologist) ____________________________ (phone #)

10. ADDITIONAL INFORMATION
   ____________________________  ____________________________
      (Signature of Other Provider) (Date)
      (Print name of Other Provider)
   ____________________________  ____________________________
      (Signature of SAFE/RN) (Date)
      (Print name of SAFE/RN)
   ____________________________  ____________________________
      (Signature of Physician) (Date)
      (Print name of Physician)
STATE OF CONNECTICUT
SEXUAL ASSAULT DISCHARGE INSTRUCTIONS
(CG S 19-a-112a)

1. YOU HAVE BEEN TESTED FOR:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trichomonas</td>
<td></td>
<td></td>
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<tr>
<td>Syphilis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These tests usually will tell if you had the infection or condition prior to your hospital visit. It is very important that you have a follow-up exam and tests in two weeks to be sure you did not contract sexually transmitted infections (STI) from the assault.

2. YOU HAVE RECEIVED THE FOLLOWING:
   a. Medications for:
      | Yes | No |
      |-----|----|
      | STI  |    |
      | Hepatitis B |    |
      | Pregnancy Prophylaxis |    |
      | (explain if necessary) |    |
      | Nausea/Vomiting |    |
      | Tetanus |    |
      | Other: |    |

   b. Counseling for:
      | Yes | No |
      | Pregnancy |    |
      | HIV Prophylaxis (N-PEP) |    |
      | Other: |    |

c. Treatment/Diagnostics: (specify treatment and follow-up instructions)
   | Wound Care: |
   | X-Ray:     |
   | Other:     |

3. FOLLOW-UP INSTRUCTIONS:
   It is very important that you finish all medications and follow all instructions given to you.
   a. Medical Follow-up:
      1) You should follow-up with your own doctor, or the doctor listed below, to discuss HIV prophylaxis.
      2) You should be checked for STI's and pregnancy in two weeks either by your own doctor or:

      Doctor: ____________________________
      Address: ___________________________
      Phone #: __________________________

   You are responsible for making your follow-up appointment. If you have any questions, symptoms or problems before your follow-up appointment, please call us promptly.

b. Sexual Assault Counseling/Advocacy Follow-Up
   TOLL-FREE STATEWIDE HOTLINES
   English: 1-888-999-5545  Spanish: 1-888-568-8332
   A sexual assault counselor is available to provide free information, advocacy and counseling for you and your family 24 hours a day, 7 days a week.
   Your local program ____________________
   c. Additional Instructions: ____________________
   d. Booklet given to patient?  Yes  No

4. IMPORTANT NAMES AND NUMBERS:
   Health Care Facility: ____________________________
   Phone: ____________________________
   Sexual Assault Counselor: (seen during visit)
   Name: ____________________________
   Phone #: ____________________________

   Investigating Police Dept: ____________________________
   Unit/Bureau: ____________________________
   Phone #: ____________________________
   Officer seen during visit: ____________________________
   Kit Control #: ____________________________
   Office of Victim Services  Victim Compensation Program
   Monday – Friday 8:00am – 4:30pm
   Other Important contacts:
   Other: ____________________________
   Phone #: ____________________________

5. I have read the above information and understand that it is my responsibility to arrange for important follow-up care.

(Signature of Pt/Pt’s Representative) ________ Date ________

Relationship to Patient ____________________________

Discharge Instructions completed by ____________________________

Date and Time of Discharge ____________________________

PLEASE BRING THIS FORM WITH YOU TO ALL FOLLOW-UP VISITS

CT100
PATIENT FILE (WHITE COPY) PATIENT (YELLOW COPY)
# STATE OF CONNECTICUT
## SEXUAL ASSAULT CHECKLIST

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sexual assault crisis services (SACS) notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>English: 888-989-5545</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spanish: 888-568-3332</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Police notified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Patient’s clothing obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>History and physical examination done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>State of Connecticut Sexual Assault Medical Report completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Sexual Assault Evidence Collection Kit completed and sealed (if applicable)</td>
<td><strong>CT100</strong></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Toxicology Screen Evidence Collection Kit completed and sealed (if applicable)</td>
<td><strong>CT400</strong></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Additional evidence collected (e.g., photographs, bitemark, etc.) - specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Hospital laboratory specimens collected</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Identification and chain of evidence information on all kits and bags completed (specify whether name or control number used)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>“Moist Specimen” sticker applied to kit box (only if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Yellow copy of Page #1 only of Medical Report sealed in envelope attached to kit bottom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Clothing bag(s) and Sexual Assault Evidence Collection Kit given to Police</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Toxicology Screen Evidence Collection Kit given to Police</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Prophylactic medications administered (e.g., pregnancy, anti-emetic, STI, Hepatitis)</td>
<td></td>
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<tr>
<td>16.</td>
<td>Follow-up care referrals made</td>
<td></td>
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<tr>
<td>17.</td>
<td>Discharge instructions completed and YELLOW copy given to patient</td>
<td></td>
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</tr>
<tr>
<td>18.</td>
<td>Information for Sexual Assault Victims and their Families brochure given</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Protective Services notified - mandated reports made</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Children: Department of Children and Families</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Child Abuse and Neglect Hotline (800-842-2288)</td>
<td></td>
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<tr>
<td></td>
<td>DCF-136 form completed</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>b. Elderly: Department of Social Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community resident (888-385-4225 business hours; 2-1-1 non-business hours)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Long Term Care resident (888-385-4225 business hours; 2-1-1 non-business hours)</td>
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<td></td>
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<tr>
<td></td>
<td>W-4.10 form completed</td>
<td></td>
<td></td>
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<td></td>
<td>c. Adults (18-69) with mental retardation: Office of Protection and Advocacy</td>
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<tr>
<td></td>
<td>Office of Protection and Advocacy Hotline (800-942-7303)</td>
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<tr>
<td></td>
<td>PA/6 form completed</td>
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</tr>
</tbody>
</table>

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Check list completed by

(Please print name)

---

**CT 100**

**PATIENT FILE**
STATE OF CONNECTICUT
CT100
SEXUAL ASSAULT EVIDENCE COLLECTION KIT

General Information

- The CT100 Sexual Assault Evidence Collection Kit (Kit) shall be used whenever completion of a sexual assault evidence collection kit is deemed appropriate.
- Completing of the Kit is appropriate according to the following:
  - Whenever a patient presents with a complaint of sexual assault within 120 hours of the sexual assault, and
  - The patient or the patient’s representative consents to the completion of the Kit;
  - Whether or not the patient wants police notified at that time;
  - Unless it is determined by health care personnel that the patient’s medical need mitigate against it. (See below.)
- See pages 52 through 54 for information regarding the examination of child/adolescent sexual assault/abuse patients.
- If a patient’s special medical needs indicate that completion of the Kit is not appropriate, the examiner should determine what, if any, evidence can and should be collected, and by what means the collection can and should be accomplished.
- A reasonable supply of Kits should be maintained by each health care facility. Until the Kit is used for evidence collection, it requires only shelf storage.
- The expiration date on the Kit box pertains only to the blood vacutainers. If the expiration date has passed, substitute appropriate blood vacutainers from health care facility stock, and note such replacement on the Checklist (line # 6).
- The sealed Kit contains a complete set of Forms and all materials needed for the completion of Steps 1 -13. (See pages 32 through 50 for specific information regarding completion of these steps.)
- Additional materials such as paper bags, envelopes, swabs, etc., may be used as needed. The addition of any materials should be noted on the appropriate step envelope and on line 6 of the Checklist.

Integration with Care and Treatment

- Medical care and treatment and evidence collection procedures should be integrated in order to save examination time and reduce the patient’s discomfort.
- Any cultures for STIs should be taken immediately after specimens are collected from the oral, vaginal or anal orifices.
- In order to minimize patient trauma, blood needed for the hospital laboratory should be drawn at the same time as blood needed for the Kit.
Attending Personnel

- Generally, only the examining and attending health care providers and, with the consent of the patient, a sexual assault counselor, should be in the examining room during the examination. If the patient requests the presence of a close friend or family member, this request should be honored, if possible.
- There is no medical or legal reason for a police officer (male or female) to observe the examination procedures. Subjecting patients to the observation of law enforcement personnel is an invasion of the patient’s privacy and an unnecessary practice.
- It is recommended that at least one health care person remain with the Kit from the time the Kit’s original seal is broken until the Kit is completed, closed and sealed. (See page 30 for instructions if constant attendance cannot be maintained)

Preparation for the Examination

- It is recommended that a private examining room be designated as the sexual assault examining room.
- A pre-assembled sexual assault tray stored in the designated examining room will eliminate the need to gather essential examining equipment after the patient has arrived.

Recommended tray contents:

- A sealed Kit
- A set of Forms
- Pamphlets
- Scissors
- Tape
- Stapler and Staples
- Pen and pencil
- Paper towels
- Envelopes for specimens
- Saline solutions or distilled water
- Several cotton-tipped swab packets
- Cotton balls
- Sterile gauze packets
- Large brown paper bags (grocery type)
- Non-lubricated examining gloves
- Purple-topped blood vacutainer
- Paper for druggist folds

- Arranging all necessary materials on table/counter area prior to beginning the examination can facilitate orderly and complete specimen collection.
- Be sure to have stable table/counter space available for air drying specimens.
- Briefly explain the evidence collection process to the patient prior to beginning the examination. Provide detail about each step prior to completing that step. The examination may be very frightening and demeaning for the patient. The more understanding the patient has of the procedure, the easier it will be.
Chain of Custody

- Special care must be taken to maintain the chain of custody of all evidence collected from the patient. For examiners, this means that once the Kit is unsealed for use for sexual assault evidence collection, someone (or a series of persons, if necessary) must have actual and continuous custody of the Kit contents and any evidence collected until the evidence is placed in the Kit, and the Kit is resealed.

- If circumstances require that the person with custody of the Kit and evidence must leave the examining room after the seal on the Kit has been broken, one of the following actions must be taken:
  - Transfer temporary custody of the Kit to another health care person and record the transfer on the appropriate line on the Kit cover and chain of custody label on the brown clothing bag; or
  - Seal all collected specimens in the Kit and brown clothing bag prior to leaving, and upon returning, open a new Kit to collect any remaining evidence. If more than one Kit is used for a patient, be sure to note the existence of additional evidence containers in the upper right corner of all chain of custody labels.

- After the evidence has been sealed inside the Kit and/or clothing bag, it is no longer necessary for someone to have actual physical custody of the sealed evidence containers, although its storage must be secure and whereabouts must be fully documented on the chain of custody section of the labels.

- If the evidence is transferred directly to police (see pages 62 through 65 for information about transfer procedures), the transfer should be documented in the appropriate places on the chain of custody section of the labels.

- If the evidence is temporarily stored prior to transfer to police (see page 63 for information about temporary storage procedures), the storage and subsequent transfer should be documented in the appropriate place on the chain of custody section of the labels.

The Evidence Collection Examination

General Instructions

- Use non-lubricated gloves at all times during the examination.
- Break the Kit seal with a sharp implement (e.g., a scissor blade). Once the seal is broken, the chain of custody must carefully be maintained. (See above.)
- Inside the Kit box you will find:
  - A complete set of Forms;
  - One folded paper sheet, three white paper bags, and one medium and one large brown paper bag for clothing collection in Step 1;
  - Twelve step envelopes (for Steps 2 -13);
  - Four red “EVIDENCE” seals (two for the Kit box and two for the brown clothing bag);
  - One orange “BIOHAZARD” sticker.
- All materials needed for each step are contained in the appropriate step envelope (except the scissors and tweezers contained in Step 4 that will also be used in Step 9). The materials for each step are listed below. Any materials found loose in the Kit box should be reunited with the appropriate step materials, as suggested above.
• The directions for completion of each step are printed on the step envelope. (See pages 32 through 51 for step instructions, contents and special instructions.)
• The steps are arranged in a sequence that progress from less-invasive to more-invasive procedures, and end with a less-invasive procedure. If this sequence is not followed, note any sequence changes on any step envelope/s involved.
• Provide all requested information on each step and specimen envelope. If a specimen is not collected, briefly note the situation/reason why it was not. (eg., “patient declined,” “child – no pubic hair available.”)
• All moist specimens (e.g., swabs, smears, clothing stains, etc.) should be air-dried prior to being sealed in the appropriate envelope/bag. (See Appendix I for information regarding air-drying techniques.)
• Seal all clothing bags by double-folding the opening, and securing with staples and/or tape.
• Seal all envelopes with a dampened cotton ball, gauze or paper towel. Never use saliva.

Questions Regarding Evidence Collection

• Consult the following agency with questions regarding evidence collection and/or storage:
  o Department of Public Safety, Division of Scientific Services Forensic Science and Toxicology Laboratory: (203) 639-6400 (Monday-Friday, 9:00am – 4:00pm)

Step Instructions

• The following information is provided below for each step in the CT100 Kit:
  o A copy of the step directions exactly as they appear on the step envelope;
  o An itemized list of step contents;
  o Special instructions and helpful information for the completion of each step.
STATE OF CONNECTICUT
CT100
SEXUAL ASSAULT EVIDENCE COLLECTION KIT

To Examining Physician/Nurse/SAFE/SANE:

1. This kit contains materials for collecting sexual assault evidence. There are thirteen (13) separate steps which should, whenever medically appropriate, be completed before a comprehensive medical examination.
2. Directions for each step are printed on the appropriate envelope.
3. Non-lubricated gloves should be worn at all times during evidence collection procedures.
4. Mark each evidence container (e.g., kit or clothing bag(s)) in spaces provided as “1 of 2” or “2 of 2” etc.
5. Initial all seals on this kit and any bags.
6. If patient is undecided about reporting to police, list “Control Number” instead of Patient’s Name, and omit Med. Rec. No. (See enclosed Discharge instructions form for control number directions.)

Special Instructions - CT100 Kit

- Be sure all specimens are thoroughly air-dried. Do not attempt to air-dry “moist specimen” samples (Step 13). Never touch a specimen to determine dryness. Dryness can best be determined by close visual examination of the specimen.
- Place all swabs in swab boxes or packets, as indicated, prior to returning them to the appropriate step envelopes. Return slide container to the appropriate step envelope.
- Complete the identification section on all specimen envelopes and the Step 13 plastic bag prior to returning them to the appropriate step envelopes. Identification information on step envelopes should be completed even if a control number will be used on the Kit and clothing bag identification labels because the patient does not want police notified at the time of the examination.
- Provide all requested information on all step envelopes, including a brief explanation if no specimen was collected for that step.
- Never use saliva to seal specimen or step envelopes. Use a moistened cotton ball, swab, gauze pad or paper towel to moisten glue area.
- Return all sealed step envelopes (except Step 1 clothing bags) to the Kit box. Place step envelopes carefully to avoid crushing specimens or breaking glass blood vacutainers.
- If all step envelopes do not fit in the Kit box, place remaining envelope(s) in a paper bag or large manila envelope. Seal and label this bag by hand with identification and chain of custody information. Be sure to indicate the total number of evidence containers as instructed.

Upon Completion Of Kit:

- Seal the yellow carbonless duplicate of Page 1 Medical Report (and copies of any supplemental pages) in the envelope on the bottom of the Kit box. DO NOT place this form on the inside of the CT 100 box.
- Place cover on filled Kit box, after ensuring that all step and specimen envelopes have been placed inside, except as noted above.

- Secure evidence seals on the Kit box by placing one seal on each side of Kit box in the designated area. Initial each seal.

- Complete Kit cover identification and chain of custody information. (See Guidelines for instruction regarding the use of a Control Number in place of patient's name.)

- If a moist specimen was collected in Step 13, place the yellow “MOIST SPECIMEN” sticker on the upper left corner of the Kit cover.

- Place the orange “BIOHAZARD” sticker on the upper left corner of the Kit cover.

- If evidence must be temporarily stored prior to transfer to police custody, follow detailed storage instructions provided in the Guidelines.
MEDICAL PERSONNEL
PLEASE PRINT

PATIENT'S NAME: __________________________________________________

MED. REC. NO./CONTROL NO.: _______________________________________

EXAMINING PHYSICIAN/NURSE/SAFE/SANE: ___________________________

ATTENDING NURSE: ________________________________________________

HOSPITAL/CLINIC: ________________________________________________

BAG SEALED BY: ___________________________________________________

AFTER EVIDENCE COLLECTION PLACE SEALED CLOTHING BAG(S) IN
SECURE, DRY STORAGE AREA AND SEALED KIT IN SECURE,
REFRIGERATED STORAGE AREA.

STORED BY: _______________________________________________________

DATE _____________________________ TIME ____________________ AM/PM

POLICE PERSONNEL
CHAIN OF POSSESSION

RECEIVED FROM: ___________________________________________________

RECEIVED BY: _____________________________________________________

DATE ________________________ TIME ______________ DEPT: ______________

RECEIVED FROM: ___________________________________________________

RECEIVED BY: _____________________________________________________

DATE ________________________ TIME ______________ DEPT: ______________

RECEIVED FROM: ___________________________________________________

RECEIVED BY: _____________________________________________________

DATE ________________________ TIME ______________ DEPT: ______________

POLICE CASE NUMBER: ______________________________
STEP 1 CLOTHING

- Air-dry all wet or damp clothing before packaging. Place a clean, dry paper over any visible stain(s) or moist areas to avoid cross-contamination.
- If the patient has changed clothes since the time of the assault, collect only those items that are in direct contact with the patient’s genital area.
- Inform the officer in charge if the patient has changed clothes after assault so that the clothing worn during the assault may be collected.
- Do Not cut through any existing rips, stains, or holes in clothing.
- Do Not shake out clothing as trace evidence will be lost.
- Leave any obvious debris intact on clothing item(s).
- If additional bags are needed, do not use plastic bags.
- Seal any additional bags with tape, label by hand with identification and chain of possession information, and mark as “3 of 3”, etc.
- Do Not remove materials observed on clothing. Package intact whenever possible.

2. Collect each item of clothing as removed. Place each small item in a separate small OUTER CLOTHING bag as available. Place all other items of outer clothing plus any large items in a large OUTER CLOTHING bag. Collect patient’s underpants and place in UNDERPANTS bag.
3. Refold paper sheet so as to retain any foreign material present, including any foreign material found on hospital sheet. Carefully place in large OUTER CLOTHING bag.
4. Label each small bag as directed, close with staples or tape, and place inside large OUTER CLOTHING bag.
5. Label large bag as directed. Double fold the opening and affix one evidence seal around each end of fold seam. Use evidence seals or tape to seal the fold seam. Initial seals.
6. Complete identification and chain of possession label.
7. Store sealed bag(s) in secure (limited access), dry storage area.

DATE/TIME___________________________________________________________________________

PATIENT_____________________________________________________________________________

COLLECTED BY_______________________________________________________________________

Contents:
- One folded paper sheet.
- One large brown paper bag labeled “Step 1 Clothing”. (Affixed to this bag is Identification label and one chain of custody label. (See Guidelines Section “Evidence Integrity.”)
- Two medium sized white paper “specimen” bags labeled “Outer Clothing”.
- One small white paper “specimen” bag labeled “Underpants”.
- Additional “specimen” bags, as necessary. (Used from hospital stock.)
STEP 1 Continued

Special Instructions:

- Do not remove any debris from the victim’s clothing unless there is a danger of loss or contamination of other items.
- Avoid placing more than one clothing item in each specimen bag. All white specimen bags should be sealed and placed inside the brown bag (which may contain a clothing item and the folded white paper sheet).
- If no additional paper bags are available, and/or clothing will not fit in the bags provided, securely wrap clothing in hospital paper, seal with tape, and label by hand with identification and chain of custody information.
- If the patient’s clothing is collected, help the patient contact someone (a friend or family member) who can provide a change of clothes, or request that the sexual assault counselor arrange to bring clothing.
- Male Victims: Special care should be taken in packaging the male patient’s underpants and pants because the patient may have experienced an ejaculation. To avoid cross-contamination with the offender’s semen, clean pieces of paper should be inserted inside the garment and secured, if necessary, with pins, etc. This collection information should be recorded on the Step 1 identification label.
STEP 2 DEBRIS COLLECTION

1. Collect all obvious debris (e.g. soil, fibers, hair, grass, etc.) observed on patient’s body during examination. Do not remove debris from the clothing.
2. Place all collected debris in this envelope.
3. Label and seal this envelope.
4. Indicate location and type of debris on diagram below.

AM

DATE____________________________________  TIME_________PM

PATIENT________________________________________________

COLLECTED BY__________________________________________

WAS SAMPLE COLLECTED ☐YES ☐NO

IF NO, WHY NOT?_________________________________________

Contents

- One Step Envelope.

Special Instructions

- Step 2 may be completed prior to Step 1 in order to collect obvious debris specimens. However, obvious debris on patient’s clothing should not be removed from the clothing.
- Collect any debris specimen observed on patient’s body. Look carefully for hairs and smaller specimens.
- If a debris specimen is too large to collect in the envelope provided, place the specimen in a paper bag or securely wrap in hospital paper, seal to avoid loss of the evidence, and label by hand with identification and chain of custody information.
STEP 3  KNOWN BLOOD SAMPLE

1. Using the purple-top blood tube provided, withdraw sample of patient’s blood allowing tube to fill to maximum volume. If patient is a child, tube may be filled to less than maximum volume or pediatric tube may be substituted from hospital stock.

2. Label tube appropriately. Place filled tube inside enclosed bubble pack bag. Seal bubble pack and place in this envelope.

3. Seal this envelope and return it to the kit box.

NOTE: If expiration date on blood tube has passed, replace from hospital stock.

NOTE: If toxicology tests are indicated, collect additional blood samples using the CT 400 Kit.

DATE_________________________ TIME_________________________ PM

PATIENT_______________________________________________________

COLLECTED BY_________________________________________________

WAS SAMPLE COLLECTED? □YES □NO

IF NO, WHY NOT?_____________________________________________

Contents

- One step envelope
- One plastic bubble pack
- One purple-top (EDTA) vacutainer blood tube

Special Instructions

- Check the expiration date on the outside of the Kit box. If the date has passed, replace tube in the Kit with non-expired purple-top blood tube from hospital stock. Note the replacement on the Step 3 envelope.
- Use a pediatric needle and blood tube if drawing blood from a child patient.
- When sealing filled blood tube inside the bubble pack, be careful that adhesive on area beneath the paper strip does not tear gloves.

Notes

- In order to minimize patient trauma, blood needed for the hospital laboratory or State toxicology laboratory (CT 400 Kit) should be drawn at the same time as blood needed for the Kit. Follow directions in the CT 400 Toxicology Evidence Kit.
STEP 4 FINGERNAIL SCRAPINGS & CUTTINGS

1. Remove enclosed specimen envelopes. Unfold envelope labeled “LEFT HAND” and place under patient’s left hand.
2. With tip of one enclosed wooden scraper, scrape all residue from under fingernails of patient’s left hand, allowing all scrapings to fall on specimen envelope. Place scraper on specimen envelope.
3. Using enclosed clippers, clip left hand fingernails, allowing all clippings to fall on specimen envelope.
4. Carefully refold specimen envelope to retain scraper, scrapings and clippings inside. Seal specimen envelope and place inside this envelope.
5. Repeat steps for right hand using folded “RIGHT HAND” envelope.
6. Place clippers inside this step 4 envelope. Label and seal this envelope and return it to kit box.

AM
DATE _______________________________ TIME ______________________PM

PATIENT ________________________________________________________________

COLLECTED BY __________________________________________________________

WAS SAMPLE COLLECTED? ☐ YES ☐ NO
IF NO, WHY NOT? _______________________________________________________

Contents

- One step envelope.
- Two folding specimen envelopes, labeled "Right Hand" and "Left Hand".
- One fingernail clipper.
- Two wooden fingernail scrapers.

Special Instructions

- Fingernails are important specimens—they may contain biological or trace evidence from the assailant or the crime scene, so they should be collected regardless of whether the patient has a specific memory of scratching the assailant. Always obtain the patient's permission before clipping her/his nails.
- Take care to place the opened specimen envelopes on a flat surface to prevent the specimens from sliding off.
- Carefully scrape, then clip the nails to make sure the scrapings and clippings fall on the specimen envelope.
- If the patient prefers not to have nails clipped, carefully scrape all fingernails.
- Artificial nails: it is permissible to scrape and/or swab in lieu of cutting.
STEP 5  KNOWN HEAD HAIR – PULLED

1. Using enclosed tweezers, collect a minimum of twenty (20) head hairs by pulling at least four (4) hairs each from front, back, center, right side, and left side of patient’s head. Pulled hairs are the best sample.

2. Place collected hairs inside enclosed specimen envelope, label and seal.

3. Place specimen envelope inside this envelope. Label and seal this envelope and return it to kit box.

4. Retain tweezers for use in Step 9. (Do not seal tweezers inside this envelope.)

AM   TIME   PM
DATE ________________________

PATIENT ________________________________________________________________

WAS SAMPLE COLLECTED? □ YES    □ NO

IF NO, WHY NOT? _________________________________________________________

Contents

- One step envelope.
- One specimen envelope.
- One pair of tweezers.

Special Instructions

- If the patient consents, pull as many of the 20 required known head hair specimens as possible. Hair roots contain valuable characteristics for microscopic analysis and comparison with any unknown hairs found during the examination or processing of the crime scene. Even a few pulled hairs will be helpful.
- If the patient’s hair is treated (colored, permed, etc.) try to collect specimens that represent the varying characteristics, and note a description of the treatment and/or characteristics on the step envelope.
STEP 6 ORAL SWABS & SMEAR

1. Enclosed are two (2) swab packets, one (1) cardboard container containing one (1) glass slide, and two (2) folded swab boxes labeled “ORAL SWAB.”
2. Open a swab packet and remove both swabs.
3. Using unmoistened swabs, carefully swab buccal area and gingival line using the two swabs simultaneously.
4. Using both swabs prepare a smear on the slide provided in the container labeled “ORAL SMEAR.” Do not smear frosted area of slide.
5. AIR DRY SWABS AND SLIDE. DO NOT STAIN OR CHEMICALLY FIX SMEAR.
6. Place the swabs in a swab box labeled “ORAL SWAB.” Return slide to “ORAL SMEAR” container and complete labels.
7. Repeat steps 2 & 3 with the second swab packet. Air dry the swabs and place in the second swab box labeled “ORAL SWAB.”
8. Place swab boxes and secured slide container inside this envelope. Label and seal this envelope and return it to kit box.

DATE _____________________________ TIME ___________________________ PM
PATIENT ______________________________________________________________
COLLECTED BY _________________________________________________________
WAS SAMPLE COLLECTED? □ YES □ NO
IF NO, WHY NOT? ______________________________________________________

Contents

- One step envelope.
- One cardboard container containing one (1) frosted-end glass slide.
- Two (2) swab boxes
- Two (2) double swab packets

Special Instructions

- To open swab packet, carefully pull the printed side of the packet that reads "PEEL HERE" until it separates from the unprinted side of the packet for a distance of approximately two inches.
- Pre-assemble swab boxes.
- Carefully open cardboard container to prevent glass slide from falling out. Replace any broken slide with same from hospital stock.
- Use pencil to write patient’s initials and date on frosted end of slide.
- To make smears, roll swabs across slide from left to right, forming a single line along the slide.

Note

- Oral cultures needed for STI testing should be taken immediately after this step to minimize the time needed to complete the examination.
**STEP 7 DRIED SECRETION SPECIMEN**

1. Enclosed is one (1) swab packet and one (1) folded swab box labeled “DRIED SECRETION.”
2. Open swab packet and remove both swabs. Moisten swabs lightly with distilled water or normal saline solution.
3. Carefully swab dried secretion using the two swabs simultaneously.
4. If more than one dried secretion is found on patient, use additional swab packet(s) from hospital stock as needed, reserving swab packet(s) for swab storage after specimen collection.
5. Use a separate swab packet for each stain category and location (e.g., saliva around bite marks, blood, semen), indicating location of each specimen on diagram below (additional specimen(s) as 7b, 7c, etc.).
6. AIR DRY SWAB(S). Place the swab in the swab box labeled “DRIED SECRETION.” Place any additional swabs in their swab packets for storage. Label each sample as to origin and note the nature of the sample (e.g., saliva around bite marks, blood, semen) on the swab box and any additional used swab packets.
7. Place swab box (and any additional swab packets) inside this envelope. Label and seal this envelope and return it to the kit box.

**NOTE:**
- Prior to sampling bite marks or physical injuries, take photographs as appropriate.
- After sampling and / or photographing bite marks consult a Forensic Odontologist as deemed necessary.
- Consult lab or police with any further questions regarding the collection or storage related to bitemark evidence. Forensic Lab 203-639-6400 or State Police Communications (24 hr.) 800-842-0200.

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<th>COLLECTED BY</th>
<th>WAS SAMPLE COLLECTED?</th>
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**Contents**
- One step envelope.
- One swab packet.
- One swab box.

**Special Instructions**
- Use only normal saline solution or distilled water to moisten swabs for dried secretion specimen.
- When swabbing a visible secretion, start at the outside of the secretion area and, making a circular pattern, swab the secretion area toward its center. Do not apply pressure when swabbing the stain.
- To ensure that all swab surfaces are exposed to the secretion, turn the swabs between thumb and forefinger while collecting the specimen.
- The use of an alternate light source with a filter or a Woods short-wave ultraviolet lamp in a darkened examination room can be helpful in locating fluorescence from saliva, urine, semen or feces on the patient.
Bitemarks

- Bitemark evidence should not be overlooked. Bitemark impressions can be compared with the teeth of a suspect and can sometimes be important for identification purposes.
- If any bitemarks or suspected bitemarks are found, contact a forensic odontologist or law enforcement as necessary to ensure that important bitemark evidence is properly collected.
- In general, the collection of saliva and the taking of photographs are the minimum procedures that should be followed when bitemarks are observed.
- Always swab any suspected bitemarks according to the directions in Step 7. Start at the outside of the bitemark and swab the area toward the center in a circular pattern. Note suspected bitemarks on the Step 7 diagram. Avoid excessive pressure.
- Saliva around a bitemark should be collected prior to cleansing or dressing the wound.
- If the skin is broken, avoid swabbing punctures when collecting saliva.
- Bitemarks should be photographed, with the best equipment available. Photographs should be taken looking directly down at the bitemark, not from an angle. A ruler / photographic scale must be placed adjacent to the bitemark and included in at least one of the photographs. An ABFO scale is recommended for this purpose.
- All final photographs of bitemarks should be labeled clearly with identification information (e.g., name of subject, name of photographer, description of what is being photographed, and date). (See below for information regarding the transfer of photographs for storage).
STEP 8 PUBIC HAIR COMBINGS

1. Unfold enclosed specimen envelope and place under patient's buttocks.
2. Comb through pubic hair allowing any loose hairs or other trace materials to fall on specimen envelope.
3. Refold specimen envelope to retain any specimens collected.
4. Place folded specimen envelope and comb inside this envelope.
5. Label and seal this envelope, and return it to kit box.

DATE ___________________________ TIME ______________________
PATIENT ________________________________________________________________
COLLECTED BY __________________________________________________________
WAS SAMPLE COLLECTED? □ YES □ NO
IF NO, WHY NOT? _______________________________________________________

Contents

- One step envelope.
- One folding specimen envelope.
- One plastic comb.

Special Instructions

- Be sure that unfolded envelope is placed on a secure surface under the patient's buttocks to prevent specimens from falling.
- If any hairs contain moist substances, ask the patient's permission to cut the hairs for collection. Air dry the hairs, and place in a Step 13 specimen envelope. Label as directed on the specimen envelope, and make appropriate notes on Step 13 diagram. Note the collection on the Step 13 envelope.
- If the patient refuses to allow the hairs to be cut, swab the specimen with two clean swabs from hospital stock. Air dry the swabs, return the dried swabs to the swab packet, and place in the Step 13 envelope. Note the collection on the Step 13 envelope.
- To avoid the possibility of potential transfer of biological materials of the examiner to the pubic combings, you should either refrain from speaking while collecting this sample or wear a mask during Step 8.
STEP 9 KNOWN PUBIC HAIR PULLED

1. Using tweezers retained from Step 5, collect a minimum of twenty (20) pubic hairs by pulling from different areas of patient's pubic region. Pulled hairs are the best sample.
2. Place collected hairs inside enclosed specimen envelope, label and seal.
3. Place specimen envelope and tweezers inside this envelope.
4. Label and seal this envelope and return it to kit box.

NOTE: Pubic hair specimens may be pulled by the patient if she/he prefers. The patient should wear non-lubricated gloves if she/he completes this step.

AM

DATE ___________________________ TIME __________________PM

PATIENT ________________________________________________________________

COLLECTED BY __________________________________________________________

WAS SAMPLE COLLECTED? □ YES □ NO

IF NO, WHY NOT? __________________________________________________________________________

Contents

• One step envelope.
• One specimen envelope.
• One pair of tweezers (retained from Step 5).

Special Instructions

• If the patient consents, pull as many of the twenty (20) known pubic hair specimens as possible. Hair roots contain valuable characteristics for microscopic analysis and comparison with any unknown hairs found during the examination or processing of the crime scene. Even a few pulled hairs will be helpful. Hair specimens should be cut only when necessary.
• Instead of using the provided tweezers, you may pull lightly on the pubic hairs with your gloved hand to remove pubic hairs from various regions.
• Pubic hair specimens may be pulled by the patient if she/he prefers. The patient should wear non-lubricated gloves if she/he completes this step.
• The tweezers retained from Step 5, and used in this step, should be sealed inside the Step 9 envelope.
STEP 10  GENITAL SWAB

1. Enclosed is one (1) swab packet and one (1) folded swab box labeled “GENITAL SWAB.”
2. Open swab packet and remove both swabs. Moisten swabs lightly with distilled water or normal saline solution prior to specimen collection.
3. Carefully swab vulva (or penis and testicles) and inner thighs adjacent to the genital area, using the two swabs simultaneously.
4. AIR DRY SWABS.
5. Place swabs in the swab box labeled “GENITAL SWAB.”
6. Place swab box inside this envelope. Label and seal this envelope and return it to kit box.
7. AM
   DATE ___________________________ TIME ___________________________ PM
   PATIENT __________________________________________________________
   COLLECTED BY _____________________________________________________
   WAS SAMPLE COLLECTED? ☐ YES ☐ NO
   IF NO, WHY NOT? _________________________________________________

Contents

- One step envelope.
- One swab packet.
- One swab box

Special Instructions

- Use only normal saline solution or distilled water to moisten swabs.
- When swabbing any visible secretion from the genital area, start at the outside of the secretion area and, making a circular pattern, swab the secretion area toward its center.
- To ensure that all swab surfaces are exposed to the secretion, turn the swabs between thumb and forefinger while collecting the specimen.
- Use an alternative light source with a filter or a Woods short-wave ultraviolet lamp or other appropriate alternate light source in a darkened examination room to locate fluorescence from saliva, urine, semen or feces on the patient.
- If the patient is a female, swab the vulva and inner portions of the thighs adjacent to the genital area, even if no secretion is visible.
- If the patient is a male, use one moistened set of swabs to swab the glans and shaft of the penis. Use a second set of swabs (from hospital stock) to swab the base of the penis and testicles. Use a third set of swabs (from hospital stock) to swab the inner portions of the thighs adjacent to the genital area, even if no secretion is visible. After air drying, replace swabs in the original packets. Label the additional packets "shaft" "base" and "thighs." (See Guidelines for special instructions regarding male sexual assault patients.)
STEP 11 VAGINAL SWABS & SMEAR

1. Enclosed are two (2) swab packets, one (1) cardboard container containing one (1) glass slide, and two (2) folded swab boxes labeled “VAGINAL SWAB.”
2. Open one swab packet and remove both swabs.
3. Carefully swab vaginal area using the two swabs simultaneously. Do not moisten swabs prior to specimen collection.
4. Using both swabs, prepare a smear on the slide provided in the container labeled “VAGINAL SMEAR.” Do not smear frosted area of slide.
5. AIR DRY SWABS AND SLIDE. DO NOT STAIN OR CHEMICALLY FIX SMEARS.
6. Place the swabs in a swab box labeled “VAGINAL SWAB.” Return slide to “VAGINAL SMEAR” container and complete labels.
7. Repeat Steps 2 and 3 for the second swab packet. Air dry swabs and place in the second swab box.
8. Place swab boxes and secured slide container inside this envelope. Label and seal this envelope and return it to kit box.

DATE ___________________________ TIME ______________________ PM

PATIENT ________________________________________________________________

COLLECTED BY __________________________________________________________

WAS SAMPLE COLLECTED? □ YES □ NO

IF NO, WHY NOT? _______________________________________________________

Contents

- One step envelope.
- One cardboard container containing one frosted-end glass slide.
- Two swab packets.
- Two swab boxes.

Special Instructions

- Vaginal swabbing should be done with patient lying on her back. Specimens should be collected from the cervix area. (See guidelines regarding examination of patients with disabilities.)
- To open swab packets, carefully pull the printed side of the packet that reads "PEEL HERE" until it separates from the unprinted side of the packet for a distance of approximately two inches.
- Open cardboard container carefully to prevent glass slide from falling out. Replace any broken slide with same from hospital stock.
- Use pencil to write identification information (patient’s initials and date) on frosted end of slide.
- To make smears, roll swabs across slide from left to right, forming a single line along the slide.
- If the patient is a male, omit this step and note such on the step envelope.

Note

- The second set of swabs may be analyzed for the presence of condom lubrication evidence. This analysis requires that only non-lubricated gloves be used for the examination and that only warm water be used as a lubricant for the pelvic exam.
- Vaginal cultures needed for STI testing should be taken immediately after the vaginal swab specimens are collected in order to minimize the time needed to complete the examination.
STEP 12  ANAL SWABS AND SMEAR

1. Enclosed are two (2) swab packets, one (1) cardboard container containing one (1) glass slide, and two (2) swab boxes labeled “ANAL SWAB.”
2. Open one swab packet and remove both swabs.
3. Carefully swab the anal cavity using the two swabs simultaneously. (Swabs may be moistened lightly with distilled water or normal saline solution.)
4. Using both swabs, prepare a smear on slide provided in container labeled “ANAL SMEAR.” Do not smear across frosted area.
5. AIR DRY SWABS AND SLIDE. DO NOT STAIN OR CHEMICALLY FIX SMEAR.
6. Place the two dried swabs in the swab box labeled “ANAL SWAB.” Return slide to “ANAL SMEAR” container and complete label.
7. Repeat Steps 2 and 3 for the second swab packet. Air dry swabs and place in the second swab box.
8. Place secured slide container and swab box inside this envelope.

DATE________________________________ TIME__________________________________

AM PM

PATIENT_________________________________________________________________________

COLLECTED BY __________________________________________________________________

WAS SAMPLE COLLECTED? ☐ YES ☐ NO

IF NO, WHY NOT? _________________________________________________________________

Contents

- One step envelope.
- One cardboard container containing one frosted-end glass slide.
- Two swab packets.
- Two swab boxes.

Special Instructions

- Anal specimens should be collected from the anal cavity.
- If the patient is a male, use additional swab packets from hospital stock to collect specimens from around anal opening.
- To open swab packets, carefully pull the printed side of the packet that reads “PEEL HERE” until it separates from the unprinted side of the packet for a distance of approximately two inches.
- Open cardboard container carefully to prevent glass slide from falling out. Replace any broken slides with same from hospital stock.
- Use pencil to write patients initials and date on frosted end of slide.
- To make smears, roll swabs across slide from left to right, forming a single line along the slide.

Note

- The second set of swabs may be analyzed for the presence of condom lubrication evidence. This analysis requires that only non-lubricated gloves be used for the examination, and that only warm water be used as a lubricant for pelvic exam.
- Anal cultures needed for STI testing should be taken immediately after anal swab specimens are collected in order to minimize the time necessary to complete the examination.
STEP 13 OTHER PHYSICAL EVIDENCE

1. Collect any other physical evidence (e.g., condom, tampon, facial or toilet tissue, pubic hair inside vaginal or anal cavity, glass embedded in patient’s skin).
2. AIR DRY EACH ITEM (when practical).
3. Place each dry item in a separate enclosed specimen envelope, indicating location of each item on diagram below (e.g., 13A or 13B).
4. Label and seal each specimen envelope and identify the type of evidence on the specimen envelope and place inside this envelope.
5. Place moist item (e.g., condom or tampon) inside enclosed plastic bag and seal. Label and seal plastic specimen bag, and place inside this envelope.
6. Label and seal this envelope and return to the kit.
7. Use additional new envelopes from hospital stock as needed. Label (e.g., 13C, etc.) and seal as directed above, and indicate location on diagram below.
8. Place yellow “moist specimen” sticker in appropriate location on outside of kit.

DATE________________________________ TIME______________________________ AM

DATE________________________________ TIME______________________________ PM

PATIENT__________________________________________________________

COLLECTED BY_____________________________________________________

WAS SAMPLE COLLECTED? □ YES □ NO

IF NO, WHY NOT? _________________________________________________

Contents

- One step envelope.
- Two specimen envelopes labeled “Step 13A” and “Step 13B.”
- One zip-top plastic bag labeled “Step 13C (MOIST SPECIMEN).”
- One yellow “MOIST SPECIMEN” sticker.

NOTE: DO NOT place MOIST SPECIMEN sticker on kit UNLESS a moist specimen was collected in Step 13.

Special Instructions

- Only moist specimens that cannot be dried within a reasonable period of time should be collected in the plastic bag provided. All other evidence should be air dried as directed, and collected in either paper bags or paper envelopes as directed.
- If a condom is found, package separately in the plastic bag or other sealed container to prevent leakage and contamination of other specimens.
- If a tampon or sanitary napkin is found, air dry the sample, if possible. Collect the sample in a plastic container, as appropriate.
- DO NOT swab the surfaces of these types of items (condoms, tampons, etc.) prior to packaging.
Photographs

- The patient’s specific consent should be obtained according to the health care facility’s policies and procedures before any photographs are taken.
- Whenever possible, photographs of injuries should be taken by a competent photographer, preferably a police photographer, with equipment capable of recording clear images of the injury. An appropriate ruler and a color chart should also be used to indicate the size and nature of each injury.
- Colposcopic photographs and photographs of genital area should not be taken unless the patient specifically consents. Patients should be made aware that all photographs may be used in trial.
- Drawings should be made of any injuries, indicating the proper location on the body, on the anatomical figures and the genital figures provided on the Medical Report form. These drawings should always be accompanied by a written description of the injury.
- All photographs should be labeled clearly with identification information (e.g., name of subject, name of photographer, description of what is being photographed, and date). (See below for information regarding the transfer of photographs for storage.)

Transfer of Photographs to Police

- Photographs should be labeled with identification information and sealed inside a separate envelope. Photographs should NOT be placed inside the CT 100 Kit.
- The envelope should be labeled with the same identification information that is listed on the Kit cover.
- If the patient has consented to the police reporting, photographs should be retained according to hospital protocols or transferred to the police department that has jurisdiction where the assault occurred for storage with the case investigation file.
- If the patient has not consented to the police report at the time of the examination, the sealed envelope containing the photographs should be labeled with a Control Number and maintained in the hospital record.
Evidence Integrity: Repackaging, Labeling and Sealing Evidence Containers

**Clothing Bag**

- Moist stains on clothing should be air dried prior to placement in paper bags. Never touch a stain to determine dryness. Dryness can best be determined by close visual examination. Paper towels should be folded over any visible stains to prevent cross-contamination.
- All small white clothing “specimen” bags (and any other small bags or hospital paper packages used) should be labeled with the requested identification information.
- Double-fold the opening of each white bag and secure with tape. Be sure to seal the fold seam and to wrap tape around the end of the fold seam to hold securely. All seals must be initialed.
- Carefully place the labeled, sealed small white bags (and any other small bags or hospital paper packages used) and the folded white paper sheet inside the large brown paper bag.
- Double fold the opening of the large brown bag and secure with tape. Be sure to seal the fold seam and to wrap tape around the end of the fold seam.
- Carefully place one red evidence seal around each end of the fold seam to form a tamper-evident seal. Initial each seal.
- Evidence seals are intended to indicate, by a tear or break in the seal, that an evidence container has been reopened. The evidence seals included in the Kit are very thin and should be handled very carefully. If the evidence seal tears during application to the evidence container, continue application taking care to maintain the integrity of the seal to the extent possible. After application of the seals, write your name or initials through any tear or break in the evidence seal.
- Complete the identification information section on the label of the large brown bag (and hand-write on any additional bags used).
- Complete the chain of custody label on lower section of brown bag. All requested information should be provided by hospital, police and laboratory personnel (hand-write on any additional bags used).
- Mark the upper right corner of the chain of custody label, e.g., as “2 of 2” to indicate the total number of evidence containers from the patient.
- If any items were packaged in additional paper bags or hospital paper and were not placed inside the large brown clothing bag from the Kit, ensure that the package is sealed completely, hand-labeled with identification and chain of custody information and marked as a separate package (e.g., “3 of 3”).
CHILD & ADOLESCENT VICTIMS

General Information

- The *Technical Guidelines* generally address the health care response to, and evidence collection procedures for, adult sexual assault patients. Health care personnel should adapt the procedures set forth in these *Technical Guidelines* to the special circumstances involved in performing pediatric sexual abuse/assault examinations.
- Although some children are victims of traumatic sexual assaults, many children are sexually abused in various ways over long periods of time. For the purposes of this section, all types of child sexual abuse will be referred to as child sexual abuse/assault.
- Several issues are briefly discussed below. The information contained in these sections is not intended to be an exhaustive inventory of concerns or directions. It is intended to provide guidance for health care facilities that examine child sexual abuse/assault patients.

Initial Response - Triage and Intake

- Children and adolescents whose last sexual contact occurred greater than 72 hours prior to the E.D. visit and who are asymptomatic should be examined by a regional expert medical examiner. If the patient is not examined, arrangement of follow-up care is critical.
- Typically, a child is brought to the facility by an adult (e.g., police officer, parent or guardian). The accompanying adult should immediately be directed to the emergency/pediatric department, and should be asked to provide a brief history of the abuse/assault to the examiner. It is preferable to have children examined by a healthcare provider trained and experienced in evaluating child sexual abuse/assault victims.
- In cases involving young children, an accompanying parent or guardian should also be asked to provide the child's medical history.
- Adolescents and older children should be encouraged to provide much of their own medical history, as appropriate. Children often will tell examiners things they may not tell in the presence of parents or other adults. To avoid multiple interviews of children about the abuse/assault, a “minimal facts” interview of the child may be appropriate. This type of interview would be especially appropriate if the child’s exam is deferred.
- Inform the child and her/his parents/guardians about the general nature of the physical examination.

Counseling and Support

A child sexual abuse/assault patient should never be left alone. Arrangements should be made to ensure the presence of a support person who can establish a good rapport with the child. Each sexual assault crisis service has an advocate specially trained to provide support to children.

A support person of the same gender as the child may provide needed reassurance for the child.
Consent for Police Notification-Mandatory Reporting Requirements

- Known or suspected child sexual abuse/assault should be reported to the police and to the Department of Children and Families (DCF). [CGS §17a-101] (See page 14 and Appendix E)
- Consult your facility's policies and procedures and DCF guidelines for making mandated reports. (See Appendix E for sample reporting forms.)

Consent for Examination

- Consent for the evidence collection examination (verbal will suffice) should be obtained from the parent/guardian of every child under the age of 18 (except as described below). Consent also should be obtained from any sexual abuse/assault patient capable of consenting. No patient should be forced against her/his will to undergo a sexual assault evidence collection examination.
- In the rare event that the parent/guardian refuses to consent to the examination of the child, and when the child is in danger from her/his surroundings and requires immediate attention, the attending physician can take the child into custody at the hospital for 96 hours. [CGS §17a-101(g)] This will allow health care personnel to provide diagnosis and treatment, and will allow child protective and law enforcement agencies to investigate any sexual abuse/assault and to protect the child from further immediate danger.
- Consult your facility's policies and procedures and DCF guidelines regarding refusals of consent by parents/guardians, and consent from mature minors.

Medical Report Forms and Interviews

The CT100 Medical Report Forms were designed for the documentation of all sexual abuse/assault examinations, regardless of whether the Kit is completed, and regardless of the patient's age. Additional sheets likely will be necessary for documentation of the interview of a child patient. Any additional sheets should be attached to the Medical Report as instructed. (See pages 22 through 27)

Often, the health care person is the first to interview a child patient about the event(s). Interviewing children about any type of abuse/assault requires skill and patience. Interviewing of young children should be deferred to persons experienced in interviewing young children. These interviews are usually conducted by a forensic interviewer with DCF and police observing behind a one-way mirror.

Record the patient's answers accurately and completely, using the patient's words. Use additional sheets as necessary to record the patient's responses.

Presence of Parent or Guardian

The health care person in charge should decide whether the presence of a parent/guardian during the interview or examination is desirable. Some issues to consider are:

- Whether the presence will cause further confusion and additional trauma;
- Whether the presence will result in censorship of information sought during an interview;
- Whether to risk an emotionally distraught or disbelieving response that will negatively impact the child and the interview/examination process.
- Whether the parent or guardian is the suspected perpetrator. (See below.)
- If the child expresses a need for support from a parent/guardian, and the parent/guardian is not suspected of being the perpetrator, her/his presence may be appropriate if s/he is supportive to
the child.

- If a parent/guardian is excluded from the interview or examination, s/he should be taken to a private area and provided with support and comfort. The local sexual assault crisis service can provide support for parents as well as children.
- The interview or examination should never be done in the presence of a parent/guardian who is suspected of being the perpetrator.

**Medical/Evidence Collection Examination**

- The medical examination of a child patient should consist of a general physical examination, a genital examination, and where appropriate, the collection of physical evidence. (See below for guidelines regarding when completion of a Kit is appropriate.) Special care and discretion should be exercised in determining when the completion of a Kit is appropriate if the patient is a child.
- Valuable evidence can be obtained through the physical examination and interview of the child patient. It is important that such an examination and interview be performed, and that the Forms be completed, whether or not the Kit is completed.
- If the abuse/assault occurred within the prior 120 hours, or if the time frame could not be established, a careful evaluation of the case must be made to decide what, if any, physical evidence should be collected. Evidence should be collected according to the instructions given for adults, on pages 32 though 50, but with the following modifications:
  - Pediatric needles and vacutainers may be substituted.
  - Swabs may be used one at a time rather than using two simultaneously.
  - If a female child patient is too traumatized to undergo a full vaginal/pelvic examination, external vaginal areas should be swabbed. Internal and speculum exams should not be done on pre-menarcheal children.
  - It is recommended that head hair standards not be pulled from a child patient at the time of the initial examination. They can be gathered later, if needed.
  - It is recommended that pubic hairs standards not be pulled from a child patient at the time of the initial examination. They can be gathered later, if needed.

**Testing for Sexually Transmitted Infections (STI’s)**

- The presence of a sexually transmitted infection in children is a strong indication of sexual abuse/assault, and the presence of certain STIs might help to link the perpetrator to the crime.
- Although many infections, such as gonorrhea and Herpes Simplex, can be transmitted to an infant at birth by an infected mother, children beyond the first few months of infancy should be suspected as having been sexually abused/assaulted if an STI is present.
- A physician or facility must report to DCF upon the consultation, examination or treatment for STI of any child under age thirteen. [CGS §19a-216]
MALE VICTIMS

Initial Response

- Male sexual assault patients should be triaged in the same manner that is suggested for female sexual assault patients.
- Male sexual assault patients generally are less likely to report sexual assaults or to seek medical care following a sexual assault due to the stigma and societal views. A non-judgmental response is imperative to facilitate the recovery of male patients.
- Male sexual assault patients may experience emotional and psycho/social trauma similar to that of a female. It is just as important for males to be reassured that they were victims of a violent crime which was not their fault, and that other sexually assaulted males have recovered.
- Male patients may be more likely to exhibit a controlled response after the assault, with feelings of shock, disbelief and confusion. The assault may cause the patient to question his own sense of manhood and strength.

Counseling and Support

- Ask the male patient whether he would prefer a male nurse and/or a male sexual assault counselor, if one is available. Never assume that a male counselor is preferred.
- Call sexual assault crisis services as soon as possible to enhance the timeliness of the counselor’s response.
- A male patient may have concerns or problems regarding his inability to resist the assault or confusion about the nature of his role as victim/participant because of the possibility of an involuntary physiological response to the assault, such as stimulation or ejaculation.
- Concerns regarding sexual identity may arise for homosexual, bisexual or heterosexual males.

Medical Report Forms

- The male sexual assault patient's oral cavity/mouth should be carefully examined for trauma/evidence. The details of any findings should be recorded on page 2 of the Medical Report.
- Male genitalia diagrams have been provided on page 3 of the Medical Report. Special care should be taken to closely examine both the glans and scrotal area, which often are targets of trauma in male sexual assaults.
- Evidence of erythema, bruises, suction marks, excoriations, burns or lacerations of the glans, frenulum and anus should be recorded. The presence of testicular or prostatic tenderness or discharge from the urethra are important signs and may reflect trauma or infection.

Evidence Collection

- The evidence collection procedures described on pages 32 through 50 apply to male patients as well as female patients. Minor adaptations must be made, for example, penile swabs and smears (in lieu of vaginal swabs and smears) for possible saliva, feces or other evidence.
- Special care should be taken in packaging the male patient's clothing, especially underpants and pants because the patient may have experienced an ejaculation. (This does not imply consent or
pleasure, but rather is a natural physiological response to stimulation.) To avoid cross contamination with the offender's semen, the garments should be placed over clean pieces of paper or cardboard and secured with tape, pins, etc. This collection information should be recorded on the Step 1 identification label and on line 3 of the Checklist.

- The male patient's back, thighs and buttocks should carefully be examined for dried secretions. The use of an alternative light source with a filter or a Woods short-wave ultraviolet lamp in a darkened examination room can be helpful in locating fluorescence from saliva, blood, semen or feces on the patient.
- When collecting combed pubic hair specimens, include combing of hair around testicles and anal area.
- Body hair should be closely examined for debris or foreign hairs.
CARE & TREATMENT

General Medical Care and Treatment

- The *Technical Guidelines* are intended to serve as a guide for the care and treatment of the sexually assaulted patient.
- The medical care and treatment of sexual assault patients should be consistent with current professional guidelines and accepted medical practice.

Health Care Facility Laboratory Tests

Sexually Transmitted Infections (STIs)

- Examiners should provide patients with information about the potential risk of transmission of sexually transmitted infections, along with the symptoms and treatment. Some factors affecting the transmission of STIs include the type and nature of the assault, the extent of the injuries, the number of assaults, the number of perpetrators, susceptibility of the patient, and known STI status of the perpetrator(s). A discussion should occur regarding baseline treatment options along with follow up care and referrals.
- The need for baseline testing for STIs should be considered on a case by case basis by both examiners and patients. Testing at the time of the initial exam does not typically have forensic value if patients are sexually active and a STI could have been acquired prior to the assault. Testing at the time of the exam, however, provides examiners the opportunity to recommend specific treatment and allows patients the option of deferring treatment until it is needed. If baseline testing is performed, the guidelines outlined by the Centers for Disease Control and Prevention (CDC) should be followed. Obtaining specimens for STI testing should be performed immediately following forensic specimen collection.
- Prophylaxis against STIs at the time of the exam should be discussed with patients, and may be indicated for those patients who decline baseline testing and for those patients who may not attend a follow-up appointment or referral. Patients who prefer prophylaxis generally do not require baseline testing. Prophylaxis may include medications for trichomoniasis, bacterial vaginosis, gonorrhea, and chlamydial infections since they are the most frequently diagnosed infections among sexually assaulted women. Prophylactic treatment should additionally be based upon any clinical presentation that may suggest a preexisting STI. Therapy should be based upon CDC recommended medications and doses.

Hepatitis B Virus (HBV)

- Examiners should provide patients with information regarding HBV. Patients who have completed a full Hepatitis B vaccination regimen prior to the assault are generally protected from HBV infection and may not require further doses. For those patients who have not received the vaccination regimen, have not completed the regimen or are unsure, the regimen should be initiated at the exam along with follow up referrals for two additional doses given at one to two months and again at four to six months following the initial dose. If perpetrators are suspected or known to have Acute Hepatitis B, it may be advisable to administer Hepatitis B Immunoglobulin. Treatment should be based upon CDC recommended doses.
Human Immunodeficiency Virus (HIV)

- Health care personnel should provide patients with information regarding the risks of HIV, the risk of contracting HIV from the sexual assault, and options for baseline and follow-up testing. The risks of contracting HIV from sexual assault are affected by similar factors to those described above under Sexually Transmitted Infections.

  - If the assault is considered to be a high risk for HIV exposure, a baseline HIV status may be indicated and should be obtained as soon after the assault as possible. The patient should then be tested periodically as directed. HIV testing should be performed in settings where counseling can be offered to explain results and implications.
  - Written consent is not required for an HIV test. Patients can opt out of the test if it is offered.
  - Patients should be directed to testing services that are free, anonymous, and confidential. HIV testing should be performed in settings where counseling can be offered to explain results and implications. In some circumstances, HIV testing may be performed at the time of the initial sexual assault exam and evidence collection (see below for more information).
  - The need for HIV prophylaxis, a 28 day cycle of HIV medication that may help prevent the transmission of the virus, should be assessed by the examiner and discussed with the patient. When considering prophylaxis, clinicians and patients should assess how much time has passed since the exposure occurred, the probability that the assailant is HIV positive, the likelihood that transmission could occur from the assault, and the prevalence of HIV in the community in which the assault took place (e.g., a prison). The use of post-exposure therapy must balance the potential benefits of treatment with other factors including possible adverse side effects and toxicity, the need for frequent dosing and follow-up care, the importance of compliance with therapy, and the estimated costs of the medication and monitoring. If possible, an HIV specialist should be consulted. CDC recommendations should be utilized for medications and dosing.
  - If HIV prophylaxis is appropriate, the examiner may initiate a three-day course of medication until the patient is able to attend a follow-up appointment for further assessment for the continuation of the medication.
  - See Appendix J for more information about how to help patient’s access nPEP.

Baseline Testing Recommendations

- Baseline testing for HIV that is done at the time of the examination or within a few weeks of the assault only tells a patient if she or he was infected with HIV prior to the assault. HIV antibodies will not be evident for 3 – 6 months after the time of infection.
- Following a possible exposure to HIV, testing is recommended at 6 weeks, 3 months, and 6
months. All sexual assault patients should be told about the need for follow-up testing and provided with referral information at the time of discharge.

- The decision to test for HIV at the time of evidence collection should be made on an individual basis and is not appropriate for all patients. The following factors impact the appropriateness of immediate testing and should be discussed with sexual assault patients:
  - Sexual assault patients typically present to a health care facility in a state of crisis. This could impact a patient’s ability to provide informed consent to the HIV test.
  - If HIV testing is done at the time of evidence collection, results could end up in the patient’s medical records and be billed through the patient’s insurance company.
  - HIV tests administered in hospital emergency departments are typically expensive and will not be paid for as part of the costs of collecting forensic evidence.
  - Some patients who present at a health care facility for evidence collection may have limited interactions with health care systems. For these patients, the time of evidence collection could be the best opportunity for them to learn their HIV status. The Centers for Disease Control (CDC) recommends routine, annual testing for all individuals between the ages of 13 – 64.
  - If the patient is exhibiting symptoms of HIV or another STI, testing should be done to diagnose and provide treatment.
  - Most emergency departments are not set up to provide appropriate pre- and post-test counseling. HIV tests should be administered in accordance with Connecticut law [CGS § 19a-582(c)], which requires counseling or counseling referrals that include:
    - Coping with the emotional consequences of learning the results
    - Discussion of the discrimination that could accompany disclosure of results
    - Behavior change to prevent transmission or contraction of HIV infection
    - Information about available medical treatments and medical services
    - Information about local or community-based HIV/AIDS support services agencies
    - Working towards the goal of involving a minor’s parents or legal guardian in decisions related to medical treatment
    - Regarding the need of the test subject to notify his partners and, as appropriate, provide assistance or referrals for assistance in notifying partners
- The issue of baseline testing at the time of evidence collection is complicated and should be carefully discussed with the patient. For all patients, efforts should be made to ensure testing within 120 hours of the assault. If prophylaxis is prescribed, testing should be done within 72 hours.

Drug and Alcohol Testing

- As a general rule, testing for the presence of drugs and/or alcohol in the system of a sexual assault patient is not suggested or required unless medically indicated.
- Examiners should be aware of the possible use of “date rape drugs” in sexual assaults. If a sexual assault patient states that s/he is unable to recall time/events related to the assault, consideration should be given to the appropriateness of testing for such drugs.

Pregnancy Risk Evaluation and Care

Examiners should provide information to patients regarding the risk of pregnancy. A pregnancy test should be conducted (with patient consent) with all patients of childbearing age to establish the patient’s present status.
Pregnancy prophylaxis, also known as Emergency Contraception (EC) should be discussed as a treatment option. Taking EC after a sexual assault decreases a woman’s chances of becoming pregnant.

**EC pills should be started as soon as possible after the sexual assault at the facility.**

- The sooner a woman takes EC pills after a sexual assault, the more effective it is.
- EC pills are most effective when taken in the first 12 hours.
- The FDA has approved EC pills to be initiated up to 72 hours (3 days).
- Recent research has shown EC pills initiated up to 120 hours are effective.

As of October 1, 2007, in accordance with Public Act 07-24 *An Act Concerning Compassionate Care for Victims of Sexual Assault* (See Appendix A) the standard of care for each licensed health care facility that provides emergency treatment to a victim of sexual assault shall promptly include:

- Providing each victim of sexual assault with medically and factually accurate and objective information relating to emergency contraception;
- Informing such victim of sexual assault of the availability of emergency contraception, its use and efficacy;
- Providing emergency contraception to such victim of sexual assault at the facility upon the request of such victim, except that a licensed health care facility shall not be required to provide emergency contraception to a victim of sexual assault who has been determined to be pregnant through the administration of a pregnancy test approved by the United States Food and Drug Administration, and;
- No licensed health care facility that provides emergency treatment to a victim of sexual assault shall determine such facility’s protocol for complying with the standard of care requirements on any basis other than a pregnancy test approved by the United States Food and Drug Administration.
DISCHARGE

General Instructions

- If appropriate facilities are available, allow a patient who so desires to brush her/his teeth and to shower after all evidence has been collected.
- If the patient’s clothing was collected as physical evidence, take necessary steps to ensure that the patient does not leave the facility in a hospital gown/slippers.
- Whenever a sexual assault patient is discharged from the hospital or transferred to an inpatient department, the Discharge Instructions (see below and page 26) should be completed and a copy should be given to the patient.

Discharge Instructions

- At the completion of the examination and treatment of a sexual assault patient, regardless of whether the Kit was completed, the Discharge Instructions (Pages 6 of the Medical Report) should be completed.
- All information contained in the Discharge Instructions should be discussed with the patient, as well as written on the form.
- The patient should be encouraged to ask any questions that s/he may have.
- Ensure that the patient understands the information contained in the Discharge Instructions and the importance of follow-up care.
- The discussion of follow-up care for medical and counseling purposes is an important treatment aspect for sexual assault patients.
- Specific information should be provided regarding the following:
  o Follow-up exam and testing for STIs in two weeks;
  o Referral to a clinic which provides for anonymous, free or low cost HIV testing.
- If the patient is undecided whether to report the assault to police, create a Control Number as indicated on the Discharge Instructions. (See page 19 for further information)
- Complete the signature section of the Discharge Instructions as directed.
- After all necessary information and signatures have been recorded on the Discharge Instructions, give the yellow carbonless duplicate copy of the Discharge Instructions to the patient or the patient’s representative. Reserve the white original copy for the patient’s medical record.

Booklet

- Give the patient a copy of the, Information for Victims of Sexual Assault and Their Families Booklet, and indicate on the Discharge Instructions that it was given.

Additional Discharge Procedures

- Whenever possible, avoid requiring a sexual assault patient to wait at another location in your facility for release forms and/or prescriptions. Any additional discharge procedures should be completed in a way that minimizes waiting and stress to the patient.
- Assist sexual assault patients in making the necessary arrangements for transportation leaving the facility (e.g., calling family or friend or arranging for taxi cab service).
EVIDENCE TRANSFER

Preparation of Evidence containers

- All evidence containers, such as the CT100 Kit, CT400 Kit, and clothing bag(s), must be marked with identification information, properly sealed, and marked with chain of custody information. (Refer to REPACKAGING, LABELING AND SEALING EVIDENCE CONTAINERS page 51)
- All stickers, such as the orange “BIOHAZARD” and if applicable, (if a moist specimen was collected in Step 13) the yellow “MOIST SPECIMEN” sticker must be placed on the upper left corner of the Kit. (Refer to REPACKAGING, LABELING AND SEALING EVIDENCE CONTAINERS page 51)
- All evidence seals should be placed on the evidence containers. Two (2) seals should be placed on the Kit and two (2) seals should be placed around the ends of the folded opening on the large brown clothing bag. Initial all seals.
- The yellow carbonless duplicate copy of page one (1) of the Medical Report must be sealed in the envelope on the bottom of the Kit.
- The white copies of all Medical Report pages must be placed in the patient’s medical record.

Appropriate Transfer Personnel

- Under no circumstances should sexual assault patients be allowed to handle evidence after it has been collected. (Exception- Pubic hairs specimens may be pulled by the patient if s/he prefers. The patient should wear non-lubricated gloves if s/he completes this step). (Refer to step 9 KNOWN PUBIC HAIR PULLED PAGE 45).
- Only a police officer should transfer physical evidence from health care facilities to the State of Connecticut Forensic Laboratory or the Toxicology/Controlled Substance Laboratory for storage and/or analysis.
- If the patient is undecided about the notification of the police regarding the assault, the department or troop with jurisdiction where the assault occurred (if known) or where the health care facility is located (if unknown) should be contacted (See below regarding when to contact police).

Appropriate Contact Timing

If the patient consents to the notification of police regarding the assault:

- Contact police as soon as possible to avoid delaying the sexual assault patient for longer than necessary.
- If police are unable to arrive before the examination and treatment of the patient is completed, suggest that arrangements be made for the police interview to be conducted at another location at a later time, rather than require the victim to wait in the hospital.
- Encourage police to arrive at the facility as soon as possible to conduct the interview with the victim and to transfer evidence to the State of Connecticut Forensic Laboratory.

If the patient is undecided about notifying police regarding the assault:

- Use a Control Number instead of the patient’s name and medical record number on the Kit identification label. The patient’s identity should not be disclosed to the police without her/his consent.
• Contact police after the patient has been discharged to avoid making the patient feel pressured by the officer’s presence.
• Labeled, sealed evidence containers should be properly and securely stored until they are turned over to police. (See below-Temporary Storage of Evidence Container).

**Temporary Storage of Evidence Containers**

• Completed Kits and filled clothing bags should be transferred to police custody as soon as practical for transport to the State of Connecticut Forensic Laboratory.
• Evidence that is not immediately transferred to police for transport to the State of Connecticut Forensic Laboratory should be labeled, sealed, and temporarily stored in a secure area or kept under observation until turned over to police.
• If temporary storage of the Kit and clothing bags is required prior to the transfer of custody to police, store as follows:
  o The completed, sealed Kit should be stored in a secure, refrigerated area.
  o The filled, sealed clothing bag(s) should be stored in a secure, dry area at room temperature.
• If evidence is stored prior to being transferred to police, the person storing the evidence must document the storage as instructed on the Kit box. (See below).
• Do not retain evidence at the hospital if the patient is undecided about reporting. To preserve the chain of evidence and evidence integrity, evidence should be stored at the Laboratory and not the health care facility. Evidence must be stored for sixty (60) days when a patient is undecided about whether to notify police of the assault and must be transferred to police for transport to and for storage at the State of Connecticut Forensic Laboratory or Toxicology/Controlled Substance Laboratory.

**Transfer Documentation**

The evidence transfer must be documented in the following places:
• The evidence container labels (Kit and clothing bag(s)). (Refer to QUESTIONS REGARDING EVIDENCE COLLECTION page 31).
• Page 4 of the Medical Report. (See SAMPLE FORM page 25).
• Lines 13 and 14 of the Checklist. (See SAMPLE FORM page 27).

**Evidence Containers**

• Be sure that “MEDICAL PERSONNEL” section of the Kits and clothing bag labels are completed.
• If evidence is stored prior to being turned over to police, the person storing the evidence should complete the lower section of the “MEDICAL PERSONNEL” section on the Kit and clothing bag labels. (Note that if the patient is undecided about notifying police about the assault, a Control Number, and not the patient’s name or medical record number, should be used to identify evidence containers. See CONTROL NUMBER page 19).
• The health care personnel who transfers the evidence to police should complete the first line of the “POLICE PERSONNEL” section of the Kit and clothing bag labels.
• The police officer who received the evidence from the health care facility person should complete the second line of the “POLICE PERSONNEL” section of the Kit and clothing bag labels.
• Police and the State of Connecticut Forensic Laboratory/Toxicology-Controlled Substance Laboratory personnel will document the continuing chain of custody.
**Medical Report Forms**

- If evidence is stored prior to being turned over to police, the storing person must complete Section 9E on page four (4) of the Medical Report.
- The health care personnel who transfers the evidence to police must complete section 9e on page four (4) of the Medical Report.
- The police officer that takes custody of the evidence from the health care personnel must complete Section 9E on page four (4) of the Medical Report.

**Checklist**

- Line 13 of the Checklist should be appropriately marked by the examiner responsible for the examination of the sexual assault patient to indicate that evidence was transferred to police.
- Line 14 of the Checklist should be appropriately marked by the examiner responsible for the examination of the sexual assault patient to indicate that arrangements were made for the transfer of evidence to the State of Connecticut Forensic Laboratory by police for sixty (60) day storage.
POLICE INTERVIEW

General Information

- If the patient consents to the notification of police regarding the sexual assault, police will need to conduct a preliminary interview of the sexual assault patient, in addition to transferring evidence from the health care facility to the State of Connecticut Forensic Science Laboratory or Toxicology-Controlled Substance Laboratory.

Location

- Whenever possible, a quiet private area should be provided for police to interview a sexual assault patient.
- If no suitable area is available, suggest that the interview be conducted later, at another location, such as a sexual assault crisis services office or a place selected by the patient.
- It is important for a sexual assault patient to feel that s/he is moving forward during the difficult process that follows a sexual assault and to regain a sense of control. Leaving the examining room after the examination is completed will help the patient as well as allow the examining room to become available for other use.

Timing

- Police should be contacted at such time, and in such a manner, that will enable the officer to coordinate her/his arrival with the completion of the patient examination.
- If the officer arrives prior to the completion of the examination, s/he should be asked to wait in the waiting area until the examination is completed. There is no reason for the presence of a police officer (male or female) during the forensic examination. (Refer to ATTENDING PERSONNEL page 29).
- See Child & Adolescent Victims section (Pages 52-54) when interviewing minors.
BILLING

Billing for the Gathering of Sexual Assault Evidence

General Instructions

- State law prohibits health care facilities from billing sexual assault patients, either directly or indirectly, for the cost of gathering sexual assault evidence. [CGS § 19a-112a(e)] (See Appendix A).
- Health care facilities are required by law to bill the costs of gathering sexual assault evidence to the CT Judicial Branch, Office of Victim Services. [CGS § 19a-112a(e)] (See Appendix A).
- For the purposes of billing requirements, gathering sexual assault evidence means:
  - The opening of the Kit during the examination of any victim, or
  - If the victim is age seventeen or younger, the completion of the Forms and the physical examination for evidence and/or signs of sexual assault whenever the completion of the Kit is deemed inappropriate.
- The Commission will establish a payment amount to represent the costs of gathering evidence, and shall notify health care facilities of that amount and of any changes in that amount.
- Assistance may be available (for other expenses) not covered under CGS § 19a-112a(e). (See Appendix H).
- See Appendix C for the Information for Victims of Sexual Assault and Their Families Booklet (Booklet). The Booklet contains information on medical care, compensation, and the billing process.

Development of Internal Procedures

- Each health care facility that provides for the collection of sexual assault evidence should develop internal procedures for the processing of bills which are subject to the above billing requirements.
- Processing procedures should include:
  - A method for identifying subject bills.
  - A method for the documenting on the bill (e.g., UB92) that evidence was gathered during the exam. (See Bill Submission Requirements below).
  - A method for ensuring that the CT Judicial Branch, Office of Victim Services, is designated as the primary payor on subject bills.
  - The designation of at least one person in the billing department to be informed about billing requirements and to communicate with other departments and/or the CT Judicial Branch, Office of Victim Services, regarding such billing.
  - A method for ensuring that the CT Judicial Branch, Office of Victim Services is removed as guarantor for all billing procedures after the initial submission to the CT Judicial Branch, Office of Victim Services for purposes of CGS § 19a-112a.
Bill Submission Requirements

- Health care facilities should submit a UB92 or equivalent for the examination of a sexual assault patient whenever that examination includes the gathering of sexual assault evidence as described above.
- The UB92 or equivalent should include a notation that indicates that the bill qualifies for payment, e.g.:
  - “Kit done” to indicate that a Kit was completed on any patient.
  - “Pediatric/adolescent sexual assault exam done” to indicate that a patient age seventeen or younger was examined for sexual assault even if a Kit was not completed.
- The UB92 or equivalent should not include a charge for the Kit because Kits are provided by the CT Judicial Branch, Office of Victim Services, to all health care facilities in Connecticut at no charge.
- See Appendix H for sample UB92s with appropriate notations.
- See Appendix H for a memo to Patient Account Managers describing bill submission requirements.

Additional Assistance for Victims of Crime

- Information regarding the Office of Victim Services’ Compensation Program should be provided to all sexual assault patients. This information will be helpful, especially if the patient does not have health care insurance.
- See Appendix H for specific information regarding the crime victim compensation program, and other assistance through the Office of Victim Services.

Office of Victim Services – Connecticut Judicial Branch
Compensation Program
(888) 286-7347
Monday – Friday, 8:00am – 4:30pm
REFERRAL & ASSISTANCE

General Instructions

- The support and advocacy of a trained sexual assault counselor can be very beneficial to a sexual assault patient during the patient’s visit to the health care facility and afterward.
- The presence of a trained sexual assault counselor can also be very helpful for the examiner completing a sexual assault examination.

STATEWIDE SEXUAL ASSAULT 24-HOUR TOLL FREE HOTLINE: (888) 999-5545
SEXUAL ASSAULT SPANISH RESPONSE SERVICE: (888) 568-8332
All calls will automatically be routed to the nearest center.
All calls are confidential. None of the centers subscribe to Caller ID.

Description of Services

- Connecticut Sexual Assault Crisis Services, Inc. (CONNSACS) has 9 centers located throughout the state.
- Each community-based center provides free, confidential services for past and present victims of sexual assault/abuse/harassment and their families, parents, friends and partners. Services include:
  - 24-hour hotline with immediate access to certified counselors.
  - Crisis intervention and short-term counseling for victims of sexual assault and their families and friends.
  - Support and advocacy for the victim’s additional counseling and other needs.
  - Support groups for rape, child sexual abuse and incest victims, and parents and partners.
  - Counselor/advocates trained to work with child victims.
  - TTY access available during office hours (M-F, 9:00 – 4:30). Bilingual staff and male counselors.
  - Centers may be able to provide clothing for patients whose own clothing has been collected as evidence so that patients don’t leave the facility after discharge in a hospital gown/slippers.
FREQUENTLY ASKED QUESTIONS FROM PATIENTS

What is the Sexual Assault Exam?

- The sexual assault exam is a medical exam done by health care personnel. You are examined and treated for any injuries, and tested for pregnancy and sexually transmitted infections (STIs). During the exam, a sexual assault evidence collection kit may be completed. [§19a-112a(c)] This Kit is used to collect specimens, such as hair or semen, which may provide supportive physical evidence to be used in court. The presence or absence of physical evidence does not prove whether a person has been sexually assaulted.

Should I have the Kit completed if I am not sure about reporting to the police?

- Yes. You should have the Kit completed as soon as possible after a sexual assault, even if you cannot decide whether to report the assault to the police. Important evidence may be lost or destroyed as time passes. The state law requires that the completed kit be held for sixty (60) days to allow you time to decide. [§19a-112a(d)]. During this period the kit will not be identified by your name. You can still choose not to report to the police.

Who pays for the exam?

- The CT Judicial Branch, Office of Victim Services (OVS) pays for the cost of completing the sexual assault evidence kit. [§19a-112a(e)]. The state will also pay for a medical forensic assessment interview done on a child. However, the hospital may bill you for some medication and any other medical expenses. You may be able to get help with these bills from OVS. (See Appendix H)

Will I need any follow-up medical care?

- The test you had in the hospital will only tell you if you were pregnant or had an STI before the assault. If you contracted anything from the offender, it will not show up until later. Even if you were given medication as a precaution, it is very important that you be re-tested in two weeks.
- The Discharge Instruction sheet given to you when you left the health care facility contains very important information. You should bring that sheet with you to any follow-up appointments.
- If you received hormone therapy to prevent pregnancy, you may have some nausea. If you were not given a prescription for anti-nausea medication and you need some, call the hospital where you were seen. (See Discharge Instructions for telephone number).
- It may take up to two weeks for your period to start. If it does not, or if you think you might be pregnant, you should have a blood test for pregnancy to be sure.

What about AIDS?

- Some people who have been sexually assaulted are concerned about HIV infection. HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immune Deficiency Syndrome).
The risk of HIV infection from a one-time sexual assault is low. Whether the sexual assault happened recently or in the past, you should talk to a knowledgeable person for advice. A sexual assault counselor can provide support, information and can direct you to testing sites where you can receive free (or very low cost) anonymous HIV testing and counseling. After discussing your situation with a counselor, you may want to be tested for HIV.

Because of the emotional trauma of the assault, you may want to do baseline testing 3-5 days after the assault. Waiting will give you a chance to talk to a counselor and to think about your choices in order to make the best decision for you. A test given shortly after the assault will only tell if you were infected before the assault. It can take up to 6 months to know if you were infected during an assault so it is recommended you be tested for HIV at 6 weeks, 3 months and 6 months post assault.

The law also gives you the right, in some cases, to request that the offender be tested for HIV. [§19a-581 - §19a-585] A sexual assault counselor or an HIV counselor can tell you about this right. However, if you are concerned about HIV infection, you should be tested.

**LEGAL CONCERNS**

**Should I report the assault to the police?**

- If you chose to report a sexual assault to the police you should do so as soon as possible. In many cases, the ability to catch and prosecute the offender depends upon it. The hospital staff or sexual assault counselor can contact the police for you, or you may contact them yourself.
- You cannot be requested or required to take a lie detector test by any police department, prosecutor or investigator because you file a sexual assault complaint. [§54-86j]

**Note:**

- As a victim of sexual assault, you may be eligible for financial assistance from Office of Victim Services (OVS). If you have disclosed the assault to a healthcare provider, advocate, or certain other professionals, this may be considered instead of a police report to meet the OVS Compensation Program eligibility requirements. [§54-209]

**What happens after I report to the police?**

- After you contact the police, you will need to give them a statement in your own words about what happened to you, including a description of the offender and where the attack happened. You will be asked to sign the statement. If later you remember other information, you should call the police to amend your statement.
- You should be careful not to wash or throw out any items related to the assault. You should tell the police about them because they may need to collect these items, including clothing or linens, as evidence. The police may need to contact you during their investigation. Arrests do not always happen quickly, or at all.
- Someone from the prosecutor’s office (a prosecutor or an investigator) may contact you after the offender is arrested. You also may be contacted by an OVS Victim Services Advocate who can provide you information regarding your rights and case information.

**Will the offender be able to get out of jail after being arrested?**

- The offender may be released on bond after arrest while awaiting trial. If you are afraid, you should contact a sexual assault counselor to discuss your fears and options.
• Crime victims can register with the Connecticut Department of Correction to receive notification when their offender is discharged from bond or released on promise to appear. Crime victims who wish to receive notification should call the Department of Corrections Victim Services Unit at (888) 869-7057 for more information. They can also fill out the Confidential Request for Notification of Status of Inmate form (available online: http://www.ct.gov/doc/lib/doc/PDF/form/FormJd-Vs-5.pdf) and fax it to the Department of Correction at (860) 692-7867.

Do I need my own lawyer for the criminal case?

• No. The State of Connecticut has lawyers, called State’s Attorneys or prosecutors, who represent the state’s interest and who will prosecute the criminal case. They will need you as a witness for the state’s case against the offender. You may hire your own lawyer to represent your interest if you wish.

When will the case be tried?

• If the case goes to trial, it may take a long time – perhaps more than a year. However, criminal cases sometimes are resolved without a trial through a plea agreement. During this period you can be in contact with someone from the prosecutor’s office. A sexual assault counselor can answer questions and can help you communicate with the prosecutor’s office.

What if the offender’s lawyer or investigator contacts me?

• You do not have to talk to anyone about the incident unless you have been subpoenaed to appear in court. If you are subpoenaed, you are only required to talk about the incident in court, not out of court. Anyone working with the offender is seeking information for offender’s benefit. You may decide that you do not want to speak with them out of the courtroom, or that you want the prosecutor to be present. You should always find out who it is that wants to talk to you, and who they are working for, before you decide whether or not to speak to that person. If you have any questions, you should contact the prosecutor.

What role will my testimony play in the criminal case?

You testimony will be very important:
  • At trial to help a judge or jury decide whether to convict the offender;
  • Before sentencing you can speak to the preparer of the Pre-sentence Investigation Report that will be given to the judge;
  • At sentencing your “Victim Impact Statement” will help the judge to decide a proper punishment for the offender;
  • At a parole hearing to help the Parole Board decide whether to grant the offender’s request for early release.

Do I need my own lawyer if I decide to sue the offender?

• You will probably need to hire a lawyer if you decide to sue the offender in civil court. A sexual assault crisis counselor can help you find a lawyer who specializes in helping victims.
What are my rights as a victim?

- Victims of crime in Connecticut have rights that are protected by law. Some of these rights are complicated and difficult to fully explain. If you have any questions about your rights, you can call a sexual assault counselor or the Office of Victim Services. (See page 68)

Rights to notification

By providing a current mailing address and phone number to the prosecutor, you can ask to be told about …

- Any court proceeding – arrest, arraignment, and release on bond, entry of a plea, trial or sentencing. [§51-286e]
- A chance to tell the judge about how the crime affected you, by presenting a Victim Impact Statement. You can either speak to the judge in court or you can give written comments to the prosecutor for submission to the judge. [§54-91c]
- An application by the offender for accelerated rehabilitation (AR) and a chance to comment to the judge on that application. [§54-56e]
- Whether the criminal case has been dismissed. You should check often with the court clerk about this. You request must be made within one year of the dismissal. [§54-142c]
- Any application by the offender to the Board of Pardons and Paroles, Department of Correction (DOC), sentencing judge or Sentence Review Division. You must file a request with the Office of Victim Services (they will provide the form), and provide a current mailing address. [§18-81c]
- A chance to appear before the Board of Pardons and Paroles or submit a written statement about whether the offender should be released, or the conditions to be imposed on any such release. [§54-126a]
- When the offender is released from the DOC. You must file a request with the Office of Victim Services or the Commissioner of Correction, and provide a current mailing address. [§54-228]

Rights to protection

You have the right…

- To appear under subpoena as a witness in any criminal proceeding without being fired, harassed or otherwise retaliated against by your employer. [§54-85b]
- To request that special considerations be taken during your child’s testimony, in or out of court, if you are the parent of a sexual assault or abuse victim and your child was 12 years of age or younger at the time of the offense. [§54-86g]
- To request the arrest of the offender, to request a protective order from the court, and to apply for a restraining order from the court in order to prevent further injury. A sexual assault counselor or a family violence victim advocate can explain these issues. [§46b-15, §46b-38c] (See page 69)

Rights to confidentiality

You have the right…

- To have your conversations with a sexual assault counselor or family violence victim counselor at a rape crisis center or family violence center remain confidential and not used in court, unless you want them to be used. [§52-146k]
• Not to have your present or prior sexual conduct brought up during the trial unless the court, after a hearing, decides that it is strongly related to the trial. You may wish to speak with the prosecutor about this. [§54-86f]
• Not to have your address or phone number disclosed in the courtroom during any proceeding in the prosecution of the case involving sexual assault, injury or risk of injury to a child, or impairing the morals of a child. [§54-86d] You also have the right to have your name and address in the court records remain confidential from people not involved in the case (the offender will have access to this information through his/her attorney) and released only by an order of the court. [§54-86e]

Rights to return of property

You have the right...
• To request the police return any personal property taken for the investigation or prosecution of the crime within 30 days, unless the court orders it held longer. The property will be disposed of if you do not request it within six month from the end of the criminal case.

Rights to profits

You have the right...
• To file a lawsuit seeking any profits the offender might receive from any book, movie or dramatization of the crime if the offender is convicted. [§54-218]
FAMILY VIOLENCE PROGRAMS

To contact a family violence victim advocate and for emergency shelter, counseling and other services, call the 24-Hour Hotline in your area.

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ansonia</td>
<td>203-736-9944</td>
</tr>
<tr>
<td>Bridgeport</td>
<td>203-384-9559</td>
</tr>
<tr>
<td>Danbury</td>
<td>203-731-5206</td>
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<tr>
<td>Danielson</td>
<td>860-774-8648</td>
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<td>Enfield</td>
<td>860-763-4542</td>
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<td>Greenwich</td>
<td>203-622-0003</td>
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<td>Hartford</td>
<td>860-527-0550</td>
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<td>Meriden</td>
<td>203-238-1501</td>
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<td>Middletown</td>
<td>860-347-3044</td>
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<tr>
<td>New Britain</td>
<td>860-225-6357</td>
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<td>New Haven</td>
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<td>New London</td>
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<td>Norwalk</td>
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<td>Sharon</td>
<td>860-364-1900</td>
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<td>Stamford</td>
<td>203-357-8162</td>
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<td>Torrington</td>
<td>860-482-7133</td>
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<tr>
<td>Waterbury</td>
<td>203-575-0036</td>
</tr>
<tr>
<td>Willimantic</td>
<td>860-456-9476</td>
</tr>
</tbody>
</table>

OFFICE OF VICTIMS SERVICES

General Information

If you have questions about your rights, or if you want information about other services, you may call the Office of Victim Services.

Compensation Information

If you (or your child) were sexually assaulted, and you reported the crime to the police within five days, or disclosed the sexual assault pursuant to [§54-209] you can apply for compensation with the Office of Victim Services for medical and mental health expenses and lost wages, resulting from the crime. [§54-204 - §54-224] For information, forms and assistance completing the application, call the Office of Victim Services.

The Office of Victim Services
1-888-286-7347
Monday – Friday, 8:00am – 4:30pm
or
www.jud.ct.ogv/crimevictim

(Please see the Glossary for a full listing of terms used in this section)
Appendix A

CONTENTS

• Connecticut General Statutes Section 19a-112a
• Public Act No. 07-24
Sec. 19a-112a. Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations. Protocol. Sexual assault evidence collection kit. Preservation of evidence. Costs. Training and sexual assault examiner programs. (a) There is created a Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations composed of fourteen members as follows: The Chief State’s Attorney or a designee; the executive director of the Permanent Commission on the Status of Women or a designee; the Commissioner of Children and Families or a designee; one member from the Division of State Police and one member from the Division of Scientific Services appointed by the Commissioner of Emergency Services and Public Protection; one member from Connecticut Sexual Assault Crisis Services, Inc. appointed by its board of directors; one member from the Connecticut Hospital Association appointed by the president of the association; one emergency physician appointed by the president of the Connecticut College of Emergency Physicians; one obstetrician-gynecologist and one pediatrician appointed by the president of the Connecticut State Medical Society; one nurse appointed by the president of the Connecticut Nurses’ Association; one emergency nurse appointed by the president of the Emergency Nurses’ Association of Connecticut; one police chief appointed by the president of the Connecticut Police Chiefs Association; and one member of the Office of Victim Services within the Judicial Department. The Chief State’s Attorney or a designee shall be chairman of the commission. The commission shall be within the Division of Criminal Justice for administrative purposes only.

(b) (1) For the purposes of this section, “protocol” means the state of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault, including the Interim Sexual Assault Toxicology Screen Protocol, as revised from time to time and as incorporated in regulations adopted in accordance with subdivision (2) of this subsection, pertaining to the collection of evidence in any sexual assault investigation.

(2) The commission shall recommend the protocol to the Chief State’s Attorney for adoption as regulations in accordance with the provisions of chapter 54. Such protocol shall include nonoccupational post-exposure prophylaxis for human immunodeficiency virus (nPEP), as recommended by the National Centers for Disease Control. The commission shall annually review the protocol and may annually recommend changes to the protocol for adoption as regulations.

(c) The commission shall design a sexual assault evidence collection kit and may annually recommend changes in the kit to the Chief State’s Attorney. Each kit shall include instructions on the proper use of the kit, standardized reporting forms, standardized tests which shall be performed if the victim so consents and standardized receptacles for the collection and preservation of evidence. The commission shall provide the kits to all health care facilities in the state at which evidence collection examinations are performed at no cost to such health care facilities.

(d) Each health care facility in the state which provides for the collection of sexual assault evidence shall follow the protocol as described in subsection (b) of this section and, with the consent of the victim, shall collect sexual assault evidence. The health care facility shall contact a police department which shall transfer evidence collected pursuant to subsection (b) of this section, in a manner that maintains the integrity of the evidence, to the Division of Scientific Services within the Department of
Emergency Services and Public Protection or the Federal Bureau of Investigation laboratory. The agency that receives such evidence shall hold that evidence for sixty days after such collection, except that, if the victim reports the sexual assault to the police, the evidence shall be analyzed upon request of the police department that transferred the evidence to such agency and held by the agency or police department until the conclusion of any criminal proceedings.

(e) (1) No costs incurred by a health care facility for the examination of a victim of sexual assault, when such examination is performed for the purpose of gathering evidence as prescribed in the protocol, including the costs of testing for pregnancy and sexually transmitted diseases and the costs of prophylactic treatment as provided in the protocol, and no costs incurred for a medical forensic assessment interview conducted by a health care facility or provider or by an examiner working in conjunction with a multidisciplinary team established pursuant to section 17a-106a or with a child advocacy center, shall be charged directly or indirectly to such victim. Any such costs shall be charged to the Forensic Sex Evidence Exams account in the Judicial Department.

(2) No costs incurred by a health care facility for any toxicology screening of a victim of sexual assault, when such screening is performed as prescribed in the protocol, shall be charged directly or indirectly to such victim. Any such costs shall be charged to the Division of Scientific Services within the Department of Emergency Services and Public Protection.

(f) The commission shall advise the Chief State’s Attorney on the establishment of a mandatory training program for health care facility staff regarding the implementation of the regulations, the use of the evidence collection kit and procedures for handling evidence.

(g) The commission shall advise the Chief State’s Attorney not later than July 1, 1997, on the development of a sexual assault examiner program and annually thereafter on the implementation and effectiveness of such program.

As of July 2013
AN ACT CONCERNING COMPASSIONATE CARE FOR VICTIMS OF SEXUAL ASSAULT.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (Effective October 1, 2007) (a) As used in this section:

(1) "Emergency contraception" means one or more prescription drugs used separately or in combination administered to or self-administered by a patient to prevent pregnancy, within a medically recommended amount of time after sexual intercourse and provided for that purpose, in accordance with professional standards of practice, and determined to be safe by the United States Food and Drug Administration.

(2) "Emergency treatment" means any medical examination or treatment provided in a licensed health care facility to a victim of sexual assault following an alleged sexual assault.

(3) "Medically and factually accurate and objective" means verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable.

(4) "Victim of sexual assault" means any female person who alleges or is alleged to have suffered an injury as a result of a sexual offense.

(5) "Sexual offense" means a violation of subsection (a) of section 53a-70 of the general statutes, section 53a-70a or 53a-70b of the general statutes, subsection (a) of section 53a-71 of the general statutes, section 53a-72a or 53a-72b of the general statutes, subdivision (2) of subsection (a) of section 53a-86 of the general statutes, subdivision (2) of subsection (a) of section 53a-87 of the general statutes or section 53a-90a, 53a-196a or 53a-196b of the general statutes.

(6) "Independent provider" means a physician licensed under chapter 370 of the general statutes, a physician assistant licensed under chapter 370 of the general statutes, an advanced practice registered nurse or registered nurse licensed under chapter 378 of the general statutes, or a nurse-midwife licensed under chapter 377 of the general statutes, all of whom are trained to conduct a forensic exam in accordance with the state of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault, published by the Commission on the
Standardization of the Collection of Evidence in Sexual Assault Investigations pursuant to section 19a-112a of the general statutes.

(b) The standard of care for each licensed health care facility that provides emergency treatment to a victim of sexual assault shall include promptly:

(1) Providing each victim of sexual assault with medically and factually accurate and objective information relating to emergency contraception;

(2) Informing such victim of sexual assault of the availability of emergency contraception, its use and efficacy; and

(3) Providing emergency contraception to such victim of sexual assault at the facility upon the request of such victim, except that a licensed health care facility shall not be required to provide emergency contraception to a victim of sexual assault who has been determined to be pregnant through the administration of a pregnancy test approved by the United States Food and Drug Administration.

(c) In order to comply with the standard of care requirements prescribed in subsection (b) of this section, a licensed health care facility may contract with one or more independent providers to: (1) Ensure compliance at the facility with the standard of care requirements prescribed in said subsection (b), and (2) conduct at the facility a forensic exam of the sexual assault victim in accordance with the state of Connecticut Technical Guidelines for Health Care Response to Victims of Sexual Assault, published by the Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations pursuant to section 19a-112a of the general statutes.

(d) No licensed health care facility that provides emergency treatment to a victim of sexual assault shall determine such facility's protocol for complying with the standard of care requirements prescribed in subsection (b) of this section on any basis other than a pregnancy test approved by the United States Food and Drug Administration.

Approved May 16, 2007
Appendix B

CONTENTS

• Connecticut General Statutes Sections:
  53a-65 Definitions
  53a-70 Sexual assault in the first degree
  53a-70a Aggravated sexual assault in the first degree
  53a-70b Sexual assault in spousal or cohabitating relationship
  53a-70c Aggravated sexual assault of a minor
  53a-71 Sexual assault in the second degree
  53a-72a Sexual assault in the third degree
  53a-72b Sexual assault in the third degree with a firearm
  53a-73a Sexual assault in the fourth degree
Sec. 53a-65. Definitions.

As used in this part, except section 53a-70b, the following terms have the following meanings:

(1) "Actor" means a person accused of sexual assault.

(2) "Sexual intercourse" means vaginal intercourse, anal intercourse, fellatio or cunnilingus between persons regardless of sex. Its meaning is limited to persons not married to each other. Penetration, however slight, is sufficient to complete vaginal intercourse, anal intercourse or fellatio and does not require emission of semen. Penetration may be committed by an object manipulated by the actor into the genital or anal opening of the victim's body.

(3) "Sexual contact" means any contact with the intimate parts of a person not married to the actor for the purpose of sexual gratification of the actor or for the purpose of degrading or humiliating such person or any contact of the intimate parts of the actor with a person not married to the actor for the purpose of sexual gratification of the actor or for the purpose of degrading or humiliating such person.

(4) “Impaired because of mental disability or disease” means that a person suffers from a mental disability or disease which renders such person incapable of appraising the nature of such person's conduct.

(5) "Mentally incapacitated" means that a person is rendered temporarily incapable of appraising or controlling such person's conduct owing to the influence of a drug or intoxicating substance administered to such person without such person's consent, or owing to any other act committed upon such person without such person's consent.

(6) "Physically helpless" means that a person is (A) unconscious, or (B) for any other reason, is physically unable to resist an act of sexual intercourse or sexual contact or to communicate unwillingness to an act of sexual intercourse or sexual contact.

(7) "Use of force" means: (A) Use of a dangerous instrument; or (B) use of actual physical force or violence or superior physical strength against the victim.

(8) "Intimate parts" means the genital area or any substance emitted therefrom, groin, anus or any substance emitted therefrom, inner thighs, buttocks or breasts.

(9) "Psychotherapist" means a physician, psychologist, nurse, substance abuse counselor, social worker, clergyman, marital and family therapist, mental health service provider, hypnotist or other person, whether or not licensed or certified by the state, who performs or purports to perform psychotherapy.

(10) "Psychotherapy" means the professional treatment, assessment or counseling of a mental or emotional illness, symptom or condition.
(11) "Emotionally dependent" means that the nature of the patient's or former patient's emotional condition and the nature of the treatment provided by the psychotherapist are such that the psychotherapist knows or has reason to know that the patient or former patient is unable to withhold consent to sexual contact by or sexual intercourse with the psychotherapist.

(12) "Therapeutic deception" means a representation by a psychotherapist that sexual contact by or sexual intercourse with the psychotherapist is consistent with or part of the patient's treatment.

(13) "School employee" means: (A) A teacher, substitute teacher, school administrator, school superintendent, guidance counselor, psychologist, social worker, nurse, physician, school paraprofessional or coach employed by a local or regional board of education or a private elementary, middle or high school or working in a public or private elementary, middle or high school; or (B) any other person who, in the performance of his or her duties, has regular contact with students and who provides services to or on behalf of students enrolled in (i) a public elementary, middle or high school, pursuant to a contract with the local or regional board of education, or (ii) a private elementary, middle or high school, pursuant to a contract with the supervisory agent of such private school.

Sec. 53a-70. Sexual assault in the first degree: Class B or A felony.

(a) A person is guilty of sexual assault in the first degree when such person (1) compels another person to engage in sexual intercourse by the use of force against such other person or a third person, or by the threat of use of force against such other person or against a third person which reasonably causes such person to fear physical injury to such person or a third person, or (2) engages in sexual intercourse with another person and such other person is under thirteen years of age and the actor is more than two years older than such person, or (3) commits sexual assault in the second degree as provided in section 53a-71 and in the commission of such offense is aided by two or more other persons actually present, or (4) engages in sexual intercourse with another person and such other person is mentally incapacitated to the extent that such other person is unable to consent to such sexual intercourse.

(b) (1) Except as provided in subdivision (2) of this subsection, sexual assault in the first degree is a class B felony for which two years of the sentence imposed may not be suspended or reduced by the court or, if the victim of the offense is under ten years of age, for which ten years of the sentence imposed may not be suspended or reduced by the court.

(2) Sexual assault in the first degree is a class A felony if the offense is a violation of subdivision (1) of subsection (a) of this section and the victim of the offense is under sixteen years of age or the offense is a violation of subdivision (2) of subsection (a) of this section. Any person found guilty under said subdivision (1) or (2) shall be sentenced to a term of imprisonment of which ten years of the sentence imposed may not be suspended or reduced by the court if the victim is under ten years of age or of which five years of the sentence imposed may not be suspended or reduced by the court if the victim is under sixteen years of age.

(3) Any person found guilty under this section shall be sentenced to a term of imprisonment and a period of special parole pursuant to subsection (b) of section 53a-28 which together constitute a sentence of at least ten years.

Sec. 53a-70b. Sexual assault in spousal or cohabiting relationship: Class B felony. (a) For the purposes of this section:
(1) “Sexual intercourse” means vaginal intercourse, anal intercourse, fellatio or cunnilingus between persons regardless of sex. Penetration, however slight, is sufficient to complete vaginal intercourse, anal intercourse or fellatio and does not require emission of semen. Penetration may be committed by an object manipulated by the actor into the genital or anal opening of the victim’s body; and

(2) “Use of force” means: (A) Use of a dangerous instrument; or (B) use of actual physical force or violence or superior physical strength against the victim.

(b) No spouse or cohabitor shall compel the other spouse or cohabitor to engage in sexual intercourse by the use of force against such other spouse or cohabitor, or by the threat of the use of force against such other spouse or cohabitor which reasonably causes such other spouse or cohabitor to fear physical injury.

(c) Any person who violates any provision of this section shall be guilty of a class B felony.

Sec. 53a-70c. Aggravated sexual assault of a minor: Class A felony.

(a) A person is guilty of aggravated sexual assault of a minor when such person commits a violation of subdivision (2) of subsection (a) of section 53-21 or section 53a-70, 53a-70a, 53a-71, 53a-86, 53a-87 or 53a-196a and the victim of such offense is under thirteen years of age, and (1) such person kidnapped or illegally restrained the victim, (2) such person stalked the victim, (3) such person used violence to commit such offense against the victim, (4) such person caused serious physical injury to or disfigurement of the victim, (5) there was more than one victim of such offense under thirteen years of age, (6) such person was not known to the victim, or (7) such person has previously been convicted of a violent sexual assault.

(b) Aggravated sexual assault of a minor is a class A felony and any person found guilty under this section shall, for a first offense, be sentenced to a term of imprisonment of twenty-five years which may not be suspended or reduced by the court and, for any subsequent offense, be sentenced to a term of imprisonment of fifty years which may not be suspended or reduced by the court.

Sec. 53a-71. Sexual assault in the second degree: Class C or B felony.

(a) A person is guilty of sexual assault in the second degree when such person engages in sexual intercourse with another person and: (1) Such other person is thirteen years of age or older but under sixteen years of age and the actor is more than three years older than such other person; or (2) such other person is impaired because of mental disability or disease to the extent that such other person is unable to consent to such sexual intercourse; or (3) such other person is physically helpless; or (4) such other person is less than eighteen years old and the actor is such person's guardian or otherwise responsible for the general supervision of such person's welfare; or (5) such other person is in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over such other person; or (6) the actor is a psychotherapist and such other person is (A) a patient of the actor and the sexual intercourse occurs during the psychotherapy session, (B) a patient or former patient of the actor and such patient or former patient is emotionally dependent upon the actor, or (C) a patient or former patient of the actor and the sexual intercourse occurs by means of therapeutic deception; or (7) the actor accomplishes the sexual intercourse by means of false representation that the sexual intercourse is for a bona fide medical purpose by a health care professional; or (8) the actor is a school employee and such other person is a student enrolled in a school in which the actor works or a school under the jurisdiction of the local or regional board of education which employs the actor; or (9) the actor is a coach in an athletic activity or a person who provides intensive, ongoing instruction and such other person is a recipient of coaching or instruction from the actor and (A) is a secondary school student and
receives such coaching or instruction in a secondary school setting, or (B) is under eighteen years of age; or (10) the actor is twenty years of age or older and stands in a position of power, authority or supervision over such other person by virtue of the actor's professional, legal, occupational or volunteer status and such other person's participation in a program or activity, and such other person is under eighteen years of age; or (11) such other person is placed or receiving services under the direction of the Commissioner of Developmental Services in any public or private facility or program and the actor has supervisory or disciplinary authority over such other person.

**Sec. 53a-72a. Sexual assault in the third degree: Class D or C felony.**

(a) A person is guilty of sexual assault in the third degree when such person (1) compels another person to submit to sexual contact (A) by the use of force against such other person or a third person, or (B) by the threat of use of force against such other person or against a third person, which reasonably causes such other person to fear physical injury to himself or herself or a third person, or (2) engages in sexual intercourse with another person whom the actor knows to be related to him or her within any of the degrees of kindred specified in section 46b-21.

(b) Sexual assault in the third degree is a class D felony or, if the victim of the offense is under sixteen years of age, a class C felony.

**Sec. 53a-72b. Sexual assault in the third degree with a firearm: Class C or B felony.**

(a) A person is guilty of sexual assault in the third degree with a firearm when such person commits sexual assault in the third degree as provided in section 53a-72a, and in the commission of such offense, such person uses or is armed with and threatens the use of or displays or represents by such person's words or conduct that such person possesses a pistol, revolver, machine gun, rifle, shotgun or other firearm. No person shall be convicted of sexual assault in the third degree and sexual assault in the third degree with a firearm upon the same transaction but such person may be charged and prosecuted for both such offenses upon the same information.

(b) Sexual assault in the third degree with a firearm is a class C felony or, if the victim of the offense is under sixteen years of age, a class B felony, and any person found guilty under this section shall be sentenced to a term of imprisonment of which two years of the sentence imposed may not be suspended or reduced by the court and a period of special parole pursuant to subsection (b) of section 53a-28 which together constitute a sentence of ten years.

**Sec. 53a-73a. Sexual assault in the fourth degree: Class A misdemeanor or class D felony.**

(a) A person is guilty of sexual assault in the fourth degree when: (1) Such person intentionally subjects another person to sexual contact who is (A) under thirteen years of age and the actor is more than two years older than such other person, or (B) thirteen years of age or older but under fifteen years of age and the actor is more than three years older than such other person, or (C) mentally incapacitated or impaired because of mental disability or disease to the extent that such other person is unable to consent to such sexual contact, or (D) physically helpless, or (E) less than eighteen years old and the actor is such other person's guardian or otherwise responsible for the general supervision of such other person's welfare, or (F) in custody of law or detained in a hospital or other institution and the actor has supervisory or disciplinary authority over such other person; or (2) such person subjects another person to sexual contact without such other person's consent; or (3) such person engages in sexual contact with an animal or dead body; or (4) such person is a psychotherapist and subjects another person to sexual contact who is (A) a patient of the actor and the sexual contact occurs during the psychotherapy session, or (B) a patient or former patient of the actor and such patient or former patient is emotionally dependent.
upon the actor, or (C) a patient or former patient of the actor and the sexual contact occurs by means of therapeutic deception; or (5) such person subjects another person to sexual contact and accomplishes the sexual contact by means of false representation that the sexual contact is for a bona fide medical purpose by a health care professional; or (6) such person is a school employee and subjects another person to sexual contact who is a student enrolled in a school in which the actor works or a school under the jurisdiction of the local or regional board of education which employs the actor; or (7) such person is a coach in an athletic activity or a person who provides intensive, ongoing instruction and subjects another person to sexual contact who is a recipient of coaching or instruction from the actor and (A) is a secondary school student and receives such coaching or instruction in a secondary school setting, or (B) is under eighteen years of age; or (8) such person subjects another person to sexual contact and (A) the actor is twenty years of age or older and stands in a position of power, authority or supervision over such other person by virtue of the actor's professional, legal, occupational or volunteer status and such other person's participation in a program or activity, and (B) such other person is under eighteen years of age; or (9) such person subjects another person to sexual contact who is placed or receiving services under the direction of the Commissioner of Developmental Services in any public or private facility or program and the actor has supervisory or disciplinary authority over such other person.

(b) Sexual assault in the fourth degree is a class A misdemeanor or, if the victim of the offense is under sixteen years of age, a class D felony.
Appendix C

CONTENTS

Information for Victims of Sexual Assault and Their Families
Booklet
INFORMATION FOR VICTIMS OF SEXUAL ASSAULT AND THEIR FAMILIES

Help is available for all victims of crime

OFFICE OF VICTIM SERVICES
Focusing on a brighter future
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**INTRODUCTION**

This booklet contains information for you and your loved ones about reactions to sexual assault, what to expect from the hospital process, support services, and the criminal justice system. Although you may not wish to read the entire booklet now, you may find the information helpful in the future.

If you have any questions about the information in this booklet, you may call a sexual assault counselor/advocate in a town near you. (See pages 23-25 for contact information.)

This edition of this booklet was a collaborative project with the Office of Victim Services, Connecticut Judicial Branch, the Connecticut Sexual Assault Crisis Services, Inc., with special thanks to Laura Cordes and the members of the Victim/Survivor Advisory Council, and the State of Connecticut Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations.

Note: This booklet contains a Glossary section that provides definitions to certain words that may or may not be familiar to you. Connecticut General Statutes (C.G.S.) section numbers are shown in brackets [ ].
Section One
INFORMATION FOR ADULT AND CHILD VICTIMS OF SEXUAL ASSAULT

The trauma caused by sexual assault often results in emotional stress that may be long lasting. Each person reacts differently to stress. There is no right or wrong way to act. It may be helpful for you to know some of the most common responses many sexual assault victims have experienced.

IMPACT AND REACTIONS TO A SEXUAL ASSAULT

During a sexual assault a victim may feel powerless or terrified of being seriously injured or killed. Fears about personal safety are a very common response to a sexual assault.

The first reactions that many sexual assault victims experience may be shock, disbelief, or fear. You may:
- Respond by appearing very upset or by appearing calm and in control.
- Feel numb or dazed, withdrawn or distant from other people.
- Be unsure of who to tell or what to do.
- Be unsure of how you feel.
- Want to forget about what happened.

Many victims experience intense emotions and some victims have physical symptoms. There may be periods when you are preoccupied with thoughts and feelings about the assault. You may:
- Feel angry; other times you may feel anxious or depressed.
- Be unable to sleep or you may have unwanted memories, flashbacks, or nightmares.
- Experience changes in your eating habits.
- Be afraid to be left alone or you may want to be left alone.
- Avoid other people or situations that remind you of the assault.

- Have trouble concentrating or making decisions.
- Experience a change in your relationship with your sexual partner.
- Feel the need to change your job, where you live, or daily routine in order to gain a sense of control and safety.

Many victims know the person who assaulted them. Even if the offender is charged and prosecuted, a victim may feel vulnerable long after the assault.

Because of the cultural misconceptions about sexual assault, many victims/survivors may feel shame, self-blame, and guilt. Many victims/survivors also feel devalued or humiliated. Sometimes these feelings are a reaction to being forced by the offender to participate in the crime. These feelings may also be reinforced by the reactions of others, who may criticize a victim’s behavior. Victims of sexual assault are never to blame for the actions of the offender. The responsibility for the crime is solely that of the offender.

HEALING & RECOVERY

Healing from a sexual assault is a process that is different for each person. It may help to talk to a sexual assault counselor/advocate who has experience in helping victims/survivors.

A sexual assault counselor/advocate can provide a safe and private place to talk about your feelings and discuss concerns you may have related to the assault. A sexual assault counselor/advocate will provide information and support. They will not judge you or make decisions for you.
Section One (continued)

INFORMATION FOR ADULT AND CHILD VICTIMS OF SEXUAL ASSAULT

Often family, friends, and co-workers want to help but aren’t sure how. It is okay to tell them what you need or do not need. You may also want to share the information in this booklet with them.

CHILD SEXUAL ABUSE VICTIMS

Children who are sexually abused have many of the same feelings and suffer the same emotional pain as adults. It is hard to predict how a child will react. Many children appear very upset, while other children show very little reaction. The following are common reactions children may experience:

- Sudden or unexplained changes in behavior
- Fear of doing things
- Fear of being hit
- Bed or pant wetting
- Development of problems in school
- Sexual play with friends or toys
- Loss of self-esteem
- Inability to sleep
- Withdrawal from people
- Change in bathroom habits
- Fussiness
- Increased quietness
- Depression
- Anxiety
- Risk taking or destructive behavior
- Obsessively good behavior
- Anger or aggression
- Loss of appetite
- Nightmares
- Development of new fears (fear of dark, fear of being alone, etc.)

INFORMATION FOR FAMILY AND FRIENDS OF ADULT AND CHILD VICTIMS OF SEXUAL ASSAULT

HOW CAN I HELP MY LOVED ONE, FRIEND, OR CO-WORKER?

Although there is no “right” way to respond to a victim, if you are a loved one, friend, or co-worker you can:

- Remind the victim that the assault was not her or his fault.
- Be supportive without overreacting. Victims may be sensitive to the reaction of others.
- Be sensitive to the fact that some sexual assault victims do not want to be touched (hugged, patted, etc.).
- Try not to be awkward or to show pity. The sexual assault experience is only one part of a person’s life; it should not overshadow everything else.
- If asked, help the victim to make decisions (who to tell, whether to report the assault to the police, where to stay, etc.), without making decisions for the victim. It is important for the victim to have control over her or his life.
- Support the victim’s decisions even if they may be different from what you would choose.
- Show interest but do not pry.
- Be helpful and supportive without being overly protective or attentive. Victims often want to be near others to feel safe and to keep busy, but they may not want to be the center of attention.
- Be understanding. Sometimes victims may be angry and take out their feelings on loved ones.
Section One (CONTINUED)

INFORMATION FOR FAMILY AND FRIENDS OF ADULT AND CHILD VICTIMS OF SEXUAL ASSAULT

HOW CAN I HELP MY CHILD?
Comforting a child who has been sexually assaulted can be very difficult. Some ways to help your child are:

- Getting help is most important. Sexual assault crisis centers have sexual assault counselors/advocates specially trained to help children and non-offending parents. Advocates can also help you work with the police, the hospital, and the legal system.
- Reassure your child that she or he is safe.
- Let your child know that what happened was not her or his fault.
- Reassure your child that the assault did not happen because she or he did something wrong.
- Provide care and love.
- Let your child talk about the assault if she or he wants. Ask a counselor how you can help your child talk about her or his worries, questions, and fears.
- Reassure your child that she or he is not permanently hurt.
- Try not to show anger around your child. Your child may confuse your anger at the offender as anger at her or him.
- Help your child return to her or his normal routine as quickly as possible.
- Try to avoid using the phrase, “I can’t believe this.” Although this is a common parental response, children may think that their story is literally unbelievable.

NOTE: Many professionals are required to report child sexual abuse to the police and to the Department of Children and Families (DCF). The police or a DCF worker may also ask to talk to you and your child.

Section Two

MEDICAL CARE

Because of the violent and invasive nature of sexual assault, it is important for you to receive medical treatment, even if you are unsure about reporting the assault to the police.

WHAT HAPPENS IF I GO TO THE HOSPITAL?
A sexual assault exam and evidence collection kit may be administered by a nurse or doctor at any hospital emergency department in the state. Patients are examined and treated for injuries and given antibiotics for sexually transmitted diseases (STDs). Women and adolescent girls, who are concerned about becoming pregnant as a result of the sexual assault, will be offered emergency contraception (EC). If taken within 24 hours of unprotected sex, EC is 95 percent effective.

Both the exam and evidence collection require a patient’s consent. Because the evidence that is on a victim’s body will deteriorate or become contaminated, evidence must be collected quickly after the assault. In Connecticut, exams and evidence collection kits can be administered up to 72 hours after the assault. If you consent to the exam and evidence collection, the nurse or doctor will collect samples from your body (i.e. hair or semen) which might help the state’s criminal case against the offender. The samples may be used as supportive physical evidence in court. The presence or absence of physical evidence does not prove whether a person has been sexually assaulted.
Section Two (continued)

MEDICAL CARE

SHOULD I HAVE THE EVIDENCE COLLECTED IF I AM NOT SURE ABOUT REPORTING TO THE POLICE?
It is important to have the collection of evidence completed as soon as possible after a sexual assault, even if you have not decided whether to report the assault to the police. Crucial evidence may be lost or destroyed as time passes. If you are unsure about reporting to the police, you may have the exam and evidence collection kit completed anonymously. The State of Connecticut, Department of Public Safety, Forensic Science Laboratory will hold the evidence collection kit for 60 days to allow you time to decide if you will report the crime to the police.

FOLLOW-UP MEDICAL CARE
At the hospital you may be tested for STDs and pregnancy. These tests will only tell if you were pregnant or had an STD before the sexual assault. Even if you were given medication to treat possible STDs and pregnancy, it is very important that you are retested in 2 weeks. This follow-up medical care can be done by your own doctor or at a clinic.

The discharge instructions form given to you when you leave the hospital contains very important information. Bring that document with you to any follow-up appointments.

HIV TESTING
Many victims who have been sexually assaulted are concerned about contracting the human immunodeficiency virus (HIV) infection. HIV is the virus that causes acquired immune deficiency syndrome (AIDS).

The risk of becoming HIV infected due to being sexually assaulted once is low. Whether the sexual assault happened recently or in the past, you should talk to a knowledgeable person for advice on testing options. An HIV counselor or sexual assault counselor/advocate can provide support and information and can direct you to testing sites where you can receive free (or very low cost) anonymous HIV testing and counseling.

Because of the emotional trauma of the sexual assault, it is better to wait at least 24 to 48 hours after the assault to have an HIV test. There is no reason why this test should be given to you at the hospital as part of the sexual assault exam. Waiting will give you a chance to talk to a counselor and to think about your choices in order to make the best decision for you.

A test given shortly after the assault will only tell if you were infected before the assault. It may take up to 6 months to know if you have been infected as a result of the sexual assault. Therefore, it is recommended that you are retested again in 6 months.

Connecticut state law gives you the right, in some cases, to ask for the accused to be tested for HIV (C.G.S. §§ 54-102a (b) - 102c) A sexual assault counselor/advocate or a court-based victim services advocate can provide you with more information. However, if you are concerned about HIV infection, you should be tested.
Section Two (continued)
MEDICAL CARE

WHO PAYS FOR THE EXAM AND EVIDENCE COLLECTION KIT?
You do not have to pay for the exam and evidence collection kit. The Judicial Branch, Office of Victim Services (OVS) reimburses hospitals for the sexual assault exam and the cost of completing the evidence collection kit. It is against state law for a victim to receive a bill for the sexual assault exam and evidence collection. [C.G.S. § 19a-112a (c)]

The hospital may bill you for the costs of treatment for additional injuries (for example x-rays or stitches).

The Office of Victim Services’ Compensation Program may be able to help pay treatment related bills. (See page 26 for contact information.)

If you have questions about a bill you received for the sexual assault exam and evidence collection, you may call OVS (1-888-286-7347 or 860-263-2761) or a sexual assault counselor/advocate.

Section Three
CRIMINAL JUSTICE PROCESS

Many victims of sexual assault choose to report the crime to law enforcement and participate in the criminal justice process. The proceedings are difficult for many victims, but support is available.

REPORTING TO THE POLICE
Connecticut state law does not require that an adult sexual assault victim report a sexual assault to the police. If you choose to report, it is helpful to report a sexual assault to the police as soon as possible. In many cases, the ability to arrest and prosecute the offender depends upon timely reporting. The hospital staff or a sexual assault counselor/advocate can contact the police for you or you may contact the police yourself.

A sexual assault victim who reports the sexual assault to the police cannot be asked or required to take a lie detector test by a police officer, prosecutor, or investigator. [C.G.S. § 54-86]

After you contact the police, you will be asked to give them a statement in your own words about what happened to you, including a description of the offender, the location of the attack, and any other information about the crime. You must sign the statement.

If you remember other information at a later time, it is important to call the police to amend your statement.

Tell the police about other items related to the assault (e.g., clothing, sheets) as they may be used as evidence.

Sometimes arrests do not happen quickly. Sometimes police do not have enough information to make an arrest.
Section Three (continued)

CRIMINAL JUSTICE PROCESS

WHAT HAPPENS IN THE CRIMINAL JUSTICE PROCESS?

You always have the right to ask questions about your case. If the offender is arrested, someone from the prosecutor’s office (a prosecutor or an investigator) may contact you. You may also be contacted by a court-based victim services advocate who is available to assist you during the criminal justice proceedings. A sexual assault counselor/advocate can also support and help you through the criminal justice process.

If the offender is arrested, they may be released on bond/bail. If you are afraid, you can contact a sexual assault counselor/advocate to discuss your fears and options. You may ask the prosecutor to request that the court issue a no contact order or protective order to prohibit the defendant from contacting you or your family, either directly or indirectly, while the case is pending.

If the offender contacts you in any way you can tell the police and the prosecutor. As a result of the contact, the offender’s bond/bail may be increased, the offender’s release on bond/bail may be revoked or new charges may be brought against the offender. You may ask the prosecutor, sexual assault counselor/advocate, or court-based victim services advocate to explain these changes to you.

The defendant will be required to enter a plea. In most cases the plea is not guilty. This will protect the defendant’s right to a trial, even if there is a plea agreement reached at a later time.

You may find the criminal justice system confusing. The following chart provides an overview of the various phases of the process:

**ARREST**
- The accused is arrested (either by arrest warrant or without a warrant)
- The accused is told of the charges
- Bond is set and a no contact order may be ordered
- If bond is posted, the accused is released pending the next court date

**ARRAIGNMENT**
- Public defender is appointed or accused is given time to hire a private attorney
- The amount of the bond may be argued for either a lower or higher amount
- Depending on the charges, the case will be transferred to the Part A court (Judicial District court) or stay in the Part B court (Geographical Area court)
Section Three (continued)

CRIMINAL JUSTICE PROCESS

PRE-TRIAL HEARINGS
~ There will probably be several hearings over a period of time (could be one year or longer)
~ The hearings involve conversations between the attorneys and sometimes the judge
~ The accused enters a plea, usually not guilty
~ A plea bargain may be negotiated at this stage

TRIAL
~ Trials are usually conducted in front of a jury. The selection of the jury could take several days
~ Each side presents witnesses and evidence and has the opportunity to question the witnesses for the other side
~ The victim may testify as a witness for the prosecution
~ The judge gives the jury instructions regarding the law
~ The jury deliberates and decides on a verdict. All jurors must agree on the decision
~ Possible outcomes include: guilty, not-guilty, or mistrial

SENTENCING
~ If the defendant is found guilty, sentencing will take place at a later date
~ The judge determines the sentence based on many factors, including the pre-sentence investigation (PSI) and information provided by the victim through the victim impact statement

APPEAL
~ The defendant can appeal the guilty verdict
~ The appellate court will affirm the sentence or order a new trial

DO I NEED MY OWN LAWYER FOR THE CRIMINAL CASE?
No. The State of Connecticut has lawyers, called state’s attorneys or prosecutors, who represent the state’s interest and handle the criminal case. They will need you as a witness for the state’s case against the accused. You may hire your own lawyer to represent your interests.

WHAT IF THE DEFENDANT’S LAWYER OR INVESTIGATOR CONTACTS ME?
You do not have to talk to anyone about the incident unless you have been subpoenaed to appear in court. If you are subpoenaed, you are only required to talk about the incident in court.

Keep in mind that anyone working for the defendant is trying to get information for the defendant’s benefit. You may decide that you do not want to speak with them or that you want the prosecutor to be present. You can always find out who wants to talk to you and who they are working for before you decide whether or not to speak to that person. If you have any questions, you can contact the prosecutor, court-based victim services advocate, or sexual assault counselor/advocate.
Section Three (Continued)
CRIMINAL JUSTICE PROCESS

WHAT ROLE WILL I PLAY IN THE CRIMINAL COURT PROCESS?
During the criminal justice proceedings, your information will help the prosecutor weigh the strengths and weaknesses of the case in order to seek the appropriate charges.

* Your testimony about what happened will help the jury decide whether to convict the defendant.
* Your victim impact statement will help the judge decide a proper punishment for the defendant.
* You can provide information to the preparer of the presentence investigation that will be given to the judge.
* Your victim impact statement will help the Board of Pardons and Paroles decide whether to grant the convicted offender’s request for early release.
* When the offender is placed on probation, information you provide to the probation officer will assist in the development of an appropriate supervision plan.

WHAT IF THE OFFENDER IS A JUVENILE?
A case that involves a juvenile offender (someone under the age of 16) is usually heard in the juvenile court, not in the criminal court where the cases of adult defendants are heard. While juvenile proceedings are similar to adult proceedings, there are also many differences.

The following information will help you better understand juvenile proceedings:
* Juvenile cases are handled in the court that serves the juvenile’s town of residence, which may not be the same town where the crime happened.
* Certain serious cases involving juvenile offenders over the age of fourteen may be transferred to the criminal court, where the juvenile will be prosecuted and, if convicted, sentenced as an adult.
* Juvenile proceedings are confidential. Court proceedings and court records are closed to the public and the media (newspapers, television, etc.).
* Victims of juvenile offenders have certain rights, including the right to be present or represented at the hearings involving their case and to learn the identity of the offender, the pending status, and outcome of the case. (Note: you cannot give this information to anyone else without permission from the judge.)
* Convicted juvenile offenders are not sentenced to a term in jail or prison. They can be required to live in a facility for juvenile offenders managed by the Department of Children and Families.
* Juvenile offenders may petition the court to have their juvenile records erased after a period of time if they do not commit additional crimes.
Section Three (CONTINUED)
CRIMINAL JUSTICE PROCESS

For more information about juvenile court or about your rights as a victim of a juvenile offender, contact the juvenile court prosecutor or the juvenile probation officer assigned to the case at the court where the case is being heard. For a listing of juvenile probation offices and juvenile courts go to www.jud.ct.gov/directories.htm.

DO I NEED MY OWN LAWYER IF I DECIDE TO SUE THE OFFENDER?
You will need to hire a lawyer if you decide to file a lawsuit against the offender in civil court. A sexual assault counselor/advocate can help you find a lawyer who specializes in helping victims in civil proceedings.

Section Four
VICTIMS' RIGHTS

Victims of crime in Connecticut have rights that are protected by state law. A summary of these rights are outlined in this section.

CONSTITUTION OF THE STATE OF CONNECTICUT
Article XXIX—Rights of Victims of Crime
In all criminal prosecutions, a victim, as the general assembly may define by law, shall have the following rights:

» The right to be treated with fairness and respect throughout the criminal justice process;
» The right to timely disposition of the case following arrest of the accused, provided no right of the accused is abridged;
» The right to be reasonably protected from the accused throughout the criminal justice process;
» The right to notification of court proceedings;
» The right to attend the trial and all other court proceedings; the accused has the right to attend, unless such person is to testify and the court determines that such person’s testimony would be materially affected if such person hears other testimony;
» The right to communicate with the prosecution;
» The right to object to or support any plea agreement entered into by the accused and the prosecution and to make a statement to the court prior to the acceptance by the court of the plea of guilty or nolo contendere by the accused;
» The right to make a statement to the court at sentencing;
» The right to restitution which shall be enforceable in the same manner as any other cause of action or as otherwise provided by law; and
» The right to information about the arrest, conviction, sentence, imprisonment and release of the accused.
Section Four (continued)

VICTIMS' RIGHTS

The general assembly shall provide by law for the enforcement of this subsection. Nothing in this subsection or in any law enacted pursuant to this subsection shall be construed as creating a basis for vacating a conviction or ground for appellate relief in any criminal case.

Rights to confidentiality

You have the right:

❖ To have your conversations with a sexual assault counselor/advocate remain confidential and not be used in court without your permission. [C.G.S. § 52-146k]
❖ Not to have your present or prior sexual conduct brought up during the trial unless the court, after a hearing, decides that it is strongly related to the trial. You may wish to speak with the prosecutor about this. [C.G.S. § 54-86d]
❖ Not to have your address or telephone number disclosed in the courtroom during any proceeding in the prosecution of cases involving sexual assault, injury or risk of injury to a child, or impairing the morals of a child, providing the judge finds that they are not material to the proceeding. [C.G.S. § 54-86d]
❖ To have your name and address in the court records remain confidential from people not involved in the case and released only by an order of the court. [C.G.S. § 54-86e] The accused will have access to this information through his or her attorney.

Rights to notification and participation in court process

You have the right:

❖ To be informed of any court proceeding (arrest, arraignment and release on bond, entry of a plea, trial, or sentencing) by providing the prosecutor with a current mailing address and telephone number. [C.G.S. § 51-286e]
❖ To tell the judge how the crime affected you by presenting a victim impact statement. You may speak to the judge in court or you may give written comments to the prosecutor or court-based victim services advocate who will forward them to the judge. This statement can be made before the acceptance of a plea agreement and at a sentencing hearing. [C.G.S. § 54-91c]
❖ To notification when the accused applies for accelerated rehabilitation and an opportunity to tell the judge what you think about that. [C.G.S. § 54-96e]
❖ To be told when the criminal case has been dismissed. You can check with the court clerk about this. Your request must be made within two years of the dismissal. [C.G.S § 54-142c]
❖ To notification when the inmate has applied to the Board of Pardons and Paroles, Department of Correction (DOC), sentencing judge or Sentence Review Division. You must file a request with OVS or DOC. The form may be obtained from a court-based victim services advocate, online at www.jud.ct.gov/victim or by calling OVS or DOC. [C.G.S. §§ 54-228, 54-229]
❖ To appear before the Board of Pardons and Paroles or to give written comments as to whether the inmate should be released or if the inmate has to have any conditions related to the release. [C.G.S. § 54-126a]
Section Four (continued)

VICTIMS’ RIGHTS

Right to notification
You have the right:
- To be notified when the inmate is released from DOC. You must file a request with OVS or DOC. [C.G.S. §§ 18-81e, 54-228 and 54-230]

Right to protection
You have the right:
- To appear under subpoena as a witness in any criminal proceeding without being fired, harassed, or otherwise retaliated against by your employer. [C.G.S. § 54-85b]
- To request that special considerations be taken during your child’s testimony, in or out of court, if you are the parent of a sexual assault or abuse victim and your child was 12 years of age or younger at the time of the offense. [C.G.S. § 54-86g]
- To request the arrest of the offender, to apply for a restraining order from the court in order to prevent further injury. A sexual assault counselor/advocate or court-based victim services advocate can explain these orders. [C.G.S. §§ 46b-15, 46b-38c]

Right to return of property
You have the right:
- To request the return of any personal property taken in the investigation or prosecution of the crime. The property will be returned within 30 days of the request unless the court orders it held for a longer period. You have 6 months from the disposition of the criminal case to claim the property. After that, the property will be disposed of. [C.G.S. § 54-203(b) (7) (E)]

Right to profits
You have the right:
- To file a lawsuit seeking any profits the accused might receive from any book, movie, or dramatization of the crime if the accused is convicted. [C.G.S. § 54-218]

If you have any questions about your rights or need help to exercise them, you may call a sexual assault counselor/advocate, the Office of Victim Services, or the Office of the Victim Advocate (See pages 23-30 for agency contact information.)
Section Five
WHERE TO GET HELP AND INFORMATION

CONNECTICUT SEXUAL ASSAULT CRISIS SERVICES
Statewide 24 hour toll free Hotlines
1-888-999-5545 English
1-888-568-8332 Spanish
Office: 860-282-9881
Fax: 860-291-9335
www.connsacs.org

Support and Advocacy Services for Victims and Survivors
of Sexual Assault
Connecticut Sexual Assault Crisis Services, Inc. (CONNSACS) has
9 centers located throughout the state. Each community-based
center provides free, confidential services for past and present
victims of sexual assault and their loved ones, including:
- 24-hour hotline with immediate access to certified sexual
  assault counselor/advocates, available in English or Spanish.
- Crisis Intervention and short-term counseling for victims and
  secondary victims.
- Someone to be with you and to help you at the hospital and
  with the police.
- Someone to be with you and help you through the criminal
  and civil court systems.
- Information and referral for other needs and additional
  counseling.
- Male counselors to work with male victims, family members,
  friends, and loved ones.
- Sexual assault counselor/advocates trained to work with
  child victims.
- Support groups for sexual assault victims of all ages. Support
  groups for friends, family members, and loved ones.

CONNSACS MEMBER PROGRAMS
Center for Women and Families of
Eastern Fairfield County, Inc.
Rape Crisis Services
(Bridgeport)
Office: 203-334-6154
Hotline: 203-333-2233

Women's Center of Greater Danbury, Inc.
Sexual Assault Crisis Services
Office: 203-731-5200
Hotline: 203-731-5204

Women and Families Center
Sexual Assault Crisis Services
(Middletown/Meriden/New Haven)
Office: 203-235-9297 (Meriden)
Hotline: 203-235-4444
Office: 860-344-1474 (Middletown)
Hotline: 860-635-4424
Office: 203-624-4576 (New Haven)
Hotline: 203-624-4577

Rape Crisis Center of Milford
Office: 203-674-8712
Hotline: 203-676-1212
Section Five (continued)
WHERE TO GET HELP AND INFORMATION

YWCA of New Britain, Inc.
Sexual Assault Crisis Services
Office: 860-223-4681 (New Britain)
Hotline: 860-223-1787
Office: 860-241-9217 (Hartford)
Hotline: 860-547-1022

Sexual Assault Crisis and Education Center
(Stamford)
Office: 203-348-9346
Hotline: 203-329-2929

Susan B. Anthony Project, Inc.
(Torrington)
Office: 860-489-3798
Hotline: 860-482-7133

Safe Haven of Greater Waterbury, Inc.
Office: 203-753-3613
Hotline: 203-753-3613

Sexual Assault Crisis Center of Eastern Connecticut
Office: 860-456-3595 (Willimantic)
Office: 860-423-7673
Hotline: 860-456-2789
Office: 860-442-0604 (New London)
Hotline: 860-437-7766

OFFICE OF VICTIM SERVICES
Administration: 860-263-2760
Compensation: 860-263-2761
Compensation Toll-Free: 1-888-286-7347
Victim Services Toll-Free: 1-800-822-8428
www.jud.ct.gov/crimevictim

The Office of Victim Services (OVS), a unit of the Connecticut Judicial Branch is the state's lead agency dedicated to providing services to victims of violent crime.

Connecticut state law defines OVS's purpose and scope, which includes providing information, services, and financial assistance to victims of violent crime and their families. These services include:
- Financial help for reimbursable expenses related to the crime, such as medical, dental, counseling, and lost wages.
- Court-based assistance that includes advocacy during court proceedings and notifying victims of their rights.
- Toll-free helpline for information on rights and referrals to resources.
- Notification programs that provide information to victims and other eligible persons about changes in inmate status, requests made by a convicted sex offender for changes in status regarding registration with the Sex Offender Registry, and termination and expiration of orders of protection.

OVS has the ability to consider a sexual assault victims' consent to the exam and evidence collection to fulfill the law enforcement reporting requirement when filing for compensation.
Section Five (continued)
WHERE TO GET HELP AND INFORMATION

DEPARTMENT OF CORRECTION
VICTIM SERVICES UNIT
Office: 1-888-869-7057
Fax: 860-297-6585
www.ct.gov/doc

A victim of crime, their survivor, or representative may confidentially register with the DOC Victim Services Unit, to request notification when an inmate is released, escapes, or scheduled for a sentence review or parole hearing.

DEPARTMENT OF CHILDREN AND FAMILIES
Child Abuse and Neglect Hotline
Statewide 24 hour toll free Hotline
1-800-842-2288

The Department of Children and Families Hotline is available 24 hrs/7 days a week to receive calls from people with questions, concerns, and reports of child abuse and neglect. The Hotline also provides evening, weekend, and holiday investigation responses to immediate situations concerning abuse and neglect of children.

2-1-1
Statewide 24 hour toll free Hotline
2-1-1 or 1-800-203-1234
www.info1.org

2-1-1 is a free community service administered by the United Way of Connecticut. You may call 2-1-1 to get information or to seek help in a crisis. 2-1-1 is available 24 hours a day, every day of the year.

AETNA FOUNDATION CHILDREN’S CENTER
Office: 860-714-5052
www.saintfrancisdoctors.com/childrencenter

The Aetna Foundation Children’s Center is an organization dedicated to assisting families and children affected by child abuse. The center uses a multidisciplinary approach to the investigation, management, and prevention of child abuse to minimize trauma and promote a healthy response.

PLANNED PARENTHOOD OF CONNECTICUT
Statewide: 1-800-230-PLAN
Administrative Office: 203-865-5158
www.plannedparenthood.org

Planned Parenthood of Connecticut has 18 health centers across the state that delivers affordable, high quality health care for over 98,000 women and men each year.
Section Five (continued)
WHERE TO GET HELP AND INFORMATION

CONNECTICUT COALITION AGAINST DOMESTIC VIOLENCE
Statewide 24 hour toll free Hotline
1-888-774-2900
Office: 860-282-7899
Fax: 860-282-7892
www.ctcadv.org

Support and Advocacy Services for Victims and Survivors of Domestic Violence
Connecticut Coalition Against Domestic Violence, Inc. (CCADV) has 18 member programs located throughout the state. Each community-based center provides free, confidential services for past and present victims of domestic violence, including:
- 24-hour hotline with immediate access to certified domestic violence counselors
- Referral
- Shelter
- Family Violence Victim Advocates

OFFICE OF THE VICTIM ADVOCATE
Office: 860-550-6632
Toll free (in CT): 1-888-771-3126
www.ct.gov/ova

The Office of the Victim Advocate (OVA) is an independent state agency that works to protect and promote the constitutional rights of crime victims in Connecticut. The OVA:
- Monitors and evaluates the provision of services to crime victims and works to advance policies throughout the state that promote the fair and just treatment of crime victims throughout the criminal justice system.
- Remains committed to ensuring that the voices of crime victims play a central role in Connecticut’s response to violence and to those victimized by crime.
- Is dedicated to promoting awareness to Connecticut citizens as to the services available to crime victims through outreach, education, and public service events.
- Provides services to crime victims who believe their rights, as a crime victim, have been or are being violated or who believe that services available to crime victims in the state are being unfairly denied or not being adequately provided.
- Receives complaints from crime victims or others on behalf of crime victims and may investigate such complaints.

The identity of any person who files a complaint with the OVA is confidential and not disclosed without the consent of such person.
Section Six
GLOSSARY

A
Accelerated rehabilitation (AR): a program that gives persons charged with a crime or motor vehicle violation for the first time a second chance. The person is placed on probation for up to two years. If probation is completed successfully, the charges are dismissed.
Accused: person who has been arrested for or formally charged with a crime; the defendant in a criminal case.
Advocate: someone who provides victims with the information and assistance they need to be able to act for themselves, and, if necessary, who acts on the victim’s behalf.
Anonymously: without a name.
Arraignment: the first court appearance of a person accused of a crime. The person is advised of his or her rights by a judge and may respond to the criminal charges by entering a plea. Usually this happens the morning after a person is arrested.
Arrest: when a person is taken into custody by a police officer and charged with a crime.

B
Board of Pardons and Paroles: a panel that decides whether a convicted offender should be released, either fully or conditionally, from the sentence and possibly from all consequences of the conviction.
Bond or bail: money or property given to the court for the temporary release of a defendant, to ensure that the defendant will return to court.

C
Case: lawsuit or action in a court.
Charge: formal accusation of a crime.
Civil court: the court that decides matters involving the rights of individuals. Lawsuits, such as those seeking money damages, are decided in civil court.
Complaint: a formal report made to police about a crime.

Contaminated: polluted by contact or mixture
Conviction: to be found guilty of committing a crime.
Court-based victim services advocate: employee of the Office of Victim Services who assesses a victim’s needs and helps the victim understand the court case, how to exercise her or his rights, and how to access resources.
Court clerk: the person who maintains the official court record of a case. The court clerk’s office receives all court papers and assigns hearing dates.
Criminal court: the court that decides matters involving crimes. All criminal violations, including sexual assaults, are legally considered crimes against the state, not the victim. (Victims may be able to file a lawsuit in civil court for the violation of his or her individual rights.)
Defendant: in criminal cases, the person who is arrested and charged with a crime. In civil cases, the person who is given court papers is also called the respondent.
Department of Correction (DOC): the statewide prison system.
Deteriorate: to worsen or decline in value or quality.
Discharge Instructions: a form completed by a doctor or nurse and given to a victim after a sexual assault exam. It contains important contact information, what tests were done and what medications and treatment were given.
Dismissal: when the criminal case against the offender is dropped and removed from the official record.

E
Family violence victim advocate: a counselor specially trained to support and assist victims of domestic violence and their families, generally employed by a domestic violence agency.
Felony: any criminal offense for which a person may be sentenced to a term of imprisonment of more than one year.
Section Six
Glossary

Geographical Area (CA): the court location where most criminal and motor vehicle cases are heard. Court location where all arraignments occur.

HIV counselor: a counselor specially trained about HIV and AIDS, who provides information about the disease, testing options and limitations. Counselors work at sites throughout the state.

Investigator: someone who investigates the facts of a case for a lawyer. Prosecutors and defense attorneys use investigators. Prosecutors also use investigators who are called inspectors.

Inmate: person confined in an institution (as a prison or hospital).

Judicial District (JD): the court where the more serious criminal cases and most civil and family matters are heard.

Juvenile offender: a person under the age of 16 who commits a criminal act.

Lawsuit (to sue): a civil court proceeding by which an individual seeks a remedy, such as money damages.

Marshall: a judicial Marshal is a person responsible for courthouse security, including the metal detectors at the entrance of each courthouse and maintaining order in each courtroom. A State Marshal is a person who gives copies of legal papers to the other person named in a lawsuit.

Misdemeanor: a crime that carries a maximum penalty of one year and/or a $2,000 fine.

No contact order (NCO): a court order that prohibits contact by a defendant with a victim and can be ordered by a judge, a bail commissioner, a probation officer, or a parole officer. Violation of an NCO may result in an increase in bond or bail or revocation of release on bond.

No contest: a plea in a criminal case that allows the defendant to be convicted without admitting guilt for the crime charged (also called nolo contendere). Although a finding of guilty is entered on the criminal court record, the defendant can deny the charges in a civil action based on the same actions.

Nolle: a disposition in a criminal or motor vehicle case where the prosecutor agrees to drop the case against the defendant but keeps the right to refile the case and prosecute at any time during the next thirteen months. The nole is entered on the court record and the defendant is released from custody. If the defendant stays out of trouble during the next thirteen months, the case is removed from the official court records.

Offender: person who commits an offense.

Parole: release from incarceration after serving part of a sentence.

Plea: the accused’s response to the criminal charges (usually guilty, not guilty, or no contest).

Plea agreement: an agreement between the prosecutor and the defendant about the charges, plea, and sentence. If a plea agreement is reached and accepted by the court there is no trial.

Pre-sentence investigation report (PSI): a background investigation conducted by a probation officer on the person who has been convicted of a criminal offense. Victims may provide information about the effects of the crime on her or his life, as well as feelings about the individual and the sentence.

Pretrial: in a criminal case, a conference with the prosecutor, defense attorney, and judge to discuss the case status and what will happen next.

Probation: a procedure where a convicted offender found guilty of a crime is released by the court, subject to certain conditions, under supervision of a probation officer. Probation may be ordered instead of or following imprisonment.
**Section Six**

**GLOSSARY**

**Prosecute:** to proceed against a person in a criminal case.

**Prosecutor:** a government attorney representing the public against persons accused of crimes.

**Protective order (PO):** an order by the criminal court to protect a victim from threats, harassment, or violence and often any contact by a defendant who is or was a family or household member, parent of the victim’s child, or dating the victim. The court can also issue a PO to protect a victim who has been stalked, harassed, or sexually assaulted by a stranger. A PO is requested by the prosecutor and usually ends when the case ends. Violation of a PO is an additional crime for which the defendant may be arrested.

**Restraint order (RO):** a civil court order that protects a victim from threats, harassment, or violence and often any contact by a defendant who is or was a family or household member, parent of the victim’s child, or dating the victim. An RO after a hearing remains effective for 6 months from the date of the order unless otherwise ordered by the court. Violation of an RO is a crime for which the defendant may be arrested.

**Secondary victim:** family, loved ones, or friends of the victim who have also been affected by the assault.

**Sentence:** the punishment ordered by the judge.

**Sentencing judge:** the judge that decides and announces the terms of punishment.

**Sentence Review Division:** a panel that decides whether a criminal sentence should be changed.

**Sexual assault counselor/advocate:** a counselor specially trained to support and assist victims of sexual assault and their families, generally employed by a sexual assault crisis service.

**Statement:** declaration of facts by a witness about a crime.

**State’s attorney:** an attorney who represents the state in criminal cases; the prosecutor.

**Subpoena:** a written order by a judge or lawyer requiring that a specific person appear in court on a specific date. Documents can also be subpoenaed.

**Testimony:** statements made by a witness or party under oath.

**Trial:** examination and hearing of evidence before a court to decide the issue of specified charges or claims.

**Victim impact statement (VIS):** a written or verbal statement by the victim or family members prior to the acceptance by the court of a plea agreement and at the sentencing hearing, telling the judge how the crime affected his or her life. The judge will consider this statement when deciding whether to accept a plea agreement and what constitutes an appropriate sentence.

**Witness:** a person who testifies to what they saw, heard, or did.

**Youthful offender:** a legal status available to persons who have been arrested for a crime committed when they were between the ages of 16 and 18 and who meet other eligibility requirements. The court file and proceedings are confidential and youthful offender adjudications are not deemed convictions.
Appendix D

CONTENTS

Information about Community-based Sexual Assault Crisis Services Programs
Center for Women and Families
Eastern Fairfield County, Inc.
753 Fairfield Avenue
Bridgeport, CT 06604
Office: 203-334-6154
Hotline: 203-333-2233
www.cwefc.org

Women’s Center of Greater Danbury
Sexual Assault Crisis Services, Inc.
2 West Street
Danbury, CT 06810
Office: 203-731-5200
Hotline: 203-731-5204
www.wcogd.org

Women and Families Center
Sexual Assault Crisis Services
169 Colony Street
Meriden, CT 06451
Office: 203-235-9297
Hotline: 203-235-4444
100 Riverview Center, Suite 274
Middletown, CT 06457
Office: 860-344-1474
Hotline: 203-235-4444
1440 Whalley Avenue
New Haven, CT 06511
Office: 203-389-5010
Hotline: 203-235-4444
www.womensfamilies.org

Rape Crisis Center of Milford
70 West River Street
Milford, CT 06460
Office: 203-874-8712
Hotline: 203-878-1212
www.rapecrisisctr.org

New Britain YWCA Sexual Assault Crisis Services
22 Glen Street
New Britain, CT 06051
Office: 860-225-4681
Hotline: 860-223-1787
175 Main Street
Hartford, CT 06106
Office: 860-241-9217
Hotline: 860-547-1022
www.ywcaneWnewbritain.org

Serving: Bethel, Bridgewater, Brookfield, Danbury, New Fairfield, New Milford, Newtown, Redding, Ridgefield, Roxbury, Sandy Hook, Sherman, West Redding


Serving: Ansonia, Derby, Milford, Orange, Seymour, Shelton, West Haven

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Hotline</th>
<th>Serving</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Center for Sexual Assault Crisis Counseling and Education</strong></td>
<td>700 Canal Street, Suite 22B, Stamford, CT 06902</td>
<td>203-329-2929</td>
<td>Darien, Greenwich, New Canaan, Norwalk, Stamford, Weston, Westport, Wilton</td>
</tr>
<tr>
<td><strong>Susan B. Anthony Project</strong></td>
<td>179 Water Street, Torrington, CT 06790</td>
<td>860-482-7133</td>
<td>Barkhamstead, Canaan, Colebrook, Cornwall, Falls Village, Goshen, Harwinton, Kent, Litchfield, Morris, New Hartford, Norfolk, North Canaan, Salisbury, Sharon, Torrington, Washington, Warren, West Cornwall, Winchester</td>
</tr>
<tr>
<td><strong>Safe Haven of Greater Waterbury</strong></td>
<td>29 Central Avenue, Waterbury, CT 06702</td>
<td>203-753-3613</td>
<td>Beacon Falls, Bethlehem, Middlebury, Naugatuck, Oakville, Oxford, Prospect, South Britain, Southbury, Thomaston, Waterbury, Watertown, Wolcott, Woodbury</td>
</tr>
</tbody>
</table>
Appendix E

CONTENTS

- Contact information for reporting abuse of children
- Form DCF-136: Report of Suspected Child Abuse/Neglect
- Contact information for reporting abuse of elderly
- Form W-675: Report Form for Protective Services for the Elderly
- Contact information for reporting abuse of patients with mental retardation
- Form PA-6: Report of Suspected Abuse of an Adult with Mental Retardation
- Contact information for reporting abuse of nursing home patients
- Form W-410: Long Term Care Ombudsmen Program Mandatory Report Form
Contact Information for Reporting Abuse of Children

State of Connecticut
Department of Children and Families
Division of Children’s Protective and Family Services

Central Intake Services/Hotline
PO Box 882
Middletown, CT 06457
(800) 842-2288

Department of Children and Families
505 Hudson Street
Hartford, CT 06106
(860) 550-6300
REPORT OF SUSPECTED CHILD ABUSE/NEGLECT

DCF-136
10/01/22 (Rev)

Within forty-eight hours of making an oral report, a mandated reporter shall submit a written report (DCF-136) to the Hotline. See the reverse side of this form for a summary of Connecticut law concerning the protection of children.

Please print or type

<table>
<thead>
<tr>
<th>CHILD'S NAME</th>
<th></th>
<th>□ Male □ Female</th>
<th>AGE OR BIRTH DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD'S ADDRESS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NAME OF PARENTS OR OTHER PERSON RESPONSIBLE FOR CHILD'S CARE | ADDRESS | PHONE NUMBER |
WHERE IS THE CHILD STAYING PRESENTLY IF NOT AT HOME? | PHONE NUMBER | DATE PROBLEM(S) NOTED |

NAME OF HOTLINE WORKER TO WHOM ORAL REPORT WAS MADE | DATE OF ORAL REPORT | DATE AND TIME OF SUSPECTED ABUSE/NEGLECT |

NAME OF SUSPECTED PERPETRATOR, IF KNOWN | ADDRESS AND/OR PHONE NUMBER, IF KNOWN | RELATIONSHIP TO CHILD |

NATURE AND EXTENT OF THE CHILD'S INJURY(IES), MALTREATMENT OR NEGLECT.

INFORMATION CONCERNING ANY PREVIOUS INJURY(IES), MALTREATMENT OR NEGLECT OF THE CHILD OR HIS/HER SIBLINGS.

LIST NAMES AND AGES OF SIBLINGS, IF KNOWN.

DESCRIBE THE CIRCUMSTANCES IN WHICH THE INJURY(IES), MALTREATMENT OR NEGLECT CAME TO BE KNOWN TO THE REPORTER.

WHAT ACTION, IF ANY, HAS BEEN TAKEN TO TREAT, PROVIDE SHELTER OR OTHERWISE ASSIST THE CHILD?

REPORTER'S NAME AND AGENCY | ADDRESS | PHONE NUMBER |
REPORTER'S SIGNATURE | POSITION | DATE |

WHITE COPY: TO DCF HOTLINE, 505 Hudson Street, Hartford, CT 06106
YELLOW COPY: REPORTER'S COPY
SUMMARY OF LEGAL REQUIREMENTS CONCERNING CHILD ABUSE/NEGLECT

PUBLIC POLICY OF THE STATE OF CONNECTICUT
To protect children whose health and welfare may be adversely affected through injury and neglect; to strengthen the family and to make the home safe for children by enhancing the parental capacity for good child care; to provide a temporary or permanent nurturing and safe environment for children when necessary; and for these purposes to require the reporting of suspected child abuse, investigation of such reports by a social agency, and provision of services, where needed, to such child and family.

WHO IS MANDATED TO REPORT CHILD ABUSE/NEGLECT?
Battered Women's Counselors
Chiropractors
Counselors
Dental Hygienists
Dentists
Department of Children and Families Employees
Licensed/Certified Alcohol and Drug Counselors
Licensed/Certified Emergency Medical Services Providers
Licensed Mental and Family Therapists
Licensed or Unlicensed Resident Interns
Licensed or Unlicensed Resident Physicians
Licensed Psychologists
Licensed Practical Nurses
Licensed Professional Counselors
Licensed Psychologists
Licensed Professional Counselors
Licensed Teachers
Medical Examiners
Members of the Clergy
Mental Health Professionals
Any person paid to care for a child in any public or private facility, child day care center, group day care home or family day care home which is licensed by the State. Department of Public Health employees responsible for the licensing of child day care centers, group day care homes, family day care homes or youth camps.
The Child Advocate and any employee of the Office of the Child Advocate.

DO THOSE MANDATED TO REPORT INURE LIABILITY?
No. Any person, institution or agency which, in good faith, makes or does not make a report, shall be immune from any civil or criminal liability provided such person did not perpetrate or cause such abuse or neglect.

IS THERE A PENALTY FOR NOT REPORTING?
Yes. Any person, institution or agency required to report who fails to do so shall be fined $500.00 - $2,500.00 and shall be required to participate in an educational and training program.

IS THERE A PENALTY FOR MAKING A FALSE REPORT?
Yes. Any person, institution or agency who knowingly makes a false report of child abuse or neglect shall be fined not more than $2,000.00 or imprisoned not more than one year or both. The identity of such person shall be disclosed to the appropriate law enforcement agency and to the alleged perpetrator of the abuse.

WHAT ARE THE REPORTING REQUIREMENTS?
• An oral report shall be made by a mandated reporter by telephone or in person to the DCF Hotline or to a law enforcement agency as soon as practicable, but not later than 12 hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm. If a law enforcement agency receives an oral report, it shall immediately notify the Hotline. Oral reports to the Hotline shall be recorded on tape.

• Within forty-eight hours of making an oral report, a mandated reporter shall submit a written report to the DCF Hotline.

• When the report concerns an employee of a facility or institution which is licensed by the State, the mandated reporter shall also send a copy of the written report to the executive head of the state licensing agency.

DEFINITIONS OF ABUSE AND NEGLECT
Child Abuse: any child or youth who has a non-accidental physical injury, or injuries which are in keeping with the history given of such injuries, or in a condition which is the result of maltreatment such as, but not limited to, malnutrition, sexual molestation, deprivation of necessities, emotional maltreatment or cruel punishment.

Child Neglect: any child or youth who has been abandoned or is being denied proper care and attention, physically, educationally, emotionally, or morally or is being permitted to live under conditions, circumstances or associations injurious to his well-being.

Exception: The treatment of any child by an accredited Christian Science practitioner shall not of itself constitute neglect or maltreatment.

Child Under 13 with Venereal Disease: a physician or facility must report to DCF Hotline upon the consultation, examination or treatment for venereal disease of any child not more than twelve (12) years old.

DO PRIVATE CITIZENS HAVE A RESPONSIBILITY FOR REPORTING?
Yes. Any person having reasonable cause to suspect or believe that any child or youth under the age of eighteen (18) years in danger of being abused or neglected, or abused, or neglected, or may cause a written or oral report to be made to the Hotline or a law enforcement agency. A person making the report in good faith is also immune from any liability, civil or criminal, however, the person is subject to the penalty for making a false claim.

WHAT IS THE AUTHORITY AND RESPONSIBILITY OF THE DEPARTMENT OF CHILDREN AND FAMILIES (DCF)?
All children's protective services are the responsibility of the Department of Children and Families. Upon the receipt of a child abuse/neglect report, the Hotline shall cause the report to be classified, evaluated immediately and forwarded to the appropriate investigative unit for the commencement of an investigation within timelines specified by statute and policy. If the investigation produces evidence of child abuse/neglect, the Department shall take such measures as it deems necessary to protect the child, and any other children similarly situated, including, but not limited to, immediate notification to the appropriate law enforcement agency, and the removal of the child or children from his home with the consent of the parents or guardian or by order of the Superior Court, Juvenile Matters.

If the Department has probable cause to believe that the child or any other child in the household is in imminent risk of physical harm from his surroundings, and that immediate removal from such surroundings is necessary to ensure the child's safety, the Commissioner or designee shall authorize any employee of the Department or any law enforcement officer to remove the child and any other child similarly situated from such surroundings without the consent of the child's parents or guardian. The removal of a child shall not exceed ninety-six (96) hours. If the child is not returned home within such ninety-six hour period, with or without protective services, the Department shall file a petition for custody with the Superior Court, Juvenile Matters.

WHAT MEANS ARE AVAILABLE FOR REMOVING A CHILD FROM HIS HOME?
• 96-Hour Hold by the Commissioner of DCF (see above)

• 96-Hour Hold by a Hospital – Any physician examining a child with respect to whom abuse or neglect is suspected shall have the right to keep such child in the custody of a hospital for no longer than ninety-six hours in order to perform diagnostic tests and procedures necessary to the detection of child abuse or neglect and to provide necessary medical care with or without the consent of such child’s parents or guardian or other person responsible for the child’s care, provided the physician has made reasonable attempts (1) to advise such child’s parents or guardian or other person responsible for the child’s care that he suspects the child has been abused or neglected and (2) obtain consent of such child’s parents or guardian or other person responsible for the child’s care. In addition, such physician may take or cause to be taken photographs of the area of trauma visible on a child who is the subject of such report without the consent of such child’s parent or guardian or other person responsible for the child’s care. All such photographs or copies thereof shall be sent to the local police department and the Department of Children and Families.

• Custody Order – Whenever any person is arrested and charged with an offense under Section 55-20 or 55-21 or under Part V, VI, or VII of Chapter 95, as amended, the victim of which offense was a minor residing with the defendant, any judge of the Superior Court may, if it appears that the child’s condition or circumstances surrounding his case so require, issue an order to the Commissioner of the Department of Children and Families to assume immediate custody of such child and, if the circumstances so require, any other children residing with the defendant and to proceed therein as in cases reported.

WHAT IS THE CHILD ABUSE CENTRAL REGISTRY?
The Department of Children and Families maintains a registry of reports received and permits its use on a twenty-four hour daily basis to prevent or discover child abuse of children. Required confidentiality is ensured.

DCF CHILD ABUSE AND NEGLECT HOTLINE: 1-800-842-2288

STATUTORY REFERENCES: §§17a-28; §17a-101 et seq.; §46b-120.

115
Referral & Assistance Information for Elderly Patients

State of Connecticut
Department of Social Services

Statewide toll free number (888) 385-4225
*(automatically routes calls to nearest regional office)*
For After Hours Emergencies call Infoline: (800) 203-1234
Department of Social Services TDD/TTY: (800) 842-4524

The Connecticut Department of Social Services offers services including, but not limited to, Protective Services Case Management, legal assistance, counseling, Protective Orders through the court the capacity to petition other courts for guardian and conservatorship services, assistance in obtaining a Restraining Order, Home Care services, personal care assistance, transportation, home delivered meals, Lifeline, domestic violence assistance, and social work services.

<table>
<thead>
<tr>
<th>North Central Region</th>
<th>South Central Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hartford Area (860) 566-7329</td>
<td>New Haven Area (203) 789-6913</td>
</tr>
<tr>
<td>Manchester Area (860) 647-5930</td>
<td>Meriden / Wallingford Area (203) 344-2104</td>
</tr>
<tr>
<td>New Britain Area (860) 647-5930</td>
<td>Middletown Area (860) 344-2104</td>
</tr>
<tr>
<td>Bristol Area (860) 647-5930</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Eastern Region</th>
<th>South West Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Norwich / New London Area (860) 886-0521</td>
<td>Bridgeport Area (203) 579-6824</td>
</tr>
<tr>
<td>Windham Area (860) 456-3550</td>
<td>Norwalk Area (203) 855-2759</td>
</tr>
<tr>
<td></td>
<td>Stamford Area (203) 708-8984</td>
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<tr>
<th>North West Region</th>
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</thead>
<tbody>
<tr>
<td>Waterbury Area (203) 596-4242</td>
</tr>
<tr>
<td>Danbury Area (203) 596-4242</td>
</tr>
<tr>
<td>Torrington Area (860) 496-6950</td>
</tr>
</tbody>
</table>
STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
25 Sigourney Street, Hartford, CT 06108

REPORT FORM FOR PROTECTIVE SERVICES FOR THE ELDERLY

Call the Protective Services for the Elderly from the Department of Social Services on the toll free line or at the regional numbers listed on back (or info-line at 211 after hours) if you have any reason to believe or suspect that the elderly person cited below is being abused, abandoned, neglected, or exploited. If you choose you may complete this form and forward it to the USS office covering the elder’s town of residence LISTED ON THE BACK.

Certain individuals are required by State Statute to report suspected abuse, abandonment, neglect, or exploitation. If you are making the referral, complete this form giving as much information as you have available to you. RETURN TO APPROPRIATE OFFICE LISTED ON BACK!

I. INDIVIDUAL BEING REFERRED (Person in need of protection)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Age</th>
<th>Date of Birth: <strong>/</strong>/____</th>
</tr>
</thead>
</table>

ADDRESS

<table>
<thead>
<tr>
<th>No. &amp; Street</th>
<th>City or Town</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SOCIAL SECURITY NUMBER</th>
<th>LANGUAGE SPOKEN:</th>
</tr>
</thead>
</table>

OTHER PERSON(S)In-Home – Not Home

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>CURRENT ADDRESS</th>
</tr>
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<tbody>
<tr>
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</table>

II. REASON FOR REFERRAL (Check all appropriate categories not mutually exclusive) Does Emergency Exist? _____ Yes _____ No

_____ Abuse _____ Neglect _____ Abandonment! _____ Exploitation

Date of Alleged Incident (If Known): ________________________________

Give Details: ____________________________________________________

If Abused, Name of Suspected Perpetrator (If Known): ____________________________

Relative (Specify): ____________________________________________

Other (Specify): ____________________________________________

Are State or local police involved? _____ Yes _____ No

Official’s Name, Address, and Phone: ________________________________

Individual has Physical Problems? _____ Yes _____ No

Give details of physical problems/limitation:

Is individual on any public assistance programs? _____ CAA _____ AD-AB _____ Town _____ SSI/SSA _____ Title XIX

Case Number: ________________________________

Other (Specify): ____________________________________________

III. REFERRAL SOURCE:

<table>
<thead>
<tr>
<th>NAME:</th>
<th>ADDRESS:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Does complainant wish to be: _____ Anonymous _____ Identified _____ Does Not Want to be Identified</th>
</tr>
</thead>
</table>

Relationship to Elderly Person: ________________________________

Phone (Include area code): ________________________________

Signature ____________________________________________

Printed Name ____________________________________________

Date ____________________________________________
### NORTHERN
- **HARTFORD**
  - 3390 Main Street
  - Hartford, CT 06120
  - (860) 723-1003
- Avon, Granby, Suffield
- Bloomfield, Hartford, West Hartford
- Canton, Newington, Wethersfield
- East Granby, Rocky Hill, Windsor
- Farmington, Simsbury, Windsor Locks

### NEW BRITAIN
- 270 Lafayette Street
- New Britain, CT 06053
  - (860) 512-8945
- Berlin, New Britain, Southington
- Bristol, Plainville, Terryville
- Burlington, Plymouth

### MANCHESTER
- 606 East Main Street
- Manchester, CT 06040
  - (860) 847-5014
- Andover, Enfield, Somers
- Bolton, Glastonbury, South Windsor
- East Hartford, Hebron, Stafford
- East Windsor, Manchester, Tolland
- Ellington, Marlborough, Vernon

### WILLIMANTIC
- 679 Main Street
- Willimantic, CT 06226
  - (860) 405-3350
- Ashford, Eastford, Putnam
- Brooklyn, Hampton, Scotland
- Canterbury, Killingly, Sterling
- Chaplin, Mansfield, Thompson
- Columbia, Moodus, Union
- Coventry, Plainfield, Willington
- Danielson, Pomfret, Windham
- Woodstock

### SOUTHERN
- **NEW HAVEN**
  - 194 Basset Street
  - New Haven, CT 06511
  - (203) 974-3027
- Ansonia, Hamden
- Bethany, Milford, Seymour
- Branford, New Haven
- Derby, North Branford
- East Haven, North Haven
- West Haven

### MIDDLETOWN
- 117 Main Street, Middletown, CT 06457
  - (860) 734-3046
- Chester, Essex, Middlefield
- Clinton, Guilford, Middletown
- Cromwell, Haddam, Old Lyme
- Deep River, Killingworth, Old Saybrook
- Durham, Lyme, Portland
- East Haddam, Madison
- West Haddam
- East Hampton, Meriden

### NORWICH
- Uncas on Thames
  - 401 West Thames Street, Suite 102
  - Norwich, CT 06360
  - (860) 886-2221
- Bozrah, Lebanon, Norwich
- Colchester, Ledyard
- East Lyme
- Franklin
- Groton, New London
- Groton, North Stonington
- Voluntown
- Waterford

### WESTERN
- **BRIDGEPORT**
  - 925 Houseason Avenue
  - Bridgeport, CT 06604
  - (203) 511-2701
- Bridgeport, Monroe, Trumbull
- Derby, Stratford, Westport
- Easton, Norwalk, Westport

### DANBURY
- 742 Main Street
- Danbury, CT 06810
  - (203) 200-0100
- Bethel, Danbury, Newtown
- Bridgewater, New Fairfield, Redding
- Brookfield, New Milford, Ridgefield
- Southington, Trumbull

### STAMFORD
- 1602 Bedford Street
- Stamford, CT 06902
  - (203) 325-1232
- Danbury, Greenwich
- Stamford, Wilton

### WATERBURY
- 240 Thomaston Avenue
- Waterbury, CT 06705
  - (203) 597-3431
- Beacon Falls, Oxford, Prospect
- Cheshire, Watertown
- Middlebury, Southbury
- Naugatuck

### TORRINGTON
- 62 Commercial Boulevard
- Torrington, CT 06790
  - (860) 486-2900
- Barkhamsted, Kent, Sharon
- Bethlehem, Litchfield, Thomaston
- Canaan, Morris, Torrington
- Colebrook, New Hartford, Warren
- Cornwall, Norfolk, Washington
- Goshen, North Canaan
- Harwinton, Roxbury
- Wolcott

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**In-State:** Statewide Toll Free Number: 1-888-385-4225
**Out of State:** InfoLine: 1-800-203-1234

**After Hours Emergencies:** InfoLine: 211
**Out of State:** InfoLine: 1-800-203-1234
Contact Information for Reporting Abuse of Patients with Mental Retardation

State of Connecticut
Office of Protection and Advocacy for Persons with Disabilities

60-B Weston Street
Hartford, CT 06120-1551

Hartford Areas (860) 297-4355
All other Areas (800) 842-7303
TDD (860) 566-2102

Above numbers are available 8am-5pm, Monday-Friday
REPORT OF SUSPECTED ABUSE OF AN ADULT WITH MENTAL RETARDATION

STATE OF CONNECTICUT
OFFICE OF PROTECTION AND ADVOCACY
FOR PERSONS WITH DISABILITIES
60-B Weston Street
Hartford, CT 06120-1551

See next page for summary of Connecticut law concerning protection of adults with mental retardation from abuse. In cases of suspected abuse an ORAL REPORT SHOULD BE MADE IMMEDIATELY TO THE ABUSE INVESTIGATION DIVISION in the Office of Protection and Advocacy. Written report must be submitted within (5) calendar days of the oral report.

Reporter: Send original to the above address. You may make a copy for your records.

Individual Being Referred (alleged victim of abuse or neglect)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Date of Birth Mo./Day/Year</th>
<th>Age</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>(City or Town)</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parents, Guardian or Caretaker Name(s)</th>
<th>Address (If different)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Suspected Perpetrator if known Name(s)</th>
<th>Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date(s) of suspected abuse or neglect</th>
<th>Oral report made to (Protection and Advocacy Investigator)</th>
<th>Date of report</th>
</tr>
</thead>
</table>

Reasons for Believing Alleged Victim is a person with Mental Retardation

Information supporting alleged victim’s inability to substantially protect himself/herself from abuse or

Nature of extent of suspected abuse or neglect and supporting information

Person Making Referral | Reporter’s Name | Agency |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title or Relationship</td>
<td>Address</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

Reporters Signature | Does reporter wish to Remain Anonymous? Yes ☐ No ☐
Contact Information for Reporting Abuse of Nursing Home Patients

Nursing Home Ombudsmen
State of Connecticut
Department of Social Services

3580 Main Street
Hartford, CT 06120-1187

North Central Region (860) 566-5343
South West Region (203) 579-6919
South Central Region (203) 789-7508
Eastern Region (860) 886-5343
To: Mandatory Reporters for Residents of Nursing Homes/LTC Facilities

From: Pamela A. Giannini
Director of Aging, Community, and Social Work Services

Date: May 30, 2006

Re: Review of Procedures and Updated Version of Reporting Form

This memo is to update procedures regarding Connecticut General Statutes Sec. 17b-407 through 17b-408, which requires that suspected abuse, neglect, exploitation or abandonment of a resident in a nursing home be reported to the Commissioner of the Department of Social Services (effective 7/1/99). The reporting form has also been revised and is attached.

The statute requires any mandatory reporter who has reasonable cause to suspect or believe that a nursing home resident has been abused, neglected, exploited or abandoned, report this information, or cause a report to be made, to the Social Work Division of the Department of Social Services within 72 hours of the incident. The following are definitions from the Connecticut State Statutes, Sec. 17b-450 that pertain to this reporting requirement.

**Mandatory Reporters** include “...Any physician or surgeon licensed under the provisions of Chapter 370 or 371, and any resident physician or intern in any hospital in this state, whether or not so licensed, any registered nurse, any nursing home administrator, nurse’s aide or orderly in a nursing home facility, any person paid for caring for a patient in a nursing home facility, any staff person employed by a nursing home facility, any patients’ advocate and any licensed practical nurse, medical examiner, dentist, osteopath, optometrist, chiropractor, podiatrist, social worker, psychologist, clergyman, police officer, pharmacist or physical therapist.”

**Abuse** “...includes, but is not limited to, the willful infliction of physical pain, injury or mental anguish, or the willful deprivation by a caretaker of services which are necessary to maintain physical or mental health.”
Neglect “...refers to an elderly person who is either living alone and not able to provide for oneself the services which are necessary to maintain physical and mental health or is not receiving the said necessary services from the responsible caretaker.”

Exploitation “...refers to the act or process of taking advantage of an elderly person by another person or caretaker whether for monetary, personal, or other benefit, gain or profit.”

Abandonment “...refers to the desertion or willful forsaking of an elderly person by a caretaker or foregoing of duties or the withdrawal or neglect of duties and obligations owed an elderly person by a caretaker or other person.”

We receive numerous reports of resident-to-resident altercations. Incidents between residents need only be reported when the facility has made a determination that the resident who is the alleged “abuser” has the capability to take such action “intentionally, knowingly or recklessly” or, in the case of neglect, a person is acting with “criminal negligence,” as described in the CGS Penal Code Sec. 53a-3 Definitions:

A person acts “intentionally” with respect to a result or to conduct described by a statute defining an offense when his conscious objective is to cause such result or to engage in such conduct.

A person acts “knowingly” with respect to conduct or to a circumstance described by a statute defining an offense when he is aware that his conduct is of such nature or that such circumstance exists.

A person acts “recklessly” with respect to a result or to a circumstance described by a statute defining an offense when he is aware of and consciously disregards a substantial and unjustifiable risk that such result will occur or that such circumstance exists. The risk must be of such nature and degree that disregarding it constitutes a gross deviation from the standard of conduct that a reasonable person would observe in the situation.

A person acts with “criminal negligence” with respect to or as a result of failing to perceive a substantial and unjustifiable risk that could occur. The risk must be of such nature and degree that the failure to perceive it constitutes a gross deviation from the standard of care that a reasonable person would observe in the situation.
Incidents meeting this legal standard, as a potential crime must be reported to the police.

The determination of a resident’s capability to form intent should be made consistent with normal assessments of a resident’s condition and capabilities. Incidents among residents, which do not constitute abuse, should be addressed through facility assessment and care planning and incident reports to the State of Connecticut Department of Public Health as required by federal and state law.

As a reminder, the Office of the Long Term Care Ombudsman should continue to receive complaints directly from residents, family members or others acting on behalf of the resident. If a resident complains of “rough handling,” the facility is to ensure that resident is aware of the advocacy services provided by the Ombudsman. The facility should assist the resident in accessing the services of the Ombudsman.

Reports should be filed using the revised W-410 that is attached. This memo in no way impacts your reporting obligations to the Connecticut Department of Public Health.

If you have questions regarding the content of this memo, please call the Social Work Division at 860-424-5241. As a reminder, the fax number to send reports to is 860-424-5091. Telephone reports are not acceptable. Thank you.

PAG:MF
Attachment

cc: Connecticut Department of Public Health
    State LTC Ombudsman
# MANDATED REPORTER FORM FOR LONG TERM CARE FACILITIES

## Resident in Need of Protection Being Referred

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>M.I.:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>S.S. #:</th>
<th>Age:</th>
</tr>
</thead>
</table>

## Long Term Care Facility

- **Name of Long Term Care Facility:** 
- **Facility Address:** 
- **Contact Person:** 
- **Telephone:** ( ) 
- **Fax:** ( )

## Report of Suspected

- **Abuse**
- **Neglect**
- **Exploitation**
- **Abandonment**

**Date of incident (if known):** 

**Relationship of the alleged perpetrator to the resident (i.e. family, facility staff, other resident, etc.):** 

## Who Has Been Notified/Involved?

- CT Department of Social Services
- CT Department of Public Health
- State or Local Police

If this is a resident/family complaint, have you offered to contact the office of the Long Term Care Ombudsman program on their behalf? 

- **Yes**
- **No**

Please provide information regarding the nature and extent of the situation and any other details which might be helpful in investigating the case and protecting the resident.

## Investigation pending and summary to follow.

- **Yes**
- **No**

## Referral/Reporter Information:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
</table>

**Telephone:** ( ) 
**Fax:** ( )

**Relationship to the Resident:** 

**Does the Reporter Wish to be:** 

**Anonymous**

** Identified**

**Date of Report:** 

Note: Incidents between residents need only be reported when the facility has determined that the resident has the capability to act intentionally, knowingly or recklessly, in accordance with definitions contained in Penal Code 531.3.

**TELEPHONE REPORTS ARE NOT ACCEPTABLE**
Appendix F

CONTENTS

- STIs and Sexual Assault: Information on HIV/AIDS, Hepatitis B, and Other Sexually Transmitted Diseases
- CONNSACS Member Programs
- List of STD Testing and Treatment Sites
- List of HIV Counseling and Testing Programs
- Excerpt – Connecticut Task Force on Bloodborne Diseases and Sexual Assault
- Connecticut General Statutes Sections:
  - 19a-112b: Services to victims of sexual assault
  - 19a-112c: Educational materials for sexual assault victims
  - 19a-581: Definitions
  - 19a-582: Informed consent for HIV testing. Exceptions
  - 19a-583: Limitations on disclosure of HIV-related information
  - 19a-584: Disclosure of HIV-related information
  - 19a-585: Requirements for disclosure of HIV-related information
  - 19a-590: Liability for violations
  - 19a-591: Definitions
  - 19a-592: Testing and treatment of minors for HIV
The Risk of Contracting Sexually Transmitted Diseases (STDs) as a Result of a Sexual Assault

The likelihood of contracting an STD as a result of a sexual assault depends upon a number of factors which may include type of sexual contact that occurred (oral, rectal, vaginal, or penile contact), the number of perpetrators and whether or not the perpetrator was infected with an infectious STD at the time of the assault.

STDs that can be contracted during sexual contact include but are not limited to: Hepatitis B, gonorrhea, syphilis, herpes, chlamydia, genital warts, and vaginitis. Immediate and effective treatment options are available for most STDs, although some are not curable.

STD Testing and Treatment

Even if you do not have any symptoms of an infection, or your assault took place many months ago, you should still be tested for STDs after a sexual assault. Common symptoms include itching, bumps, vaginal discharge or penile fluid, or genital pain. Unfortunately, it is also possible to have STDs and not experience any physical symptoms. If left untreated, some STDs can cause serious medical problems.

STD testing and counseling are available at several sites throughout the state. For the name, address, and phone number of the facility closest to you, call INFOLINE, a confidential service, at 2-1-1. Costs for testing vary and some sites offer a sliding scale depending on what you can afford. YOU WILL NOT BE REFUSED TESTING EVEN IF YOU CANNOT PAY.

Victims may either choose to reduce the risk of contracting certain STDs by taking medication immediately following an assault as a preventive measure, or may wait to see if an STD was contracted before taking medication. Whichever treatment option you choose, you should be re-examined and re-tested within a specific time period to be certain that you do not have an STD.

If the assault occurred recently, testing is recommended two weeks after the assault and again three months later. However, if symptoms appear at any time after the assault, it is important to see a doctor immediately for testing and treatment.

The treatment for many STDs is a long-acting antibiotic. The amount of medicine and the length of time you take it depends on the type of STD. If you are infected and you are sexually active you should encourage your sex partner(s) to be tested and abstain from having sex until the infection has cleared and your partner(s) have been examined and treated. With the exception of Hepatitis B, there are no vaccinations that will prevent you from getting re-infected with the same STD or contracting another STD. Every STD should be treated to prevent further complications.
HIV/AIDS

How is HIV Spread?
HIV is not spread by casual contact. You cannot contract HIV through the air or saliva, or by touching objects and surfaces touched by people who are infected. HIV is spread from one infected person to another person by: sexual activity (vaginal, anal, and oral); from an infected mother to her baby (before birth, during birth, or through breast feeding); or by the blood of an infected person getting into the bloodstream of another person. These blood-to-blood contacts happen most often when people share hypodermic needles.

It is possible to get infected with HIV from a sexual assault if an offender has AIDS or has been infected with HIV and there was direct contact orally, anally, vaginally, or through an open sore with semen (cum), pre-ejaculation fluid or blood of the offender.

The Risk of Contracting HIV as a Result of a Sexual Assault
The probability of contracting HIV (the virus that causes AIDS) through sexual assault is very low. For a victim to be at risk, the offender has to be infected with the virus. Even if the offender is HIV-positive, transmission of the virus may not have occurred. However, for your own peace of mind, medical care providers recommend that you be tested for HIV. In the unlikely event of transmission of HIV, the virus may not be detected in a blood test for several months, therefore, having a re-test is very important. An HIV counselor can talk with you about when and where to be re-tested and about special precautions you should take to protect your sexual partners.

HIV Prophylaxis
Immediately following a sexual assault, you may want to discuss the use of a prophylaxis treatment to prevent HIV with emergency room staff or a sexual assault crisis counselor. They can discuss the benefits and side effects of the treatment. This is the same treatment that is given to health care providers after exposure to infected blood. The treatment may not be recommended if too much time has passed since the assault.

HIV Testing Options
Because you may be in crisis, you may want to wait a few days after a sexual assault to have an HIV test. An HIV test is not part of a sexual assault examination. You do not need to have an HIV test at the hospital. A test given immediately after the assault will only tell you if you had been infected prior to the assault, so you will need to be tested again in six months.

Waiting to take this test will give you a chance to think about all of your testing options and give you time to think about the best decision for you.

Where Can I Get Tested?
HIV testing and counseling are available at several sites throughout the state. For the name, address, and phone number of a Connecticut Department of Public Health funded facility close to you, call INFOLINE, a confidential service, at 2-1-1.
At these testing and counseling sites, costs are based on a sliding scale depending on what you can afford. YOU WILL NOT BE REFUSED TESTING EVEN IF YOU CANNOT PAY.

Anonymous or Confidential Testing

Deciding which type of test to have is a complicated issue. The Connecticut Sexual Assault Crisis Services, Inc. (CONNSACS) recommends anonymous testing to provide maximum privacy. The CT Department of Public Health recommends confidential testing for several reasons, including the ability to provide follow-up counseling or medical treatment. A sexual assault counselor, an HIV counselor, or your health care provider can discuss the pros and cons of each type of test and help you to make the choice best for you.

Anonymous testing means that the counselor will not have any personal information about you (name, address, or phone number) and the test result will be reported to you and the Department of Public Health using a code number. If you request it, anonymous testing is available at CT Department of Public Health funded HIV counseling and testing sites. Anonymous testing is not available in private medical offices or hospitals. If you want to explore the option of an anonymous HIV test, you will need to go to a CT Department of Public Health funded HIV counseling and testing site rather than an STD clinic.

Confidential testing means that the test result along with your identifying information may be shared with others under certain circumstances. If you choose a confidential test at a CT Department of Public Health HIV counseling and testing site, they will not pass on any testing information to your private provider or insurance company. The test result is not placed in your medical record even if you choose to have confidential testing.

If you receive an HIV test through a doctor in private practice, clinic, or hospital they might be required to share the results of the HIV test with your insurance company. The test result may be placed in your medical record and may be provided to other members of the medical team who are involved in your care or treatment.

Also, the test result may be provided to a committee or organization that reviews records in the health facility where your test was conducted. It also may be provided to a person who gets a court order that gives them the right to your test result or to a health care worker who is exposed to your blood. Your test result and name are private but by law this specific list of people may be able to receive your test result without your written permission if they request it.

All health care providers, CT Department of Public Health HIV counseling and testing sites, and private laboratories conducting HIV tests are required by Connecticut law to report positive HIV test results by name to the CT Department of Public Health. If you are tested anonymously, a positive result is not reportable.

Can I Have the Offender Tested for HIV?

If the offender has been charged with a sexual assault crime, you can ask the court to order the offender be tested for HIV/AIDS.
Forms for making the request are available through the court clerk’s office. As of October 1, 2004, the law allows you to choose a health care provider or DPH funded HIV counseling and testing site to receive the offender’s test results and disclose them to you.

Although the risk of transmission of HIV is low in sexual assault cases, receiving the results of the offender’s test can be stressful. Meeting a health care professional and/or HIV counselor to receive and discuss the results can be helpful. The best source of information about whether or not you have been infected with HIV is for you to be tested yourself.

Who can I talk to about being tested?
If the sexual assault occurred recently or even some time ago, you may want to talk to a knowledgeable person for advice. You can discuss your situation and options confidentially with a trained sexual assault counselor or HIV counselor.

A sexual assault counselor can help provide support, counseling and information about sexual assault, whether or not you choose to report the assault to the police. A sexual assault counselor can help you think through what you want to do, listen, give you information or refer you to the nearest HIV counseling and testing site. All of these services are free and confidential.

To reach a sexual assault crisis counselor near you, call Connecticut Sexual Assault Crisis Services toll free at 1.888.999.5545 (In English), or 1.888.568.8332 (En Español).

An HIV counselor can provide support and counseling, check your level of risk, and make a recommendation regarding testing. An HIV counselor can tell you how to protect yourself and any sex partner(s). An HIV counselor can also refer you to other resources, as needed. Anything that you tell the counselor, either on the phone or in person, is confidential.

The Risk of Hepatitis B (HBV) Transmission

Like AIDS, Hepatitis B (HBV) is caused by a virus. While HBV is spread in the same ways as HIV, it can also be spread through saliva. It is however much easier to contract than HIV. HBV is not spread by casual contact or from objects and surfaces. Some people may only get a mild sickness, while others can become very sick and die. Many people do not have symptoms. If you are at high risk for HIV you may also be at high risk for HBV as well.

Preventing HBV

HBV can be prevented by the completion of a three dose Hepatitis B vaccination series. It is important to receive all three shots. The recommended schedule is 0-1-6 months. Please consult your health care provider with questions about this vaccine and/or the schedule of doses. It is important to discuss HBV with a health care provider if you have not had the vaccine before the assault occurred.

Testing Options for HBV

Regardless of whether the sexual assault occurred recently or in the past, you should talk to a knowledgeable health care provider about counseling and testing options. Costs are based on a sliding scale depending on what you can afford. YOU WILL NOT BE REFUSED TESTING EVEN IF YOU CANNOT PAY.
CONNSACS is a statewide association of individual sexual assault crisis programs working to end sexual violence through victim assistance, community education and public policy advocacy.

1.888.999.5545
1.888.568.8332 (En Español)
http://www.connsacs.org

Funded by the Connecticut Department of Public Health - Bureau of Community Health
CONNSACS is a statewide association of individual sexual assault crisis programs working to end sexual violence through victim assistance, community education and public policy advocacy.
CONNSACS

CONNSACS member programs provide free and confidential services to victims of sexual assault and their families. Certified counselor/advocates provide hotline and in-person counseling, offer accompaniment through medical, police and legal systems, and can give information about your options.

CONNECTICUT SEXUAL ASSAULT CRISIS SERVICES, INC.

To reach the nearest CONNSACS member program call toll-free from anywhere in Connecticut.
In English: 1.888.999.5545, In Spanish: 1.888.568.8332

Center for Women & Families of Eastern Fairfield County, Inc.
Rape Crisis Services (Bridgeport)
Office: 203.334.6154 Hotline: 203.333.2233

YWCA of New Britain Sexual Assault Crisis Services
Office: 860.225.4681 (New Britain) Hotline: 860.223.1787
Office: 860.241.9217 (Hartford) Hotline: 860.547.1022

Sexual Assault Crisis Center of Eastern Connecticut

Rape Crisis Center of Milford
Office: 203.874.8712 Hotline: 203.878.1212

Susan B. Anthony Project, Inc. (Torrington)
Office: 860.489.3798 Hotline: 860.482.7133

Women's Center of Greater Danbury Sexual Assault Crisis Services
Office: 203.731.5200 Hotline: 203.731.5204

Safe Haven of Greater Waterbury, Inc.
Office: 203.753.3613 Hotline: 203.753.3613

Women and Families Center, Inc.
Office: 860.344.1474 (Middletown)
Office: 203.235.9297 (Meriden)

Center for Sexual Assault Crisis Counseling & Education (Stamford)
Office: 203.348.9346 Hotline: 203.329.2929
TESTING/TREATMENT SITES
funded by the Connecticut Department of Public Health - STD Control Program

Confidential STD Testing and Treatment Sites (revised 05/26/09)

Bridgeport
Facility: Bridgeport Health Department
Address: 752 East Main Street
Phone: 203.576.7468
Days/Hrs: M 12:30pm - 3:00pm
W 8:30am - 11:30am
F 9:00am - 11:00am
Appt/Cost: No appointment necessary/$10 fee. Individuals who cannot pay will be seen without charge.
Services: All STD/HIV/Hep A & B and HPV Vaccine

Danbury
Facility: Danbury Community Health Center
Address: 70 Main Street
Phone: 203.791.5050
Days/Hrs: M and W 5:00pm - 6:30pm
Appt/Cost: No appointment necessary/No fee
Services: All STD/HIV

Fairfield
Facility: Fairfield Health Department
Address: Private Practice Referral
Phone: 203.256.3020 or 203.256.3150
Days/Hrs: Call for information
Appt/Cost: By appointment/No fee for town of Fairfield residents Only
Services: All STD

Greenwich
Facility: Greenwich Health Department
Address: 101 Field Point Road
3rd floor of Town Hall
Phone: 203.622.6496
Days/Hrs: Tu and Th 2:00pm - 5:00pm
Appt/Cost: No appointment necessary/No fee
Services: All STD & HIV

For More Information: State of Connecticut Department of Public Health
410 Capitol Avenue, MS #11STD, P.O. Box 340308, Hartford, CT 06134-0308
Tel. 860.509.7920
National STD Hotline: 1.800.227.8922, Monday - Friday, 8:00am - 11:00pm
Hartford

Facility: Burgdorf Health Center/Hartford STD Clinic - Disease Prevention and Health Promotion
Address: 131 Coventry Street, 1st floor
Phone: 860.543.8820
Days/Hrs: M - F Registration 7:45am - 8:00am and 11:45am
Appt/Cost: No appointment necessary/No fee
Services: All STD/HIV/Hep A & B and HPV Vaccine/Hep C Screening

Facility: Hartford Gay and Lesbian Health Collective
Address: 1841 Broad Street
Phone: 860.278.4163
Days/Hrs: Th 6:30pm - 8:00pm
Appt/Cost: No appointment necessary/$10 - $20 fee. Individuals who cannot pay will be seen without charge.
Services: All STD/HIV/Hep A & B Vaccine/Hep C Screening

Manchester

Facility: Planned Parenthood of Connecticut
Address: 419 West Middle Turnpike
Phone: 860.643.1607
Days/Hrs: Call to verify hours
Appt/Cost: By appointment/Sliding fee
Services: All STD/HIV/Hep B Vaccine

Meriden

Facility: Health Stop - Planned Parenthood of Connecticut
Address: 26 Women’s Way
Phone: 203.238.0542
Days/Hrs: Call to verify hours
Appt/Cost: By appointment/Sliding fee
Services: All STD/HIV/Hep B Vaccine

New Britain

Facility: New Britain Health Department
Address: 56 Hawkins Street
Phone: 860.826.3464
Days/Hrs: Tu and Th 2:00pm - 3:30pm
Appt/Cost: No appointment necessary/$5 fee. Individuals who cannot pay will be seen without charge.
Services: All STD/HIV/Hep A & B and HPV Vaccine
### New Haven
- **Facility:** New Haven Health Department
- **Address:** 54 Meadow Street
- **Phone:** 203.946.8181
- **Days/Hrs:** M and F 10:00am - 12:00pm and 1:30pm - 3:30pm
  W 9:00am - 12:00pm
- **Appt/Cost:** No appointment necessary/$10 fee. Individuals who
  cannot pay will be seen without charge.
- **Services:** All STD/HIV/Hep A & B and HPV Vaccine

### New London
- **Facility:** Community Health Center
- **Address:** One Shaw's Cove
- **Phone:** 860.447.8304
- **Days/Hrs:** M - Th 8:30am - 5:00pm
- **Appt/Cost:** By appointment/Sliding fee
- **Services:** All STD/HIV/Hep B Vaccine

### Norwalk
- **Facility:** Norwalk Health Department
- **Address:** 137 East Avenue
- **Phone:** 203.854.7976
- **Days/Hrs:** M, W, and F 9:00am - 11:30am
  W 3:00pm - 5:30pm
- **Appt/Cost:** No appointment necessary/$10 fee. Individuals who
  cannot pay will be seen without charge.
- **Services:** All STD/HIV/Hep A & B and HPV Vaccine

### Norwich
- **Facility:** William Backus Hospital/STD Clinic
- **Address:** 107 Lafayette Street
- **Phone:** 860.823.6344
- **Days/Hrs:** M and W 5:30pm - 7:30pm
- **Appt/Cost:** No appointment necessary/No fee
- **Services:** All STD/HIV/Hep A & B and HPV Vaccine/Hep C screening

### Stamford
- **Facility:** Stamford Health Department
- **Address:** 141 Franklin Street, 1st floor
- **Phone:** 203.977.4399 or 203.977.5933
- **Days/Hrs:** M 2:00pm - 5:00pm
  W and F 10:30am - 11:45am
- **Appt/Cost:** No appointment necessary/No fee
- **Services:** All STD/HIV/Hep A & B and HPV Vaccine
Waterbury
Facility: Waterbury Health Department
Address: 95 Scovill Street, 1st floor
Phone: 203.574.6880
Days/Hrs: Registration - Tu 8:30am & Th 12:30pm
Appt/Cost: No appointment necessary / No fee
Services: All STD/HIV/Hep A & B and HPV Vaccine

West Haven
Facility: West Haven Health Department
Address: 355 Main Street
Phone: 203.932.4000 or 203.937.3660
Days/Hrs: Call to verify hours
Appt/Cost: No appointment necessary / No fee
Services: All STD

Willimantic
Facility: Planned Parenthood of Connecticut
Address: 1548 West Main Street
Phone: 860.423.8426
Days/Hrs: Call to verify hours
Appt/Cost: By appointment / $20 fee
Services: All STD/HIV
# Counseling/Testing Sites

Funded by the CT Department of Public Health - AIDS and Chronic Diseases Division

### Hartford County
- AIDS Project Hartford: 860.951.4833
- Hartford Gay and Lesbian Health Collective: 860.278.4163
- Human Resources Agency: 860.826.4482
- Latinos Community Services: 860.296.6400

### Bridgeport County
- AIDS Project Greater Danbury: 203.778.2437, 203.778.1483
- GBAPP: 203.366.8255
- Greenwich Health Department: 203.622.6460
- Norwalk Health Department: 203.854.7979, 203.854.7776
- Optimus Health Center: 203.696.3260 ext. 3435
- Southwest Community Health Center: 203.332.3518, 203.332.3166
- Stamford Health Department: 203.977.4387

### Middlesex County
- Community Health Center - Middletown: 860.347.6971 ext. 3908

### New Haven County
- Hill Health Center: 203.503.3151, 203.503.3492
- Meriden Health Department: 203.630.4176
- New Haven Health Department: 203.946.6453, 203.946.6481
- So. Central Rehab Center (Hill Health): 203.503.3300
- Waterbury Health Department: 203.574.6883, 203.574.6994
- Yale New Haven Hospital: 203.688.3184

### New London County
- William W. Backus Hospital: 860.889.8331 ext. 4005
- Lawrence & Memorial Hospital: 860.447.2437

### Windham and Tolland Counties
- Hockanum Valley Community Council: 860.872-9825
- Perception Programs: 860.450.7128 ext. 17
Appendix
G

CONTENTS

• Contact information for billing questions
• Memo: Billing procedures for sexual assault examinations
• Handout: Important Information for Victims of Sexual Assault
• Sample UB92 forms with appropriate notations
Insert Date

Address
Address
Address

Dear Insert Name of Billing Director:

This letter is to inform you that legislation passed that transferred the responsibility of processing sexual assault forensic examination kit reimbursement from the Chief State's Attorney's Office to the Office of Victim Services (OVS), effective November 1, 2009.

Please forward all billing requests for reimbursement of the sexual assault forensic examination kit to OVS, Attn: Forensic Kit Billing, 225 Spring Street, Fourth Floor, Wethersfield, CT 06109.

If you have any questions regarding this matter, please contact me at 860-263-2760.

Thank you for your cooperation.

Sincerely,

James Morgan
Program Manager
TO: Billing Office  
FROM: Office of Victim Services, Compensation Unit  
DATE:  
SUBJECT: Denial of payment for -  
      Acct #  

Connecticut General Statutes §19a-112a(e), as amended by P.A. 03-06, prohibits health care facilities from billing sexual assault victims directly or indirectly for the cost of collecting sexual assault evidence, and requires that such costs be billed to the Office of Victim Services (OVS). OVS will pay the total amount of the bill for such costs. The enclosed invoice(s) is being returned because it does not qualify for payment pursuant to CGS §19a-112a(e) for the following reason(s):

- The patient was not seen for sexual assault  
- No documentation provided that a sexual assault evidence collection Kit was used  
- The patient refused evidence collection procedures  
- The maximum allowable payment for sexual assault pursuant to §19a-112 has already been made  
- Billed services are not considered evidence collection  
- Billing entity is not considered a health care facility  
- Date of service is old and past the filing date  
- Exam was performed years after occurrence of sexual abuse; service is not considered timely for collection of evidence  
- Other – Tests ordered by doctor do not appear to be standard tests that we would cover

Duplicate Bill  

Accordingly, you may bill this invoice to the patient or the patient’s insurer. Patients who are victims of crime may be eligible for compensation for resulting medical expenses from the Office of Victim Services through the compensation program (1-800-922-8428).  

* Physicians who bill through a billing service that is separate from the health care facility are encouraged to make suitable arrangements with the health care facility for the billing/payment of such bills. OVS only pays bills from health care facilities, not individual providers.

An Equal Opportunity/Affirmative Action Employer  
www.jud.ct.gov/crimevictims/
<table>
<thead>
<tr>
<th>CODE</th>
<th>DESCRIPTION</th>
<th>VALUE CODES</th>
<th>VALUE</th>
<th>AMOUNT</th>
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<tr>
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<td>121909</td>
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<td>45</td>
</tr>
<tr>
<td>0581</td>
<td>PROF FEES ER</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- **KEL WAS USED PT over 13 yrs of age**

**ST OF CT STATE AGENCY**
- **2242590**
- **000250773**

**Codes:**
- **V715**
- **E8490**
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<tr>
<th>YYYY</th>
<th>PROCEDURE</th>
<th>DATE</th>
<th>CODE</th>
<th>ID</th>
<th>VALUE CODES</th>
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<td>104.72</td>
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<td>C21610</td>
<td>1</td>
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<td>275.06</td>
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<td>DRUGS/DETAIL CODE</td>
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<td>27.3</td>
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**Kit Completed**

2-14-10

P. Junga
**Example 3b**

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<th></th>
<th></th>
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<td>02/16</td>
<td>Levonorgestrel 0.75 mg 980044129</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>02/16</td>
<td>Cefixime 400 mg 98016173</td>
<td>31.57</td>
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<td></td>
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<td></td>
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<tr>
<td>02/16</td>
<td>Azithromycin UD 99422287</td>
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<tr>
<td>02/16</td>
<td>Omnadspr OD 4M 99447013</td>
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<td>2.73</td>
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<td>Chlamydia, DNA 21042015</td>
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<td>2651.70</td>
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**Summary of Current Pay/Adj**

- **2651.70**

**Summary of Current Charges**

- **Pharmacy**: 2651.70
- **Laboratory**: 2651.70
- **Emergency Dept**: 2651.70

Sub-total of Current Charges: 2651.70

**Guard Relationship**: K

**Sex**: N

Guard No.: 47768893

**Diagnosis**: 995.53 Child Sexual Abuse

**Procedure**: 99285 Observation Alleged Rape

**Totals**: 2651.70

**Patient Number**: Please refer to patient number on all correspondence

**Additional Patient Billing may be necessary for any charges not denoted with the statement was prepared or if insurance cards are not filled in. Do not pay any part of the amount shown unless estimated insurance coverage.

**Pay This Amount**: 2651.70
<table>
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<tr>
<th>ITEM NO.</th>
<th>DESCRIPTION</th>
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<th>UNIT</th>
<th>UOM</th>
<th>RESIDENT ID</th>
<th>TEXTUAL AMOUNT</th>
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</thead>
<tbody>
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<td>0250</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>44.20</td>
</tr>
<tr>
<td>0260</td>
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<td></td>
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<tr>
<td>0450</td>
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<td>99285</td>
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<td>1288.44</td>
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<td>0636</td>
<td>DRUGS/DETAIL CODE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16.65</td>
</tr>
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</table>

Example 4a

TOTALS: 1468.36

ENTERED:
DATE: 2-4-10
BY: RS
<table>
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<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sexual assault crisis center notified</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Police notified with patient consent</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Clothing obtained</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. History and physical done</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. State of Connecticut Sexual Assault Medical Report completed</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Sexual Assault Evidence Collection Kit completed and secured</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Hospital laboratory specimens collected</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Additional evidence collected (e.g., photos/bitemarks—specify)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Prophylactic medications administered (pregnancy/STDs/anti-emetic)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Identification and chain of custody information on kit and bag(s) completed (specify whether patient’s name or control number used.)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. &quot;MOIST SPECIMEN&quot; sticker applied to box, if applicable</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Yellow copy of Page #1 of Medical Report sealed in envelope attached to kit bottom</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Clothing bag(s) and Sexual Assault Evidence Collection Kit given to police</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Arrangements made for 60 day storage of kit and bag(s) if not reported to police (police must transport evidence with control # to state lab)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Follow-up referrals made</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Yellow copy of Discharge Instructions (Page 6) given to patient</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Sexual assault information pamphlet given to patient</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Other (Specify)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. SPECIAL CONSIDERATIONS—PROTECTIVE SERVICES</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Children: Dept. of Children &amp; Families called (1-800-842-2288) DCF-136 form completed</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Elderly: Dept. of Social Services regional office called Northcentral 506-5942 or 506-1744, Northwest 596-4242, Eastern 886-0521, Southcentral 789-6913, Southwest 579-6919</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Adults w/Mental Retardation: Off. of Protection &amp; Advocacy called (1-800-842-7303) PA-6 form completed</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed By: PATIENT FILE
Appendix H

CONTENTS

• Office of Victim Services
The Office of Victim Services (OVS) is the state’s lead agency dedicated to providing services to victims of violent crime.

Compensation Program

What is Victim Compensation?
A program offered to crime victims to assist them in recovering from the financial impact of the crime.

The OVS Compensation Program is the payer of last resort, which means that all other sources of payment must be exhausted before OVS will reimburse the claimant. OVS may also reimburse a medical provider after services are provided for any balances.

Crime Related Expenses That May Be Compensated
- Medical and dental costs related to the crime
- Counseling for victims of personal injury, sexual assault, and child abuse
- Counseling for relatives* of victims of sexual assault and child abuse
- Lost wage reimbursement for victims of personal injury crimes, including overtime and self-employment income to cover the salary lost due to a crime related absence. (Does not include attendance at court proceedings.)
- Lost wage reimbursement to any person responsible for the maintenance of a victim who has suffered a personal injury.
- Funeral costs up to $5,000
- Counseling for relatives and designated decision makers of a homicide victim
- Lost wage reimbursement to attend court proceedings for relatives and the designated decision makers of a homicide victim.
- Loss of support for dependents and the designated decision makers of a homicide victim
- Medical costs for injuries incurred during the commission of a crime to the guide or assistance dog of a blind or disabled crime victim.
How Much Can Be Paid?
- Up to $15,000 in reimbursement for eligible expenses related to an eligible personal injury claim
- Up to $25,000 in reimbursement for eligible expenses related to an eligible homicide claim

Who Can Apply?
The victim, certain persons who suffer financial loss as the result of a crime, the dependents and designated decision makers of a homicide victim, the parents, legal guardian or other legal representative of a minor or incompetent person may apply.

The Application for Victim Compensation should be filed with OVS within two years of the date of the personal injury or death. A waiver of this filing time limit is possible in certain circumstances.

Am I Eligible For Victim Compensation?
If any of the following statements apply, then you may be eligible for compensation:
- I was injured in the course of a crime or injured while helping police during a crime.
- I am a relative of a sexual assault or child abuse victim.
- I am a relative or designated decision maker of a homicide victim.
- I am blind or disabled and my guide or assistance dog was injured during the commission of a crime.

AND
- I did not cause the crime or do anything illegal.
- The crime was reported to the police within 5 days. In the case of sexual assault, if you have disclosed the assault to a healthcare provider, advocate, or certain other professionals, this may be considered instead of a police report to meet the OVS Compensation Program eligibility requirements. [§54-209]
- Other sources of payment do not cover all my eligible costs.

Other
- The total amount awarded will be subject to a $100 deductible. A waiver is possible in some circumstances.
- Filing an application for compensation is not a promise from OVS that you will receive a compensation award. OVS will examine and evaluate your application before making a decision.
- Property loss, property damage, pain and suffering, attorney fees, and any noneconomic losses are not compensable.

* All references to relative refer to this definition found in Connecticut General Statues § 54-201 (4) as “the spouse, parent, grandparent, stepparent, child including natural born, step and adopted, grandchild, brother, sister, half brother, half sister, or spouse’s parents.”

Victim Services
OVS also offers the following services:
- Court-based victim advocacy
- Protection Order Registry Notification
- Post-conviction Notification

For more information on OVS services or to request an Application for Victim Compensation, please contact OVS at the numbers provided.
Appendix I

CONTENTS

• Air Drying Techniques for Sexual Assault Evidence
• Dry-Fast Swab Dryer Information
AIR DRYING TECHNIQUES
FOR SEXUAL ASSAULT EVIDENCE

General Instructions

- All moist evidence specimens must be air dried prior to packing in Kit or clothing bags, except for those moist specimens that will be collected in the special packages provided for Step 13.
- Some examples of moist specimens that must be dried are oral, vaginal, and anal swabs and slides (Steps 5, 11, 12), saliva sample (Step 6), dried secretion specimens (Step 7), and genital swabs (Step 10).
- Although it is difficult to tell when specimens are completely dry, dried swabs generally will have a shinier, crisper appearance, and dried slides will cease to appear shiny.
- Never blow on a moist evidence specimen to promote air drying.
- Never touch a moist evidence specimen to determine whether it is dry.
- Swab boxes are designed to allow air to circulate within the box. Swabs continue to dry, if not thoroughly dried prior to packing, to prevent putrefaction during storage.
- Care should be taken to ensure that swabs from different sites/steps are kept separated at all times until securely packaged in evidence collection materials.

Specific Instructions

- Slides
  - Completed slides should be returned to appropriate cardboard containers.
  - Cardboard containers with completed slides should be placed in a stable location to dry.
  - Slides should dry relatively quickly.

- Swabs
  - The “Tent” Method
    - Remove swabs from paper packets by separating at the end seam as directed (See Diagram A Below).
    - Fold each packet approximately one inch from the unseparated end and set folded packets on a flat, stable surface in a tent-like position as shown in the diagram below. (See Diagram B below).
    - Immediately after collection, lay swabs across appropriate folded packet, resting the stick end of the swabs on the flat surface and ensuring that the swab ends are suspended. (See Diagram C below).
    - When swabs appear dry (see above), place dried swabs inside appropriately labeled swab box. (See Diagram D below) and seal according to directions.
  - The “Swab Stand” Method
    - This method requires a specially designed stand or substance, such as clay, that can hold inserted swabs erect.
    - Immediately after collection, insert the stick end of the swabs into stand making sure that swab ends are kept erect.
    - When swabs appear dry (see above), place dried swabs inside appropriately labeled swab box and seal according to directions.
<table>
<thead>
<tr>
<th>Diagram A</th>
<th>Diagram B</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Diagram A" /></td>
<td><img src="image2.png" alt="Diagram B" /></td>
</tr>
<tr>
<td>Diagram C</td>
<td>Diagram D</td>
</tr>
<tr>
<td><img src="image3.png" alt="Diagram C" /></td>
<td><img src="image4.png" alt="Diagram D" /></td>
</tr>
</tbody>
</table>
The “Swab Dryer” Method

- The method requires specially manufactured swab drying equipment. (See following page). Cost approximately $420.00 + (S&H).
- Remove swab stand from swab dryer.
- Immediately after collection place swabs in appropriate row in swab stand. Avoid contact with other swabs and stagger placement, if possible. Close swab dryer door. (Follow manufacturer’s directions for security seal if necessary).
- Rotate timer dial on swab dryer clockwise to desired drying time (maximum 60 minutes) to start the dryer. Indicator light and fan should turn on.
- When indicator light shuts off, remove dried swabs and place inside appropriately labeled swab boxes.
- Clean swab rack with alcohol; use dilute bleach if swab tip came in contact with the rack.
Dry-Fast Swab Dryer

Meets California Emergency Room Sexual Assault Air Drying Requirements

- Rapidly Dries Swabs Using Room Air
- Convenient Washable Slide-Out Tray
- Cabinet has a Hinged Door With Latch
- Numbered Security Lock Maintains Evidence Integrity
- Optional Adapter for Use in Crime Scene Vehicles
- Compact for Table use 13.25" L x 8" H x 6.5" W

Complete With:

- One Year Warranty on Parts & Labor
- Low Voltage Plug in Transformer
- Swab Cabinet and Swab Tray
- Power On-Off Indicator
- 0 - 60 Minute Timer
- 20 Security Locks
- Extra Fuse

Specifications:

- Weight - 7 lbs.
- Power - 120 VAC to 12 VAC Transformer
- Size - 13.25" x 8" H x 6.25" W

Important Notice: Some states, such as California, require that emergency rooms which conduct exams for sexual assault must air dry swabs before packaging them. This swab dryer fills that requirement. The biological evidence on the swabs is best preserved by drying in the swab dryer and then storing the evidence in a freezer.
Appendix

J

CONTENTS

• nPEP informational flyer
• nPEP brochure
About the nPEP Program

ACT has been funded by the CT Department of Public Health to establish a program that will pay for Non-occupational Post-Exposure Prophylaxis (nPEP) for survivors of sexual assault who are un- or under-insured. For this program we have partnered with Walgreens’ 19 centers of excellence, where there are HIV-certified pharmacists who have specialized training on HIV/AIDS and can answer any questions you have about the medications. To access this program, an individual would need to go to an emergency room or other qualified medical provider within 72 hours post-assault. The Emergency Room (ER) medical providers will determine if the person is eligible for nPEP. Once it is determined that the individual is eligible for nPEP, the medical provider at the ER will issue a prescription and a simple form that the individual will present to a participating Walgreens Pharmacy. The form will allow the patient to access the medication free of charge.

For details:
Shawn M. Lang
Director of Public Policy, ACT
Phone: 860-247-2437
sliang@aids-ct.org

Additional Considerations for Sexual Assault Victims

The CT Sexual Assault Crisis Service (CONNSACS)
CONNSACS is a statewide coalition of sexual assault crisis programs. CONNSACS works to end sexual violence through victim assistance, community education, and public policy advocacy. All member programs are staffed by certified sexual assault crisis counselors. All direct services are free of charge. Call the toll-free hotline at (888) 999-5545 from anywhere in Connecticut and the call will be automatically routed to the nearest sexual assault crisis service. En español, llame (888) 568-8332.

AIDS Service Organizations
For information on HIV/AIDS and available services, go to aids-ct.org and click on Member Organizations under the About Us tab. Click on each organization’s name to be directed to their website.
About the nPEP Program

AIDS Connecticut has been funded by the CT Department of Public Health to establish a program that will pay for Non-occupational Post-Exposure Prophylaxis (nPEP) for survivors of sexual assault who are un- or under-insured.

For this program we have partnered with Walgreens’ 19 centers of excellence (listed on back), where there are HIV-certified pharmacists who have specialized training on HIV/AIDS and can answer any questions you have about the medications.

To access this program, an individual would need to go to an emergency room within 72 hours post-assault. The Emergency Room (ER) medical providers will determine if the person is eligible for nPEP.

Once it is determined that the individual is eligible for nPEP, the medical provider at the ER will issue a prescription and a simple form that the individual will present to a participating Walgreens Pharmacy. The form will allow the patient to access the medication free of charge.
If a high-risk exposure has occurred, what should I do?

In the case of a high-risk exposure to HIV, the individual should be referred immediately to a hospital emergency room (ER). ER staff will determine the severity of the exposure and if the administration of nPEP is an option.

Medical professionals who are unsure if nPEP should be administered should call the National Clinicians’ Post-Exposure Prophylaxis Hotline (PEPline) at 1-888-448-4911 for consultation. Hotline staff will help determine if nPEP should be administered, and recommend a treatment regimen specific to the exposure and the source history (if available).

People with adequate insurance can access nPEP through their health care providers.

Additional Considerations for Sexual Assault Victims

The CT Sexual Assault Crisis Service

CONNSACS is a statewide coalition of sexual assault crisis programs. CONNSACS works to end sexual violence through victim assistance, community education, and public policy advocacy. All member programs are staffed by certified sexual assault crisis counselors.

All services are free of charge, confidential, and available 24 hours a day, seven days a week. There is a statewide toll-free hotline. By dialing (888) 999-5545 from anywhere in Connecticut, the call will be automatically routed to the nearest sexual assault crisis service. En español, llame (888) 568-8332.

Sexual assault crisis counselors/advocates are available to meet survivors at the emergency room following a sexual assault. These advocates can provide information and support to survivors and their loved ones. Advocates are also able to provide support to survivors when they talk to the police.

AIDS Service Organizations

For information about HIV/AIDS and the services available, go to www.aids-ct.org and click on Member Organizations under the About Us tab. Click on each organization’s name to be directed to their website.

For more information:
Shawn M. Lang, Director of Public Policy
AIDS Connecticut (ACT)
860-247-2437 | slang@aids-ct.org
Glossary
GLOSSARY

Accelerated Rehabilitation (AR):
A program in which a first time offender does not admit guilt, but is put on a type of probation for up to two years. If the offender successfully completes the probation, the case is dismissed. An offender can only be granted AR once, and usually only for a less-serious crime.

Advocate:
Someone who provides victims with the information and assistance they need to be able to act for themselves, and, if necessary, who acts on the victim’s behalf.

Arraignment:
Court proceeding soon after arrest. The offender is brought to court, the formal charges are announced and the offender’s plea is entered.

Arrest:
Police seize the suspect offender on behalf of the state.

Board of Pardons and Paroles:
A panel that decides whether a convicted offender should be released, either fully or conditionally, from the sentence and possibly from all consequences of the conviction. The panel also decides whether to grant parole.

Civil Court:
The court that decides matters involving the rights of individuals. Lawsuits, such as those seeking money damages, are decided in civil court.

Commissioner of Correction:
The person in charge of the prison system.

Complaint:
A formal accusation made to police by a victim about a crime.

Conviction:
A determination that the offender is guilty of a criminal charge.

Court Clerk:
A court officer who keeps records of all court matters. There is a clerk in every court, and the phone number can be found in the blue section of the phone directory for the court location.

Criminal Court:
The court that decides matters involving crimes. All criminal violations, including sexual assaults, are legally considered crimes against the state, not the victim. (Victims may also be able to file a lawsuit in civil court for the violation of his or her individual rights).

Department of Correction (DOC):
The statewide prison system.
Dismissal:
When the criminal case against the offender is dropped.

Investigator:
Someone who investigates the fact of the case for a lawyer. Prosecutors and defense attorneys use investigators.

Lawsuit (to sue):
A civil court proceeding by which an individual seeks a remedy, such as money damages.

Parole:
The conditional release of a convicted offender before the entire sentence is served.

Plea:
The offender’s response to the criminal charges (guilty, not guilty, nolo contendere (guilt is not admitted, but charges are not contested), or an Alford plea (guilt is not admitted, but it is conceded that there is enough evidence to convict; this is entered in the offender’s record as a guilty plea, but it can not be used against the offender in civil court)).

Plea Agreement:
An agreement between the prosecutor and the offender about the charges, plea and sentence. If a plea agreement is reached, there is no trial.

Pre-sentence Investigation Report:
A report about the offender, that is prepared by the Office of Adult Probation to be used by the judge in determining the sentence. Victims can provide information about the affects of the crime on his or her life, as well as feelings about the sentencing. (Victims can also provide this information in a Victim Impact Statement).

Protective Order (PO):
An order through the criminal court to protect a victim from threats/harassment by an arrested offender, usually made a condition of bond. A PO is requested by the prosecutor and usually ends when the case ends.

Released on bond/bail:
The offender is released from custody while awaiting trial. Usually money or security must be given to the court to ensure that the offender will appear for any proceedings. In some cases the offender must agree to certain conditions.

Restrainting order (RO):
An order through the civil court forbidding certain actions (usually contact between persons). An RO is requested by the victim of threats or violence by a present or former family or household member, or parent of the victim’s child, and is temporary.

Secondary Victims:
Family, loved ones or friends of the victim who have been affected by the assault.

Secure Evidence:
Evidence that is maintained in such a manor that prevents access to the evidence by unauthorized personnel. Examples include locked cabinets, lock boxes, evidence taped storage boxes or similar containers.

**Sentence:**
The punishment ordered by the judge to be inflicted upon an offender convicted of a crime.

**Sentencing judge:**
The judge that decides and announces what punishment the offender will receive.

**Sentence Review Division:**
A panel that decides whether a criminal sentence should be changed.

**Subpoena:**
A written order by a judge or lawyer requiring that a specific person appear in court on a specific date. Documents can also be subpoenaed.

**Statement:**
A declaration of facts by a witness about a crime.

**Testimony:**
Statements made, usually in court, under oath to tell the truth.

**Victim Services Advocate:**
Someone who works for the Office of Victim Services helping the victim and the prosecutor stay in contact with each other during the case, providing information regarding rights and referrals to community based services.

**Victim Impact Statement:**
A statement by the victim at the sentencing hearing telling the judge how the crime affected his or her life. The statement can be written and given to the prosecutor for submission to the judge, or the victim can speak directly to the judge in court. The judge will consider this statement when deciding the sentence.

**Witness:**
Anyone who testifies in court, including the victim.