

Attorney General Standards for Providing Services to Victims of Sexual Assault

3rd Edition

**NJ Department of Law & Public Safety
Division of Criminal Justice
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INTRODUCTION

Background

Sexual assault crimes have a tremendous impact on victims and their families. The emotional and psychological injuries sustained are often as, if not more, serious than the physical injuries, potentially affecting every aspect of a victim's life long after the physical injuries have healed.

New Jersey recognizes the importance of developing a model for providing services that treats sexual assault victims with respect, sensitivity, and understanding, so as to best promote healing for the victim and improve the identification and collection of evidence in all cases of sexual assault. Dignified and compassionate services are essential elements when creating an environment in which victims feel safe asking for support; and well-organized services ensure that these critical support systems are easily accessible by all victims.

The *Attorney General Standards for Providing Services to Victims of Sexual Assault* (Standards) were developed to implement a set of protocols that prioritize the needs and concerns of sexual assault victims to ensure services are delivered in a timely and non-judgmental manner. This victim-centered approach includes:

- ensuring the victim's safety is the top priority;
- respecting the integrity, choices, and autonomy of each victim;
- protecting the victim's privacy and confidential information;
- identifying and responding to the obstacles some victims may face when seeking help; and
- recognizing the importance of victim feedback in improving responses to sexual assault.

These Standards serve as a foundation for establishing county policies and procedures that give precedence to the well-being of the victim, while also being mindful of the specific needs of the county's population and its local resources.

However, because of the unique nature of each sexual assault incident, situations may arise that will require the use of discretion in developing a tailored response that appropriately addresses both the individual victim's needs and the public safety concerns.

Likewise, because New Jersey is home to many diverse ethnic and cultural populations, issues unique to these diverse populations may impact a sexual assault victim's ability to effectively access the services provided for in these Standards. Therefore, it is important that local agencies recognize these barriers and afford necessary accommodations to address them.

History

In 1997, a Sexual Assault Protocol Council was convened with the support of Violence Against Women Act (VAWA) funds awarded to the Division of Criminal Justice. The Council included representatives from law enforcement, sexual violence services organizations, and the nursing and medical professions.

The Council's mandate was to develop statewide standards for providing services to victims of sexual assault. The use of a "victim-centered" approach became the guiding principle of the Council in their development of standardized protocols. The Council defined a victim-centered approach as "the systematic focus on the needs and concerns of a sexual assault victim to ensure the compassionate and sensitive delivery of services in a non-judgmental manner."

In 1998, the Office of the Attorney General issued the Council's recommendations in New Jersey's first *Attorney General Standards for Providing Services to Victims of Sexual Assault*. The objective of the first Standards was to improve the provision of services to sexual assault victims by coordinating the efforts of healthcare providers, confidential sexual violence advocates, and law enforcement.

In 2001, a permanent Attorney General Sexual Assault Response Team/Sexual Assault Nurse Examiner (SART/SANE¹) Coordinating Council was established pursuant to N.J.S.A. 52:4B-50 to -60. In 2003, at the Attorney General's direction, the Coordinating Council created a subcommittee to review and revise the existing Standards.

The First Edition of the Standards, issued in 1998, created the foundation for a coordinated victim-centered approach. The Second Edition of the Standards, issued in 2004, included best practices learned in the field. This, the Third Edition, updates the Standards to address changes in the law and policy. It also includes advances in evidence-based practices and incorporates experiences gained since 2004.

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SEXUAL ASSAULT RESPONSE TEAM (SART) OVERVIEW

N.J.S.A. 52:4B-50 to -60 mandates every County Prosecutor's Office establish a SART and a SART Advisory Board.

The Sexual Assault Response Team (SART) provides a coordinated response to victims of sexual assault. The SART is comprised of the following members:

- a law enforcement officer;
- a confidential sexual violence advocate (CSVA); and
- a forensic nurse examiner (FNE) or sexual assault examiner.

A victim of sexual assault is eligible for the services of the SART when:

- the victim is 13 years of age or older;²
- the assault occurred within the past five days;³ and
- the victim consents to a SART activation.

If a victim fits the above criteria and presents at a healthcare facility, a sexual violence service organization, or a law enforcement agency, the victim shall be personally informed about the availability of the specialized services of the SART by either a SART member or a representative of the healthcare facility, sexual violence service organization, or law enforcement agency.

A SART activation occurs when the victim chooses to engage with one, two, or all three members of the SART. The requested on-call SART member(s) will be activated according to county protocol, and shall respond within one hour or less.

The first responding SART member shall ensure that the coordinated response of a SART activation is properly explained to the victim through the use of the SART Activation Script (*See Appendix XVI*), which describes the services offered by each SART member and provides the victim with the option to choose any, all, or none of the services offered by the three SART members.

Every county's SART program is overseen by a SART Coordinator who ensures a coordinated, multi-disciplinary response in accordance with these Standards. Additionally, each county has an FNE Coordinator, who oversees the FNEs and ensures there is always 24/7 on-call coverage. Oftentimes, the SART and FNE Coordinator is the same individual.

² Services will be made available for victims under 13 in accordance with Standard 6: Specialized Services for Child and Adolescent Victims.

³ Unless, after consulting the FNE Coordinator, it is determined that the circumstances would warrant a medical forensic exam to be conducted after the five-day window.

DEFINITIONS

ADULT

An individual who is 18 years of age or older.

ADOLESCENT

An individual who is at least 13 years of age but less than 18 years of age. Adolescents are eligible for a full range of services by the SART. Current New Jersey law requires that before any sexual assault medical forensic examination of an adolescent is performed, parental notification is required, unless it is determined it is not in the best interest of the victim. *See* N.J.S.A. 9:17A-4.

CHILD

An individual who is under the age of 13 years old. A child is not eligible for services of the SART, however, children aged 12 and under may receive an emergent sexual assault medical forensic examination.

CONFIDENTIAL SEXUAL VIOLENCE ADVOCATE (CSVA)

An individual who has completed the statutory (N.J.S.A. 2A:84A-22.14) minimum hours of Sexual Violence Advocacy training that has been approved by the Division on Women and the New Jersey Coalition Against Sexual Assault (NJCASA), and who is currently under the supervision of a Sexual Violence Service Organization funded by the Division on Women (DOW).

DEVELOPMENTAL DISABILITY

A developmental disability is any condition that is attributable to a mental or physical impairment, or combination of the two. It manifests before age 22, is likely to continue indefinitely, and results in substantial functional limitations in three or more of the following areas of major life activities: self-care; receptive and expressive language; learning, mobility; self-direction; and capacity for independent living. Developmental disabilities, include, but are not limited to the following: autism spectrum disorder; hearing loss; vision loss; muscular dystrophy; cerebral palsy; spina bifida; fragile X syndrome; Tourette's syndrome; and fetal alcohol spectrum disorders.

FORENSIC NURSE EXAMINER (FNE)

A Registered Professional Nurse (RN) licensed in the State of New Jersey, specially educated to provide comprehensive care to sexual assault victims, who demonstrates competence in conducting a sexual assault medical forensic examination, and has been certified by the New Jersey Board of Nursing as Forensic Nurse–Certified Sexual Assault (FN-CSA).

LAW ENFORCEMENT OFFICER

An individual who is sworn and empowered by the State of New Jersey to conduct investigations and make arrests for any offense enumerated in the New Jersey Criminal Code.

PENETRATION

Sexual penetration means vaginal intercourse, cunnilingus, fellatio, or anal intercourse between persons or insertion of the hand, finger, or object into the anus or vagina, either by the actor or upon the actor's instruction. The depth of insertion shall not be relevant as to the question of commission of the crime. N.J.S.A. 2C:14-1(c).

SEXUAL VIOLENCE SERVICES

The following services are provided by all Sexual Violence Organizations: a 24-hour hotline for crisis intervention and information; CSVA to accompany victims during medical treatment, law enforcement interviews, and court appearances; individual and group counseling; and referrals. These services are available to victims 13 years of age and older. Additional services are also available to family members and significant others regardless of the victim's age. All sexual violence services are available regardless of when the incident occurred. Victims may request these services even in situations where they have declined medical care and/or notification of law enforcement. All sexual violence services are confidential and free of charge. *See* N.J.S.A. 2A:84A-22.15.

SEXUAL ASSAULT

Any conduct proscribed by N.J.S.A. 2C:14-2(a)(1) through (7), N.J.S.A. 2C:14-2(b), and N.J.S.A. 2C:14-2(c)(1) through (4) of the New Jersey Criminal Code, including any act of penetration performed or perpetrated on one person by another under circumstances indicating a lack of consent, either due to force, or an inability of one party to consent due to age, relationship, mental defect, or physical incapacitation.

SEXUAL ASSAULT EXAMINER (SAE)

A physician licensed in the State of New Jersey, who is specially trained to provide comprehensive care to sexual assault victims, demonstrates competency in conducting a sexual assault medical forensic examination, and has successfully completed a course of education in treating sexual assault victims.

SEXUAL ASSAULT MEDICAL FORENSIC EXAMINATION

A comprehensive assessment of a sexual assault victim consisting of a history, physical examination, diagnosis, treatment by medical protocol, and the collection of evidence. Within the context of the SART activation, these exams will be conducted by a FNE or SAE.

SEXUAL ASSAULT RESPONSE TEAM (SART)

A Sexual Assault Response Team consists of a FNE, a CSVA, and a law enforcement officer. Victims choose the SART team members who will be activated to assist them. In New Jersey, SART services are available to individuals 13 years of age and older who disclose an incident of sexual assault within five days of when the incident occurred.

SEXUAL ASSAULT RESPONSE TEAM (SART) ACTIVATION

A SART activation occurs when ANY member of the SART is requested by the victim. As noted above, the SART may be activated by the request of victims aged 13 years and older who have disclosed the incident within five days of its occurrence.

SEXUAL CONTACT

Any conduct proscribed by N.J.S.A. 2C:14-3(a) or N.J.S.A. 2C:14-3(b) of the New Jersey Criminal Code, including acts of intentional touching performed or perpetrated on one person by another under circumstances indicating a lack of consent, either due to force, or an inability of one party to consent due to age, relationship, mental defect, or physical incapacitation, to degrade or humiliate the victim or sexually arouse or sexually gratify the actor.

VICTIM-CENTERED APPROACH

A systematic focus on the individuality of the victim, driven by their needs and concerns, to ensure the delivery of appropriate, accessible, and culturally-responsive services to a diverse population of victims.

VICTIM WITNESS ADVOCACY

A statewide program of support and services for victims and witnesses involved with the criminal justice system. There is a Victim Witness Advocacy Unit located in each County Prosecutor's Office and in the NJ Division of Criminal Justice.

STANDARDS

Standard 1: CONFIDENTIAL SEXUAL ASSAULT ADVOCACY

Victims of sexual assault shall be provided the opportunity to have the support of a CSVA prior to and during all medical and legal proceedings, as well as through the entire healing process.

All healthcare facilities and law enforcement agencies shall provide sexual assault victims with information about the designated county sexual violence program, regardless of when or where the incident occurred, or whether the victim has reported the incident to a law enforcement agency. (*See generally* N.J.S.A. 52:4B-22).

This information shall be personally conveyed to the victim by a representative of the healthcare facility before a sexual assault medical forensic examination (medical forensic exam) is conducted or by a representative of the law enforcement agency before a statement is taken, unless the victim requires immediate medical attention.

The personal conveyance of information about the local sexual violence program helps the victim understand the assistance and benefits a CSVA may provide. If the services of a CSVA are requested by a victim, the healthcare facility or law enforcement agency shall contact the designated county sexual violence program on the victim's behalf (*See Appendix XX, Confidential Sexual Violence Services Organization By County*).

The activated CSVA will explain their role on the SART and the services provided by the affiliated-sexual violence program, and provide the victim with the opportunity to speak privately prior to and during any investigative and sexual assault medical forensic interviews or procedures. Additionally, at the victim's request, the CSVA may be present during medical forensic exams and law enforcement interviews to provide crisis intervention and emotional support. (*See* N.J.S.A. 52:4B-52). However, the CSVA shall not participate in evidence collection or law enforcement interviews, and shall not take notes during these activities.

Law enforcement and the FNE may require that CSVAs provide identifying information, limited to their first name and last initial, and the name and address of their affiliated sexual violence program. When needed, further identifying information may be obtained from the sexual violence program or the CSVA outside the victim's presence.

The services of the sexual violence program are available to the victim throughout the entire healing process, the time period of which varies for each victim. The services of the sexual violence program include, but are not limited to, accompanying the victim to forensic exams, police stations, and court proceedings, crisis counseling, individual counseling and support groups, referrals to additional resources, and accompanying the victim to all legal and court proceedings. The sexual violence program is also available to provide support for non-offending family members and friends.

The CSVA shall:

- ensure that the victim is informed of all resources, including those from sexual violence services, the importance of seeking medical attention, and the value of timely evidence collection and early reporting to law enforcement;
- provide the victim a safe, neutral, and confidential avenue to explore and weigh options;
- support the victim's choices and decisions; and
- maintain the confidentiality of all communications occurring solely between the advocate and the victim, unless otherwise instructed by the victim's prior written consent. (*See N.J.S.A. 2A:84A-22.15*).

Standard 2: LAW ENFORCEMENT

Victims of sexual assault shall be provided with thorough, compassionate, and objective assistance from all law enforcement officers responding to and investigating an incident of sexual assault.

All Incidents of Reported Sexual Assault

All reported incidents of sexual assault shall be investigated in a thorough, non-judgmental manner. In every reported incident of sexual assault, law enforcement officers shall first ensure the victim's immediate safety and security. Once established, the victim's needs shall be assessed, as each victim may respond to their own experience differently.

Some victims may be reluctant to present facts they fear would weaken their credibility, such as having voluntarily used drugs or alcohol or having consented to some sexual acts. Law enforcement officers shall inform sexual assault victims that these perceived obstacles in a case can often be overcome if complete information is presented at the outset of the investigation.

The responding officer shall explain to the victim the role of law enforcement and obtain basic information about the incident. If the criteria for a SART activation is met, the officer shall inform the victim about the roles of each SART member, the victim's right to immediate medical attention, the value of prompt evidence collection, and the availability of a CSVA. In addition, the officer shall answer any questions relating to the investigative and legal process.

If the victim chooses to activate any or all members of the SART, the on-call SART members shall be immediately notified. The responding officer shall provide the other activated SART members with information necessary to provide services to the victim. In emergent situations where public safety and/or destruction of evidence are factors, law enforcement shall consult with the victim and team members to prioritize services.

Where a victim chooses to activate a CSVA, law enforcement shall contact the sexual violence program and provide the victim with information about its services. (*See* N.J.S.A. 52:4B-22(b)). The victim has the right to talk privately with the CSVA and have the CSVA present prior to and during any law enforcement interview, medical treatment, or evidence collection procedure. Law enforcement shall recognize that private communications between the victim and the CSVA are privileged and confidential. (*See* N.J.S.A. 2A:84A-22.15).

When the victim requests a CSVA's presence during a law enforcement interview, the CSVA will be asked to provide their first name and last initial, and the name and address of the affiliated sexual violence program. When needed, further identifying information may be obtained from the sexual violence program or the CSVA outside the victim's presence. For example, a CSVA may be asked to furnish a driver's license or other valid I.D. to enter a building or to have an entry in the Computer Aided Dispatch (CAD) system created to document who has entered and exited the premises.

If a victim does not qualify for a SART response, the victim remains entitled to, and should be offered, a complete law enforcement investigation and a CVSA's services, regardless of when or where the incident occurred. This is similarly true if a victim chooses not to have a medical forensic exam performed, which includes a Sexual Assault Forensic Evidence (SAFE) Kit and a Drug Facilitated Sexual Assault (DFSA)/Toxicology (Tox) Kit.

Additionally, in cases where Child Protection and Permanency (CP&P) are involved with victims between the ages of 13 and 18, law enforcement shall provide the victim and their caseworker with information about the services of a CSVA.

In any case where the victim seeks services in a county other than the one in which the incident occurred, the law enforcement agency in the reporting county shall facilitate communication with the law enforcement agency in whose jurisdiction the incident occurred. Law enforcement in the county where the incident occurred should respond whenever possible.

Victims who elect to undergo a medical forensic exam should never be referred back to the county of incident to complete a medical forensic exam. These services shall be provided to the victim regardless of reporting location. The transfer of SAFE and DFSA/Tox Kits can be arranged after the medical forensic exam by the investigating officer.

However, if timeliness or staffing issues prevent immediate response by the agency with jurisdiction, a law enforcement officer in the county where the victim seeks services shall respond and take the initial report and ensure that the chain of custody of any evidence collected during the examination is preserved.

Sexual Assault Medical Forensic Examination Cases

In all cases where the SART is activated through law enforcement, and the victim chooses to have a medical forensic exam, a law enforcement officer shall accompany the victim to the examination site and remain with the victim until the requested SART members arrive. The law enforcement officer shall also inform the victim about their right to have a CSVA present throughout any interview or medical forensic exam, as well as afford the victim an opportunity to speak with a CSVA before any interview or medical exam.

Efforts shall be made to direct the victim to a SART-participating healthcare facility. However, if the victim seeks care at a non-participating healthcare facility and declines the option to seek services at a SART-participating facility, the emergency department staff may complete a forensic medical exam.

Non-SART-Participating Healthcare Facility

The investigating officer shall contact the County Prosecutor's Office to ensure that emergency department staff has access to a SAFE Kit and a DFSA/Tox Kit. At the conclusion of the examination, a law enforcement officer shall take custody of the sealed SAFE Kit and DFSA/Tox Kit and any other evidence collected by the FNE. The officer shall assist the victim in arranging transportation from the exam site.

SART-Participating Healthcare Facility

If the victim seeks care at a SART-participating healthcare facility, a law enforcement officer shall participate in the initial sexual assault medical forensic interview or the preliminary interview. To respect the victim's privacy, the officer shall not be present during the medical forensic exam except for cases involving a victim in law enforcement custody or a resident of a psychiatric facility, as warranted.

At the conclusion of the examination, a law enforcement officer shall take custody of the sealed SAFE Kit and DFSA/Tox Kit and any other evidence collected by the FNE. The officer shall assist the victim in arranging transportation from the exam site.

The investigating officer shall then arrange for a mutually-agreed upon time to conduct the victim's formal interview.

Five-Year Hold Kits

Pursuant to the Revision of Attorney General Law Enforcement Directive 2011-1, victims who undergo a medical forensic exam, but choose not report the incident to a law enforcement agency, may request to have their evidence (*e.g.* SAFE Kits) "held" for a period of five years.⁴

Kits elected to be held for the five-year retention period shall be referred to as "Five-Year Hold Kits." If the victim is an adult, evidence shall be retained for at least five years. If the victim is a minor, evidence shall be retained for at least five years after the victim reaches the age of 18.

If a victim chooses to report to law enforcement after initially electing a Five-Year Hold Kit, law enforcement shall obtain the evidence and schedule a formal interview with the victim consistent with these Standards.

Where, after the five-year retention period expires and the prosecutor determines to destroy the SAFE Kit, the prosecutor shall notify the Director of the Division of Criminal Justice, or their designee, to provide the Division the opportunity to take custody of the Kit and assume responsibility for its continued retention.

⁴ See Attorney General Law Enforcement Directive No. 2011-1 - REVISION, Revisions to Attorney General Law Enforcement Directive 2011-1 and the *Attorney General's Guidelines for the Retention of Evidence on Procedures for Retaining Sexual Assault Forensic Evidence (SAFE) Hold Kits and Extending the Time for Victims to Decide Whether to Report the Crime and Release Collected Forensic Evidence to Law Enforcement*, Appendix XIII.

Incidents of Sexual Assault where the SART is not activated:

There are situations when a victim may report an incident of sexual assault to a law enforcement agency, but a full SART activation may not be appropriate, such as when the following circumstances occur:

1. *Victim reports the incident more than five days after the sexual assault occurred.*

In cases where the victim reports the incident more than five days after it has occurred, a medical forensic exam will not ordinarily be performed. Nonetheless, the victim is entitled to and should be offered the services of a CSVA, medical referrals, and a complete law enforcement investigation.

2. *Victim is under the age of 13.*

In cases where the victim is under 13-years old, the appropriate response is to use the child sexual abuse activation protocol of acute cases established by the County Prosecutor's Office. (See Standard 6: Specialized Services for Child and Adolescent Victims).

While CSVAs are not involved in acute child abuse responses, they are available to offer support services to non-offending family members of all child and adolescent victims, regardless of the child victim's age or when and where the assault occurred.

Standard 3: STANDARDIZED SEXUAL ASSAULT MEDICAL FORENSIC EXAM AND TREATMENT

Healthcare professionals shall provide every victim of sexual assault a thorough, compassionate, and timely examination, as well as related services.

Sexual assault victims may seek medical attention at any healthcare facility; however, the specialized services of the SART are only accessible at a SART-participating facility. There is no fee for services associated with the medical forensic exam, pursuant to N.J.S.A 52:4B-52(k).

All victims of sexual assault who are 13 years of age or older and disclose a sexual assault within five days of when the incident occurred shall be offered a medical forensic exam. Victims who disclose a sexual assault more than five days after the assault may, but will not routinely, undergo a medical forensic exam.

All victims of sexual assault shall also be given the opportunity to discuss their medical condition, treatment options, and medical referral plan privately with the FNE, sexual assault examiner, or emergency department healthcare provider throughout the medical forensic exam and related treatment.

All medical forensic exams performed in New Jersey, including those performed at agencies that are not SART-participating facilities, should use the SAFE Kit and the DFSA/Tox Kit, where warranted. The County Prosecutor's Office shall make these kits available to the emergency department of every healthcare facility in its county on an as needed basis.

Each County SART program shall have an FNE Coordinator who supervises, educates, and evaluates the services provided by FNEs, which include the performance of medical forensic exams.

FNEs must be registered professional nurses or physicians who have completed an educational program that meets the certification guidelines established by the Attorney General, the New Jersey Board of Nursing, and the International Association of Forensic Nurses (IAFN). FNEs must also be certified as a FN-CSA. (*See Appendix IX, Statewide Forensic Nurse Examiner Legislation, N.J.S.A. 52:4B-53*).

It is recommended that all healthcare personnel, even if not providing services as part of an established SART, complete an educational program in the care and treatment of sexual assault victims. These educational programs should meet or exceed the training standards established by IAFN or the American College of Emergency Physicians (ACEP).

New Jersey law also requires the healthcare facility to inform sexual assault victims about emergency contraception and dispense contraception, if requested and warranted. (*See N.J.A.C. 8:43G-12A-4*). In accordance with the ACEP's policy on the *Evaluation and Management of Sexually Assaulted or Sexually Abused Patients*, it is recommended that healthcare providers

ensure that every victim is offered information about sexually-transmitted infections and/or diseases, and available treatment options.⁵

Lastly, prior to the medical forensic exam, victims shall be personally informed about the availability of a CSVA and the services of the local sexual violence program, regardless of when or where the incident occurred or whether or not the victim has reported the incident to a law enforcement agency. The victim shall be afforded the opportunity to speak privately with a CSVA before the performance of a medical forensic exam, as well as afforded the option to have the CSVA present during the completion of the medical forensic exam.

Consent

The FNE, sexual assault examiner, or emergency department healthcare provider who is conducting a medical forensic exam and providing care for a sexual assault victim is responsible for obtaining appropriate written informed consent and continually obtaining verbal consent from the victim throughout the examination and evidence collection process.

Every adolescent or adult victim of sexual assault has the right to consent or decline a medical forensic exam. For adolescent victims over age 13, their parents or guardian will be notified.⁶ No medical forensic exam will be performed without the victim's informed consent, regardless of the wishes of any SART member, healthcare facility staff member, or the victim's parents, guardian, spouse, family members, or friends.

For child victims of sexual assault who are under the age of 13 years old, refer to Standard 6: Specialized Services for Child and Adolescent Victims. The healthcare facility must contact Child Protection and Permanency (CP&P) and the municipal police department where the incident occurred or the County Prosecutor's Office.

Where the victim is unable to consent due to temporary mental incapacity, no medical forensic exam will be performed until the victim is able to give informed consent to the exam. In cases where the victim is unable to consent due to permanent mental incapacity, the consent of the victim's healthcare representative shall be obtained prior to the initiation of the exam. For purposes of this document, "healthcare representative" refers to the individual designated by the patient or recognized by the healthcare facility as able to consent to care for that patient (*See* Standard 7: Special Considerations for Vulnerable Populations).

⁵ Additionally, the Center for Disease Control recommends prophylaxis for sexually transmitted diseases (STDs) and an evaluation for risk of HIV for patients reporting a sexual assault. <http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf#page=93>.

⁶ *See* Appendix VI, Minor Sexual Assault Victims' Right to Consent to Medical Care and Sexual Assault Forensic Examinations, N.J.S.A. 9:17A-4.

The FNE, sexual assault examiner, or emergency department healthcare provider is responsible for documenting information pertaining to the victim's report of sexual assault or contact, obtaining a pertinent medical history, performing the medical forensic exam, ensuring that necessary medical treatment is provided, providing patient education, and making all necessary referrals for follow-up care.

At the conclusion of the medical forensic exam, any specimens collected as evidence shall be packaged and secured in a manner to ensure the integrity of each specimen and the appropriate chain of custody. It is recommended that healthcare facilities work cooperatively with the County Prosecutor's Office to develop a written protocol to ensure proper handling of any identified and collected evidence.

Where a victim chooses to report a sexual assault to law enforcement, the FNE Coordinator shall provide the following information to the County Prosecutor's Office of Victim Witness Advocacy within three business days following a medical forensic exam:

1. The victim's name;
2. The victim's contact information;
3. The responding law enforcement agency's contact information; and
4. The date of the sexual assault.⁷

This dissemination of information will enable the County Office of Victim Witness Advocacy to begin assisting the victim immediately. The Victim Witness Advocate assigned to the case will explain the criminal justice system and prepare the victim for the next steps in the process, provide referrals to continuous support services, and familiarize the victim with their staff.

⁷ This provision does not preempt individual county protocols that otherwise provide the above information to the county victim witness coordinator within the three business days.

Standard 4: SAFE KITS

All victims of sexual assault shall be advised of the time sensitive nature of a medical forensic exam and the importance of a SAFE Kit and a DFSA/Tox Kit.

Every victim of sexual assault, age 13 or older, who reports the incident within five days of when it occurred, is entitled to request a medical forensic exam to identify injuries and collect forensic evidence.

SAFE Kits and DFSA/Tox Kits are specifically designed to collect and preserve physical evidence yielded from the medical forensic exam, which can be used in a criminal sexual assault investigation.

Whenever possible, examining and collecting evidence through SAFE and DFSA/Tox Kits, shall be completed by individuals who have specialized training in examining adolescent and adult victims of sexual assault.

All victims have the right to consent or to decline any part of the medical forensic exam or decline to have one conducted entirely. The informed written consent of the victim shall be obtained prior to initiating any examination and shall be obtained orally by the victim throughout the examination and evidence collection process.

In a situation where the victim is unable to consent due to permanent mental incapacity, the consent of the victim's healthcare representative shall be obtained prior to performing the examination. (*See Standard 7: Special Considerations for Vulnerable Populations*).

In a situation where the victim is a minor, please consult Standard 6: Specialized Services for Child and Adolescent Victims, as well as N.J.S.A. 9:17A-4.

The County Prosecutor's Office shall make available, through the County SART/FNE Coordinator, SAFE Kits, DFSA/Tox Kits, and accompanying forms to every emergency healthcare facility in the county. Kits shall be kept on-site and may only be used for medical forensic exams.

Every medical forensic exam, regardless of the jurisdiction in which the crime is reported to have occurred, should be completed using the SAFE Kit, Sexual Assault Forensic Examination Report, supplemental body diagrams, and the DFSA/Tox Kit and Form, when appropriate.

The healthcare provider who conducts the examination shall decide which specimens should be collected in each case based on the history and circumstances of the incident, as reported by the victim.

At the conclusion of the medical forensic exam, the evidence collected shall be packaged and secured in a manner to ensure the integrity of each specimen and to maintain the appropriate chain of custody, in accordance with a county's procedure.

Five-Year Hold Kits

Pursuant to the Revision of Attorney General Law Enforcement Directive 2011-1, victims who undergo a medical forensic exam, but choose not report the incident to a law enforcement agency, may request to have their evidence (*e.g.* SAFE Kits) “held” for a period of five years.⁸

Kits elected to be held for the five-year retention period shall be referred to as “Five-Year Hold Kits.” If the victim is an adult, evidence shall be retained for at least five years. If the victim is a minor, evidence shall be retained for at least five years after the victim reaches the age of 18.

In the event a victim chooses to report to law enforcement after initially electing a Five-Year Hold Kit, law enforcement shall obtain the evidence and schedule a formal interview with the victim consistent with these Standards.

Where, after the five-year retention period expires and the prosecutor determines to destroy the SAFE Kit, the prosecutor shall notify the Director of the Division of Criminal Justice, or their designee, to provide the Division the opportunity to take custody of the Kit and assume responsibility for its continued retention.

Mandatory County Procedures

Each county shall have a policy and procedure, in accordance with these Standards and Attorney General Law Enforcement Directive No. 2011-1, to provide for the following:

- I. The preservation of evidence to allow victims time in which to decide if they will release this evidence to a law enforcement agency.**
 - Victims who do not report to a law enforcement agency at the time of their medical forensic exam may choose to have their SAFE Kit held for a five-year period.
 - These “held” kits shall be referred to as “Five-Year Hold Kits.”
 - A Five-Year Hold Kit shall be retained for a minimum of five years.
 - For victims who are minors, the five-year retention period begins on the date the victim reaches 18 years of age.
 - To ensure victims’ privacy in the preservation and storage of the Five-Year Hold Kits (and applicable records), only case numbers and dates shall be used as identifiers.

⁸ See Attorney General Law Enforcement Directive No. 2011-1 - REVISION, Revisions to Attorney General Law Enforcement Directive 2011-1 and the *Attorney General’s Guidelines for the Retention of Evidence on Procedures for Retaining Sexual Assault Forensic Evidence (SAFE) Hold Kits and Extending the Time for Victims to Decide Whether to Report the Crime and Release Collected Forensic Evidence to Law Enforcement*, Appendix XIII.

- In collaboration with the FNE Coordinator, a method for victims to release Five-Year Hold Kits (and applicable records) to a law enforcement agency shall be devised.
- II. The preservation, storage, and retention of SAFE, DFSA/Tox, and Five-Year Hold Kits to maintain integrity of evidence and follow the proper chain of custody, including:**
- storing ALL kits (Five-Year Hold Kits and those released to law enforcement for testing) in accordance with the County Prosecutor's Office's evidence retention guidelines;
 - SAFE Kits shall be maintained in dry storage.
 - DFSA/Tox Kits shall be maintained in refrigerated storage.
 - retaining and preserving ALL kits (Five-Year Hold Kits and those released to law enforcement for testing) for the minimum retention period required by applicable laws, regulations, and directives.
 - Five-Year Hold Kits: five years, and where the victim is a minor, not less than five years after the victim reaches the age of 18.⁹
 - All Kits Released to Law Enforcement: For as long as the crime remains unsolved or the person convicted of that crime remains in custody. (N.J.S.A. 2A:84-32e).
- III. The return of the victims' personal items collected during the medical forensic examination, if they are requested by the victim and are no longer needed as evidence. (See N.J.S.A. 52:4B-44(18)).**

⁹ *Id.*

Standard 5: EXAMINATION FACILITIES

All victims of sexual assault shall be provided with a medical forensic exam and treatment in a timely, compassionate, and respectful manner.

Examination Facilities

Sexual assault victims may seek medical attention at any healthcare facility. However, the specialized services of an FNE are only accessible at SART-participating healthcare facilities. Adult victims of sexual assault who are eligible for SART services have the option of obtaining these services without reporting the incident to law enforcement. And although incidents of adult sexual assault that do not involve the use of a weapon or result in certain injuries (N.J.S.A. 2C:58-8) are not required to be reported to any law enforcement agency by hospital personnel, special reporting requirements do exist for juvenile, disabled, and elderly victims. (*See Standards 6 and 7*).

All healthcare personnel who provide care or information to victims of sexual assault must complete mandatory training to ensure medically and factually accurate and objective information about emergency contraception and sexually transmitted infections/diseases is given to all victims of sexual assault. Further, the law requires emergency healthcare facilities to dispense complete emergency contraception to sexual assault victims when medically appropriate. (*See N.J.A.C. 8:43G-12A-4*).

There is no fee for services associated with the medical forensic examination at any New Jersey healthcare facility pursuant to N.J.S.A. 52:4B-52(k). These services include the following: routine medical screening; medications for prophylaxis of some sexually transmitted infections/diseases; pregnancy tests; and emergency contraception, supplies, equipment, and use of space. Victims requiring emergency healthcare services beyond the scope of the medical forensic examination may be charged pursuant to hospital policy for any services provided.

Every healthcare facility must provide sexual assault victims with information about the services of the local sexual violence program, as well as afford the victim an opportunity to contact a CSVA and determine if they would like the assistance of a CSVA prior to and during any medical procedures. (*See N.J.S.A. 52:4B-22(b)*). If the services of a CSVA are requested, the healthcare facility shall contact the sexual violence agency on the victim's behalf.

Victims shall also be provided with information about the County Office of Victim Witness Advocacy, the Victims of Crime Compensation Office (VCCO), and a VCCO application form for potential reimbursement for fees associated with their victimization. ***Victims shall be informed that VCCO benefits are only eligible to those victims who report the crime to law enforcement.***

SART-Participating Examination Facilities

Every County Prosecutor's Office must affiliate with at least one healthcare facility in its county to participate in the SART Program. Sexual assault victims shall be afforded access to SART-participating facilities for a full range of services including, but not limited to, medical forensic exams, CSVA, and law enforcement assistance.

Each participating facility shall:

- provide interview and treatment areas that afford the victim privacy and security, a private bathroom, access to a shower facility, and a clean change of clothing following the medical forensic exam. If the designated examination area is not located in the Emergency Department, procedures shall be established to ensure that every victim has access to emergency services as needed;
- keep at least one secured, sealed SAFE Kit and at least one secured, sealed DFSA/Tox kit on the premises at all times. Both kits shall be supplied by the County Prosecutor's Office at no charge to the facility;
- establish written procedures to ensure the integrity of the SAFE Kit and DFSA/Tox Kit, the secure storage and/or transfer of evidence, and the proper chain of custody;
- employ measures to ensure the safety, security, and cleanliness of all medical forensic equipment used during the medical forensic exam. This medical forensic equipment may only be used by the FNE conducting a medical forensic exam; and
- establish a procedure to ensure the confidentiality and security of medical forensic exam records, which must be stored separately from the victim's medical records. To protect the victim's privacy, it is recommended that each facility establish a policy requiring the use of standardized terminology such as "Forensic Evaluation" or "Forensic Nurse Examiner Evaluation" to be used by all personnel creating or maintaining medical records of these cases. The FNE Coordinator shall securely hold the case paperwork, documentation, photographs, and supplemental diagrams in their office.

All SART-participating facilities are required to work cooperatively with the SART to ensure that emergency department personnel and first responders are educated regarding SART policies and procedures.

In the event an FNE is unavailable to perform the medical forensic exam, the FNE Coordinator should be contacted to determine a care plan for the victim to receive a medical forensic exam.

Non-Participating Examination Facilities

A non-participating facility shall offer victims of sexual assault information about the County SART program and the specialized services available, and afford the victim the opportunity to seek those services. The non-participating facility should also have a policy and procedure to ensure a victim is able to seek a medical forensic exam and related services at a SART-

participating facility. Before a patient is discharged or transferred to a participating facility, all Emergency Medical Treatment and Labor Act (EMTALA)¹⁰ requirements must be met.

If a victim is unable or unwilling to seek services at a participating facility, the hospital may request a SAFE Kit and DFSA/Tox Kit from the County Prosecutor's Office so that a trained professional healthcare provider may collect and preserve evidence from the victim.

At the conclusion of the examination, a law enforcement officer shall take custody of the sealed SAFE Kit and/or DFSA/Tox Kit.

Victims shall not be charged for the medical forensic exam, prophylactic medication, or the SAFE Kit and/or DFSA/Tox Kit. (N.J.S.A 52:4B-52(k)). However, the victim shall be charged pursuant to hospital policy for any services provided beyond this scope. Victims shall be informed of the services of the VCCO and given an application form for potential reimbursement for fees associated with their victimization.

It is recommended that each non-participating facility:

- provide interview and treatment areas that afford the victim privacy and security, a private bathroom, access to a shower facility, and a clean change of clothing following the medical forensic exam;
- keep the SAFE Kit and DFSA/Tox Kit in the custody of the examiner until such time that it is transferred to a sworn law enforcement officer;
- establish a procedure to ensure the confidentiality and security of the entire medical record, in addition to the medical forensic examination record; and
- work cooperatively with the County SART Coordinator to ensure that emergency department personnel and first responders are informed about the SART's policies and procedures.

¹⁰ 42 U.S.C. § 1395dd.

Standard 6: SPECIALIZED SERVICES FOR CHILD AND ADOLESCENT VICTIMS

Healthcare personnel, law enforcement officers, and CSVAs shall ensure that all child and adolescent victims of sexual assault and their families are treated with compassion and respect. All services shall be provided in a manner that is specific to the physical, emotional, and developmental needs of the child or adolescent.

Whenever there is reasonable cause to believe that a person under the age of 18 has been sexually assaulted or sexually contacted by someone who has assumed responsibility for the care, custody, or control of the child, CP&P shall be contacted.

Under these circumstances, CP&P shall contact law enforcement and make appropriate medical and counseling referrals, including, but not limited to, the Regional Diagnostic and Treatment Center, and the designated county sexual violence program. In these cases, the medical forensic exam, if collected, will be forwarded to law enforcement.

Every county shall have protocols developed for the medical forensic evaluation of child and adolescent (minor) victims of sexual assault/contact that are in accordance with these Standards and additional policies and/or best practices that have been incorporated into a county's standard operating procedure for child interviews. Forensic interviews of minor victims must be video and audio recorded, following county protocols.

Pursuant to the consent and cooperation of the parent/guardian (non-offending) or CP&P, and the cooperation of the minor victim of sexual assault/contact, the minor victim shall have a medical forensic exam. When a minor victim, who, in the judgment of the treating healthcare professional, appears to have been sexually assaulted, the consent given by the minor for a medical forensic exam is valid and binding as if the minor were an adult. (See N.J.S.A. 9:17A-4).

The minor's parents or guardians must be notified immediately about the medical forensic exam, unless the treating healthcare professional reasonably believes that it is in the best interest of the minor-patient not to do so. However, an inability of the healthcare professional to locate or notify the parents or guardian shall not preclude the performance of a medical forensic exam on the minor.

Services for child victims of sexual assault under age 13 and non-offending caregivers should be provided by professionals who are trained in the treatment of child sexual abuse.

Minor victims and their families should be referred for medical follow-up care and counseling services to the Regional Diagnostic and Treatment Center, the county's Child Advocacy Center, the designated county sexual violence program, or any other appropriate service provider.

Minor victims age 13 or older, and their families, must be offered the services of the designated county sexual violence program. Law enforcement shall provide information about the services of a CSVA, who may also offer support services to non-offending family members of all child and adolescent victims, regardless of the child's age or when and where the assault occurred.

Standard 7: SPECIAL CONSIDERATIONS FOR VULNERABLE POPULATIONS

The special needs of vulnerable victims shall be recognized and addressed by law enforcement officers, healthcare providers, and CSVAs.

Several populations of adolescents and adults are especially vulnerable to sexual assault. Individuals with physical, developmental, intellectual, sensory, mental, cognitive, and/or emotional disabilities are at a substantially higher risk of sexual assault victimization than individuals without disabilities. These individuals may live independently, with family, or they may be residents of skilled nursing facilities/nursing homes, assisted living facilities, or community-based group homes. In some cases, sexual assault can be perpetrated by those in caretaking positions.

Other individuals who may be vulnerable to sexual assault are those who do not believe they can access help due to cultural/religious norms, language barriers, and real and/or perceived fears related to immigration status, incarceration status, sexual orientation/gender identity, or being a victim of human trafficking.

Additionally, due to the unique structure of the military, victims of sexual assault in the armed services will face different hurdles than their civilian peers. They will engage with a different system, with its own reporting options, investigative processes, and prosecutorial procedures. Therefore, it is important to understand the differences and the sensitivities of this victim population when providing them services. Please consult Appendix V, Sexual Assault of Military Personnel.

SART Coordinators shall ensure that their county's SART program is informed by the needs of the specific vulnerable populations present in their county, and that SART activations are responsive to the different modes of service delivery these populations may require to promote inclusivity.

SART Coordinators shall also gather information about local community-based resources that are available to meet the unique needs of vulnerable people living in their county's communities. These resources may include the following: victim service agencies; faith-based organizations; community centers; organizations serving persons with disabilities; county human relations commissions; adult protective services agencies; and any other organizations providing services to members of vulnerable populations.

SART training programs shall include information regarding methods of identifying vulnerable populations, effective communication methods, and mandatory reporting requirements for vulnerable populations, including, but not limited to:

- CP&P regulations for reporting suspicion of child abuse;
- Adult Protective Services regulations for reporting abuse of vulnerable adults in the community;

- Office of the Ombudsman regulations for reporting abuse of patients residing in nursing homes and institutions; and
- Division of Developmental Disabilities (DDD) regulations for reporting abuse of individuals with disabilities.

SART procedures shall be established to address the communication needs of all victims, including:

- the availability of interpreters or language lines to communicate with the victim in their primary language. Family members and friends are not to be used as interpreters;
- sign interpreters for persons who are deaf or hard of hearing; and
- methods of communicating in an effective and developmentally appropriate manner with persons who have developmental disabilities.

Additionally, SART Training must include information regarding the appropriate mechanism for ascertaining an individual's ability to provide consent for medical care, including the medical forensic exam. Some individuals with certain types of disabilities may not have the capacity to consent for themselves. Further, some individuals may have language or communication barriers due to their specific disability.

SART members shall defer to the FNE on issues involving consent. The FNE must have access to a FNE Coordinator who can assist the nurse in determining the patient's ability to give consent and/or legal guardianship issues. In turn, the FNE Coordinator must be able to access prompt legal advice from the County Prosecutor's Office on matters of consent.

However, no adolescent or adult victim of sexual assault with a disability will be compelled to undergo a medical forensic exam, even in cases where consent has been given by an individual with legal authority.

Individuals with Disabilities

For individuals with disabilities where consent is an issue, the following state and county agencies may provide assistance:

- County Adult Protective Services
 - Serves vulnerable adults in the community and investigates instances of abuse and neglect.
- Division of Disability Services (DDS), New Jersey Department of Human Services
 - Serves as a single point of entry for people with disabilities who need information and/or services within the human services system. DDS works to streamline access to services and information that promote and enhance independent living for individuals with all disabilities by facilitating coordination and cooperation among local, county, and state government agencies. These programs include home and community-based service programs, as well as other resource programs.

- Provides a variety of services to individuals with developmental disabilities¹¹ (onset before age 21), operates state-run developmental centers and provides funding for community-based group homes throughout the state. This agency investigates instances of abuse and neglect in state-run, state-funded, or state-licensed facilities.
- Bureau of Guardianship Services (BGS), New Jersey Department of Human Services
 - Responsible for processing and tracking guardianship actions for people served by the DDD who have been evaluated according to state law and determined to require a guardian. BGS is only able to serve individuals who have been determined by DDD, through its application process, to be eligible for its services.
- New Jersey Department of Human Services, Office of the Ombudsman for the Institutionalized Elderly
 - Investigates allegations of abuse and neglect of people, age 60 and older, living in nursing homes and other long-term healthcare facilities.
- New Jersey Department of Human Services, Division of Aging, Office of the Public Guardian for Elderly Adults
 - Acts as a surrogate decision-maker for residents sixty years of age and older who have been deemed incapacitated by the Superior Court of New Jersey. The Public Guardian does not petition to become guardian, but rather accepts judicial appointments on a discretionary basis.

¹¹ See Definitions section for the definition of developmental disability.

Standard 8: DISCHARGE AND REFERRAL INFORMATION

Every victim of sexual assault shall have the benefit of a discharge plan that addresses medical follow-up and provides additional resources.

Discharge and referral information may include the following:

- specific medical discharge information;
- recommended follow-up medical care;
- contact information for the local sexual violence program;
- contact information for the FNE Coordinator;
- contact information for the local law enforcement agency;
- contact information for the County Prosecutor's Office of Victim Witness Advocacy;
- contact information for the Victims of Crime Compensation Office; and
- the Crime Victims Bill of Rights.

Victims shall always have access to transportation home, or to a safe, alternate location, following a medical forensic exam. For victims who report to law enforcement, a law enforcement officer shall arrange transportation for the victim. For victims who present at a healthcare facility and have not reported to law enforcement at the time of the exam, it is recommended that the healthcare facility have a plan to arrange transportation for the victim.

The FNE and/or the sexual violence program may offer victims the opportunity to consent to follow-up telephone contact. The purpose of this contact is to evaluate the victim's well-being and to offer further opportunities for referrals to follow-up care and services.

Where appropriate, be sure to take the following actions:

- for child and adolescent victims sexually assaulted by family members or caretakers, CP&P must be notified;
- if the sexual assault occurred in the context of a domestic violence incident, provide the victim with information regarding their designated county domestic violence program; and
- provide the victim with information about protective orders for sexual assault and domestic violence incidents.

Standard 9: ASSESSMENT OF SART SERVICES BY VICTIMS AND SERVICE PROVIDERS

Victims of sexual assault who choose to use the SART's services shall be afforded an opportunity to assess the services provided through a victim survey. Participating members of the SART shall also assess the SART response provided and recommend systems improvements through a SART member survey.

Ongoing assessment of the SART's services is crucial to improving the SART activation and response. Recognizing the value of constructive feedback, this Standard may be updated, from time to time, to implement different methods of capturing these assessments. However, until such time these changes occur, the following assessment activities are expected of each County SART program:

- **Victim Survey**
 - At the conclusion of a SART activation, victims shall be provided with a short, pre-printed anonymous victim survey. The victim will be asked to complete and return the self-addressed, stamped survey to the County SART Coordinator. Please use the Feedback Form included in Appendix XIV of these Standards.

- **SART Member Survey**
 - At the conclusion of a SART activation, each member who was activated by the victim shall complete a SART Member Survey form and return it to the County SART Coordinator within 72 hours. Please use the Activation Survey included in Appendix XV of these Standards. For emergent issues of concern about either the victim or the SART activation, please contact the SART Coordinator via telephone. If the issue pertains to the SART Coordinator, call the Statewide SART Advisory Board (*See Standard 13: Statewide SART Advisory Board*). For non-emergent issues, document the concerns in the SART Member survey.

- **Compilation of Survey Responses**
 - Upon receipt and review of the Victim and SART Member Surveys, the SART Coordinator shall take appropriate action to address any reported issues.
 - Results of the SART Surveys and any actions taken to address identified issues shall then be reported to the County SART Advisory Board at the next regularly scheduled meeting.
 - Aggregate data for all counties shall be provided to the Statewide SART Advisory Board and the County SART Advisory Boards (*See Standard 12: County SART Advisory Boards and Standard 13: Statewide SART Advisory Board*).

Standard 10: PROSECUTION

Recognizing the profound impact that crimes of sexual assault have on both child and adult victims and their families, prosecutors shall use a victim-centered approach when working with victims of sexual assault and in handling their cases.

Each County Prosecutor's Office should have at least one assistant prosecutor with specialized training in investigating and prosecuting sexual assault cases.

Prosecutor's Offices shall establish procedures to maintain custody of any forensic evidence collected during a medical forensic exam conducted within the county. If the victim is undecided about reporting an incident to law enforcement at the time of the medical forensic exam, the prosecutor shall establish a procedure for all evidence to be secured for not less than five years from the examination date; and where the victim is a minor, for not less than five years after the victim reaches the age of 18.

Effective July 10, 2014, victims who elect to have evidence held shall be contacted by the FNE Coordinator prior to the end of the retention period. For evidence collected prior to July 10, 2014, the county shall follow county notification procedures in effect at the time the evidence was collected. This procedure will allow every victim an opportunity to make an informed decision on whether to release evidence to law enforcement. (*See Attorney General Directive 2011-1, Requiring Procedure for Retaining Sexual Assault Forensic Evidence "Hold" Kits and Extending the Time for Victims to Decide Whether to Report the Crime and Release Collected Evidence to Law Enforcement Authorities, Appendix XIII*).

After the five-year retention period expires, and the prosecutor determines to destroy the SAFE Kit, the prosecutor shall notify the Director of the Division of Criminal Justice, or their designee, to provide the Division the opportunity to take custody of the kit and assume responsibility for its continued retention.

County Prosecutor's Office personnel shall adhere to the *Attorney General Standards to Ensure the Rights of Crime Victims* as codified in N.J.S.A. 52:4B-44 when working with victims of sexual assault.

The victim of a sexual assault shall be provided an opportunity to discuss their case with the prosecuting attorney prior to concluding any plea negotiations. (*See N.J.S.A. 52:4B-44 and N.J.S.A. 2C:14-2.1*). This input not only gives the victim a stronger voice in the criminal justice process, but also returns a small amount of control to the victim over their situation. The prosecuting attorney, however, should be mindful to manage a victim's expectations about the resolution of a case, especially when options arise that are better suited for the overall pursuit of justice, but which may not fully align with the victim's wishes.

Additionally, when the final disposition of a sexual assault investigation involves a determination not to prosecute the matter, an assistant prosecutor shall provide the victim with

the opportunity to meet with an AP in person to so inform the victim and explain the basis for that determination.

A victim of sexual assault shall be afforded the services of a victim witness advocate and/or CSVA for accompaniment at any court proceeding.

In the event the offender is formally charged, indicted, convicted, or adjudicated a delinquent, the assistant prosecutor or the Victim Witness Coordinator shall ensure that the victim is advised of the right to obtain a court order requiring the defendant to submit to an approved serological test for HIV, or any other virus identified as a probable causative agent of Acquired Immune Deficiency Syndrome (AIDS). Additionally, the victim shall be offered assistance and a referral to obtain an approved serological test for infection with HIV, and appropriate counseling and medical care. (See N.J.S.A. 52:4B-44(c)(1) and N.J.S.A. 2C:43-2.2).

Under Nicole's Law¹² victims of certain sexual offenses should be advised that the prosecutor may apply for a Sexual Offense Restraining Order (SORO). The SORO may be issued as a pretrial condition of release. The order places prohibitions on the defendant, including, but not limited to, no contact with the victim. The victim's location remains confidential and shall not appear on any documents or records to which the defendant has access. (See N.J.S.A. 2C:14-12). If the defendant is found guilty of an enumerated crime, the court may order these conditions to remain after sentencing. (See N.J.S.A. 2C:44-8).

Victims should also be apprised of their right to apply for a Sexual Assault Survivor Protection Act (SASPA) Order pursuant to N.J.S.A. 2C:14-13.

***Please consult the Appendix XI, Protection Orders for Sexual Assault Victims for a list of protective orders for which the victim may apply.**

¹² N.J.S.A. 2C:14-12, *et seq.* and N.J.S.A. 2C:44-8.

Standard 11: SART TEAM TRAINING

Every county shall provide standardized SART training to all personnel assigned to respond as members of the County SART.

Each county shall present basic, refresher, and/or advanced SART training courses, depending on the needs of the specific county, for all individuals participating as members of the County SART, including FNEs, CSVAs, law enforcement officers, detectives, and investigators.

The County Prosecutor's Office shall invite members of the SART Advisory Board to participate in the development and presentation of the Basic SART training. Curriculum for the Basic SART training should include, at a minimum, the following components:

- Statewide SART/FNE History;
- County SART History and Statistics;
- Dynamics of Sexual Assault;
- Effects of Trauma;
- Victim-Centered and Trauma-Informed Approaches;
- Cultural Awareness and Special Needs Population;
- Role of the Confidential Sexual Violence Advocate (CSVA);
- Role of Law Enforcement;
- Role of the Forensic Nurse Examiner (FNE);
- Medical Forensic Examination Process;
- County SART Activation Mechanism;
- County SART Policies and Procedures;
- County Evidence Handling and Retention Procedures;
- Overview of county protocol for the medical forensic evaluation of child victims of sexual abuse;
- Legal issues associated with prosecution;
- Applicable statutes, rules, and regulations; and
- Services provided by the County Victim Witness Advocates.

At the conclusion of the training course, the participants should be afforded an opportunity to evaluate the course content and methods of presentation.

SART training updates will be presented periodically to apprise team members of changes to SART policies and procedures.

Standard 12: COUNTY SART ADVISORY BOARDS

The 21 County SART Advisory Boards review SART activation procedures, evaluate existing SART program policies and procedures, and provide input and recommendations on current best practices.

THE COUNTY SART ADVISORY BOARDS

The role of the County SART Advisory Board is to inform the County Prosecutor about the operation of the County SART program. The SART Coordinator is the liaison between the County Prosecutor and the Advisory Board members and shall facilitate communication among all Board members.

Meeting Schedule

The County SART Advisory Board must meet quarterly. The quarterly meetings must be scheduled prior to the start of the calendar year; and these dates, times, and locations must be forwarded to the Statewide SART Advisory Board in advance.

Mandatory Members

The County SART Advisory Board shall consist of the following members:

- the County Prosecutor or his/her designee;
- the County SART Coordinator;
- the County FNE Coordinator;
- a representative from the Lead County Sexual Violence Services Organization;
- a representative of the County Communications;
- a representative from each participating Examination Facility;
- a representative of the County Office of Victim Witness Advocacy;
- a representative of the County Chiefs of Police Association; and
- representatives from Law Enforcement Agencies responsible for conducting the investigation of sexual offenses.

Invited Members

Upon invitation, the County SART advisory board may also consist of the following members:

- a representative from the Division of Criminal Justice, State Office of Victim Witness Advocacy, which is the agency that oversees the Statewide SART/FNE program or his/her designee;
- a representative of the Division on Women, Sexual Assault, Abuse, and Rape Care Program (SAARC) or his/her designee;
- a representative from CP&P; and
- the Military Sexual Assault Response Coordinator (SARC), if applicable.

In addition to the above two lists, the County Prosecutor may invite a representative from other county or state agencies, institutions or groups, including, but not limited to, NJCASA, local colleges and universities, and local child advocacy organizations to participate in the County SART Advisory Board meetings.

Duties

To maintain proper oversight of the SART and ensure its proper functioning, the following duties shall be carried out by the County SART Advisory Board:

- Discuss any trending policy issues concerning the provision of services to victims of sexual violence;
- Address complaints about the SART and/or violations of these Standards, fiscal and programmatic grant rules, or regulations, directives, guidelines, or State policy concerning the provision of services to victims of sexual violence made by the SART, as reported by victims or outside stakeholders, or identified by the County SART Advisory Board;
- Address any reported or identified complaints, issues, or unusual occurrences concerning the SART program or a SART member pursuant to the complaint procedures contained in Standard 14;
 - If the offending member is the SART Coordinator, an appropriate member of the County SART Advisory Board shall report the incident to the assistant prosecutor or detective supervising the County SART program. If the matter cannot be handled at the county level, then it shall be referred to the Statewide SART Advisory Board.
- Forward complaints and/or violations of program rules and requirements to the Statewide SART Advisory Board State, if warranted; and
- Coordinate and conduct standardized SART training for all SART members and personnel assigned to respond during a SART activation.

Standard 13: STATEWIDE SART ADVISORY BOARD

The Statewide SART Advisory Board shall monitor the operation of the 21 County SART programs, review the effectiveness of the services provided by the State to victims of sexual assault and make recommendations to the Attorney General for any needed changes in the standards, regulations, or State policy concerning the provision of victim services.

The Statewide SART Advisory Board

In 2001, a permanent Attorney General SART/FNE Coordinating Council (now called the “Statewide SART Advisory Board”) was established pursuant to N.J.S.A. 52:4B-55. The mission of the Statewide SART Advisory Board (“the Board”) is to review the effectiveness of the services provided by the State and the 21 County SART programs to victims of sexual assault. Based on the findings these reviews yield, the Board is to make recommendations to the Attorney General for any needed changes or updates in the standards, regulations, or State policy concerning the provision of victim services.

Meeting Schedule

The Statewide SART Advisory Board shall meet, as a minimum, quarterly at the Division of Criminal Justice in Trenton, New Jersey, but may meet at other times, as needed, if an emergent matter presents itself.

Mandatory Members

Pursuant to N.J.S.A. 52:4B-55, the Statewide SART Advisory Board is comprised of the following members or their designees:

- the Attorney General;
- the Director of the Division on Women;
- the Chief of the State Office of Victim-Witness Advocacy;
- the Executive Director of the New Jersey Coalition Against Sexual Assault;
- the Executive Director of the New Jersey Board of Nursing;
- a representative from the New Jersey County Prosecutors Association; and
- a representative from the SART/FNE Program Coordinators.

Invited Members

In addition to the statutorily required members, the Division of Criminal Justice may consult the following organizations as subject matter experts to the Statewide SART Advisory Board:

- the New Jersey Administrative Office of the Courts (AOC);
- the New Jersey Victim Witness-Coordinators Association;
- the New Jersey State Police Office of Forensic Sciences;
- the New Jersey State Police Victim Services Unit;

- the New Jersey State Association of Chiefs of Police;
- New Jersey University and College Police Departments;
- New Jersey SART/Forensic Nurse Coordinator Programs; and
- Sexual Violence Services Organizations.

The above list of invited members is not finite, and is subject to change, pursuant to the needs of the Council and the State, to ensure full representation from every field that is integral to the issue of sexual assault.

Duties

To maintain proper oversight of the 21 County SARTs and ensure victims receive care consistent with these Standards, the following duties shall be carried out by the Statewide SART Advisory Board:

- assist the Attorney General in overseeing the Statewide SART Program;
- monitor the 21 County SART Advisory Boards to ensure they are meeting quarterly;
- discuss any trending issues, complaints, and/or violations of these Standards, as reported by County SART Advisory Boards, victims, outside stakeholders, or the Statewide SART Advisory Board in the following areas:
 - laws and proposed legislation
 - regulations
 - directives
 - guidelines
 - fiscal and programmatic program grant rules
 - state policy concerning the provision of services to victims of sexual violence
- for matters brought to the attention of the Statewide SART Advisory Board, or identified by the Statewide Board itself, the level of necessary corrective action will be determined by the Board based upon the seriousness of the infraction;
- discuss existing and proposed legislation, regulations, and/or policy that may affect or impact the SART program;
- discuss new research and/or emerging trends from the field that may inform new best practices for the SART program; and
- discuss potential new initiatives, grant opportunities, or programs that may assist the SART program.

Standard 14: SART COMPLAINT PROCEDURES

The following procedures shall be implemented to address any complaints, issues, or unusual occurrences concerning a County SART. These procedures are designed to ensure best practices are followed by both the Team and the individual members.

Complaint Procedures

- Complaints, issues, or unusual occurrences regarding an activation, response, examination, interview, or SART Member shall be reported to the County SART Coordinator as soon as possible after the incident. It is recommended that the County SART Coordinator be advised within three business days of the event.
- Victims who would like to address complaints, issues, or unusual occurrences regarding their SART activation, response, examination, or interview shall call the Statewide SART Advisory Board phone number.
- The County SART Coordinator shall document and report all complaints, issues, or unusual occurrences, as well as the prescribed resolution, to the assistant prosecutor or detective supervising the County SART program.
- The County SART Coordinator shall report complaints, issues, or unusual occurrences, and the resolution, to the County SART Advisory Board for its information and/or assistance in preventing similar events.
- Complaints, issues, or unusual occurrences pertaining to the SART Coordinator's actions shall be reported directly to the assistant prosecutor or detective supervising the County SART program, who shall document the incident, as well as the resolution.
- If the complaint, issues, or unusual occurrences cannot be resolved after conferring with the County Prosecutor's Office, the matter shall be referred to the Statewide SART Advisory Board, who will determine the resolution.
- At the Statewide SART Advisory Board meetings, all feedback pertaining to the 21 County SART programs will be reviewed.

APPENDICES

I. RELEVANT AGENCIES

BUREAU OF GUARDIANSHIP SERVICES (BGS), DEPARTMENT OF HUMAN SERVICES

- Responsible for processing and tracking guardianship actions for people served by the Division of Developmental Disabilities (DDD) who have been evaluated according to state law and determined to require a guardian. BGS is only able to serve individuals who have been determined by DDD, through its application process, to be eligible for its services.

COUNTY ADULT PROTECTIVE SERVICES

- Serves vulnerable adults in the community and investigates instances of abuse and neglect.

CHILD PROTECTION AND PERMANENCY (CP&P), DEPARTMENT OF CHILDREN AND FAMILIES (formerly the Division of Youth and Family Services, DYFS)

- New Jersey's child protection and child welfare agency within the Department of Children and Families. Its mission is to ensure the safety, permanency, and well-being of children and to support families. CP&P is responsible for investigating allegations of child abuse and neglect and, if necessary, arranging for the child's protection and the family's treatment. The Child Abuse Hotline (State Central Registry) receives all reports of child abuse and neglect 24-hours a day, seven-days a week. Reports requiring a field response are forwarded to the CP&P Local Office who investigates.

FORENSIC NURSE EXAMINERS COORDINATORS ASSOCIATION

- The mission of the Forensic Nurse Coordinators Association is to encourage advanced knowledge, inspire strong leadership, and deliver the highest standard of evidence based healthcare across the lifespan. The Association discusses statewide forensic nursing issues relevant to the scope of practice, as well as offers support and education to FNEs.

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD), DEPARTMENT OF HUMAN SERVICES

- Provides a variety of services to individuals with developmental disabilities (onset before age 21), operates state-run developmental centers, and provides funding for community-based group homes throughout the state. This agency investigates instances of abuse and neglect in state-run, state-funded, or state-licensed facilities.

A developmental disability is a condition that is attributable to a mental or physical impairment, or combination of the two. It manifests before age 22, is likely to continue indefinitely, and results in substantial functional limitations in three or more of the

following areas of major life activities: self-care; receptive and expressive language; learning, mobility; self-direction; and capacity for independent living. Developmental disabilities, include, but are not limited to: autism spectrum disorder; hearing loss; vision loss; muscular dystrophy; cerebral palsy; spina bifida; fragile X syndrome; Tourette's syndrome; and fetal alcohol spectrum disorders.

DIVISION OF DISABILITY SERVICES (DDS), DEPARTMENT OF HUMAN SERVICES

- Serves as a single point of entry for people with disabilities who need information and/or services within the human services system. DDS works to streamline access to services and information that promote and enhance independent living for individuals with all disabilities by facilitating coordination and cooperation among local, county, and state government agencies.

With 43 employees, DDS administers programs that allow people with different types of disabilities to live more independently in the community, and in many cases, avoid the need to move into an institution. These programs include home and community-based service programs, as well as other resource programs.

DIVISION ON WOMEN (DOW), DEPARTMENT OF CHILDREN AND FAMILIES

- Established as a pioneering state agency for women's advocacy throughout the state. DOW's mission is to create, promote and expand the rights and opportunities for all women in the State of New Jersey.
- DOW supports the development, coordination, and evaluation of programs and services for women and other constituents. DOW fosters programs and services that empower the women of New Jersey.

NEW JERSEY COALITION AGAINST SEXUAL ASSAULT (NJCASA)

- The statewide advocacy and capacity building organization that represents the 21-county sexual violence services programs. NJCASA's mission is to promote compassionate and just treatment of survivors and their loved ones, train allied professionals, foster collaborative relationships amongst community systems, and work toward the elimination of sexual violence against all people.

OFFICE OF THE OMBUDSMAN FOR THE INSTITUTIONALIZED ELDERLY

- Investigates allegations of abuse and neglect of people, age 60 and older, living in nursing homes and other long-term healthcare facilities.

OFFICE OF THE PUBLIC GUARDIAN (OPG) FOR ELDERLY ADULTS, DIVISION OF AGING

- Acts as surrogate decision maker for residents sixty years of age and over who have been deemed incapacitated by the Superior Court of New Jersey. OPG does not petition to become guardian, but rather accepts judicial appointments on a discretionary basis.

II. SEXUAL OFFENSES

*Although the following statutes are provided for convenience, please consult the authority directly to ensure accuracy, as statutes are always subject to change.

N.J.S.A. 2C:14-1(c). Definitions

ACTOR

A person accused of an offense proscribed under this act.

VICTIM

A person alleging to have been subjected to offenses proscribed by this act.

SEXUAL PENETRATION

Vaginal intercourse, cunnilingus, fellatio or anal intercourse between persons or insertion of the hand, finger or object into the anus or vagina either by the actor or upon the actor's instruction. The depth of insertion shall not be relevant as to the question of commission of the crime.

SEXUAL CONTACT

An intentional touching by the victim or actor, either directly or through clothing, of the victim's or actor's intimate parts for the purpose of degrading or humiliating the victim or sexually arousing or sexually gratifying the actor. Sexual contact of the actor with himself must be in view of the victim whom the actor knows to be present.

INTIMATE PARTS

Means the following body parts: sexual organs, genital area, anal area, inner thigh, groin, buttock, or breast of a person.

SEVERE PERSONAL INJURY

Means severe bodily injury, disfigurement, disease, incapacitating mental anguish, or chronic pain.

PHYSICALLY HELPLESS

That condition in which a person is unconscious or is physically unable to flee or is physically unable to communicate unwillingness to act.

MENTALLY INCAPACITATED

That condition in which a person is rendered temporarily incapable of understanding or controlling his conduct due to the influence of a narcotic, anesthetic, intoxicant, or other substance administered to that person without his prior knowledge or consent, or due to any other act committed upon that person which rendered that person incapable of appraising or controlling his conduct.

COERCION

Those acts which are defined as criminal coercion in N.J.S.A. 2C:13-5(1), (2), (3), (4), (6) and (7).

N.J.S.A. 2C:14-2. Sexual assault

AGGRAVATED SEXUAL ASSAULT

- a. An actor is guilty of aggravated sexual assault if he commits an act of sexual penetration with another person under any one of the following circumstances:
 - (1) The victim is less than 13 years old;
 - (2) The victim is at least 13, but less than 16 years old; and
 - (a) The actor is related to the victim by blood or affinity to the third degree, or
 - (b) The actor has supervisory or disciplinary power over the victim by virtue of the actor's legal, professional, or occupational status, or
 - (c) The actor is a resource family parent, a guardian, or stands *in loco parentis* within the household;
 - (3) The act is committed during the commission, or attempted commission, whether alone or with one or more other persons, of robbery, kidnapping, homicide, aggravated assault on another, burglary, arson, or criminal escape;
 - (4) The actor is armed with a weapon or any object fashioned in such a manner as to lead the victim to reasonably believe it to be a weapon and threatens by word or gesture to use the weapon or object;
 - (5) The actor is aided or abetted by one or more other persons and the actor uses physical force or coercion;
 - (6) The actor uses physical force or coercion and severe personal injury is sustained by the victim;
 - (7) The victim is one whom the actor knew or should have known was physically helpless or incapacitated, intellectually or mentally incapacitated, or had a mental disease or defect which rendered the victim temporarily or permanently incapable of understanding the nature of his conduct, including, but not limited to, being incapable of providing consent.

Aggravated Sexual Assault is a crime of the first degree.

SEXUAL ASSAULT

- b. An actor is guilty of sexual assault if he commits an act of sexual contact with a victim who is less than 13 years old and the actor is at least four years older than the victim.
- c. An actor is guilty of sexual assault if he commits an act of sexual penetration with another person under any one of the following circumstances:
 - (1) The actor uses physical force or coercion, but the victim does not sustain severe personal injury;
 - (2) The victim is on probation or parole, or is detained in a hospital, prison, or other institution and the actor has supervisory or disciplinary power over the victim by virtue of the actor's legal, professional, or occupational status;
 - (3) The victim is at least 16, but less than 18 years old, and:
 - (a) The actor is related to the victim by blood or affinity to the third degree;
or
 - (b) The actor has supervisory or disciplinary power of any nature or in any capacity over the victim; or
 - (c) The actor is a resource family parent, a guardian, or stands *in loco parentis* within the household;
 - (4) The victim is at least 13, but less than 16 years old, and the actor is at least four years older than the victim.

Sexual assault is a crime of the second degree.

N.J.S.A. 2C:14-2.1. Right of victim to consult with prosecuting authority

Whenever there is a prosecution for a violation of N.J.S.A. 2C:14-2, the victim of the sexual assault shall be provided an opportunity to consult with the prosecuting authority prior to the conclusion of any plea negotiations.

Nothing contained herein shall be construed to alter or limit the authority or discretion of the prosecutor to enter into any plea agreement which the prosecutor deems appropriate.

N.J.S.A. 2C:14-3. Criminal sexual contact

AGGRAVATED SEXUAL CONTACT

- a. An actor is guilty of Aggravated Criminal Sexual Contact if he commits an act of sexual contact with the victim under any of the circumstances set forth in 2C:14-2a. (2) through (7).

Aggravated Criminal Sexual Contact is a crime of the third degree. *See:*

- (2) The victim is at least 13, but less than 16 years old; and

- (a) The actor is related to the victim by blood or affinity to the third degree, or
 - (b) The actor has supervisory or disciplinary power over the victim by virtue of the actor's legal, professional, or occupational status, or
 - (c) The actor is a resource family parent, a guardian, or stands *in loco parentis* within the household;
- (3) The act is committed during the commission, or attempted commission, whether alone or with one or more other persons, of robbery, kidnapping, homicide, aggravated assault on another, burglary, arson, or criminal escape;
 - (4) The actor is armed with a weapon or any object fashioned in such a manner as to lead the victim to reasonably believe it to be a weapon and threatens by word or gesture to use the weapon or object;
 - (5) The actor is aided or abetted by one or more other persons and the actor uses physical force or coercion;
 - (6) The actor uses physical force or coercion and severe personal injury is sustained by the victim;
 - (7) The victim is one whom the actor knew or should have known was physically helpless or incapacitated, intellectually or mentally incapacitated, or had a mental disease or defect which rendered the victim temporarily or permanently incapable of understanding the nature of his conduct, including, but not limited to, being incapable of providing consent.

SEXUAL CONTACT

- b. An actor is guilty of criminal sexual contact if he commits an act of sexual contact with the victim under any of the circumstances set forth in section 2C:14-2c.(1) through (4).

Criminal sexual contact is a crime of the fourth degree. *See:*

- (1) The actor uses physical force or coercion, but the victim does not sustain severe personal injury;
- (2) The victim is on probation or parole, or is detained in a hospital, prison, or other institution and the actor has supervisory or disciplinary power over the victim by virtue of the actor's legal, professional, or occupational status;
- (3) The victim is at least 16, but less than 18 years old, and:
 - (a) The actor is related to the victim by blood or affinity to the third degree; or
 - (b) The actor has supervisory or disciplinary power of any nature or in any capacity over the victim; or
 - (c) The actor is a resource family parent, a guardian, or stands *in loco parentis* within the household;
- (4) The victim is at least 13, but less than 16 years old, and the actor is at least four years older than the victim.

N.J.S.A. 2C:14-4. Lewdness

- a. A person commits a disorderly persons offense if he does any flagrantly lewd and offensive act which he knows or reasonably expects is likely to be observed by other nonconsenting persons who would be affronted or alarmed.
- b. A person commits a crime of the fourth degree if:
 - (1) He exposes his intimate parts for the purpose of arousing or gratifying the sexual desire of the actor or of any other person under circumstances where the actor knows or reasonably expects he is likely to be observed by a child who is less than 13 years of age where the actor is at least four years older than the child.
 - (2) He exposes his intimate parts for the purpose of arousing or gratifying the sexual desire of the actor or of any other person under circumstances where the actor knows or reasonably expects he is likely to be observed by a person who because of mental disease or defect is unable to understand the sexual nature of the actor's conduct.
- c. As used in this section: "lewd acts" shall include the exposing of the genitals for the purpose of arousing or gratifying the sexual desire of the actor or of any other person.

III. SEXUAL ASSAULT VICTIM'S RIGHT TO A CONFIDENTIAL SEXUAL VIOLENCE ADVOCATE¹³

N.J.S.A. 52:4B-22. Information booklets, pamphlets

- a. Every state, county, and municipal police department and hospital or other place of emergency medical care shall have available and shall post in a public place information booklets, pamphlets or other pertinent written information, to be supplied by the Victims of Crime Compensation Agency (*now the Victims of Crime Compensation Office "VCCO"), relating to the availability of crime victims' compensation including all necessary application blanks required to be filed with the agency.
- b. Included in the information supplied by the [VCCO] shall be information for victims of sexual offenses. This information shall contain the location of rape crisis centers in all geographical areas throughout the State and shall instruct victims of sexual offenses that if a rape crisis center is not available in a victim's immediate geographical area, the victim may contact the appropriate county victim-witness coordinator appointed by the Chief of the Office of Victim-Witness Advocacy established pursuant to P.L.1985, c.404 (C.52:4B-39 et seq.). The information shall also provide that victims will not be charged any fee for services that are directly associated with a forensic sexual assault examination, including routine medical screening, medications for prophylaxis of sexually transmitted infections, pregnancy tests, emergency contraception, supplies, equipment and use of space.

Unless the victim requires immediate medical attention, this information shall be personally conveyed to the victim of a sexual offense by a representative of the hospital or place of emergency care before a medical examination of the victim is conducted, or by a representative of the police department before the victim's statement is taken, to afford the victim the opportunity to arrange to have assistance from the rape crisis center or county victim-witness coordinator during these procedures. Hospitals shall be held harmless from suits emanating from a hospital's carrying out the obligation to convey information to victims of sexual offenses.

"Rape crisis center"¹⁴ means an office, institution or center offering assistance to victims of sexual offenses through crisis intervention, medical and legal information and follow-up counseling.

- c. Every police department shall, upon the filing of a report of a violent crime, make available to any victim information concerning crime victims' compensation.

¹³ Formerly called Rape Care Advocate.

¹⁴ Now referred to as Sexual Violence Services Program.

IV. VICTIM-COUNSELOR PRIVILEGE FOR CONFIDENTIAL SEXUAL VIOLENCE ADVOCATES

N.J.S.A. 2A:84A-22.15. Victim counselor confidentiality privilege

Subject to Rule 37 of the Rules of Evidence, a victim counselor has a privilege not to be examined as a witness in any civil or criminal proceeding with regard to any confidential communication. The privilege shall be claimed by the counselor unless otherwise instructed by prior written consent of the victim. When a victim is incapacitated or deceased consent to disclosure may be given by the guardian, executor, or administrator except when the guardian, executor, or administrator is the defendant or has a relationship with the victim such that the guardian, executor, or administrator has an interest in the outcome of the proceeding. The privilege may be knowingly waived by a juvenile. In any instance where the juvenile is, in the opinion of the judge, incapable of knowing consent, the parent or guardian of the juvenile may waive the privilege on behalf of the juvenile, provided that the parent or guardian is not the defendant and does not have a relationship with the defendant such that he has an interest in the outcome of the proceeding. A victim counselor or a victim cannot be compelled to provide testimony in any civil or criminal proceeding that would identify the name, address, location, or telephone number of a domestic violence shelter or any other facility that provided temporary emergency shelter to the victim of the offense or transaction that is the subject of the proceeding unless the facility is a party to the proceeding.

V. SEXUAL ASSAULT OF MILITARY PERSONNEL

BACKGROUND

The Department of Defense (DoD) Sexual Assault Prevention and Response (SAPR) Program helps prevent sexual assault involving service members through training and education programs; provides treatment and support to victims of sexual assault; and promotes military system accountability when sexual assaults are investigated.

Victims of sexual assault who are military personnel should be advised to contact a military Sexual Assault Response Coordinator (SARC) as soon as possible (see below). Military victims of sexual assault have options for reporting or not reporting a sexual assault. Specific policies are generated by the DoD.¹⁵ Victims must adhere to these policies to ensure their rights are maintained. Until victims are certain they want to make an official report, victims should be advised to limit discussion of the assault to medical, clergy, or victim assistance personnel only. Discussion of an assault with peers, law enforcement, or anyone in the chain-of-command will result in a mandatory report.

RESTRICTED REPORTING

Eligible victims (military personnel of the Armed Forces and their adult dependents) may report a sexual assault to the SARC, a SAPR Victim Advocate, or healthcare provider/personnel without triggering the official investigative process or notification to command.

Victims choosing this option may receive victim services, including those listed below, without notifying command or law enforcement.

- Healthcare (medical and mental care and treatment)
- Advocacy services (from a SARC or SAPR VA)
- Legal advice (from a Special Victim's Counsel)

UNRESTRICTED REPORTING

For victims who want an official investigation and command notification, in addition to healthcare, victim advocacy, and legal services, they should use the current reporting channels:

- Law Enforcement/Military Investigative Organization (MCIO) (will initiate an investigation and start a "report of investigation")
- Commander (who will then immediately contact the MCIO to start a "report of investigation")

¹⁵ DoD Directives 6495.01 and 1030.01, Directive Type Memorandum 14-007, and DoD Instructions 6495.02 and 1030.2.

- SARC (who will fill out a report with the “DD Form 2910” where the victim elects a reporting option)
- SAPR VA (who will fill out a report with the “DD Form 2910”)
- Healthcare personnel (who will then immediately contact the SARC to fill out the “DD Form 2910”)

Once reported, the SARC will immediately assign the victim a SAPR VA and inform them of their right to speak with a Special Victims’ Counsel. At the victim’s discretion, they may then seek a medical forensic exam and SAFE Kit.

Additionally, unrestricted reporting victims are entitled to:

- military protection orders;
- request transfer from their unit;
- legal advice; and
- a law enforcement investigation into the incident.

ADDITIONAL RESOURCES

All victims, regardless of which reporting option they choose to exercise, are entitled to:

- Advocacy via the SARC and SAPR VAs
- Medical care, treatment, and forensic medical exams/SAFE Kits
- Mental health counseling
- Spiritual care via chaplains
- Legal advice via a Special Victims’ Counsel

The DoD SafeHelpline is a 24/7 crisis support service for adult service members of the DoD community affected by sexual assault. The Safe Helpline provides live, one-on-one expert advice and information. SafeHelpline staff can also transfer callers to the installation or base SARC, on-call SAPR VAs, civilian sexual violence services organizations, or the Suicide Prevention Lifeline. Victims can access the SafeHelpline the following three ways:

- *Online:* Log on to www.safehelpline.org to receive live, one-on-one confidential help with a trained professional through a secure instant-messaging format;
- *Telephone:* Call 1-877-995-5247 to speak with Safe Helpline staff for personalized advice and support; and
- *Text:* Text your location to 55-247 (inside the U.S.) or 202-470-5546 (outside of the U.S.) to receive automated contact information for the SARC at their installation or base.

Victims may also speak to a chaplain. While a report to a chaplain is not a restricted report under the policy, it is a privileged communication protected under the Military Rules of Evidence.¹⁶

For further information, consult the DOD’s Sexual Assault Prevention and Response Office.

¹⁶ Military Rule of Evidence 503 (MRE 503).

VI. MINOR SEXUAL ASSAULT VICTIMS' RIGHT TO CONSENT TO MEDICAL CARE AND SEXUAL ASSAULT MEDICAL FORENSIC EXAMINATIONS

N.J.S.A. 9:17A-4. Consent by minor to treatment

a.

(1) The consent to the provision of medical or surgical care or services or a forensic sexual assault examination by a hospital or public clinic, or consent to the performance of medical or surgical care or services or a forensic sexual assault examination by a health care professional, when executed by a minor who is or believes that he or she may have a sexually transmitted infection, or who is at least 13 years of age and is or believes that he or she may be infected with the human immunodeficiency virus or have acquired immune deficiency syndrome, or by a minor who, in the judgment of the treating health care professional, appears to have been sexually assaulted, shall be valid and binding as if the minor had achieved the age of majority. Any such consent shall not be subject to later disaffirmance by reason of minority. In the case of a minor who appears to have been sexually assaulted, the minor's parents or guardian shall be notified immediately, unless the treating healthcare professional believes that it is in the best interests of the patient not to do so. Inability of the treating health care professional, hospital, or clinic to locate or notify the parents or guardian shall not preclude the provision of any emergency or medical or surgical care to the minor or the performance of a forensic sexual assault examination on the minor.

(2) As used in this subsection, "healthcare professional" means a physician, physician assistant, nurse, or other health care professional whose professional practice is regulated pursuant to Title 45 of the Revised Statutes.

b. When a minor believes that he or she is adversely affected by a substance use disorder involving drugs or is a person with a substance use disorder involving drugs as defined in section 2 of P.L.1970, c.226 (C.24:21-2) or is adversely affected by an alcohol use disorder or is a person with an alcohol use disorder as defined in section 2 of P.L.1975, c.305 (C.26:2B-8), the minor's consent to treatment under the supervision of a physician licensed to practice medicine, or an individual licensed or certified to provide treatment for an alcohol use disorder, or in a facility licensed by the State to provide for the treatment of an alcohol use disorder, shall be valid and binding as if the minor had achieved the age of majority. Any such consent shall not be subject to later disaffirmance by reason of minority. Treatment for an alcohol use disorder or a substance use disorder involving drugs that is consented to by a minor shall be considered confidential information between the physician, the treatment provider, or the treatment facility, as appropriate, and the patient, and neither the minor nor the minor's physician, treatment provider, or treatment facility, as appropriate, shall be required to report such treatment when it is the result of voluntary consent, except as may otherwise be required by law.

When a minor who is 16 years of age or older believes that he or she is in need of behavioral health care services for the treatment of mental illness or emotional disorders, the minor's consent to temporary outpatient treatment, excluding the use or administration of medication, under the supervision of a physician licensed to practice medicine, an advanced practice nurse, or an individual licensed to provide professional counseling under Title 45 of the Revised Statutes, including, but not limited to, a psychiatrist, licensed practicing psychologist, certified social worker, licensed clinical social worker, licensed social worker, licensed marriage and family therapist, certified psychoanalyst, or licensed psychologist, or in an outpatient health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.), shall be valid and binding as if the minor had achieved the age of majority. Any such consent shall not be subject to later disaffirmance by reason of minority. Treatment for behavioral health care services for mental illness or emotional disorders that is consented to by a minor shall be considered confidential information between the physician, the individual licensed to provide professional counseling, the advanced practice nurse, or the health care facility, as appropriate, and the patient, and neither the minor nor the minor's physician, professional counselor, nurse, or outpatient health care facility, as appropriate, shall be required to report such treatment when it is the result of voluntary consent.

The consent of no other person or persons, including but not limited to, a spouse, parent, custodian, or guardian, shall be necessary in order to authorize a minor to receive such hospital services, facility, or clinical care or services, medical or surgical care or services, or counseling services from a physician licensed to practice medicine, an individual licensed or certified to provide treatment for an alcohol use disorder, an advanced practice nurse, or an individual licensed to provide professional counseling under Title 45 of the Revised Statutes, as appropriate, except that behavioral health care services for the treatment of mental illness or emotional disorders shall be limited to temporary outpatient services only.

VII. MANDATORY CHILD ABUSE REPORTING

N.J.S.A. 9:6-8.10. Reports of abuse

Any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to the Division of Child Protection and Permanency by telephone or otherwise. Such reports, where possible, shall contain the names and addresses of the child and his parent, guardian, or other person having custody and control of the child and, if known, the child's age, the nature and possible extent of the child's injuries, abuse or maltreatment, including any evidence of previous injuries, abuse or maltreatment, and any other information that the person believes may be helpful with respect to the child abuse and the identity of the perpetrator.

VIII. STANDARDS FOR SERVICES TO CRIME VICTIMS

NJ Const., art. I, para. 2: New Jersey Constitutional Amendment for Victims Rights

A victim of a crime shall be treated with fairness, compassion and respect by the criminal justice system. A victim of a crime shall not be denied the right to be present at public judicial proceedings except when, prior to completing testimony as a witness, the victim is properly sequestered in accordance with law or the Rules Governing the Courts of the State of New Jersey. A victim of a crime shall be entitled to those rights and remedies as may be provided by the Legislature.

N.J.S.A. 52:4B-36. Findings, declarations relative to rights of crime victims, witnesses

The legislature finds and declares that crime victims and witnesses are entitled to the following rights:

- a. To be treated with dignity and compassion by the criminal justice system;
- b. To be informed about the criminal justice process;
- c. To be free from intimidation, harassment or abuse by any person including the defendant or any other person acting in support of or on behalf of the defendant, due to the involvement of the victim or witness in the criminal justice process;
- d. To have inconveniences associated with participation in the criminal justice process minimized to the fullest extent possible;
- e. To make at least one telephone call provided the call is reasonable in both length and location called;
- f. To medical assistance reasonably related to the incident in accordance with the provisions of the "Criminal Injuries Compensation Act of 1971," P.L. 1971, c. 317 (N.J.S.A. 52:4B-1 *et seq.*);
- g. To be notified in a timely manner, if practicable, if presence in court is not needed or if any scheduled court proceeding has been adjourned or cancelled;
- h. To be informed about available remedies, financial assistance and social services;
- i. To be compensated for loss sustained by the victim whenever possible;
- j. To be provided a secure, but not necessarily separate, waiting area during court proceedings;
- k. To be advised of case progress and final disposition and to confer with the prosecutor's representative so that the victim may be kept adequately informed;
- l. To the prompt return of property when no longer needed as evidence;
- m. To submit a written statement, within a reasonable amount of time, about the impact of the crime to a representative of the prosecuting agency which shall be considered prior to the prosecutor's final decision concerning whether formal criminal charges will be filed, whether the prosecutor will consent to a request by the defendant to enter into a pre-trial program, and whether the prosecutor will make or agree to a negotiated plea;

- n. To make, prior to sentencing, an in-person statement directly to the sentencing court concerning the impact of the crime. This statement is to be made in addition to the statement permitted for inclusion in the presentence report by N.J.S.A. 2C:44-6;
- o. To have the opportunity to consult with the prosecuting authority prior to the conclusion of any plea negotiations, and to have the prosecutor advise the court of the consultation and the victim's position regarding the plea agreement, provided however that nothing herein shall be construed to alter or limit the authority or discretion of the prosecutor to enter into any plea agreement which the prosecutor deems appropriate;
- p. To be present at any judicial proceeding involving a crime or any juvenile proceeding involving a criminal offense, except as otherwise provided by Article I, paragraph 22 of the New Jersey Constitution;
- q. To be notified of any release or escape of the defendant; and
- r. To appear in any court before which a proceeding implicating the rights of the victim is being held, with standing to file a motion or present argument on a motion filed to enforce any right conferred herein or by Article I, paragraph 22 of the New Jersey Constitution, and to receive an adjudicative decision by the court on any such motion.

N.J.S.A. 52:4B-44. Standards for law enforcement agencies to ensure rights of crime victims

- a. The Attorney General shall, through the Office of Victim-Witness Advocacy in the Division of Criminal Justice in the Department of Law and Public Safety and in consultation with the county prosecutors, promulgate standards for law enforcement agencies to ensure that the rights of crime victims are enforced.
- b. The standards shall require that the Office of Victim-Witness Advocacy in the Division of Criminal Justice and each county prosecutor's office provide the following services upon request for victims and witnesses involved in the prosecution of a case:
 - (1) Orientation information about the criminal justice system and the victim's and witness's role in the criminal justice process;
 - (2) Notification of any change in the case status and of final disposition;
 - (3) Information on crime prevention and on available responses to witness intimidation;
 - (4) Information about available services to meet needs resulting from the crime and referrals to service agencies, where appropriate;
 - (5) Advance notice of the date, time and place of the defendant's initial appearance before a judicial officer, submission to the court of any plea agreement, the trial and sentencing;
 - (6) Advance notice of when presence in court is not needed;
 - (7) Advice about available compensation, restitution and other forms of recovery and assistance in applying for government compensation;

- (8) A waiting or reception area separate from the defendant for use during court proceedings;
- (9) An escort or accompaniment for intimidated victims or witnesses during court appearances;
- (10) Information about directions, parking, courthouse and courtroom locations, transportation services and witness fees, in advance of court appearances;
- (11) Assistance for victims and witnesses in meeting special needs when required to make court appearances, such as transportation and child care arrangements;
- (12) Assistance in making travel and lodging arrangements for out-of-State witnesses;
- (13) Notification to employers of victims and witnesses, if cooperation in the investigation or prosecution causes absence from work;
- (14) Notification of the case disposition, including the trial and sentencing;
- (15) Assistance to victims in submitting a written statement to a representative of the county prosecutor's office about the impact of the crime prior to the prosecutor's final decision concerning whether formal charges will be filed;
- (16) Advice to victims about their right to make a statement about the impact of the crime for inclusion in the presentence report or at time of parole consideration, if applicable;
- (17) Notification to victims of the right to make an in-person statement, prior to sentencing, directly to the sentencing court concerning the impact of the crime;
- (18) Expediting the return of property when no longer needed as evidence;
- (19) Advise and counsel, or refer for advice or counseling, victims of sexual assault, or other criminal acts involving a risk of transmission of disease, concerning available medical testing and assist such victims, or refer such victims for assistance, in obtaining appropriate testing, counseling and medical care and in making application to the Victims of Crime Compensation Board for compensation for the costs of such testing, counseling and care;
- (20) Assistance to victims in submitting a written impact statement to a representative of the county prosecutor's office concerning the impact of the crime which shall be considered prior to the prosecutor's accepting a negotiated plea agreement containing recommendations as to sentence and assistance to victims in securing an explanation of the terms of any such agreement and the reasons for the agreement;
- (21) Notification to the victim of the defendant's release from custody which shall include:
 - (a) notice of the defendant's escape from custody and return to custody following escape;
 - (b) notice of any other release from custody, including placement in an Intensive Supervision Program or other alternative disposition, and any associated conditions of release;
 - (c) notice of the filing by an inmate of an application for commutation of sentence pursuant to N.J.S. 2A:167-4 and its disposition;

- (d) notice of parole consideration pursuant to provisions of P.L. 1979, c. 441 (C. 30:4-123.45 et seq.); and
 - (e) notice of the pending release of an inmate due to expiration of sentence; and
- (22) Interpreting services for victims and witnesses when necessary to assist a victim or witness who is hearing impaired or developmentally disabled as defined in section 3 of P.L. 1977, c. 82 (C. 30:6D-3) to understand questions and frame answers.

SEROLOGICAL TESTING:

- c. In a case involving a victim of aggravated sexual assault or sexual assault as defined in subsection a. or c. of N.J.S. 2C:14-2, the Office of Victim-Witness Advocacy or the county prosecutor's office involved in the case shall:
 - (1) Notify the victim of the victim's right to obtain an approved serological test for acquired immune deficiency syndrome (AIDS) or infection with the human immunodeficiency virus (HIV) or any other related virus identified as a probable causative agent of AIDS, and assist the victim, or refer the victim for assistance, in obtaining a test and appropriate counseling and medical care;
 - (2) Notify the victim of the victim's right to obtain a court order pursuant to subsection a. of section 4 of P.L. 1993, c. 364 (C. 2C:43-2.2) requiring the offender to submit to an approved serological test for acquired immune deficiency syndrome (AIDS) or infection with the human immunodeficiency virus (HIV) or any other related virus identified as a probable causative agent of AIDS in the event that the offender is indicted, formally charged, convicted or adjudicated delinquent;
 - (3) Communicate the request of a victim who agrees to seek an order pursuant to subsection a. of section 4 of P.L. 1993, c. 364 (C. 2C:43-2.2) to the prosecutor handling the case and notify the victim or arrange for the victim to be notified of the test result; and;
 - (4) Assist the victim in applying to the Victims of Crime Compensation Board for compensation for the costs of testing, counseling and medical care.

ENSURE PROTOCOLS

- d. The Attorney General shall, through the Office of Victim-Witness Advocacy and in consultation with the Commissioner of Health and Senior Services, the Superintendent of State Police and representatives of providers of sexual assault services, to be designated by the Director of the Office of Victim-Witness Advocacy, coordinate the establishment of standard protocols for the provision of information and services to victims of sexual assault, and shall make such protocols available to victims upon request, except that the provision of information and services with regard to emergency

contraception and sexually transmitted diseases shall be in accordance with P.L. 2005, c. 50 (C. 26:2H-12.6b et al.).

HUMAN TRAFFICKING

- e. In a case involving a victim of human trafficking as defined in section 1 of P.L. 2005, c. 77 (C. 2C:13-8) the Office of Victim-Witness Advocacy or the county prosecutor's office involved in the case shall ensure that the victim of human trafficking obtains assistance in receiving any available benefits or services, including assistance in receiving any necessary certifications or endorsements needed to be recognized as having federal T non-immigrant status for the purpose of receiving any federal benefits or services available pursuant to the "Trafficking Victims Protection Reauthorization Act of 2003," 22 U.S.C. § 7101 et seq.
- f. The Attorney General shall, through the Office of Victim-Witness Advocacy and in consultation with the Commissioner of Health and Senior Services, the Superintendent of State Police and representatives of providers of services to victims of human trafficking, to be designated by the Director of the Office of Victim-Witness Advocacy, coordinate the establishment of standard protocols for the provision of information and services to victims of human trafficking, including coordination of efforts with the appropriate federal authorities pursuant to the "Trafficking Victims Protection Reauthorization Act of 2003," 22 U.S.C. § 7101 et seq. and shall make such protocols available to victims upon request.

IX. STATEWIDE FORENSIC NURSE EXAMINER LEGISLATION

N.J.S.A. 52:4B-50. Findings, declarations relative to SANE program

The Legislature finds and declares that the Sexual Assault Nurse Examiner program, established pursuant to P.L.1997, c. 328, has been successful in ensuring more timely and accurate collection of forensic evidence for use in prosecuting suspected rapists and in creating a compassionate way to treat sexual assault victims, and it is important to establish the program throughout the State of New Jersey.

N.J.S.A. 52:4B-51. Statewide Sexual Assault Nurse Examiner program

The Attorney General shall establish a Statewide Sexual Assault Nurse Examiner program in the Department of Law and Public Safety.

Upon implementation of the certification process for a forensic sexual assault nurse examiner pursuant to section 5 of this act, the county prosecutor in each county shall appoint or designate a certified forensic sexual assault nurse examiner to serve as program coordinator for the program in the county in accordance with the provisions of this section.

- a. The county prosecutor may appoint an employee of the prosecutor's office who is a certified forensic sexual assault nurse examiner to serve as program coordinator to administer the program in that county.
- b. In a county where the county prosecutor does not appoint an employee of his office to serve as program coordinator, the county prosecutor shall designate a certified forensic sexual assault nurse examiner who is an employee of a licensed healthcare facility or a county rape care program (*now referred to as Sexual Violence Services Program) that is designated by the Division on Women in the Department of Children and Families to serve as the program coordinator. A person designated as a program coordinator pursuant to this subsection shall not be deemed an employee of the county prosecutor's office.

N.J.S.A. 52:4B-52. Duties of program coordinator; "rape care advocate" defined

The program coordinator shall:

- a. Coordinate the county Sexual Assault Nurse Examiner program in accordance with standard protocols for the provision of information and services to victims of sexual assault developed by the Attorney General pursuant to subsection d. of section 6 of P.L.1985, c. 404 (C.52:4B-44);
- b. Perform forensic sexual assault examinations on victims of sexual assault in accordance with the standards developed by the Attorney General and appropriate medical and nursing standards of care;

- c. Designate one or more licensed physicians or certified forensic sexual assault nurse examiners to perform forensic sexual assault examinations on victims of sexual assault in accordance with the standards developed by the Attorney General and appropriate medical and nursing standards of care;
- d. Develop and implement standardized guidelines for forensic sexual assault examinations performed by designated physicians or certified forensic sexual assault nurse examiners in the county;
- e. Develop and implement a standardized education and training program to provide instruction to members of the county Sexual Assault Response Team established pursuant to section 6 of this act which shall include, but not be limited to, instruction in the following areas:
 - (1) the importance of a coordinated, multi-disciplinary response to a report of sexual assault;
 - (2) the policies and procedures which govern the responsibilities of each team member;
 - (3) the psychological effects of sexual assault and rape trauma syndrome on the victim and the victim's family and friends;
 - (4) the collection, handling and documentation of forensic evidence; and
 - (5) confidentiality issues associated with the treatment of a victim of sexual assault and the investigation of a report of sexual assault;
- f. Establish, in cooperation with licensed healthcare facilities, private waiting rooms and areas designated for forensic sexual assault examinations and the provision of sexual violence services in the licensed healthcare facilities participating in the program;
- g. Develop, in cooperation with licensed healthcare facilities, protocols for the storage of forensic evidence;
- h. Provide appropriate services to victims of sexual assault, including the opportunity to tend to personal hygiene needs, obtain fresh clothing and speak with a rape care advocate (*now referred to as a Confidential Sexual Violence Advocate or "CSVA") prior to and during any medical procedure or law enforcement investigation, unless the victim requires immediate medical attention, as appropriate;
- i. Collaborate with law enforcement officials and the county sexual violence services program to ensure that the needs of victims of sexual assault are met in a compassionate manner;
- j. Participate in regular meetings of the Sexual Assault Nurse Examiner Program Coordinating Council established pursuant to section 7 of this act;
- k. Develop and implement procedures to ensure that victims of sexual assault are not charged any fee for services that are directly associated with forensic sexual assault examinations, including routine medical screening, medications for prophylaxis of sexually transmitted infections, pregnancy tests, emergency contraception, supplies, equipment and use of space.

As used in this section and section 6 [C.52:4B-54] of this act, “rape care advocate” means a victim counselor, as defined pursuant to section 3 of P.L.1987, c.169 (C.2A:84A-22.14), who specializes in the provision of rape care services.

N.J.S.A. 52:4B-53. Certification process for forensic sexual assault nurse examiners; qualifications

The Attorney General and the New Jersey Board of Nursing shall jointly establish a certification process for a forensic sexual assault nurse examiner.

- a. An applicant for certification as a forensic sexual assault nurse examiner shall be a registered professional nurse licensed in the State and in good standing with the New Jersey Board of Nursing, and shall have the following qualifications:
 - (1) A minimum of two years of current nursing experience as defined by regulation of the Attorney General pursuant to section 17 of this act;
 - (2) Certification verifying the completion of a forensic sexual assault nurse examiner training program that meets requirements established by the Attorney General and the New Jersey Board of Nursing; and
 - (3) Demonstrates clinical competence in performing a forensic sexual assault examination.
- b. The Attorney General and the New Jersey Board of Nursing shall certify an applicant who meets the requirements of subsection a. of this section as a certified forensic sexual assault nurse examiner.

X. SEXUAL ASSAULT RESPONSE TEAM LEGISLATION***N.J.S.A. 52:4B-54. Sexual Assault Response Team in each county***

- a. The county prosecutor's office in each county shall establish a Sexual Assault Response Team or shall enter into a collaborative agreement with another county to share the services of that county's response team. The response team shall be comprised of: a certified forensic sexual assault nurse examiner, a rape care advocate (*now referred to as a Confidential Sexual Violence Advocate or "CSVA) from the county program established, or designated by the Division on Women in the Department of Children and Families, as provided under section 3 of P.L.2001, c.81 (C.52:4B-51), and a law enforcement official. The response team shall:
 - (1) respond to a report of sexual assault at the request of a victim of sexual assault pursuant to guidelines established by the Attorney General pursuant to section 17 of this act; and
 - (2) provide treatment, counseling, legal and medical forensic services to a victim of sexual assault in accordance with the standard protocols developed by the Attorney General pursuant to subsection d. of section 6 of P.L.1985, c. 404 (C.52:4B-44).
- b. Each member of the response team shall complete the standardized education and training program developed by the program coordinator pursuant to subsection e. of P.L.2001, c.81 (C.52:4B-52).

XI. PROTECTION ORDERS FOR SEXUAL ASSAULT VICTIMS

NICOLE'S LAW LEGISLATION

Nicole's law allows for a Sex Offense Restraining Order (SORO) which prohibits contact with the victim or his/her family by the defendant. This order may be entered permanently upon conviction of a defendant.

N.J.S.A. 2C:14-14. Application for temporary protective order

- a.
 - (1) Any person alleging to be a victim of nonconsensual sexual contact, sexual penetration, or lewdness, or any attempt at such conduct, and who is not eligible for a restraining order as a "victim of domestic violence" as defined by the provisions of subsection d. of section 3 of P.L.1991, c.261 (C.2C:25-19), may, except as provided in subsection c. of this section, file an application with the Superior Court pursuant to the Rules of Court alleging the commission of such conduct or attempted conduct and seeking a temporary protective order.

N.J.S.A. 2C:14-12. Conditions placed upon release of certain defendants

- a. When a defendant charged with a sex offense is released from custody before trial on bail or personal recognizance, the court authorizing the release may, as a condition of release, issue an order prohibiting the defendant from having any contact with the victim including, but not limited to, restraining the defendant from entering the victim's residence, place of employment or business or school, and from harassing or stalking the victim or the victim's relatives in any way.
- b. The written court order releasing the defendant shall contain the court's directives specifically restricting the defendant's ability to have contact with the victim or the victim's friends, co-workers or relatives. The clerk of the court or other person designated by the court shall provide a copy of this order to the victim forthwith.
- c. The victim's location shall remain confidential and shall not appear on any documents or records to which the defendant has access.

N.J.S.A. 2C: 44-8. Convicted defendants, prior restrictions continued

When a defendant is found guilty of a sex offense, the court may, at the time of sentencing and in addition to any other disposition authorized by law, order the continuation of a prior order or condition of bail that restricts the defendant's contact with the victim, or enter an order imposing such restrictions at the time of sentencing.

In addition to restricting a defendant's contact with the victim, the court may enter an order:

- a. restraining the defendant from entering the residence, property, school, or place of employment of the victim or of other family or household members of the victim and requiring the defendant to stay away from any specified place that is named in the order and is frequented regularly by the victim or other family or household members;
- b. restraining the defendant from making contact with the plaintiff or others, including an order forbidding the defendant from personally or through an agent initiating any communication likely to cause annoyance or alarm including, but not limited to, personal, written, or telephone contact with the victim or other family members, or their employers, employees, or fellow workers, or others with whom communication would be likely to cause annoyance or alarm to the victim;
- c. prohibiting the defendant from stalking or following, or threatening to harm, to stalk or to follow, the complainant or any other person named in the order in a manner that, taken in the context of past actions of the defendant, would put the complainant in reasonable fear that the defendant would cause the death or injury of the complainant or any other person. Behavior prohibited under this act includes, but is not limited to, behavior prohibited under the provisions of P.L.1992, c.209 (C.2C:12-10);
- d. providing for any other appropriate restraints necessary to protect the victim.

(See also N.J.S.A. 2C 45-1 and 2; AOC Directive #01-10 and AOC Supplement to Directive #01-10.)

XII. SEXUAL ASSAULT SURVIVOR PROTECTION ACT (SASPA)

N.J.S.A. 2C:14-14. Application for temporary protective order

a.

- (1) Any person alleging to be a victim of nonconsensual sexual contact, sexual penetration, or lewdness, or any attempt at such conduct, and who is not eligible for a restraining order as a “victim of domestic violence” as defined by the provisions of subsection d. of section 3 of P.L.1991, c.261 (C.2C:25-19), may, except as provided in subsection b. of this section, file an application with the Superior Court pursuant to the Rules of Court alleging the commission of such conduct or attempted conduct and seeking a temporary protective order.

As used in this section and in sections 3, 4, and 8 of P.L.2015, c.147 (C.2C:14-15, C.2C:14-16, and C.2C:14-20):

“Sexual contact” means an intentional touching by the victim or actor, either directly or through clothing, of the victim’s or actor’s intimate parts for the purpose of degrading or humiliating the victim or sexually arousing or sexually gratifying the actor.

“Sexual penetration” means vaginal intercourse, cunnilingus, fellatio, or anal intercourse between persons or insertion of the hand, finger, or object into the anus or vagina either by the actor or upon the actor’s instruction.

“Lewdness” means the exposing of the genitals for the purpose of arousing or gratifying the sexual desire of the actor or of any other person.

“Intimate parts” means the following body parts: sexual organs, genital area, anal area, inner thigh, groin, buttock, or breast of a person.

- (2) Except as provided in subsection b. of this section, an application for relief under P.L.2015, c.147 (C.2C:14-13 et al.) may be filed by the alleged victim’s parent or guardian on behalf of the alleged victim in any case in which the alleged victim:
- (a) is less than 18 years of age; or
 - (b) has a developmental disability as defined in section 3 of P.L.1977, c.200 (C.5:5-44.4) or a mental disease or defect that renders the alleged victim temporarily or permanently incapable of understanding the nature of the alleged victim’s conduct, including, but not limited to, being incapable of providing consent.

b.

- (1) When it is alleged that nonconsensual sexual contact, sexual penetration, or lewdness, or any attempt at such conduct, has been committed by an unemancipated minor, an applicant seeking a protective order shall not proceed under the provisions of P.L.2015, c.147 (C.2C:14-13 et al.), but may seek a

protective order and other relief under the New Jersey Code of Juvenile Justice, P.L.1982, c.77 (C.2A:4A-20 et seq.) by filing a complaint pursuant to the provisions of section 11 of P.L.1982, c.77 (C.2A:4A-30).

- (2) When it is alleged that nonconsensual sexual contact, sexual penetration, or lewdness, or any attempt at such conduct, has been committed against an unemancipated minor by a parent, guardian, or other person having care, custody and control of that child as defined in N.J.S.9:6-2, an applicant seeking a protective order shall not proceed under the provisions of P.L.2015, c.147 (C.2C:14-13 et al.), but shall report the incident to the Division of Child Protection and Permanency in the Department of Children and Families for investigation and possible legal action by the division pursuant to R.S.9:6-1 et seq. or other applicable law, including, when appropriate, petitioning the Superior Court pursuant to P.L.1974, c.119 (C.9:6-8.21 et seq.) for a protective order and other relief on behalf of the applicant and the unemancipated minor.
- c.
- (1) An applicant may seek a protective order pursuant to P.L.2015, c.147 (C.2C:14-13 et al.) and the court may issue such an order regardless of whether criminal charges based on the incident were filed and regardless of the disposition of any such charges.
 - (2) The filing of an application pursuant to this section shall not prevent the filing of a criminal complaint, or the institution or maintenance of a criminal prosecution based on the same act.
- d. The court shall waive any requirement that the applicant's or alleged victim's place of residence appear on the application.
- e. An applicant may seek a protective order pursuant to P.L.2015, c.147 (C.2C:14-13 et al.) in a court having jurisdiction over the place where the alleged conduct or attempted conduct occurred, where the respondent resides, or where the alleged victim resides or is sheltered.
- f. No fees or other costs shall be assessed against an applicant for seeking a protective order pursuant to P.L.2015, c.147 (C.2C:14-13 et al.).

N.J.S.A. 2C:14-18. Contempt proceedings

- a. A respondent's violation of any protective order issued pursuant to P.L.2015, c.147 (C.2C:14-13 et al.) shall constitute an offense under subsection d. of N.J.S.2C:29-9 and each order shall so state. All contempt proceedings brought pursuant to subsection d. of N.J.S.2C:29-9 shall be subject to any rules or guidelines established by the Supreme Court to promote the prompt disposition of criminal matters.

- b. Where a victim alleges that a respondent has committed contempt of a protective order entered pursuant to the provisions of P.L.2015, c.147 (C.2C:14-13 et al.), but a law enforcement officer has found that the facts are insufficient to establish probable cause to arrest the respondent, the law enforcement officer shall advise the victim of the procedure for completing and signing a criminal complaint alleging a violation of subsection d. of N.J.S.2C:29-9 through the municipal court. Nothing in this section shall be construed to prevent the court from granting any other emergency relief it deems necessary.
- c. If a respondent is charged with a non-indictable offense pursuant to paragraph (2) of subsection d. of N.J.S.2C:29-9 as a result of a violation of a protective order entered pursuant to P.L.2015, c.147 (C.2C:14-13 et al.), the contempt proceedings for the non-indictable offense shall be heard in the Superior Court.

N.J.S.A. 2C:29-9. Contempt

- a. A person is guilty of a crime of the fourth degree if he purposely or knowingly disobeys a judicial order or protective order, pursuant to section 1 of P.L.1985, c.250 (C.2C:28-5.1), or hinders, obstructs, or impedes the effectuation of a judicial order or the exercise of jurisdiction over any person, thing, or controversy by a court, administrative body, or investigative entity.

b.

- (1) Except as provided in paragraph (2) of this subsection, a person is guilty of a crime of the fourth degree if that person purposely or knowingly violates any provision in an order entered under the provisions of the "Prevention of Domestic Violence Act of 1991," P.L.1991, c.261 (C.2C:25-17 et al.) or an order entered under the provisions of a substantially similar statute under the laws of another state or the United States when the conduct which constitutes the violation could also constitute a crime or a disorderly persons offense.

Orders entered pursuant to paragraphs (3), (4), (5), (8) and (9) of subsection b. of section 13 of P.L.1991, c.261 (C.2C:25-29) or substantially similar orders entered under the laws of another state or the United States shall be excluded from the provisions of this paragraph.

- (2) In all other cases a person is guilty of a disorderly persons offense if that person purposely or knowingly violates an order entered under the provisions of the "Prevention of Domestic Violence Act of 1991," P.L.1991, c.261 (C.2C:25-17 et al.) or an order entered under the provisions of a substantially similar statute under the laws of another state or the United States.

Orders entered pursuant to paragraphs (3), (4), (5), (8) and (9) of subsection b. of section 13 of P.L.1991, c.261 (C.2C:25-29) or substantially similar orders entered under the laws of another state or the United States shall be excluded from the

provisions of this paragraph under the laws of another state or the United States shall be excluded from the provisions of this paragraph.

- c. A person is guilty of a crime of the third degree if that person purposely or knowingly violates any provision in an order entered under the provisions of section 3 of P.L.1996, c.39 (C.2C:12-10.1) or section 2 of P.L.1999, c.47 (C.2C:12-10.2) or an order entered under the provisions of a substantially similar statute under the laws of another state or the United States when the conduct which constitutes the violation could also constitute a crime or a disorderly persons offense.
- d.
 - (1) Except as provided in paragraph (2) of this subsection, a person is guilty of a crime of the fourth degree if that person purposely or knowingly violates any provision in an order entered under the provisions of P.L.2015, c.147 (C.2C:14-13 et al.) or an order entered under the provisions of a substantially similar statute under the laws of another state or the United States when the conduct which constitutes the violation could also constitute a crime or a disorderly persons offense.
 - (2) In all other cases a person is guilty of a disorderly persons offense if that person purposely or knowingly violates an order entered under the provisions of P.L.2015, c.147 (C.2C:14-13 et al.) or an order entered under the provisions of a substantially similar statute under the laws of another state or the United States.

As used in this section, "state" means a state of the United States, the District of Columbia, Puerto Rico, the United States Virgin Islands, or any territory or insular possession subject to the jurisdiction of the United States. The term includes an Indian tribe or band, or Alaskan native village, which is recognized by a federal law or formally acknowledged by a state.

XIII. ATTORNEY GENERAL LAW ENFORCEMENT DIRECTIVE NO. 2011-1 - REVISION

Directive Revising Procedures for Retaining Sexual Assault Forensic Evidence (SAFE) “Hold” Kits and Extending the Time for Victims to Decide Whether to Report the Crime and Release Collected Forensic Evidence to Law Enforcement Authorities.

See next page.



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All County Prosecutors
Colonel Joseph R. Fuentes, Superintendent, New Jersey State Police
All County Sheriffs
All Law Enforcement Chief Executives

FROM: John J. Hoffman, Acting Attorney General

DATE: July 10, 2014

SUBJECT: Directive Revising Procedures for Retaining Sexual Assault Forensic Evidence (SAFE) "Hold" Kits and Extending the Time for Victims to Decide Whether to Report the Crime and Release Collected Forensic Evidence to Law Enforcement Authorities

1. Introduction and Background.

The Attorney General Standards for Providing Services to Victims of Sexual Assault (hereinafter: "Standards") define and safeguard the rights of sexual assault victims, including the right to a timely medical examination to identify injuries and collect forensic evidence. The Standards also recognize a victim's right to decide whether to report the crime to law enforcement authorities and whether forensic evidence collected by healthcare professionals will be released to police and/or prosecutors.¹ This Directive applies only in the limited circumstances in which a victim has yet to decide whether or not to report the crime to law enforcement.

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The information provided by the victim to a sexual assault nurse examiner or other healthcare professional conducting the examination does not constitute a report to law enforcement, and nothing in this Directive shall be construed in any way to affect the confidentiality of information provided by the victim to the nurse examiner or other healthcare professional as part of the examination process.



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Pursuant to the Standards, physical evidence collected during the medical examination process is placed in sexual assault forensic evidence (SAFE) kits. These kits are referred to as “hold” kits when the physical evidence has not yet been provided to police and/or prosecutors pending the victim’s decision to report the crime to law enforcement authorities. Standard No. 4 requires that such hold kits be kept for a minimum of 90 days to permit the victim to change her or his mind about reporting the crime and releasing the evidence to law enforcement. The Attorney General Guidelines for the Retention of Evidence² (hereinafter: Evidence Retention Guidelines) likewise require that SAFE hold kits be retained for a minimum of 90 days after collection.³

The Division of Criminal Justice recently conducted a survey of local evidence retention policies and practices across the State. The survey showed that at least seven county prosecutors require that SAFE hold kits be retained for longer than the 90-day minimum set forth in the current Standards and Evidence Retention Guidelines. Even in counties that have adopted a 90-day retention policy, the survey revealed that SAFE hold kits are not automatically destroyed at the expiration of the minimum retention period and often are kept for a longer period of time than the minimum retention period that had been explained to the victim at the time the evidence was collected.⁴

Retaining hold kits beyond the current 90-day minimum period is consistent with the best practices recommended by sexual assault victim advocates. For example, in a May 2013 report, “The Earthquake in Sexual Assault Response: Implementing VAWA Forensic Compliance,” the End Violence Against Women International organization reasoned that, “...it would defeat the purpose of the forensic compliance provisions if it [evidence] were not held long enough to give victims time to make a decision regarding criminal justice participation.”

The current statewide Standard acknowledges that sex crime victims may change their minds about whether to participate in a prosecution. Victims should be afforded more than 90 days to make

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The Evidence Retention Guidelines were promulgated pursuant to Attorney General Law Enforcement Directive No. 2011-1.

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Section 2(e) of the current Evidence Retention Guidelines provides that:

In cases where the victim has signed a waiver of prosecution, has not contacted the police/prosecutor’s office indicating a desire to pursue a prosecution, or has reported as a “Jane Doe” pursuant to the *Standards for Providing Services to Victims of Sexual Assault*, the evidence shall not be authorized for destruction for a minimum of 90 days from the date of the collection of said evidence.

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Standard No. 4 provides that, “[t]he victim will be apprised of county policy regarding time frames for the storage and possible destruction of evidence.”

that difficult decision before forensic evidence may be destroyed. In the event that a victim subsequently decides to report the crime to law enforcement and assist in the prosecution, prosecutors should have the flexibility to decide on a case-by-case basis whether to initiate a prosecution, considering all relevant circumstances, including the likelihood of obtaining a conviction, the interests of justice and public protection, and the rights of both the victim and the defendant(s). The option to prosecute a sex offender should not be foreclosed because relevant inculpatory or exculpatory evidence was destroyed based on the victim's initial reticence to report the crime to law enforcement.

Accordingly, both the Attorney General Standards and Evidence Retention Guidelines should be amended to afford victims more time to decide whether to report the crime to law enforcement. Specifically, the minimum period for retaining SAFE hold kits will be increased to 5 years from the date the evidence was collected, or, in the case of a minor victim, 5 years from the date on which the victim turns 18 years of age.

2. Specific Revisions to the Attorney General Standards for Providing Services to Victims of Sexual Assaults.

a. *Minimum retention period.*

The Standards hereby are amended to provide that where the crime has not been reported to law enforcement or the collected evidence has not otherwise been released by the victim to law enforcement, except as provided pursuant to section (b) of this section, the SAFE collection kit shall be retained for not less than 5 years, and where the victim is a minor, for not less than 5 years after the victim reaches the age of 18. Where, after expiration of the 5-year period, the prosecutor determines to destroy the kit, the prosecutor shall notify the Director of the Division of Criminal Justice, or his designee, to provide the Division the opportunity to take custody of the kit and assume responsibility for its continued retention.

b. *Consent to contact victim about evidence destruction.*

The healthcare provider conducting the examination shall ask the victim whether the victim wants to be notified at or near the expiration of the 5-year minimum retention period, and/or at any other time(s), and if so, the preferred method of contact to ensure confidentiality (e.g., by phone, regular mail, text/email, etc., with explicit instructions on how to ensure that no one other than the victim is alerted to the communication). If the victim at any time notifies the provider that she/he does not wish to receive further communications, the victim's decision to avoid further contact shall be respected. If the victim indicates that she or he wants to be notified prior to the destruction of evidence, notwithstanding any other provision of this Directive, the kit shall not be destroyed unless reasonable efforts have been made to contact the victim to determine whether the victim has changed her or his mind with respect to participating in a prosecution.

3. Specific Revisions to the Evidence Retention Guidelines.

Section 2(e) of the Evidence Retention Guidelines is hereby deleted and replaced with the following paragraphs:

In cases where a prosecution for sexual assault has not been initiated because the victim has signed a waiver of prosecution, has not contacted the police/prosecutor's office indicating a desire to pursue a prosecution, or has reported as a "Jane Doe" pursuant to the *Standards for Providing Services to Victims of Sexual Assault*, the evidence shall not be authorized for destruction for a minimum of 5 years from the date of the collection of the evidence, except that if the victim was a minor at the time of collection, a SAFE collection kit shall be retained for not less than 5 years after the victim reaches the age of 18. In addition, where the victim had indicated that she or he wants to be notified prior to the destruction of the evidence, such evidence shall not be authorized for destruction unless reasonable efforts have been made to notify the victim to provide the victim an opportunity to re-affirm that she or he does not want to participate in the prosecution.

Only the County Prosecutor or the Director of the Division of Criminal Justice, or their designees, may authorize the destruction of this evidence. Where, after the expiration of the 5-year period, the prosecutor determines to destroy the kit, the prosecutor first shall notify the Director of the Division of Criminal Justice, or his designee, to provide the Division the opportunity to take custody of the kit and assume responsibility for its continued retention. If the Director, or his designee, elects to take custody of the kit, the prosecutor shall arrange for its transfer to the Division along with information concerning the identity and contact information of the nurse examiner or other person who had been in contact with the victim. In addition, the prosecutor shall notify the nurse examiner or other person that the hold kit has been transferred to and will be retained by the Division of Criminal Justice in the event that the victim changes her or his mind with respect to participating in a prosecution.

4. Scope of Directive.

This Directive applies only to SAFE "hold" kits where the victim has not reported the crime to law enforcement authorities or otherwise authorized the release of the SAFE kit to law enforcement authorities. In cases where the crime has been reported by the victim and the kit has been released to law enforcement authorities, the evidence therein shall be maintained in accordance with the rules and procedures governing the retention of evidence in a criminal investigation and prosecution. No provision of this Directive shall be construed in any way to amend Section 2(d) of the Evidence Retention Guidelines, which requires indefinite retention of evidence where a DNA profile has been obtained and submitted to CODIS.

5. Prosecutors Authority to Extend the Evidence Retention Period.

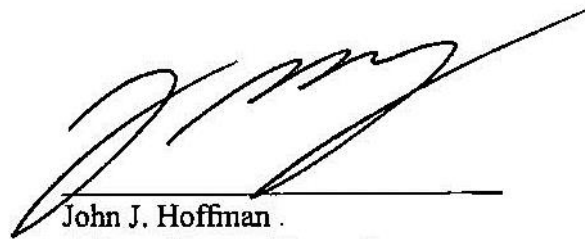
Nothing in this Directive shall be construed in any way to require or encourage a County Prosecutor to destroy a SAFE hold kit at the expiration of the minimum 5-year retention period. Nor shall this Directive be construed to limit the authority of a County Prosecutor to establish within his or her county a longer evidence retention period than that provided for SAFE hold kits under Section 3 of this Directive.

6. Effective Date and Retention of Evidence Collected Before Effective Date.

This Directive shall take effect immediately and remain in force and effect until revised or repealed by Order of the Attorney General. Any SAFE hold kit stored at the time this Directive takes effect shall not be authorized for destruction prior to the expiration of at least 5 years from the time the evidence was collected.

7. Questions.

Any questions concerning this Directive, the revisions to the Standards for Providing Services to Victims of Sexual Assault, and/or the revisions to Attorney General Law Enforcement Directive 2011-1 and the Evidence Retention Guidelines shall be addressed to the Director of the Division of Criminal Justice, or his designee.



John J. Hoffinan .
Acting Attorney General

DATED: July 10, 2014

XIV. FEEDBACK FORM

See next page.

Date: _____

FEEDBACK FORM

Your opinion is very important to us because it lets us know if your needs were met and how our services might be improved. This information is confidential. Please return this completed survey by using the reply envelope attached. Thank you for sharing your thoughts. It is our goal to provide the best services we can at such a difficult time.

Please select the answer that best describes your experience with the Confidential Sexual Violence Advocate, the Forensic Nurse Examiner, and/or the Law Enforcement Officer of the Sexual Assault Response Team.

<p>1. The options for reporting to Law Enforcement, obtaining the services of the local Sexual Violence program, and receiving a medical forensic examination and treatment were explained to me.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p> <hr/>
<p>2. I was treated with respect and fairness by (check all that apply):</p> <p>Law Enforcement: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Forensic Nursing: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Advocacy: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Comments:</p> <hr/>
<p>3. Was the level of privacy provided to you acceptable?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p> <hr/>
<p>4. My options regarding additional follow-up by law enforcement, the local sexual violence program, and medical care/treatment were explained to me.</p> <p>Law Enforcement: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Forensic Nursing: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Advocacy: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>Comments:</p> <hr/>

Additional Feedback:

If you have any additional feedback regarding your interaction with the members of the Sexual Assault Response Team (SART), please provide below.

Description	
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If you would like a member of the Statewide SART Advisory Board or the County SART Advisory Board to follow-up with you via phone or email regarding the above issues, please provide your contact information below.

Name	
Address	
Phone Number	
Cell Phone Number	
Email Address	
Preferred Method of Contact (Circle one)	Text Email

XV. COUNTY SART ACTIVATION MEMBER SURVEY

See next page

Date of SART Activation: _____

Activation Site: _____

County SART Activation Member Survey

A victim of sexual assault is eligible for Sexual Assault Response Team (SART) services when **(1) the victim is 13 years of age or older, (2) the assault occurred within the past five (5) days, and (3) the victim consents to a SART activation.** If a victim fits the above criteria and presents at a law enforcement agency, healthcare facility, or a sexual violence services organization, please complete the following survey about the SART activation. Your responses will be used to help evaluate and improve the SART program. Thank you for your valued input.

1. Which is your discipline? Law Enforcement Forensic Nursing Advocacy
2. Was the victim informed about the other Team Members and their services? Yes No
3. Which Team Members were activated? Law Enforcement Forensic Nursing Advocacy
4. Was the response time of the other activated Team Members within one hour? N/A Yes No

5. Was the working environment acceptable (e.g., condition of interview room, exam room, restroom, etc.)? Yes No

6. Was the level of privacy afforded to the victim acceptable? Yes No

7. Was the level of collaboration with the other activated Team Members acceptable?
 Law Enforcement: N/A Yes No

 Forensic Nursing: N/A Yes No

 Advocacy: N/A Yes No

8. Did the victim articulate any concerns or issues with the SART activation (e.g., conditions of site, members, response time, etc.)? Yes No

9. Additional comments and feedback about the SART activation:

Please return this survey to your County SART Coordinator within 72 hours

**XVI. SEXUAL ASSAULT RESPONSE TEAM (SART) ACTIVATION
PROCESS SCRIPT**

See next page.

SEXUAL ASSAULT RESPONSE TEAM (SART)
ACTIVATION PROCESS SCRIPT

1. Determine if this incident is a SART Activation.

Are you thirteen years of age or older?

Yes → Proceed to the next question.

No → Contact your Sex Crimes unit during business hours @ _____. During non-business hours contact the Communications Center @ _____.

Did the assault occur within 5 days?

Yes → It is a SART Activation. Proceed to the second step.

No → SART is not activated; however, the victim may be offered the services of a confidential sexual violence advocate and a complete law enforcement investigation.

2. Explain the availability and purpose of the SART program and explain the roles of the individual team members.

DESCRIPTION OF SART: Each County has a specially trained team of qualified professionals called the Sexual Assault Response Team. It consists of a law enforcement officer, a forensic nurse examiner and a confidential sexual violence advocate. All of these team members are available to you. I am going to tell you what each team member can do for you.

Forensic Nurse Examiner:

A forensic nurse examiner can perform a medical forensic examination. The nurse will explain your options and will answer any questions you may have about the examination, provide medication, address medical concerns, and make aftercare referrals.

Law Enforcement Officer:

A law enforcement officer can gather information about what you experienced. The law enforcement officer can take a report and start an investigation. The case will be strengthened when law enforcement obtains information in a timely manner.

Confidential Sexual Violence Advocate:

A confidential sexual violence advocate can provide information, counseling, and support. The advocate can discuss your options and provide a variety of resources. You have the right to speak to an advocate prior to having a medical exam or speaking to law enforcement.

3. Activate SART pursuant to the wishes of the victim.

All SART members are available to you. Do you want me to activate all team members? **YES** **NO**

Yes → Activate SART pursuant to your County's SART Activation Protocol.

No → Proceed to the next question.

Which team members do you want me to activate?

Law Enforcement **Forensic Nursing** **Advocacy** **None**

Selected → Activate the selected SART members pursuant to your County's SART Activation Protocol.

None Selected → Do not activate SART

XVII. STATEWIDE AND GOVERNMENTAL AGENCIES

NEW JERSEY STATE OFFICE OF VICTIM WITNESS ADVOCACY (SOVWA)

DIVISION OF CRIMINAL JUSTICE

25 Market Street, 4th Floor West

Mailing Address: P.O. Box 085

Trenton, New Jersey 08625

(609) 376-2438 – Victim Witness Coordinator

(609) 376-2444 – Deputy Attorney General

1-866-326-7206 – Hotline

NEW JERSEY DIVISION ON WOMEN

DEPARTMENT OF CHILDREN AND FAMILIES

50 E. State Street

P.O. Box 729

Trenton, New Jersey 08625

(609) 888-7164

NEW JERSEY COALITION AGAINST SEXUAL ASSAULT (NJCASA)

New Jersey Coalition Against Sexual Assault

3150 Brunswick Pike, Suite 160

Lawrenceville, NJ 08648

609-631-4450

DIVISION OF DISABILITY SERVICES

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

11A Quakerbridge Plaza, Mercerville NJ

Mailing Address: P.O. Box 705 Trenton NJ 08625

(888) 285-3036

1-888-285-3036 – Hotline

DIVISION OF DEVELOPMENTAL DISABILITIES

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

222 South Warren Street, Trenton, NJ 08608

Mailing Address: P.O. Box 726, Trenton, NJ 08625

(800) 832-9173

BUREAU OF GUARDIANSHIP SERVICES

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

P.O. Box 726

Trenton, NJ 08625-0726

(609) 631-2213

**ADULT PROTECTIVE SERVICES (APS)
DIVISION OF AGING SERVICES
NEW JERSEY DEPARTMENT OF HUMAN SERVICES**

P.O. Box 812
Trenton, New Jersey 08625-0812
(609) 588-6501

OFFICE OF THE STATE LONG TERM CARE OMBUDSMAN

P.O. Box 852
Trenton, NJ 08625-0852
(609) 943-4023

To file a complaint:
Toll Free Intake Line: (877) 582-6995
Email: ombudsman@ltco.nj.gov

**OFFICE OF THE PUBLIC GUARDIAN FOR ELDERLY ADULTS
DIVISION OF AGING SERVICES
NEW JERSEY DEPARTMENT OF HUMAN SERVICES**

P.O. Box 812
Trenton, NJ 08625-0812
(609) 588-6500

**CHILD PROTECTION AND PERMANENCY (CP&P)
DEPARTMENT OF CHILDREN AND FAMILIES**

P.O. Box 717
Trenton, NJ 08625-0717
1-877-543-7864 – Office of Advocacy
1-855-463-6323 – DCF Information Hotline

CHILD ABUSE HOTLINE

1-877-NJ-ABUSE (1-877-652-2873)
TTY 1-800-835-5510

XVIII. FORENSIC NURSING PROGRAMS BY COUNTY

<p>Atlantic County <i>Forensic Nursing Program</i> <i>Atlantic County Prosecutor's Office</i> 4997 Unami Blvd. Mays Landing, New Jersey 08330 Office: (609) 909-7867 (609) 601-9925 ext 1037</p>	<p>Bergen County <i>Forensic Nursing Program</i> <i>Bergen County Prosecutor's Office</i> 100 Eisenhower Drive Paramus, New Jersey 07652 Office: (201) 226-5635</p>
<p>Burlington County <i>Forensic Nursing Program</i> <i>Burlington County Prosecutor's Office</i> County Courts Complex 49 Rancocas Road P.O. Box 6000 Mount Holly, New Jersey 08060 Office: (609) 265-5894</p>	<p>Camden County <i>Forensic Nursing Program</i> <i>Camden County Prosecutor's Office</i> James J. Florio Center for Public Service 200 Federal Street Camden, New Jersey 08103 Office: (856) 365-3111</p>
<p>Cape May County <i>Forensic Nursing Program</i> <i>Cape May County Prosecutor's Office</i> 4 Moore Road, DN 110 Cape May Court House, New Jersey 08210 Office: (609) 463-5163</p>	<p>Cumberland County <i>Forensic Nursing Program</i> <i>Cumberland County Prosecutor's Office</i> 115 Vine Street Bridgeton, New Jersey 08302 Office: (856) 453-0486 ext 13618</p>
<p>Essex County <i>Forensic Nursing Program</i> <i>Essex County Prosecutor's Office</i> 185 Washington Street, 2nd Floor Newark, New Jersey 07102 Office: (973) 753-1156</p>	<p>Gloucester County <i>Forensic Nursing Program</i> <i>Gloucester County Prosecutor's Office</i> Justice Complex P.O. Box 623 Woodbury, New Jersey 08096 Office: (856) 384-5555</p>
<p>Hudson County <i>Forensic Nursing Program</i> <i>Hudson County Prosecutor's Office</i> SV Unit, Administration Bldg., 5th Floor 595 Newark Avenue Jersey City, New Jersey 07306 Office: (201) 795-6400, option 1, ext 6884</p>	<p>Hunterdon County <i>Forensic Nursing Program</i> <i>Hunterdon County Prosecutor's Office</i> Justice Complex 65 Park Avenue P.O. Box 756 Flemington, New Jersey 08822-0756 Office: (908) 788-1739</p>

<p>Mercer County <i>Forensic Nursing Program</i> <i>Mercer County Prosecutor's Office</i> 240 West State Street, 8th Floor P.O. Box 8068 Trenton, New Jersey 08650-0068 Office: (609) 989-6350</p>	<p>Middlesex County <i>Forensic Nursing Program</i> <i>Middlesex County Prosecutor's Office</i> Victim Advocacy Center 100 Bayard Street, 4th Floor New Brunswick, New Jersey 08901 Office: (732) 745-3338</p>
<p>Monmouth County <i>Forensic Nursing Program</i> <i>Monmouth County Prosecutor's Office</i> 132 Jerseyville Avenue Freehold, New Jersey 07728 Office: (732) 431-7160 ext 3570</p>	<p>Morris County <i>Forensic Nursing Program</i> <i>Morris County Prosecutor's Office</i> 10 Court Street P.O. Box 900 Morristown, New Jersey 07963-0900 Office: (973) 285-6367</p>
<p>Ocean County <i>Forensic Nursing Program</i> <i>Ocean County Prosecutor's Office</i> 119 Hooper Avenue P.O. Box 2191 Toms River, New Jersey 08754-2191 Office: (732) 831-7989</p>	<p>Passaic County <i>Forensic Nursing Program</i> <i>Passaic County Prosecutor's Office</i> 30 Kings Road Totowa, New Jersey 07512 Office: (973) 837-7652</p>
<p>Salem County <i>Forensic Nursing Program</i> <i>Salem County Prosecutor's Office</i> 87 Market Street P.O. Box 462 Salem, New Jersey 08079 Office: (856) 935-7510 ext 8124</p>	<p>Somerset County <i>Forensic Nursing Program</i> <i>Somerset County Prosecutor's Office</i> 40 North Bridge Street P.O. Box 3000 Somerville, New Jersey 08876 Office: (908) 575-3426</p>
<p>Sussex County <i>Forensic Nursing Program</i> <i>Newton Medical Center</i> 175 High Street Newton, New Jersey 07860 Office: (973) 579-8962</p>	<p>Union County <i>Forensic Nursing Program</i> <i>Union County Child Advocacy Center</i> 240 W. Jersey Street Elizabeth, New Jersey 07207 Office: (908) 558-6948</p>
<p>Warren County <i>Forensic Nursing Program</i> <i>Warren County Prosecutor's Office</i> 199 Hardwick Street Mailing: 413 Second Street Belvidere, New Jersey 07823 (908) 475-6049</p>	

XIX. VICTIM WITNESS ADVOCACY OFFICES BY COUNTY

<p>Atlantic County <i>Office of Victim-Witness Advocacy</i> <i>Atlantic County Prosecutor's Office</i> 4997 Unami Boulevard, Suite 2 P.O. Box 2002 Mays Landing, New Jersey 08330-2002 Office: (609) 909-7860</p>	<p>Bergen County <i>Office of Victim-Witness Advocacy</i> <i>Bergen County Prosecutor's Office</i> Bergen County Justice Center, Room 155 Hackensack, New Jersey 07601-7042 Office: (201) 646-2057</p>
<p>Burlington County <i>Office of Victim-Witness Advocacy</i> <i>Burlington County Prosecutor's Office</i> 49 Rancocas Road, 2nd Floor P.O. Box 6000 Mt. Holly, New Jersey 08060-6000 Office: (609) 265-5048</p>	<p>Camden County <i>Office of Victim-Witness Advocacy</i> <i>Camden County Prosecutor's Office</i> James J. Florio Center for Public Service 200 Federal Street Camden, New Jersey 08103 Office: (856) 225-8440</p>
<p>Cape May County <i>Office of Victim-Witness Advocacy</i> <i>Cape May County Prosecutor's Office</i> 4 Moore Road, DN 110 Cape May Court House, New Jersey 08210-1654 Office: (609) 465-3443</p>	<p>Cumberland County <i>Office of Victim-Witness Advocacy</i> <i>Cumberland County Prosecutor's Office</i> 115 Vine Street Bridgeton, New Jersey 08302 Office: (856) 453-0486 ext 2</p>
<p>Essex County <i>Office of Victim-Witness Advocacy</i> <i>Essex County Prosecutor's Office</i> Veterans Court House 50 West Market Street - 3rd Floor Newark, New Jersey 07102-1607 Office: (973) 621-4687</p>	<p>Gloucester County <i>Office of Victim-Witness Advocacy</i> <i>Gloucester County Prosecutor's Office</i> Justice Complex 70 Hunter Street P.O. Box 623 Woodbury, New Jersey 08096- Office: (856) 384-5557</p>
<p>Hudson County <i>Office of Victim-Witness Advocacy</i> <i>Hudson County Prosecutor's Office</i> Administration Building, 6th Floor 595 Newark Avenue Jersey City, New Jersey 07306-2394 Office: (201) 795-6508</p>	<p>Hunterdon County <i>Office of Victim-Witness Advocacy</i> <i>Hunterdon County Prosecutor's Office</i> 65 Park Avenue P.O. Box 756 Flemington, New Jersey 08822-0756 Office: (908) 788-1403</p>

<p>Mercer County <i>Office of Victim-Witness Advocacy</i> <i>Mercer County Prosecutor's Office</i> 240 West State Street, 8th Floor P.O. Box 8068 Trenton, New Jersey 08650-0068 Office: (609) 989-6428</p>	<p>Middlesex County <i>Office of Victim-Witness Advocacy</i> <i>Middlesex County Prosecutor's Office</i> 25 Kirkpatrick Street, 3rd Floor New Brunswick, New Jersey 08901-1968 Office: (732) 745-3394</p>
<p>Monmouth County <i>Office of Victim-Witness Advocacy</i> <i>Monmouth County Prosecutor's Office</i> 132 Jerseyville Avenue Freehold, New Jersey 07728-2374 Office: (732) 431-6459</p>	<p>Morris County <i>Office of Victim-Witness Advocacy</i> <i>Morris County Prosecutor's Office</i> 10 Court Street P.O. Box 900 Morristown, New Jersey 07963-0900 Office: (973) 285-6200 ext 6</p>
<p>Ocean County <i>Office of Victim-Witness Advocacy</i> <i>Ocean County Prosecutor's Office</i> 119 Hooper Avenue P.O. Box 2191 Toms River, New Jersey 08754-2191 Office: (732) 929-2195</p>	<p>Passaic County <i>Office of Victim-Witness Advocacy</i> <i>Passaic County Prosecutor's Office</i> 401 Grand Street, 6th Floor Paterson, New Jersey 07505-2027 Office: (973) 881-4887</p>
<p>Salem County <i>Office of Victim-Witness Advocacy</i> <i>Salem County Prosecutor's Office</i> Fenwick Building, 2nd Floor 87 Market Street P.O. Box 462 Salem, New Jersey 08079-0462 Office: (856) 935-7510 ext 8630</p>	<p>Somerset County <i>Office of Victim-Witness Advocacy</i> <i>Somerset County Prosecutor's Office</i> 40 North Bridge Street P.O. Box 3000 Somerville, New Jersey 08876-2111 Office: (908) 575-3359</p>
<p>Sussex County <i>Office of Victim-Witness Advocacy</i> <i>Sussex County Prosecutor's Office</i> 19-21 High Street Newton, New Jersey 07860-1725 Office: (973) 383-1570 ext 4521</p>	<p>Union County <i>Office of Victim-Witness Advocacy</i> <i>Union County Prosecutor's Office</i> 32 Rahway Avenue, 1st Floor Elizabeth, New Jersey 07202-2115 Office: (908) 527-4596</p>
<p>Warren County <i>Office of Victim-Witness Advocacy</i> <i>Warren County Prosecutor's Office</i> Court House, 413 Second St. Belvidere, New Jersey 07823-1528 Office: (908) 475-6284</p>	

XX. CONFIDENTIAL SEXUAL VIOLENCE SERVICES
ORGANIZATIONS BY COUNTY

<p>ATLANTIC COUNTY <i>Avanzar</i> 1201 New Road Linwood, New Jersey 08221 24 Hr. Hotline: (800) 286-4148 Text Line: (609) 569-5437 Office: (609) 601-9925</p>	<p>BERGEN COUNTY <i>HealingSpace</i> YWCA of Bergen County 215 State Street, Suite 207 Hackensack, New Jersey 07601 24 Hr. Hotline: (201) 487-2227 Office: (201) 881-1700</p>
<p>BURLINGTON COUNTY <i>CONTACT of Burlington County</i> P.O. Box 333 Moorestown, New Jersey 08057 24 Hr. Hotline: (856) 234-8888 Office: (856) 234-5484</p>	<p>CAMDEN COUNTY <i>Services Empowering Rights of Victims (SERV) – Center for Family Services, Inc.</i> 584 Benson Street Camden, New Jersey 08103 24 Hr. Hotline: 1-866-295-SERV [7378] Office: (856) 964-1990 ext 232</p>
<p>CAPE MAY COUNTY <i>C.A.R.A. Inc.</i> P.O. Box 774 Cape May Court House, New Jersey 08210 24 Hr. Hotline: 1-877-294-CARA [2272] TTY: (609) 463-0818 Office: (609) 522-6489</p>	<p>CUMBERLAND COUNTY <i>Services Empowering Rights of Victims (SERV) – Center for Family Services, Inc.</i> 3600 East Landis Avenue, Unit 24 Vineland, New Jersey 08361 24 Hr. Hotline: 1-800-225-0196 Office: (856) 696-2032</p>
<p>ESSEX COUNTY <i>Family Service League / SAVE of Essex County</i> 60 South Fullerton Avenue, Suite 109 Montclair, New Jersey 07042 24 Hr. Hotline: 1-877-733-CARE [2273] Office: (973) 746-0800</p>	<p>GLOUCESTER COUNTY <i>Services Empowering Rights of Victims (SERV) – Center for Family Services, Inc.</i> 584 Benson Street Camden, New Jersey 08103 24 Hr. Hotline: 1-866-295-SERV [7378] Office: (856) 881-4034</p>
<p>HUDSON COUNTY <i>Hudson Speaks</i> 179 Palisades Avenue Jersey City, New Jersey 07306 24 Hr. Hotline: (201) 795-5757 Office: (201) 795-8741</p>	<p>HUNTERDON COUNTY <i>SAFE in Hunterdon</i> 47 E. Main Street Flemington, New Jersey 08822 24 Hr. Hotline: 1-888-988-4032 Local Hotline: (908) 788-4044 Text: (908) 455-2927 Office: (908) 788-7666</p>

<p>MERCER COUNTY <i>Womanspace, Inc.</i> 1530 Brunswick Avenue Lawrenceville, New Jersey 08648 Statewide Hotline: 1-800-572-SAFE [7233] 24 Hr. Hotline: (609) 394-9000 Text: (609) 619-1888 Office: (609) 394-0136</p>	<p>MIDDLESEX COUNTY <i>Middlesex County Center for Empowerment</i> 29 Oakwood Avenue Edison, New Jersey 08837 24 Hr. Hotline: 1-877-665-7273 Office: (732) 321-1189</p>
<p>MONMOUTH COUNTY <i>180 Turning Lives Around</i> One Bethany Road, Building 3, Suite 42 Hazlet, New Jersey 07730 24 Hr. Hotline: 1-888-264-7273 Text: (732) 977-2832 (Mon-Fri 9am-5pm) and (732) 977-2766 (nights, weekends, holidays) Office: (732) 264-7273</p>	<p>MORRIS COUNTY <i>Morris CARES</i> 95 Mt. Kemble Avenue ABH Box #52 Morristown, New Jersey 07960 24 Hr. Hotline: (973) 829-0587 Office: (973) 971-4754</p>
<p>OCEAN COUNTY <i>Rape Crisis Services – Long Beach Island Community Center</i> 4700 Long Beach Boulevard Long Beach Township, New Jersey 08008 24 Hr. Hotline: (609) 494-1090 Office: (609) 494-1554</p>	<p>PASSAIC COUNTY <i>Passaic County Women’s Center</i> 1027 Madison Avenue Paterson, New Jersey 07501 24 Hr. Hotline: (973) 881-1450 TTY: (973) 993- 0183 or 993-0186 Office: (973) 881-0725</p>
<p>SALEM COUNTY <i>Salem County Women’s Services – Sexual Assault/Rape Crisis</i> P.O. Box 125 Salem, New Jersey 08079-0125 24 Hr. Hotline: (856) 935-6655 Toll free: 1-888-632-9511 TTY: (856) 935-7118 Office: (856) 935-6655</p>	<p>SOMERSET COUNTY <i>Zufall Health Center</i> 71 Fourth Street Somerville, New Jersey 08876 24 Hr. Hotline: (908) 526-7444 TTY: (908) 809-1597 Office: (908) 526-2335 ext 124</p>
<p>SUSSEX COUNTY <i>Domestic Abuse and Sexual Assault Intervention (DASI)</i> P.O. Box 805 Newton, New Jersey 07860 24 Hr. Hotline: (973) 875-1211 TTY: (973) 875-6369 Text: (973) 222-2593 Office: (973) 300-5609</p>	<p>UNION COUNTY <i>Union County Rape Crisis Center</i> 300 North Avenue East Westfield, New Jersey 07090 24 Hr. Hotline: (908) 233-7273 TTY: (908) 232-1435 Office: (908) 233-7273 ext 1</p>

<p>WARREN COUNTY <i>Domestic Abuse & Sexual Assault Crisis Center</i> <i>(DASACC)</i> Georgette Molloy Center, 29c Broad Street P.O. Box 88 Washington, New Jersey 07882-0088 24-Hr. Hotline: (908) 453-4181 Office: (908) 453-4121 ext 500</p>	
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