INVESTIGATION OF RAPES AND SEX OFFENSES

FC No.: 616
Date: 03-28-18

If a provision of a regulation, departmental directive, or rule conflicts with a provision of the contract, the contract prevails except where the contract provision conflicts with State law or the Police Collective Bargaining Law. (FOP Contract, Article 61)

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I. Policy

The investigation of rape and sex offenses will be a coordinated effort among police investigators, victim outreach programs, and social support systems. Refer to FC 611, “Follow-up Investigation Responsibility,” for investigative responsibilities of rapes and sex offenses.

II. Definitions

A. Physical Evidence Recovery Kit (PERK) — A package of items used by medical personnel for gathering and preserving physical evidence following an allegation of sexual assault.

B. Sexual Assault Forensic Examination (SAFE) — A forensic examination conducted by specially trained nurses or physician’s assistants.

C. Sexual Assault Nurse Examiner (SANE) or Forensic Nurse Examiner (FNE) - Forensic medical professionals who conduct sexual assault forensic examinations to obtain forensic evidence for a physical evidence recovery kit.

III. Initial Investigation

A. Welfare of the Victim

The officer’s first responsibility is the welfare of the victim. When applicable, the officer must administer first aid and/or call for an ambulance.

1. If the victim has sustained injuries requiring immediate treatment, the officer will direct transportation to the nearest hospital.

2. In non-emergency situations, if it is necessary to transport the victim to the hospital prior to the investigator’s arrival, advise the victim to take a change of clothing, if available.

3. The victim has the right to choose any hospital within Montgomery County. However, Shady Grove Medical Center (SGMC) is currently best equipped to conduct a Sexual Assault Forensic Examination (SAFE).

4. The victim has the right to have the SAFE conducted at another hospital or by the victim’s personal physician. In these situations, the Special Victims Investigations Division will provide a Physical Evidence Recovery Kit (PERK) to the hospital/doctor/nurse handling the SAFE. The
investigator will retrieve the aforementioned PERK as soon as possible and ensure the PERK is tracked and entered into the appropriate evidence tracking system.

5. The victim has the right to refuse medical treatment.

B. Victims have a right to have a Jane/John Doe PERK performed at a hospital without initiating a police investigation. If the victim elects this option while a patrol officer and/or SVID investigator is on scene:

1. The officer will initiate the appropriate event report (2948/2949, etc.) and document that the victim does not want to proceed with an investigation at this time. The victim will be listed as DOE, Jane or John.

2. If the victim requests that the incident be documented in a police report, but no further investigation or action taken, officers will generate an event report (02xx, 17xx, etc.) and note in the narrative that the victim does not wish to have any investigation initiated.

3. The hospital will be provided with the CR number.

4. The hospital will provide the PERK to SVID.

5. In the event the victim later changes his/her mind and wishes to proceed with a police investigation, the victim will be instructed to contact SVID, at which point the assigned SVID investigator will contact the local hospital for a copy of the SAFE report and begin the investigation under the original case number.

C. Protection of the Crime Scene

Everything at or near the crime scene is potential evidence and must be preserved. Unless disruption is necessary to assist the injured victim, the crime scene must remain secure. All unauthorized persons, including police officers not assigned to the case, must be barred from the scene.

1. Responsibility for the protection of the crime scene rests and remains with the first officers on the scene until the arrival of the criminal investigator.

2. The victim is the primary crime scene. Encourage the victim not to bathe, change clothing, or use bathroom facilities.

3. Record the time of arrival, observations made at the scene, names of all persons on the scene, and location of initial contact with the victim.

4. Record all spontaneous statements made by the victim, as well as the victim’s physical condition, demeanor, and the condition of the victim’s clothing.

5. Have the victim indicate in what areas of the scene the assault(s) took place and items or areas possibly handled by the suspect.

6. Obtain as detailed a description as possible of the suspect and place a radio lookout if an immediate apprehension is possible. If an immediate apprehension is made:
   a. Do not let the suspect bathe, change clothing, or use bathroom facilities.
   b. Record spontaneous statements made by the suspect.
   c. Record the physical condition of the suspect, condition of the suspect’s clothing, suspect’s demeanor, and location of initial contact with the suspect.

7. Officers wearing body worn cameras (BWC’s) will follow the current MCPD policy and training protocol regarding recording interviews with a victim of a rape/sex offense.

8. If the crime occurred inside a vehicle, preserve it for complete processing (photographing, recovery of latent prints, hair, fibers, DNA, and body fluids).

9. Identify any witnesses and record their names, addresses, and telephone numbers; attempt to detain the witnesses at the scene until the arrival of the investigator.

10. Do not conduct an in-depth interview of the victim if the crime is a first-degree rape, second-degree rape, or third-degree sex offense. Ascertain sufficient information to classify the offense and immediately notify a criminal investigator.

11. If applicable, yield responsibility for the investigation to the criminal investigators upon their arrival and continue to assist as necessary.
D. Except in cases of fourth degree sex offenses, all items of clothing worn at the time of the assault shall be seized. If a SAFE exam is completed at the SGMC, normally the SAFE nurse will collect, package, seal, and label the victim’s clothing. If this is not done by the SAFE nurse, the investigating officer will ensure that each item is packaged in separate paper bags, and labeled appropriately to indicate chain of custody (date, time, initials of collector, name, and DOB of victim).

E. In the case of first degree rape, if an on-view arrest is made, the criminal investigator in charge of the investigation will notify the State’s Attorney’s Special Victims Division Team Leader.

IV. Sexual Assault Response Team (SART)

A. The SART is composed of a criminal investigator, a professional counselor, and/or a trained volunteer from the Victim Assistance and Sexual Assault Program (VASAP), an outreach program of the Montgomery County Department of Health and Human Services.

B. Notification Procedure
1. When notified of a rape or sexual assault that meets the mandatory response criteria in FC 611, “Follow-up Investigation Responsibilities,” the responding investigator will, prior to the completion of the police interview, ensure that the on-call SART/VASAP counselor or volunteer is notified and asked to respond to the victim’s location. Once the police interview is completed, to include off-site travel to isolated scenes, suspects, and/or witnesses, the victim will be referred immediately to the VASAP volunteer. Nothing precludes earlier activation of VASAP at the discretion of the investigator.
2. The VASAP can be contacted between 0900 and 1700 hours at (240) 777-1355. After hours, VASAP can be contacted at (301) 315-4000, an afterhours hotline. These numbers will be used regardless of the victim’s age.
3. A responding volunteer VASAP worker’s identifying information will not be captured in the initial report.
4. If the victim reports the offense to the VASAP:
   a. A counselor will contact the SVID investigator-who will assume responsibility for securing evidence and obtaining a statement from the victim.
   b. A counselor/volunteer will accompany the victim throughout the investigative process if requested by the victim or parent/guardian of a juvenile.
   c. The VASAP staff will encourage the victim to initiate a police report.

C. If the victim or parent/guardian of a juvenile requests, the VASAP counselor or volunteer will attend the medical examination.

D. The VASAP counselor or volunteer will advise the victim and family or friends present of the support services available. The counselor or volunteer will also work with the criminal investigator to keep the victim informed of all developments in subsequent judicial proceedings.

E. Sexual assault cases originating at the Family Justice Center (FJC) will be handled as follows:
1. Sexual assault cases with a domestic violence component will be initially handled by the Victim Advocate at the FJC, who will coordinate with VASAP for further outreach and services.
2. Elder/Vulnerable Adult sexual assault cases will be initially handled by the Victim Advocate at the FJC who will ensure VASAP is contacted. MCPD investigators will coordinate with Adult Protective Services and/or other responsible programs.

F. Investigating officers may refer adult victims of fourth degree sex offenses to the VASAP for follow-up counseling.
V. **CALEA Standards:** Chapters: 1, 41, 42, 55, 83, 84

VI. **Proponent Unit:** Special Victims Investigations Division

VII. **Cancellation**

This directive cancels Function Code 616, effective date 02-11-04, and Headquarters Memorandum 04-13.

[Signature]

J. Thomas Manger
Chief of Police