



Investigating Sexual Assault:

A Community Response to Victim Survival

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Psychological Impact on Victims

Feelings Frequently Felt by Rape Victims

Victims usually have two styles of behavioral reactions:

Expressed: There is fear, anxiety, anger, crying, tension, nervousness, restlessness, and hysteria

Controlled: Victims may mask their feelings; appear calm, subdued and quiet.

Both of these styles indicate that the victim is in a state of shock. The following feelings are usually felt by all rape victims at some point in their healing process. These feelings may occur at any time and often come and go more than once after the incident:

Anger:

- Toward self
- Toward assailant
- Toward men or women in general, especially if they resemble the rapist

Anxiety:

- Shaking
- Nightmares
- Difficulty sleeping or sleeping all the time

Concern for Rapist:

- What will happen to the offender if s/he reports
- Will the rapist get psychiatric help?

Embarrassment:

- Embarrassed to discuss details
- Embarrassed about her/his body
- Much difficulty during the medical exam

Fear of the Rapist:

- Fear of death
- Fear of the rapist returning again

Guilt:

- Feelings of shame, as though s/he provoked the rape
- Feeling s/he is to blame for assault

Loss of Control:

- Unsure about self of actions
- Even very small decisions seem monumental

Shame:

- Destruction of self-esteem, self-worth, self-respect
- Ashamed at having to perform a sexual act in order to stay alive

Stupidity:

- Feels stupid for being too trusting
- Feels stupid for engaging in any risk-taking behaviors
- Constantly reminds self of what s/he “should or shouldn’t have” done

Vulnerability:

- Feels paranoid
- General fear of people
- Intense heightened awareness of environment

Acknowledging or recognizing these feelings can be reassuring to the victim. It may also be helpful to let the victim know that all of these feelings are a normal part of the healing process. For help in dealing with these responses, see “*Tips for Officers*”.

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NEUROBIOLOGY OF TRAUMA

Neurobiology is the study of [cells](#) of the [nervous system](#) and the organization of these cells into functional [circuits](#) that process information and mediate behavior. It is a sub-discipline of both [biology](#) and [neuroscience](#).

Trauma is a single experience, or an enduring or repeating event or events, that completely overwhelm the individual's ability to cope or integrate the ideas and [emotions](#) involved with that experience. The sense of being overwhelmed can be delayed by weeks, years, even decades, as the person struggles to cope with the immediate circumstances. Trauma can be caused by a wide variety of events, but there are a few common aspects. There is frequently a violation of the person's familiar ideas about the world and of their [human rights](#), putting the person in a state of extreme [confusion](#) and insecurity. This is also seen when people or institutions depended on for survival violate or [betray](#) or disillusion the person in some unforeseen way.

QUESTION: WHY IS IT IMPORTANT FOR INVESTIGATORS TO HAVE A WORKING KNOWLEDGE OF THE NEUROBIOLOGY OF TRAUMA?

ANSWER: TO UNDERSTAND HOW AND WHY VICTIMS AND WITNESS PROVIDE INFORMATION POST TRAUMATIC EVENT!

Traumatic event occurs
Hormonal cascade is triggered
Evolutionary survival responses engage
Physical and psychological reactions begin

Adrenaline/Epinephrine: is secreted by nerve endings and increases the heart rate, opens airways to improve oxygen intake, dilates pupils, cause auditory exclusion and increases blood flow to muscles when a person is scared, excited or under stress. Think OIS, pursuits. This is the hormone responsible for what is known as the "**Fight or Flight**" response.

Oxytocin: is a hormone released from the blood stream and nerve centers inside the brain. It is an endogenous opioid that controls pain and overwhelming emotions and is known to have an amnesia effect. It is the hormone that triggers labor and creates bonding, think childbirth/lactation. It lowers blood pressure and other stress-related responses. '**Tend & befriend**'.

Testosterone: is secreted from the testes, ovaries and the adrenal glands. In conditions of stress it increases rates of blood circulation, breathing and carbohydrate metabolism. This prepares muscles for exertion. It is known as the fight hormone. Both men and women produce and secrete testosterone in trauma situations. '**Stand and fight**'.

Reasons for Non-Reporting, Delayed Reporting, and Withdrawal of Complaints

- May fail to label coercive sex as sexual assault
- Failure to identify acquaintance rape as rape
- Fear that no one will believe her; lack of support
- Fear of being blamed for the assault
- Concern that she will not be treated fairly
- Unable to tell the whole story to the police
- Fear she will be blamed due to use of alcohol or drugs
- Fear of family and others knowing
- Fear of her name being made public by the news media
- Fear that the details of her life will be known
- Only came forward because of pressure from others, not of her own free will
- Fear of how her case may be handled by the court system
- Frustration with length of time court cases can take (backlog and continuances)
- Lack of understanding or knowledge about the legal system
- Fear of the police
- Wanting to put it all behind her; belief that the situation will go away if she ends the process
- Threats by offender, offender's family, or friends of offender
- Fear of retaliation
- Emotional attachment to offender; fear of what will happen to the offender or not wanting to get him in trouble
- In incest cases, the victim may be concerned about the family being broken up

Interviewing the Victim – Do's and Don'ts

What to Say to a Rape Survivor

Studies estimate that as many as one in three women may be sexually assaulted in her lifetime. As many as one in six men may be survivors of sexual violence. Many survivors report that a supportive reaction from the person to whom they first disclose the story of their abuse can be a vital element in their healing process, regardless of the eventual outcome of the disclosure. A negative or insensitive reaction can compound the damage of the victimization and have an adverse effect on the healing process. Sometimes it can be hard to know what to say to someone who has been the victim of a sexual assault. It can be hard to find the right words to express caring and empathy, especially if you have multiple priorities and duties as an officer responding to the scene of the crime, or if you are speaking with someone in the crowded lobby of a law enforcement office on a busy night.

Here are some guidelines to help facilitate communication and healing with someone who was raped. Think of it as basic first aid.

DO:

- 1. Communicate these points:**
 - a. "I'm glad you survived."
 - b. "It's not your fault."
 - c. "I'm sorry that it happened."
 - d. "You did the best you could."
- 2. Be a good listener.** This may mean finding a quieter place to talk, and letting someone explain what happened at her own pace and in her own terms, if it is not an emergency.
- 3. Give her/him as much control as you can over the situation during the disclosure.** Ask her how she wants to be treated, especially when doing anything that may violate her personal space, for example:
 - a. "What would you like me to call you?"
 - b. "Where would you be comfortable talking?"
 - c. "Where would you like to sit?"
 - d. "Would you like me to come with you?"
 - e. "Would it be okay if I...?"
- 4. Explain why you have to ask embarrassing and difficult questions.**
5. If you are involved in questioning the survivor about the sexual assault, ask questions like, "Did he put *his* penis in *your* mouth?", and not "Did you put *your* mouth on *his* penis?"
6. Inform her/him of other services that are available in the community – e.g. advocacy programs, social services, Salvation Army. Assist her in getting the help

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she wants or needs. This may mean providing phone numbers, information, transportation, etc.

7. Remember that it is essential for a rape survivor to regain control of her life and that she must feel that she is able to make her own decisions. It is important for you to **allow her the time and space to make decisions, and then support them even if you don't agree with the decisions she has made.** This might mean waiting before you proceed with an investigation, or letting her have some time to think it over. Remember that she may have to testify in court about what happened to her and that's not a simple or easy thing for a rape survivor to do in our society.
8. If she feels guilty for not fighting back, **tell her that no matter what she did when she was raped she acted in the best manner she could.** Fear often paralyzes people. If she "cooperated" or submitted to an assault, that does not make her a willing participant. Tell her you are glad she survived, and submitting to an assault is a form of self-defense too.
9. Tell her that you do not believe it was her fault. No one deserves to be raped. This is especially important in cases of acquaintance rape. Survivors place even more blame on themselves than society does, and a non-judgmental, supportive reaction from a role model, like a police officer, can have a positive effect as women (and men) later work through issues of self-blame.

DON'T

1. Ask **why** questions
 - a. "Why didn't you scream?"
 - b. "Why did you go up in to his room?"(Remember every time you have a "why" question, there is another way to ask it, and it is okay to explain your reason for needing the information. "Why" questions always feel blaming, even if they are not meant that way.)
2. **Give advice, or try to tell the survivor what she (or he) must do.**
3. **Tell the survivor what you would have done.**
4. **Ask her if she did anything to "lead him on."**
5. **Ask her what she was wearing without explaining why you need to know.** Tell her that it doesn't matter what she wore, she still did not deserve to be raped.
6. **Blame the victim.**
7. **Imply that it wasn't a "real" rape because she knew the man who assaulted her.**

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Federal Study Finds Two Thirds of Battered Women Also Raped

Prevalence

- Over two-thirds (68%) of women physically assaulted by an intimate partner had been sexually assaulted by their partner
- Almost 80% reported more than one incident of forced sex
- Most of the women did not report the assault to law enforcement or seek assistance—6% contacted police after the first rape and 8 % applied for a protection order

Reporting Can Protect Victims

- *Women reporting to law enforcement and the court were less likely to be re-victimized*
- 59 % of the women who contacted law enforcement after the first rape were 59 % less likely to be raped by the partner again, *whether or not the abuser was arrested*
- 70 % of the women who applied for a protection order after the first rape were less likely to be raped again by the abuser
- More likely to have had their abusers harass them at work
- More likely to have death threats

Effects of Sexual Assault on Victims and Their Children

- Women who had been sexually assaulted by intimate partners have:
 - Worse mental and physical health than women who had been physically but not sexually abused
 - More post-traumatic stress disorder (PTSD) symptoms
 - More pregnancies resulting from rape
 - More sexually transmitted diseases.
- 27 % of the women surveyed began or increased their use of alcohol, illicit drugs (usually cocaine), or nicotine after they were sexually assaulted by an intimate partner.
- Almost 90 percent of children of women in the study who were physically assaulted or both physically and sexually assaulted were exposed to these incidents against their mothers.
- By the age of 3, 64 % of the children had witnessed the abuse; 30 percent of them received counseling.
- Older children (aged 12 to 18 years) of sexually abused mothers showed more depression and had appreciably more behavioral problems than children of mothers who had not been sexually assaulted.

Taylor, Lauren R. w/ Gaskin-Laniyan, Ph.D, Nicole “[Sexual Assault in Abusive Relationships.](#)” National Institute of Justice, No. 256. Jan 2007.

Sexual Assault and Domestic Violence: Assessing for Sexual Violence in the Relationship is Critical to Good Safety Assessments

- Forced sex is associated with increased frequency and severity of physical violence
- Forced sex is associated with more severe injury
- Sexual assault in violence relationship are common and can range from “consensual” sex out of fear to violent assaults

How to Talk about Sexual Violence

- Take your time getting to questions about sexual abuse
- Ask questions that do *not* call for conclusions (Ex. Have you ever been raped by your partner?)
- Go from the general to the specific
- Use the victim’s terminology when appropriate
- Ask about impact to the victim as well as the act
- Give something back to the victim—information/referrals, validation

Sample Questions (*if appropriate to situation*)

- Does your partner respect you when you don’t want to have sex, but your partner does?
- Do you and your partner have disagreements about sex? How do you resolve those disagreements?
- Has your partner ever said or done sexually degrading things to you? What happened?
- Have you ever had unwanted sexual experiences with your partner? What happened? Was there force or pressure involved? What happened?
- Have you ever submitted to sex out of fear?
- Has your partner ever hurt you during sex? What happened?

Trujillo, J.D., Olga R. “Examining Sexual Violence in Battering Relationships.”
www.ortsolutions.org

Wisconsin Criminal Statutes Relating to Sexual Assault

Crimes – Generally

- 939.22 Words and Phrases defined:
- 939.22(19) Intimate Parts
- 939.22(34) Sexual Contact
- 939.22(36) Sexual Intercourse

Crimes Against Life and Bodily Security

- 940.19 Battery
- 940.22 Sexual exploitation by therapist; duty to report.
- 940.225 Sexual Assault
- 940.235 Strangulation and Suffocation
- 940.285 Abuse of vulnerable adults
- 940.295 Abuse and neglect of patients and residents.
- 940.30 False Imprisonment
- 940.31 Kidnapping
- 940.32 Stalking
- 940.42 Intimidation of witnesses; misdemeanor.
- 940.43 Intimidation of witnesses; felony.
- 940.44 Intimidation of victims; misdemeanor.
- 940.45 Intimidation of victims; felony.

Crimes Against Reputation, Privacy and Civil Liberties

- 942.08 Invasion of privacy (Peeping Tom).
- 942.09 Representations depicting nudity (Video Voyeurism).

Crimes – Property

- 943.10 Burglary
- 943.32 Robbery

Crimes – Prostitution

- 944.20 Lewd & Lascivious
- 944.30 Prostitution
- 944.31 Patronizing Prostitutes
- 944.32 Soliciting Prostitutes
- 944.33 Pandering
- 944.34 Keeping House of Prostitution

Crimes Against Children

- 948.01 Definitions: Crimes Against Children
- 948.02 Sexual Assault of a Child
- 948.025 Engaging in Repeated Sexual Acts of the Same Child
- 948.03 Physical abuse of a child.
- 948.04 Causing Mental Harm of a Child
- 948.05 Sexual Exploitation of a Child
- 948.055 Causing a Child to View or Listen to Sexual Activity

948.06 Incest with a Child
948.07 Child Enticement
948.075 Use of a computer to facilitate a child sex crime.
948.08 Soliciting Child for Prostitution
948.09 Sexual Intercourse with a Child Age 16 or Older
948.095 Sexual Assault of a Student by a School Instructional Staff Person
948.10 Exposing Genitals or Pubic Area
948.11 Exposing a Child to Harmful Materials
948.12 Possession of Child Pornography
948.13 Child sex offender working with children

Other

968.255 Strip Searches
968.38 Testing for HIV Infection and Certain Diseases
980 Sexually Violent Person Commitments



Sexual Assault Laws Statutory Language

1) **Wis. Stat. sec. 940.225(1) FIRST DEGREE SEXUAL ASSAULT.** Whoever does any of the following is guilty of a Class B felony:

- (a) Has sexual contact or sexual intercourse with another person without consent of that person and causes pregnancy or great bodily harm to that person.
- (b) Has sexual contact or sexual intercourse with another person without consent of that person by use or threat of use of a dangerous weapon or any article used or fashioned in a manner to lead the victim reasonably to believe it to be a dangerous weapon.
- (c) Is aided or abetted by one or more other persons and has sexual contact or sexual intercourse with another person without consent of that person by use or threat of force or violence.

For a Class B felony, the total sentence may not exceed sixty (60) years, with a maximum forty (40) year term of confinement and twenty (20) years extended supervision. Wis. Stat. sec. 939.50(3)(b)).

2) **Wis. Stat. sec. 940.225(2) SECOND DEGREE SEXUAL ASSAULT.** Whoever does any of the following is guilty of a Class C felony:

- (a) Has sexual contact or sexual intercourse with another person without consent of that person by use or threat of force or violence.
- (b) Has sexual contact or sexual intercourse with another person without consent of that person and causes injury, illness, disease or impairment of a sexual or reproductive organ, or mental anguish requiring psychiatric care for the victim.
- (c) Has sexual contact or sexual intercourse with a person who suffers from a mental illness or deficiency which renders that person temporarily or permanently incapable of appraising the person's conduct, and the defendant knows of such condition. (*Consent is not an issue.*)
- (cm) Has sexual contact or sexual intercourse with a person who is under the influence of an intoxicant to a degree which renders that person incapable of giving consent if the defendant has actual knowledge that the person is incapable of giving consent and has the purpose to have sexual contact or sexual intercourse with the person while the person is incapable of giving consent.
- (d) Has sexual contact or sexual intercourse with a person who the defendant knows is unconscious. (*Consent is not an issue.*)
- (f) Is aided or abetted by one or more other persons and has sexual contact or sexual intercourse with another person without the consent of that person.
- (g) Is an employee of a facility or program under s. 940.295(2)(b), (c), (h) or (k) and has sexual contact or sexual intercourse with a person who is a patient or resident of the facility or program.
- (h) Has sexual contact or sexual intercourse with an individual who is confined in a correctional institution if the actor is a correctional staff member. This paragraph does not apply if the individual with whom the actor has sexual contact or sexual intercourse is subject to prosecution for the sexual contact or sexual intercourse under this section.
- (i) Has sexual contact or sexual intercourse with an individual who is on probation, parole, or extended supervision if the actor is a probation, parole, or extended supervision agent or who has influenced or has attempted to influence another probation, parole, or extended supervision agent's supervision of the individual. This paragraph does not apply if the individual with whom the actor has sexual contact or sexual intercourse is subject to prosecution for the sexual contact or sexual intercourse under this section.

For a Class C felony, a fine may not exceed \$100,000, the total sentence may not to exceed forty (40) years, with a maximum twenty-five (25) year term of confinement and extended supervision may not exceed fifteen (15) years. Wis. Stat. sec. 939.50(3)(c).

3) **Wis. Stat. Sec. 940.225(3) THIRD DEGREE SEXUAL ASSAULT.** Whoever has sexual intercourse with a person without the consent of that person is guilty of a Class G felony. Whoever has sexual contact in the manner described in sub. (5)(b) 2 or 3 with a person without the consent of that person is guilty of a Class G felony.

Penalties for a Class G felony are a fine not to exceed \$25,000, total sentence may not exceed 10 years, the maximum term of confinement may not exceed 5 years and extended supervision may not exceed 5 years. Wis. Stat. sec. 939.50(3)(d).

4) **Wis. Stat. Sec. 940.225(3m) FOURTH DEGREE SEXUAL ASSAULT.** Except for sexual contact as described under sub. (3)(c) or (d), whoever has sexual contact with a person without the consent of that person is guilty of a Class A misdemeanor.

Penalties for a Class A misdemeanor are a fine not to exceed \$10,000 or imprisonment not to exceed 9 months, or both. Wis. Stat. sec. 939.51(3)(a).

5) **Wis. Stat. sec. 940.225(6) MARRIAGE NOT A BAR TO PROSECUTION.** A defendant shall not be presumed to be incapable of violating this section because of marriage to the complainant.

6) **Wis. Stat. sec. 940.225(7) DEATH OF VICTIM.** This section applies whether a victim is dead or alive at the time of the sexual contact or sexual intercourse.

7) **Statutory Definitions**

"CONSENT", as used in this section, means words or overt actions by a person who is competent to give informed consent indicating a freely given agreement to have sexual intercourse or sexual contact. Consent is not an issue in alleged violations of sub. (2)(c), (cm), (d), (g), (h) and (i). ...

"CORRECTIONAL INSTITUTION" means a jail or correctional facility,...a secured correctional facility,...or a secure detention facility...

"CORRECTIONAL STAFF MEMBER" means an individual who works at a correctional institution, including a volunteer.

"INTOXICANT" means any alcohol beverage, controlled substance, controlled substance analog or other drug, any combination of a controlled substance, controlled substance analog or other drug or any combination thereof.

"SEXUAL CONTACT" means any of the following:

1. Intentional touching by the complainant or defendant, either directly or through clothing by the use of any body part or object, of the complainant or defendant's intimate parts if that intentional touching is either for the purpose of sexually degrading; or for the purpose of sexually humiliating the complainant or sexually arousing or gratifying the defendant or if the touching contains the elements of actual or attempted battery under s. 940.19 (1).
2. Intentional penile ejaculation of ejaculate or intentional emission of urine or feces by the defendant upon any part of the body clothed or unclothed of the complainant if that ejaculation or emission is either for the purpose of sexually degrading or sexually humiliating the complainant or for the purpose of sexually arousing or sexually gratifying the defendant.
3. For the purpose of sexually degrading or humiliating the complainant or sexually arousing or gratifying the defendant, intentionally causing the complainant to ejaculate or emit urine or feces on any part of the defendant's body, whether clothed or unclothed.

"SEXUAL INTERCOURSE" includes [vulvar penetration] as well as cunnilingus, fellatio or anal intercourse between persons or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal opening either by the defendant or upon the defendant's instruction. The emission of semen is not required.



Wisconsin Child Sexual Assault Laws

948.02 SEXUAL ASSAULT OF A CHILD. 1st Degree Sexual Assault: A new version of 1st degree SA with multiple subsections and a new sentencing scheme went into effect on June 6, 2006. Unfortunately, technical errors have created confusion. Therefore, please check with the district attorney in the county in which the crime occurred to find out how 1st degree SA will be charged. **2d Degree Sexual Assault:** “Whoever has sexual contact or intercourse with a person who has not attained the age of 16 years is guilty of a Class C felony.” Note: This statute contains a ‘failure to act’ provision criminalizing the failure of certain individuals to prevent the assault. For more information on these provisions, please contact WCASA or your local sexual assault service provider, a listing of which is contained at www.wcasa.org.

948.09 SEXUAL INTERCOURSE WITH A CHILD AGE 16 OR OLDER. “Whoever has sexual intercourse with a child who is not the defendant’s spouse and who has attained the age of 16 years is guilty of a Class A misdemeanor.”

948.025 ENGAGING IN REPEATED ACTS OF SEXUAL ASSAULT OF THE SAME CHILD. This crime applies whenever a defendant commits 3 or more violations under s. 948.02(1) or (2) within a specified period of time involving the same child. [For more information see s. 948.025]

948.06 INCEST WITH A CHILD. It is a Class C felony for a person to either marry, have sexual contact, or sexual intercourse with a child to whom s/he is a stepparent or related by blood or adoption. Related means a degree of kinship closer than second cousin. Note: this crime also includes a failure to act provision. For more information on the details of this crime contact WCASA or your local sexual assault service provider.

948.095 SEXUAL ASSAULT OF A CHILD BY A SCHOOL STAFF PERSON OR A PERSON WHO WORKS OR VOLUNTEERS WITH CHILDREN. “Whoever has sexual contact or sexual intercourse with a child 16 or older” (not a spouse) is guilty of a Class H felony if “[t]he child is enrolled as a student in a school or a school district” AND “[t]he defendant is a member of the school staff of the school or school district in which the child is enrolled as a student.” “A person who has attained the age of 21 years and who engages in an occupation or participates in a volunteer position that requires him or her to work or interact directly with children may not have sexual contact or sexual intercourse with a child who has attained the age of 16, who is not the person’s spouse, and with whom the person works or interacts through that occupation or volunteer position.” School staff and school are defined in the statute. Certain types of professions are presumed to fall within this statute.

948.07 CHILD ENTICEMENT. “Whoever, with intent to commit any of the following acts, causes or attempts to cause any child who has not attained the age of 18 years to go into any vehicle, building, room or secluded place is guilty of a Class D felony: (1) Having sexual contact or sexual intercourse with the child in violation of [s. 948.02](#) or [948.095](#). (2) Causing the child to engage in prostitution. (3) Exposing a sex organ to the child or causing the child to expose a sex organ in violation of [s. 948.10](#). (4) Recording the child engaging in sexually explicit conduct. (5) Causing bodily or mental harm to the child. (6) Giving or selling to the child a controlled substance or controlled substance analog in violation of [ch. 961](#)”

948.055 CAUSING A CHILD TO VIEW OR LISTEN TO SEXUAL ACTIVITY. “(1) Whoever intentionally causes a child who has not attained 18 years of age to view or listen to sexually explicit conduct may be penalized as provided in sub. (2) if the viewing or listening is for the purpose of sexually arousing or gratifying the actor or humiliating or degrading the child. (2) Whoever violates sub. (1) is guilty of: (a) A Class F felony if the child has not attained the age of 13 years. (b) A Class H felony if the child has attained the age of 13 years but has not attained the age of 18 years.”

948.08 SOLICITING A CHILD FOR PROSTITUTION. “Whoever intentionally solicits or causes any child to practice prostitution or establishes any child in a place of prostitution is guilty of a Class D felony.”

948.085 SEXUAL ASSAULT OF A CHILD PLACED IN SUBSTITUTE CARE: It is a Class C felony for a person to have “sexual contact or sexual intercourse with a child for whom the actor is a foster parent or treatment foster parent” or have “sexual contact or sexual intercourse with a child [] placed at any of the following facilities if the actor works or volunteers at the facility or is directly or indirectly responsible for managing it: 1. A shelter care facility licensed under s. 48.66(1)(a); 2. A group home licensed under 48.625 or 48.66(1); or 3. A facility described in 940.295(2)(m).”

948.10 EXPOSING GENITALS OR PUBIC AREA. (1) Whoever, for purposes of sexual arousal or sexual gratification, causes a child to expose genitals or pubic area or exposes genitals or pubic area to a child is guilty of a Class A misdemeanor. Subsection (1) does not apply when: (a) The child is the defendant’s spouse. (b) A mother’s breast-feeding of her child.

146.35 FEMALE GENITAL MUTILATION PROHIBITED. It is a class H felony for a person to “circumcise, excise or infibulate the labia majora, labia minora or clitoris of a female minor.” Note: This prohibition contains an exception that allows physicians to perform this work for the health of the minor or to correct an abnormality. (s. 146.35) 1)

PENALTIES: □ B felony = imprisonment not to exceed 60 yrs.

□ C felony = fine not to exceed \$100,000 or imprisonment not to exceed 40 yrs, or both.

□ D felony = fine not to exceed \$60,000 or imprisonment not to exceed 25 yrs, or both.

□ F felony = fine not to exceed \$25,000 or imprisonment not to exceed 12 yrs. 6 mos, or both.

□ H felony = fine not to exceed \$10,000 or imprisonment not to exceed 6 yrs, or both.

□ A misdemeanor = fine not to exceed \$10,000 or imprisonment not to exceed 9 mos, or both.

DEFINITIONS: (from chapters 950 and 939.50-51 of the Wisconsin Statutes). Child (when referring to a victim) is a person who has not attained the age of 18 years.

Sexual Contact means any of the following: (a) Intentional touching by the complainant or defendant, either directly or through clothing by the use of any body part or object, of the complainant's or defendant's intimate parts if that intentional touching is either for the purpose of sexually degrading or sexually humiliating the complainant or sexually arousing or gratifying the defendant. (b) Intentional penile ejaculation of ejaculate or intentional emission of urine or feces by the defendant upon any part of the body clothed or unclothed of the complainant if that ejaculation or emission is either for the purpose of sexually degrading or sexually humiliating the complainant or for the purpose of sexually arousing or gratifying the defendant. (c) For the purpose of sexually degrading or humiliating the complainant or sexually arousing or gratifying the defendant, intentionally causing the complainant to ejaculate or emit urine or feces on any part of the defendant’s body, whether clothed or unclothed.

Sexual Intercourse means vulvar penetration as well as cunnilingus, fellatio, or anal intercourse between persons or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal opening either by the defendant or upon the defendant's instruction. The emission of semen is not required (NOTE: a different definition MIGHT apply for 1st degree SA of a child—for more guidance, please contact your district attorney).

Sexually explicit conduct means actual or simulated: (a) Sexual intercourse, meaning vulvar penetration as well as cunnilingus, fellatio or anal intercourse between persons or any other intrusion, however slight, of any part of a person's body or of any object into the genital or anal opening either by the defendant or upon the defendant's instruction. The emission of semen is not required; (b) Bestiality; (c) Masturbation; (d) Sexual sadism or sexual masochistic abuse including, but not limited to, flagellation, torture, or bondage; or (e) Lewd exhibition of intimate parts.(s. 948.01)

This fact sheet reflects the law as of June 20, 2006. Some of these crimes are relatively new and may not be charged if the offense occurred before the law went into effect. For more information on when these crimes became effective, please contact your DA or a local sexual assault service provider, a list of which can be found at www.wcasa.org. Please note that not all statutes have been printed in their entirety due to space restrictions.



Statutes of Limitation

Statutes of limitation (SOLs) specify the time within which a criminal prosecution or a civil action must commence or be lost. SOLs for criminal and civil actions differ. The SOL clock starts ticking at different times in different situations and can stop ticking or be suspended in some situations.

Criminal Statutes of Limitation: The SOL clock for crimes typically starts running when a crime occurs, and prosecution must commence within a specified period of time after the clock starts ticking. The SOL stops running during any time that the defendant is not a resident of Wisconsin. As you can see, there are specialized SOLs for many sex crimes. The current state of the law is as follows:

1 st Degree Sexual Assault of a Child	No SOL
Repeated Acts of SA of a same child fo 948.025(1)(a) offenses	No SOL
2 nd Degree Sexual Assault	6 years
1 st Degree Sexual Assault	6 years
3 rd Degree Sexual Assault	6 years
Causing a child to view or listen to sexual activity	6 years
Sexual exploitation by a therapist (<i>can be longer in some circumstances</i>)	6 years
4 th Degree sexual assault	3 years
Sexual intercourse with a child age 16 or over	3 years
Exposing genitals or pubic area	3 years
2 nd Degree Sexual Assault of a Child	Victim reaches age 45
Repeated acts of SA of the a child for 948.025(1)(b) offenses.	Victim reaches age 45
Sexual exploitation of a child	Victim reaches age 45
Incest with a child	Victim reaches age 45
Four of the six acts of child enticement	Victim reaches age 45
Soliciting a child for prostitution	Victim reaches age 45
Sexual assault of a student by a school staff person	Victim reaches age 45
Sexual Assault of a child placed in substitute care	Victim reaches age 45
Two of the six acts of child enticement	Victim reaches age 26

DNA Evidence: The SOL for may be extended for 2nd degree sexual assault, 2nd degree sexual assault of a child, or repeated acts of sexual assault of the same child involving fewer than three instances of 1st degree sexual assault of a child if:

1. The state obtains a DNA sample within the applicable SOL, and
2. The state, within this SOL, attempts to obtain and is unable to obtain a match or “hit” after comparing the profile to existing DNA databases.

If match or “hit” later occurs, the State has 12 months within which to commence prosecution.

If the state obtains a DNA sample for 1st degree SA before the SOL has expired and later obtains a match, prosecution may be commenced at any time.

This fact sheet was updated on April 20, 2006. It should be considered current only as of that date. This fact sheet does not constitute legal advice. For more information about WCASA or to seek help after a sexual assault, please see our website at www.wcasa.org.

Past Abuse:

Some cases of past abuse may still be prosecuted today. It is beyond the scope of this fact sheet to provide enough information to allow an exact determination of whether a SOL for past abuse currently prevents prosecution. The district attorney (DA) is the best person to ask whether the SOL has expired for a particular crime. DAs may decline prosecution even when prosecution is not barred by the SOL. Lack of evidence and a long passage of time could lead a DA to believe that a crime cannot be proven beyond a reasonable doubt.

Specialized SOLs were established for some crimes against children on July 1, 1989 that allowed prosecution until the victim reached age 21 or six years had passed since the crime, whichever was later. The legislature extended the SOL to allow prosecution until victims reached the age of 26 on April 22, 1994, until victims reached the age of 31 on June 16, 1998, and until victims reached the age of 45 on May 1, 2004. However, these changes did not extend SOLs for all of these crimes each time, and as new crimes were added to the statutes, only some of these received specialized SOLs. The most recent change in the law completely eliminated SOLs for 1st degree sexual assault, 1st degree sexual assault of a child, and one of the two acts described in the crime of repeated acts of sexual assault of the same child on April 20, 2006.

Since 1989, all of the extensions described above, including the most recent change eliminating the SOLs for some crimes, applied to all crimes for which the SOL had not expired when the new SOL went into effect. In other words, if you were the victim of a crime for which the SOL has been extended, that extension would apply if, on the day the new law went into effect, the previous SOL had not expired.

Civil Statutes of Limitations

Victims can also bring a civil action against a perpetrator for a sexual assault. In the civil court system, a sexual assault is a type of "intentional tort." Civil actions for intentional torts committed against adults must be commenced within two years of the act. Other types of claims, such as sexual harassment, have different SOLs, and victims should always consult with a private attorney to determine what types of actions may be pursued based on a particular set of facts.

SOLs for civil actions based on the sexual assault of a child are complex. The current SOLs for sexual assaults that would constitute 1st or 2nd degree sexual assault of a child, repeated acts of sexual assault of the same child, incest with a child, sexual assault of a student by school instructional staff, sexual assault of a child in substitute care, or sexual exploitation by a member of the clergy allow an action to be commenced until the victim reaches age 35. The version described above became effective on May 1, 2004 and changed the way that SOLs are calculated in these civil actions. Victims wishing to pursue a civil action based on an assault that occurred prior to May 1, 2004 should contact a private attorney to determine whether the old or new way of calculating SOLs would apply.

Victims of any age who are sexual exploited by a therapist may also have a longer time within which to file a civil action and may wish to contact a private attorney to learn about their options.

SOLs are constantly changing. Courts can also interpret SOLs in ways that limit or broaden the statutory limitation period.

This fact sheet was updated on April 20, 2006. It should be considered current only as of that date. This fact sheet does not constitute legal advice. For more information about WCASA or to seek help after a sexual assault, please see our website at www.wcasa.org.



Mandatory Reporting of Child Abuse & Neglect

The State of Wisconsin requires individuals who work in certain professions to report child abuse and neglect. With some exceptions, any of the following individuals who “has reasonable cause to suspect that a child seen by the person in the course of professional duties has been abused or neglected or who has reason to believe that a child seen by the person in the course of professional duties has been threatened with abuse or neglect and that abuse or neglect of the child will occur” must report as described below [See Wis. Stat. sec. 48.981(2)(a)]. Every new instance of child abuse or neglect must be reported. Reporters are protected from discharge for reporting child abuse. Reports must be made to law enforcement, the child welfare agency (CWA), or child protective services (CPS) agency. Law enforcement must refer all reports to CWA or CPS agencies within 12 hours. CWA or CPS agencies must refer reports of sexual abuse to law enforcement within 12 hours and must also develop a policy regarding referrals for other types of abuse. These agencies are required to collaborate with each other when investigating sexual abuse.

Who Must Report? Wis. Stat. 48.981(2)(a)1 lists the following individuals as mandated reporters:

- Physician
- Coroner
- Medical examiner
- Nurse
- Dentist
- Chiropractor
- Optometrist
- Occupational therapist
- Dietician
- Audiologist
- Acupuncturist
- Physical therapist & PT assistant
- Alcohol or other drug abuse counselor
- Medical or mental health professional
- Social worker
- Mediator under s. 767.11
- First responder
- Public assistance worker, including a financial and employment planner, as defined in s. 49.141(1)(d)
- Member of the treatment staff employed by or working under contract with a county department under s. 46.26, 51.42, or 51.437
- Marriage and family therapist
- Professional counselor
- Day care provider
- Speech-language pathologist
- Emergency medical technician
- Court appointed special advocate
- Police or law enforcement officer
- Child care worker in a day care center, group home as described in s. 48.625(1m), or residential care center for children and youth
- School teacher, school administrator, school counselor
- Clergy (See section below.)

What is Reportable Child Abuse? Wis. Stat. sec. 48.02(1)

- *Physical abuse* inflicted on a child by non-accidental means, serious physical harm inflicted on an unborn child, and the risk of serious physical harm to a child when born, caused by the habitual lack of self-control of the expectant mother in the use of alcoholic beverages, controlled substances, or controlled substance analogs, exhibited to a severe degree.
- *Sexual abuse*, defined as:
 - Sexual intercourse or sexual contact under s. 940.225, 948.02, or 948.025 (sexual assault, sexual assault of a child, and repeated acts of sexual assault of the same child)
 - Sexual exploitation of a child
 - Causing a child to view or listen to sexual activity
 - Permitting, allowing, or encouraging a child to engage in prostitution
 - Exposing genitals or pubic area

- *Emotional damage* for which the child’s parent, guardian, or legal custodian has neglected, refused, or been unable for reasons other than poverty to obtain the necessary treatment or to take steps to relieve the symptoms.
- *Neglect* is the “failure, refusal or inability on the part of a parent, guardian, legal custodian, or other person exercising temporary or permanent control over a child, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care or shelter so as to seriously endanger the physical health of the child” [Wis. Stat. sec. 48.981(1)(d)].

Notably, acts that would constitute the crime of sexual intercourse with a child age 16 or over are not reportable abuse, but acts that would constitute sexual assault under Wis. Stat. sec. 940.225 are reportable child abuse. Wis. Stat. sec. 940.225 describes the acts of sexual contact or intercourse with another person without consent, with a person incapable of giving consent, or between people in certain relationships, such as inmate-guard.

Exceptions to Reporting Requirements: Wis. Stat. sec. 48.981(2m)

The State of Wisconsin carved out an exception to reporting requirements to allow children to obtain confidential health care services. Health care services means family planning services as defined by law, pregnancy testing, obstetrical health care or screening, and diagnosis or treatment for a sexually transmitted infection. For purposes of this exception, health care providers include physicians, physician assistants, and registered or licensed nurses.

The exception applies when one of these persons provides a health care service to a child or when a mandatory reporter obtains information about a child who is receiving or has received health care services from one of these persons. However, this exception is not absolute. A report is required in spite of the exception whenever the health care provider suspects any of the following:

- The sexual intercourse or sexual contact occurred or is likely to occur with a caregiver.
- The child suffered or suffers from a mental illness or mental deficiency that rendered or renders the child temporarily or permanently incapable of understanding or evaluating the consequences of his or her actions.
- The child, because of age/immaturity, was or is incapable of understanding the nature or consequences of sexual intercourse or sexual contact.
- The child was unconscious at the time of the act or for any other reason was physically unable to communicate unwillingness to engage in sexual intercourse or sexual contact.
- Another participant in the sexual contact or sexual intercourse was or is exploiting the child.
- There is any reasonable doubt that the child’s participation in the sexual contact or intercourse was voluntary.

Clergy Mandatory Reporting Provisions

As of May 1, 2004, clergy are mandatory reporters of child sexual abuse. Under these provisions, a report is required if a clergyperson has reasonable cause to suspect that a child seen in the course of the clergyperson’s professional duties was sexually abused or was threatened with sexual abuse and sexual abuse is likely to occur. Further, a report is also required if a clergyperson has reasonable cause to believe, “based on observations made or information that he or she receives,” that a child has been sexually abused or has been threatened with sexual abuse and sexual abuse is likely to occur. However, “[a] member of the clergy is not required to report child abuse information . . . that he or she receives solely through confidential communications made to him or her privately or in a confessional setting if he or she is authorized to hear or is accustomed to hearing such communications and, under the disciplines, tenets, or traditions of his or her religion, has a duty or is expected to keep those communications secret. Those disciplines, tenets, or traditions need not be in writing.” Wis. Stat. sec. 49.981(2)(bm)(3).

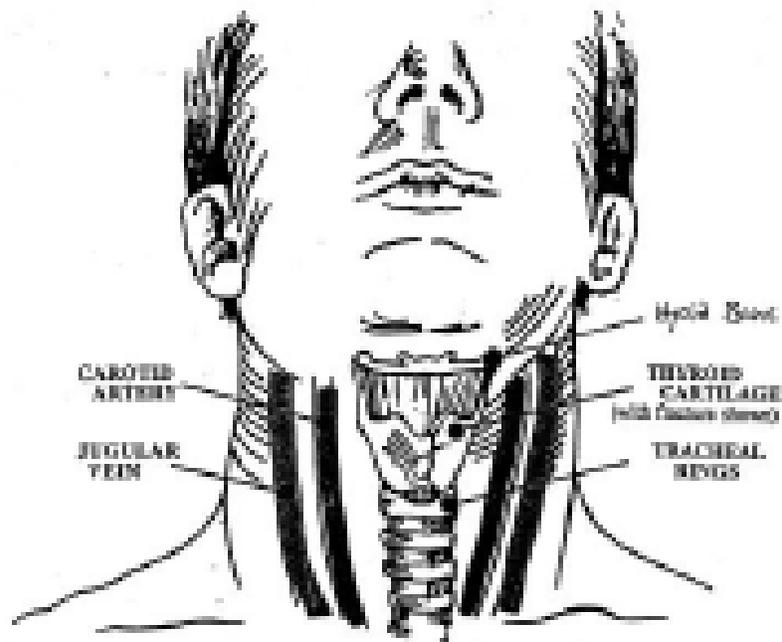
Are Staff at Sexual Assault Service Provider Agencies Mandated Reporters?

Under Wisconsin law, staff of sexual assault service provider (SASP) agencies are not mandated reporters. However, individuals who work at these agencies may be mandated reporters due to their profession, such as licensed social workers, etc. Many agencies, through agency policy or due to grant requirements, have adopted these reporting guidelines for all staff. A minor concerned about mandatory reporting and seeking services at a SASP should ask for a copy of the agency's reporting policy.

For further information, see WCASA's information sheets on sexual assault laws, child sexual assault laws, child pornography laws, and the WCASA information sheet on teens.

This information sheet was compiled in 2004 by the Wisconsin Coalition Against Sexual Assault (WCASA). WCASA is a membership organization of sexual assault service providers, other organizations, and individuals throughout Wisconsin working to end sexual violence. For information sheets on other topics or to become a member contact WCASA, 600 Williamson St., Suite N-2, Madison, WI 53703, (608)257-1516, www.wcasa.org. For more information about sexual assault or to receive support with a sexual assault experience, contact your local sexual assault program. This sheet may be reproduced in its original format only. This information does not constitute legal advice.

Strangulation Checklist



Strangulation is a form of asphyxia (lack of oxygen) characterized by closure of the blood vessels and/or air passages of the neck as a result of external pressure on the neck. A victim may refer to it as “choking.”

When an abuser strangles his victim, he is committed a potentially lethal act. Encourage medical treatment especially if any of the following symptoms are observable or elicited from the victim:

- **Mild hoarseness**
- **Complete loss of voice**
- **Difficulty swallowing** - may feel like lump in the throat
- **Painful swallowing**
- **Difficulty breathing**
- **Raspy breathing**
- **Unable to breath**
- **Mental status changes**
 - Early stages:
 - restlessness or combativeness
 - Long term effects
 - psychosis, amnesia
- **Involuntary urination or defecation**
- **Redness of the neck** may be fleeting
- **Bruises** - may not appear for hours or days
- **Finger tip bruises** are circular and oval and often faint. A single bruise on the neck is most frequently caused by the thumb.
- **Tiny red spots** (petechiae) - ruptured capillaries. Found around the eyes, anywhere on the face and neck in and above the area of constriction. Most common in ligature strangulation.
- **Blood red eyes** are due to capillary rupture in the white portion of the eyes. May suggest a vigorous struggle or intermittent pressure.
- **Swelling** of the neck may be caused by any one or combination of the following: internal bleeding, injury of any of the underlying neck structures or fracture of the larynx allowing air to escape into tissues of the neck.

Strangulation Checklist:
Document in Police Report

Questions to Determine Strangulation

- Did he use one or two hands?
- Did he shake you while strangling you? If so, how much?
- A little or did he whip you back and forth?
- How much force did he use and how hard did he grab you?
- Did he grab from the front or from the back?
- How long did he strangle you?
- Did he use his hands or his arm?
- Did he use an object?
- Was he wearing rings?
- Did you try to get his hands off?
- Did he say anything while he was strangling you?

Questions to Determine Internal Injuries

- Did you have difficulty breathing? Describe.
- Did you feel light-headed, faint, or close to losing consciousness?
- Did you experience any loss of bodily functions?
- Are you experiencing nausea or vomiting?
- Are you in pain or discomfort?
- Are you having trouble swallowing?
- Have there been past incidents of strangulation or choking?

Physical Evidence on the Subject

- Scratches or cuts
- Bite marks on the arms, hands, or chest
- Finger impressions on hands or arms

Physical Signs, Symptoms, & Evidence on Victim

- Spots around eyes or face from ruptured capillaries (petechiae)
- Bruising
- Impression marks
- Rope or cord burns
- Swelling of the neck
- Loss of bodily functions
- ringing ears or light-headedness
- Hoarse and/or raspy voice
- Difficulty talking, breathing, or swallowing
- Sore throat
- Bleeding from the mouth
- Fainting

Charges Based on Method Used, Symptoms, Expressed Intent and Reason for Disengagement

- Battery §940.19 (1)
- Substantial Battery §940.19 (2)
- Aggravated Battery §940.19 (4)
- Aggravated Battery §940.19 (5)
- 1st Degree Reckless Injury §940.23 (1)
- 2nd Degree Reckless Injury §940.23 (2)
- 1st Degree Recklessly Endangering Safety § 941.30 (1)
- 2nd Degree Recklessly Endangering Safety §941.30 (2)
- Attempted Homicide §940.01/939.32
- Strangulation/Suffocation §940.235

Strangulation and Suffocation – New Wisconsin Laws

As of April 2008, the acts of strangulation and suffocation become felonies. Wisconsin Stats. §940.235 Strangulation and suffocation. (1) Whoever intentionally impedes the normal breathing or circulation of blood by applying pressure on the throat or neck or by blocking the nose or mouth of another person is guilty of a Class H felony.

Wisconsin Stats. § 939.22 (23) added the following definition: “Petechia” means a minute colored spot that appears on the skin, eye, eyelid, or mucous membrane of a person as a result of localized hemorrhage or rupture to a blood vessel or capillary.

The Legislature also added new terms added to definitions:

Wisconsin Stats. §939.22 (10) added to “Dangerous weapon” means... any ligature or other instrumentality used on the throat, neck, nose, or mouth of another person to impede, partially or completely, breathing or circulation of blood...

In Wisconsin Stats. §939.22 (38) “Substantial bodily harm” means... a petechia...

§940.32 Stalking

(1) In this section:

(a) “Course of conduct” means a series of 2 or more acts carried out over time, however short or long, that show a continuity of purpose, including any of the following:

1. Maintaining a visual or physical proximity to the victim.
2. Approaching or confronting the victim.
3. Appearing at the victim’s workplace or contacting the victim’s employer or coworkers.
4. Appearing at the victim’s home or contacting the victim’s neighbors.
5. Entering property owned, leased, or occupied by the victim.
6. Contacting the victim by telephone or causing the victim’s telephone or any other person’s telephone to ring repeatedly or continuously, regardless of whether a conversation ensues.
- 6m. Photographing, videotaping, audiotaping, or, through any other electronic means, monitoring or recording the activities of the victim. This subdivision applies regardless of where the act occurs.
7. Sending material by any means to the victim or, for the purpose of obtaining information about, disseminating information about, or communicating with the victim, to a member of the victim’s family or household or an employer, coworker, or friend of the victim.
8. Placing an object on or delivering an object to property owned, leased, or occupied by the victim.
9. Delivering an object to a member of the victim’s family or household or an employer, coworker, or friend of the victim or placing an object on, or delivering an object to, property owned, leased, or occupied by such a person with the intent that the object be delivered to the victim.
10. Causing a person to engage in any of the acts described in subds. 1. to 9

(2) Whoever meets all of the following criteria is guilty of a Class I felony:

- (a) The actor intentionally engages in a course of conduct directed at a specific person that would cause a reasonable person under the same circumstances to suffer serious emotional distress or to fear bodily injury to or the death of himself or herself or a member of his or her family or household.
- (b) The actor knows or should know that at least one of the acts that constitute the course of conduct will cause the specific person to suffer serious emotional distress or place the specific person in reasonable fear of bodily injury to or the death of himself or herself or a member of his or her family or household.
- (c) The actor’s acts cause the specific person to suffer serious emotional distress or induce fear in the specific person of bodily injury to or the death of himself or herself or a member of his or her family or household.

(2e) Whoever meets all of the following criteria is guilty of a Class I felony:

- (a) After having been convicted of sexual assault under s.940.225, 948.02, or 948.025 or a domestic abuse offense, the actor engages in **any** of the acts listed in sub. (1) (a) 1. to 10., if the act is directed at the victim of the sexual assault or the domestic abuse offense. (b and c) same as above.

Statute creates higher penalties for repeater offenders or for offenders who are stalking prior victims

Sample Stalking Warning Letter

**ANYTOWN POLICE DEPARTMENT
CITY OF ANYTOWN, MY COUNTY, WISCONSIN
SERVICE OF WARNING - STALKING LETTER**

CASE NUMBER _____

RE _____
(Complainant)

Warning letter served to _____, _____
(DOB)

(HOME ADDRESS)

The *Anytown* Police Department has recently investigated a complaint about your behavior toward the above-named individual.

The behavior you have engaged in could be interpreted as “stalking” as defined by WI State Statute 940.32. Stalking can be described as intentionally engaging in a course of conduct directed at a specific person that would cause a reasonable person under the same circumstances to suffer serious emotional distress, or place the specific person in reasonable fear of bodily injury. Your behavior has induced such fear or distress in the above named individual.

The Wisconsin law makes stalking a crime. The *Anytown* Police Department takes this law very seriously.

Please consider this a formal warning that any future stalking behavior done by you towards the above named individual could result in arrest by law enforcement and prosecution by the *My County* District Attorney’s Office.

Chief of Police

Served in hand _____ by _____
(date) (Name of Officer and IBM)
of the _____ Police Department
at _____
(location)

White to recipient; yellow & pink to *Anytown* PD, 211 S Main St, *Anytown*, WI 53703

Meeting the Consent Defense

What did the defendant do *verbally* to overcome the victim's will?

- Direct threats to harm or kill
- Indirect threats
- Deceiving victim with words to gain trust
- Did the defendant ask for her consent?

What did the defendant do *physically* to overcome the victim's will?

- Application of physical force
- Application of physical violence
- Use of aids to restrict victim's movement
- Use of his own body to overcome the victim
- Use or threatened use of weapons

What did the defendant do *sexually* to overcome the victim's will?

- Sexual contact
- Penetration
- Intrusion

How did the victim try to communicate a lack of consent?

- By telling the defendant "no", "stop", "please don't", "not now"
- Screaming
- Crying
- Physically resisting
- Pushing defendant away
- Freezing

Physically evidence

- Serology and DNA
- Toxicology evidence
- Hairs and fibers
- Trauma and soreness
- Used condoms, lubricant

- Torn or disheveled clothes
- Any bruise, however slight (photograph)

Post-assault communications

- Pre-text calls to the defendant
- Calls or letters of apology or threats
- Communication from the defendant's friends or family
- Boasting or bragging

Other corroborating evidence (work to corroborate victim's statement)

- Crime scene evidence that corroborates her story
- Outcry witnesses
- Medical witnesses
- Pre-text calls to other person (defendant's friends, etc.)
- Evidence of similar transactions on part of defendant (investigate early)
- Behavior changes of victim post assault (quit drinking, not walking alone, not going to parties, avoiding all reminders, not dating, change in physical appearance)
- Expert testimony
- Defendant's admissions or confession
- Actions of defendant since assault

Lack of motive on part of the victim

- Reality of under-reporting
- Rigors of criminal justice system
- Embarrassment and humiliation
- Stigma and ostracization by others

Fine-Tuning Our Basic Investigations

Evaluation

- Reporter Information
- Safety-suspect, weapons and others
- Medical attention
- Crime?
- Venue(s)

Dispatch

- Crime
- Suspect Information
- Travel Information-vehicle, direction, and other transportation
- Other officers
- Scene(s)

Suspect

- Relationship
- Location
- Description
- Transportation Information
- Others with Suspect Information

Victim

- In-depth
- Victim is Primary Source
- Victim is Crime Scene
- Explain Process
- 120-hour/case-by-case guideline
- Resource Information

Witness(es)

- Biographical Information
- First Hand or Other
- Work and Home Phone Numbers
- Knowledge of Victim and/or suspect
- Behavior/Demeanor Knowledge

Scene

- Where Crimes Occurred
- Jurisdiction
- Scene Description-Inside/Outside
- Vehicle

Victim Detailed Interview

- Events: Before, During and After
- Suspect Present?
- “Mechanics” of Assault
- Anatomy Verbiage
- Suspects Directions to Victim
- What Was Said – Victim and Suspect
- Threats
- Lubricants? Condoms? Location
- Witness(es) – Visual and/or Auditory

- Clothes On/Off
- Victim Background
- Past 120-Hour/Case-by-Case Sexual Contact
- Photographs: Injuries, Clothes, Crime Scene
- Evidence Collection Cautions
- Where Victim Can Be Reached

Suspect Detailed Interview

- Miranda
- Opportunity to Explain
- Background
- Relationship to Victim
- Events: Before, During and After
- Employment
- Vehicles
- Family Education
- Probation and Parole
- Let Suspect Talk
- Go Back and Clarify Details
- “Mechanics” of Assault From Suspect on Contact
- Biological Evidence
- Strip Search Policy
- Photograph: Injuries, Clothes On/Off
- Document Above Conditions
- Medical Release

Delayed Reporting

- 120-Hours/Case-by-case
- Forensic
- Biological
- Trace
- Scenes
- Clothes
- Statements
- Witness(es)
- Photographs
- Search Warrants-Scenes

Resources

- Other Help
- Witnesses/Citizens
- Slow Down
- Think With Co-workers and Victims

Processing Evidence

- Agency Processing
- WI State Crime Lab

Alcohol-Facilitated Sexual Assault: Quick Reference Sheet for Prosecutors: Who needs force when you have Alcohol?

The three most frequent charges in alcohol-facilitated sexual assault (AFSA) cases:

1. Second Degree Sexual Assault: Defendant “[has] sexual contact or sexual intercourse with a [victim] who is under the influence of an intoxicant to a degree which renders [the victim] incapable of giving consent if the defendant has actual knowledge that the [victim] is incapable of giving consent and has the purpose to have sexual contact or sexual intercourse with the [victim] while the [victim] is incapable of giving consent.” (Consent is not an issue).
2. Second Degree Sexual Assault: Defendant “[has] sexual contact or sexual intercourse with a [victim] who the defendant knows is unconscious.” (Consent is not an issue)
3. Third Degree Sexual Assault: Defendant “[has] sexual intercourse (or two of the three types of sexual contact) with a [victim] without the consent of [the victim]...” (Consent is not an issue)

Treat all AFSA cases as potential serial offender cases. In one study of college-age men, those whose behavior fit the definition of rape had an average of just under 6 victims each.

What to charge:

Look at the elements.

If the facts are unclear, talk to your officers about the type of evidence you need to establish the elements. Did the officer ask the victim, the suspect, and others the right questions? Did the officer assess the victim's

- Mobility
- Motor functioning
- Speech functioning
- Understanding of the events around her
- Express her level of intoxication to others
- Whether she vomited or was sick

Did the defendant:

- Buy her drinks?
- Encourage her to drink more?
- Fill up her glass with drinks?
- Discuss plans to intoxicate the victim with friends or acquaintances?
- Engage in tactics to get her alone and vulnerable:
 1. Tell her friends that he would take care of her
 2. Tell her friends that he would drive her home
 3. Tell the bartender to make her stiff drinks.
 4. Make any comments to his friends about her or her level of intoxication.
- Observe any of the victim's behaviors (vomiting, slurring, etc)?

Did the officer find out about whether anyone has seen the defendant frequently leave with intoxicated women? Does he have a girlfriend, an ex-girlfriend, ex-flings, ex-one night stands who can attest to predatory behavior?

Remember that the facts could support more than one charge: a victim could be capable of giving consent but does not give consent. A victim could be incapable of giving consent due to intoxication but does not "pass out" and become unconscious. Finally, a victim could become unconscious. More than one of these situations could exist with a sexual assault.

Prepared by Eva Shiffrin at the Wisconsin Coalition Against Sexual Assault, Inc., with lots of help from Teresa Scalzo at the Violence Against Women Project of the American Prosecutors Research Institute.

The AFSA challenge: Victim Credibility: Only the 1st 4 are appropriate to weigh in charging. The victim's credibility can be broken down into five components:

- (1) actual credibility-out of shame, did she fail to reveal or distort fact;
- (2) the victim's ability to perceive at the time of the incident-usually inversely related to the amount of alcohol consumed, but don't assume this;
- (3) the victim's ability to remember what happened;
- (4) the existence of corroborative evidence; and
- (5) the victim's likeability.

Voluntary versus involuntary prosecution is also not an appropriate ground to reject a charge.

Corroboration is extremely important with AFSA. Any time any event can be corroborated, your case will be stronger. This does not have to mean corroborating the assault itself. The only time when it is absolutely critical to corroborate the assault itself is when the victim has absolutely no memory of what occurred. Corroboration could be:

- Physical (SANE)
- "Eye and ear" testimony of other witnesses.
- Expert testimony regarding non-intuitive reactions to rape.
- Portions of the defendant's statement ("Yeah, I saw her puke on the sidewalk.")
- Premeditated plan by offender or group of offenders
- Corroborating facts through one party consent phone calls could establish that defendant knew about her level of intoxication or the fact of intercourse.

Likeability: While not an appropriate charging factor, juries tend to believe those they like. In general, the factors that lead a perpetrator to target a particular victim are also those factors that may cause a juror not to like a victim or to judge a victim. This must be addressed by the prosecutor. Reducing the defense's ability to launch a "likeability" defense can become important. Tools to do this include an offender-focused prosecution strategy, rape shield motions, motions to exclude irrelevant bad behavior of victim.

Defense Themes:

Consent – "Rape is not Regret"

"Likeability defense" - not technically valid, but often used with success – the victim assumed the risk, drinking victims want sex, etc.

It was drunk sex, not rape---defense may try to use the fact that the victim doesn't remember EVERYTHING to argue that she remembered nothing, blacked out, and actually consented, but just doesn't remember it.

Overcoming defense themes:

- Offender-focused prosecution themes.
- Expert witness testimony on rape reactions.
- Prepare victim for the difficult of cross-examination.
- Get the victim the services she needs to have the resilience to withstand the trial - connect her with an advocate or mental health services and make sure these providers know the importance of privilege and confidentiality.
- Make sure that the victim can state with clarity that which she does remember and any details about those memories that can explain why-
 - For example, victims may remember some events with a high degree of clarity in the midst of other events about which clarity is lower because they were scared, shocked, couldn't breathe, or in pain. Convey these details to the jury.

BROWN COUNTY LAW ENFORCEMENT SEXUAL ASSAULT RESPONSE TEAM (SART) PROTOCOL

INITIAL OFFICER CONTACT:

- **INJURIES** - Provide aid to victim(s). Injuries of sexual assault may not always be visible;
- **JURISDICTION** - Determine correct jurisdiction.
- **VICTIM** - Attempt to build rapport and gain the victim's trust by showing understanding and respect for dignity. Suspend judgment regardless of the circumstances.
- **SEXUAL ASSAULT CENTER (SAC)** - Contact an advocate (436-8899) to respond to all sexual assaults at an agreed upon time and location.

VICTIMS:

- **SPECIAL NEEDS**
 - Identify, accommodate and communicate these to other SART members (physical, emotional, cognitive & cultural).
- **UNDER 18 YEARS OF AGE** - Follow mandated reporting statute 48.981 (2) and (3).
 - Contact Brown County Human Services immediately if the suspect(s) is a primary or secondary care giver and has immediate access to the victim;
 - Coordinate all victim interviews involving primary or secondary caregiver abuse with Brown County Human Services
- **INITIAL STATEMENT**
 - Obtain preliminary statement (verbal or written per department policy) from victim to gain knowledge of the complaint. (Coordinated interview with SART responders may be beneficial).
- **VICTIM'S RIGHTS FORM**
 - Provide to victim as required.

EVIDENCE:

- **INVESTIGATION PROCEDURES** - Follow department policies for investigations and evidence collection. Special considerations for sexual assault are:
 - Protect and photograph the scene to validate details from the victim and witnesses;
 - Obtain search warrants if necessary;
 - Identify and interview the person to whom the victim first disclosed the assault;
 - Identify and interview any person observing changes in victim behavior resulting from the assault;
 - Identify and interview other persons that may aid in the validation of victims statement;
 - Victim and/or suspect may have critical DNA on their person/possessions;
 - If possible, do not allow the victim to bathe, smoke, eat, drink or use the restroom prior to a SANE exam. If the victim has already done any of these activities, document in your report.

SEXUAL ASSAULT NURSE EXAMINER - SANE (If appropriate):

- **CRITERIA FOR EXAM**
 - Appropriate if exam is performed within 96 hours after the assault or if injuries are visible;
 - Inform victim of SANE exam and gain verbal consent to contact SANE;
 - Victims who have attained the age of 12 CAN consent to SANE without parent notification;
 - Contact St Vincent Hospital Emergency Center - SANE (920) 433 8384.
- **TRANSPORTATION** - Facilitate transportation to St Vincent Hospital. Ensure victim has transportation upon completion of exam and/or interview, per department policy.
- **INTERVIEW** - Coordinate with SANE/SAC/BCHS to reduce re-victimization where possible.
- **MEDICAL RELEASE** - Obtain from victim if not obtained by SANE/SAC.
- **EVIDENCE KIT** - Coordinate with SANE for collection of the Sexual Assault evidence kit.

SUSPECT:

- **IDENTIFICATION**
 - Gather identifying information from victim and other witnesses;
 - Assess suspect's access to the victim and address appropriately.
- **DNA/EVIDENCE COLLECTION**
 - Preserve and collect evidence from the suspect;
 - Obtain search warrant to obtain evidence if necessary.
- **INTERVIEW AND APPREHENSION**
 - In all sexual assault cases an attempt should be made to interview the suspect and take a written statement;
 - Determine if it is appropriate to interview the suspect during the initial response or during investigation follow up;
 - Determine if probable cause exists and if appropriate, take the suspect into custody.

Evidence Collection Summary

Evidence	Action
Penetrating injury	<ul style="list-style-type: none"> • Photograph/document before and after cleaning and repair of wound
Bullet wound	<ul style="list-style-type: none"> • Collect any object that comes between the muzzle and the wound • When the object is an article of clothing, do not destroy the bullet hole • Photograph/document before and after cleaning and repair of wound
Gun shot residue (GSR)	<ul style="list-style-type: none"> • Photograph/document • Sample for firearms residue test
Bullet	<ul style="list-style-type: none"> • Collect carefully; avoid using metal instruments or storage on metal trays
Incised wound	<ul style="list-style-type: none"> • Photograph/document before and after cleaning and repair of wound
Damaged clothing	<ul style="list-style-type: none"> • Cut around (not through) bullet holes, incisions, and tears. • Document/photograph • Maintain chain of custody
Damp/wet clothes	<ul style="list-style-type: none"> • DRY, DRY, DRY • Place each piece of clothing in separate paper bag
Bindings/restraints	<ul style="list-style-type: none"> • Do NOT cut through knots or stains
Blood spatter	<ul style="list-style-type: none"> • Photograph/document • Preserve patterns until someone trained in blood spatter patterns can examine them
Body fluid stains and standards	<ul style="list-style-type: none"> • Liquid blood: Collect swab, dry, package • Dried recovery: If stained object is transportable, collect intact. If not, collect using moistened swabs, dry, package • Bodies of victims and suspects: SANE consult
Bite marks	<ul style="list-style-type: none"> • Swab the bite mark for DNA evidence collection • Photograph by someone trained in bite mark photography
Toxicology samples	<ul style="list-style-type: none"> • Liquid blood and urine samples must be refrigerated • Samples from crimes of violence should be sent to the State Crime Laboratory
Strangulation	<ul style="list-style-type: none"> • Voice recording • Photograph injury, how strangled • SANE / physician consult

Crime Laboratories

There are three state crime laboratories within the Division of Law Enforcement Services, Wisconsin Department of Justice:

- Madison: (608) 266-2031
- Milwaukee: (414) 382-7500
- Wausau: (715) 845-8626

If unable to reach any of the Laboratories at any time call the Time Control Center at (608) 266-7633.

Law Enforcement Article

New Requirements for CODIS Searches

The CODIS (Combined DNA Index System) is operated and controlled by the FBI. Before an evidence profile can be uploaded to the National level of CODIS, the FBI requires that standard samples be obtained from anyone that could have legitimately contributed a DNA profile. The purpose of the standard sample is to determine if the forensic profile developed from a crime scene sample actually came from the perpetrator or from someone else who legitimately had access to the forensic evidence. If someone other than the criminal perpetrator could have contributed the DNA profile, the other individuals must be eliminated or the samples cannot be uploaded and searched at the National level of the CODIS system. This rule should help prevent innocent individuals from having their DNA profile entered into the National index, which is prohibited by federal law. If these elimination samples are not obtained or if there is not a valid reason why they cannot be obtained, the profiles cannot be searched at the National level of CODIS. The laboratory must document the submission of the elimination standards or the reason they have not been obtained in order to send the profiles to the National level.

For instance if a cigarette butt is obtained from a crime scene, the police agency must inquire as to whether anyone at the scene, victims or others legitimately there, smoked. If they smoked, did they smoke that particular brand that was recovered? If anyone smoked that brand then elimination buccal swabs from those individuals must be submitted with the case.

In the case of a sexual assault, elimination samples must be submitted from the victim's consenting sexual partner(s) if she engaged in sexual activity in the last five days prior to the assault. If the elimination samples are not obtained or reasons why they were not submitted are not documented, any evidentiary profiles developed in the case cannot be uploaded to the National level of CODIS.

In cases where neither the elimination samples are provided nor a legitimate reason given as to why they weren't provided, the laboratory can and will search the profiles at the state level of CODIS. These profiles will be entered into a special state index and maintained there until either the proper elimination samples are provided or a rationale for why they can't or won't be submitted is documented. When required elimination samples are provided and analyzed, and it is determined that the forensic profile probably originated from the criminal perpetrator, the forensic crime scene profiles will be moved to the National level and searched there.

DNA TESTING OF PRODUCTS OF CONCEPTION FETAL TISSUE - FOR CRIMINAL PATERNITY ONLY

January 2009

Products of Conception (POC) or fetal tissue can be submitted to the Wisconsin State Crime Lab (WSCL) for analysis and determination of possibility of paternity for criminal cases such as sexual assault and sexual assault of a child. The POC are obtained as a result of medical procedure terminating the fetus or spontaneous termination (miscarriage). The Madison WSCL is now testing products of conception for paternal DNA.

Presently, medical research indicates that if the fetus is less than 8 weeks in development current analytical methods preclude the determination of the male contribution to the fetal material. Medical testing has shown that optimal minimal development of the POC for determination of paternal DNA contribution is 10 weeks. **HOWEVER**, the WSCL will conduct testing on any fetal tissue sample submitted that contains **FETAL TISSUE**. Therefore, a doctor or pathologist must screen the fetal tissue sample submitted to insure that the sample obtained is fetal (not maternal) tissue.

The Detective should be present to receive the POC sample from the physician conducting the procedure. The physician or a pathologist performing the procedure or recovering the sample **MUST** verify that the sample they are giving you **CONTAINS FETAL MATERIAL**. Once the fetal tissue is isolated, have the physician cut a small piece for analysis. The POC sample should be placed in a sealed, non-leaking container and submitted to the WSCL as soon as possible after collection. If the sample cannot be submitted immediately, it should be frozen until transport. If the sample is going to be shipped, please ship for overnight delivery and do not ship on Friday or the weekend. Ship the specimen with ice packs or in dry ice to keep the sample frozen.

At the same time you submit the POC, submit a DNA buccal standard from the mother. IF the suspect is known AND you have been able to legally obtain a DNA standard from him, please submit the suspect standard as well. Since DNA analysis of the fetal material will only provide the father's contribution i.e. half of the suspect's DNA profile, this sample cannot be entered into CODIS. Clearly indicate on your transmittal form that your sample is **FETAL MATERIAL**.

If you have any questions about this process, please contact Marie Varriale at the WSCL, 608-266-2031.

April 2009

TO: Field Services Personnel
FROM: Marion Morgan, Detective, Madison Police Department
SUBJECT: Dried Secretions and Skin Cell Evidence Collection Technique

Described below is the best practice method for the collection of dried secretions and skin cell (epithelial cell) collection for DNA purposes. This applies to any investigation where one might find biological substances such as saliva, semen, vaginal fluid, urine, fecal material, skin or blood. It also applies to the presence of saliva at bite mark sites. Biting occurs frequently in many cases such as batteries, sexual assaults, domestic assaults and/or physical abuse to children. A key application of this method is in strangulation or smothering incidents.

The preferred technique for collection is to use two swabs, the first a wet swab with distilled or tap water. Please note in your report which water source is used. DO NOT use saline solution as it will create crystals and degrade the sample. The second swab is a dry swab. So as not to overwhelm the sample with the source DNA, instead of rubbing the site with the swabs, roll them over the site. First roll the wet swab over the location and then follow by rolling the dry swab in the same location. The two swabs can be placed in the same envelope for air-drying.

Another application for this collection method is skin-to-skin contacts such as strangulation cases, battery cases or any situation where a person is grabbed by another. We would be swabbing for skin (epithelial) cells on the contact surface. There may not be **visible injuries** with strangulation cases so listen to the victim and let his/her statement drive your evidence collection. If the suspect used his/her hands or other body parts to strangle the victim there is a high probability there will be epithelial cells present on both the victim and suspect. Any place where there has been kissing, sucking licking or biting is a possible location for DNA recovery.

If a suspect grabs a victim's clothes, pr other object remember to take the clothing or item and note where the contact occurred so that analysis for skin cells can be conducted.

If you have specific questions about this, do not hesitate to contact me by email at mmorgan@cityofmadison.com or phone, 608-266-4324.

**REMEMBER
ALWAYS WEAR GLOVES
WHEN COLLECTING
BIOLOGICAL SUBSTANCES**

Medical-Forensic Terminology

Abrasion	An area of the body, skin, or mucus membranes denuded of skin which results from an abnormal or mechanical process. AKA a “scrape” or “scratch”
Anterior	Front part, in front
Anus	The terminal orifice of the alimentary canal and opening to the rectum (4 cm in length). It is surrounded by voluntary and involuntary sphincter muscles.
Avulsion	A tearing away of a structure (i.e. skin or mucous membranes)
Buccal Mucosa	Subcutaneous mucous membrane lining of the cheek.
Bite-mark injuries	A pattern injury common to the breast, thigh, abdomen and buttocks areas.
Bull’s eye injury	A patterned injury assuming the shape of the offending object; whether circular, oval or rectangle, there is a pale center with a hyper vascular or Petechial area.
Bumps	Solid elevation of tissue
Burn Injury	Any thermal injury to the skin caused by any heat source.
Cervix	Narrow lower or outer end of the uterus; neck of the uterus.
Cervical Os	Opening of the cervix.
Chlamydia Trachomatis	An organism that causes sexually transmitted infection i.e., nongonococcal urethritis and pelvic inflammatory disease (PID)
Clitoris	A small erectile organ located beneath the anterior labial commissure (the upper portions of the labia minora) and partially hidden by the anterior ends of the labia magora.
Contusion	A superficial injury produced from impact without laceration when blood forms under the surface or in the subcutaneous tissue causing discoloration of the surface. AKA “bruise”.
Cunnilingus	Sexual activity in which the mouth and tongue are used to stimulate the female genitalia.
Defense Injuries	Posturing of the victim for protection against an attack. Injuries can be found on any body part that can be used as a shield; the most common areas being the hands, fingers, or arms.

Distal	Farther from the body
Ecchymosis	A hemorrhagic spot or blotch, larger than petechiae, on the shin or mucous membrane, forming a non-elevated, rounded or irregular blue or purple patch. NOT caused by blunt force trauma. NOT a bruise or contusion.
Edema	Swelling of soft tissue
Ejaculation	Expulsion of semen
Erythema	A redness of the skin produced by the congestion of capillaries.
Fellatio	Oral stimulation of the penis
Fissure	A general term for cleft or groove.
Fossa Navicularis	Concave area immediately below the hymen, junction of the two labia minora.
Genital Warts	Also called venereal warts or condylomata acuminata; caused by human papilloma virus (HPV)
Gonorrhoea	Infection caused by gram-negative diplococci Neisseria Gonorrhoea of the urethra, cervix, rectum, pharynx or eyes; may evolve into bacteremia.
Hematoma	Tumor-like mass of blood coagulated under the skin or in a cavity.
Hymen	A membranous collar or semi-collar that surrounds the vaginal introitus and separates the external genitalia from the vagina; all females have this structure and there is wide anatomic variation in morphology.
Introitus (vaginal orifice)	The entrance to the vagina is in the posterior portion of the vestibule, between the labia minora. The shape and size of the opening is variable. Remnants of the hymen may be visible as small tags around the vaginal orifice.
Labia Majora	Rounded fat pads of skin forming the lateral boundaries of the vulva extending from the mons posteriorly to the perineum. In adult women, the outer portion of the labia is usually covered with hair, while the inner portion is smooth, free of hair. (outer lips to vagina). A single lip is called a labium majus.
Labia Minora	Between the labia majora are rounded fat pads of skin forming the labia minora. Posteriorly, the labia minora become smaller and blend into the labia majora. One side may be smaller than the other with normal hyperpigmentation of edges. Inner lips to the vagina. A single lip is called labium minus.

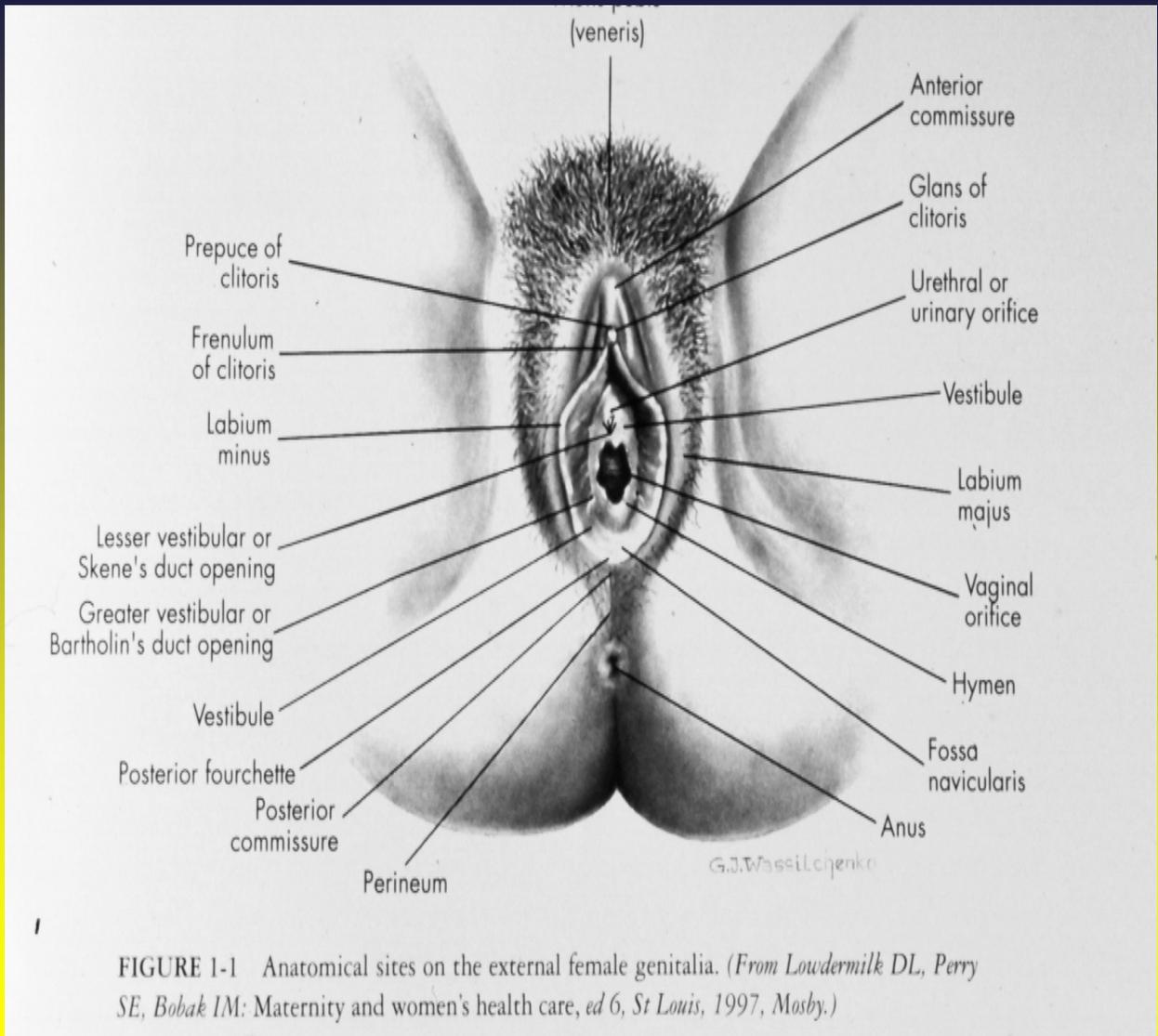
Laceration/Transection	Tear of the tissue
Lateral	Toward or on the side
Meatus (urethral orifice)	The opening of the urethra
Mons Pubis	The prominence caused by the pad of fatty tissue over the symphysis pubis in the female.
Patterned Injuries	Specific characteristics of an injury that reflect the identity of the wounding object or provides information about the nature of the weapon.
Penis	The male genital organ consisting of a root, body and a glans. The root is attached to the pubic bones. The body consists of two parallel cylinders of erectile tissue, the corpora cavernosa, and beneath them, a third cylindrical structure, the corpus spongiosum, through which the urethra passes. The glans is a thickening at the tip of the penis and is covered by a prepuce (foreskin) and is demarcated from the body of the penis by a ridge, the corona. The penis is homologous with the clitoris.
Peri-Anal Folds	Redundant perianal skin radiating from the anus.
Peri-Anal Skin Tags	Extra skin that interrupts the symmetry of the perianal folds and does not smooth out with traction.
Peri-Hymenal Tissues	Tissues lateral to the hymen from the base of the hymen to labia minora.
Perineum	For females part of genitalia located between the vulva and anus, for males, between the scrotum and anus.
Petechiae	Small singular or multiple hemorrhages about the size of a pin head.
Posterior	Toward or on the back
Posterior Fourchette	A tense band or fold of mucous membrane at the posterior commissure of the vagina, connecting the posterior ends of the labia minora; the area below the fossa navicularis, point of fusion with the posterior labia.
Prepuce	A fold capping the clitoris in females. Also known as the clitoral hood. In males the foreskin of the penis.
Posterior Fornix	Cavity within the vagina located inferior to the cervix.
Prostate	A gland which surrounds the neck of the bladder and the urethra. It is made up partly of glandular elements, the ducts from which empty into the prostatic portion of the urethra, and produces the

majority of the seminal fluid.

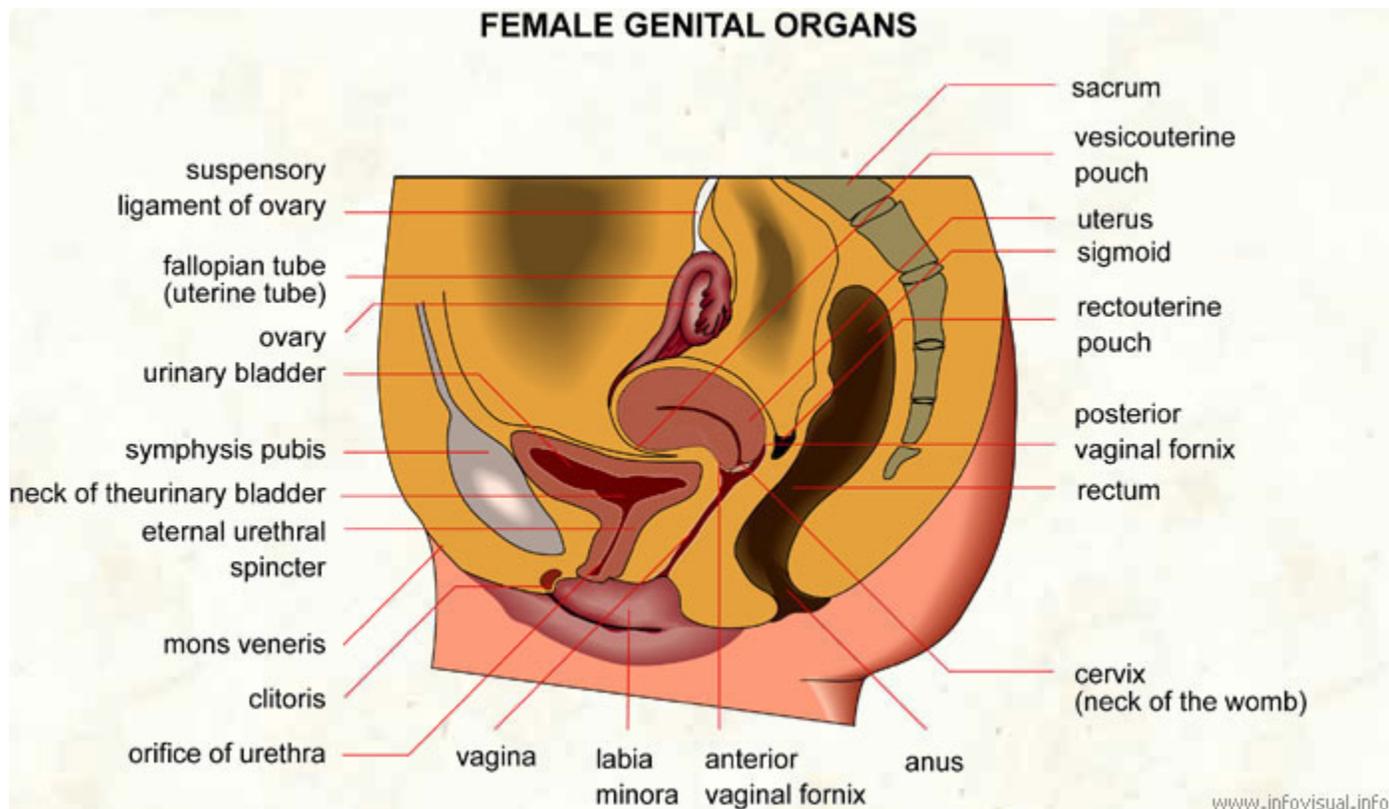
Proximal	Toward or near the center of or close to the body
Scratch	Linear abrasions or wounds caused by scraping
Scrotum	A skin pouch that contains the testes.
Suction injury	Created by the mouth when forming a negative vacuum pressure over the tissue. AKA “hickey”.
Syphilis	Sexually transmitted disease caused by the spirochete <i>treponema pallidum</i> ; characterized by sequential stages and years of latency; may affect any tissue.
Tenderness	Any area of the body which is sensitive to pain upon pressure
Testes	Male sex organs that produce spermatozoa.
Trichomoniasis	A single cell protozoan; sexually transmitted and causes burning and itching to vulva with yellow-green discharge. Most males are asymptomatic carriers.
Urethral Meatus	The opening of the urethra into the glans in the male.
Vagina	A tubular structure that extends from the vestibule to the uterus. It lies in the midline and its axis usually points toward the midline of the sacrum. The vaginal wall itself is composed of mucous membrane-like muscle fibers and connective tissue. The vaginal tube is very pliable and distensible.
Ventral	Towards or on the front
Vulva (Pudendum)	External sexual organs including mons pubis, clitoris, labia majora, labia minora, vaginal vestibule, urethra orifice, vaginal orifice, hymen, fossa navicularis and posterior fourchette (or commissure).

References:

- Girargin et al. Color Atlas of Sexual Assault. C V Mosby: 1997.
- Olshaker et al. Forensic Emergency Medicine. Lippincott Williams & Wilkins: 2001
- Crowley, Sharon R. Sexual Assault: The Medical-Legal Examination. McGraw-Hill/Appleton & Lange: 1999.



Female External Genital Diagram



Female genital organs: set of sexual organs involved in reproduction.

Sacrum: bone jointed with the hipbone to form the pelvis.

Vesicouterine pouch: bottom of the vesicouterine cavity.

Uterus: female genital organ that contains the fertilized egg during its development.

Sigmoid: final part of the descending colon.

Rectouterine pouch: bottom of the rectouterine cavity.

Posterior vaginal fornix: back end of the vaginal cavity.

Rectum: final part of the large intestine, between the sigmoid and the anus.

Cervix (neck of the womb): narrow part of the uterus.

Anus: end of the large intestine, through which the human body expels solid waste.

Anterior vaginal fornix: front end of the vaginal cavity.

Labia minora: one of two cutaneous folds situated within the labia majora.

Vagina: internal female genital organ, between the vulva and the uterus.

Orifice of urethra: end of the urethra.

Clitoris: erectile organ situated in the upper part of the vulva.

Mons veneris: eminence situated at the front of the female pubis, covered with hair from puberty onwards. Also called the mons pubis.

Eternal urethral sphincter: muscle used to open and close the urethra.

Neck of the urinary bladder: narrow part of the bladder.

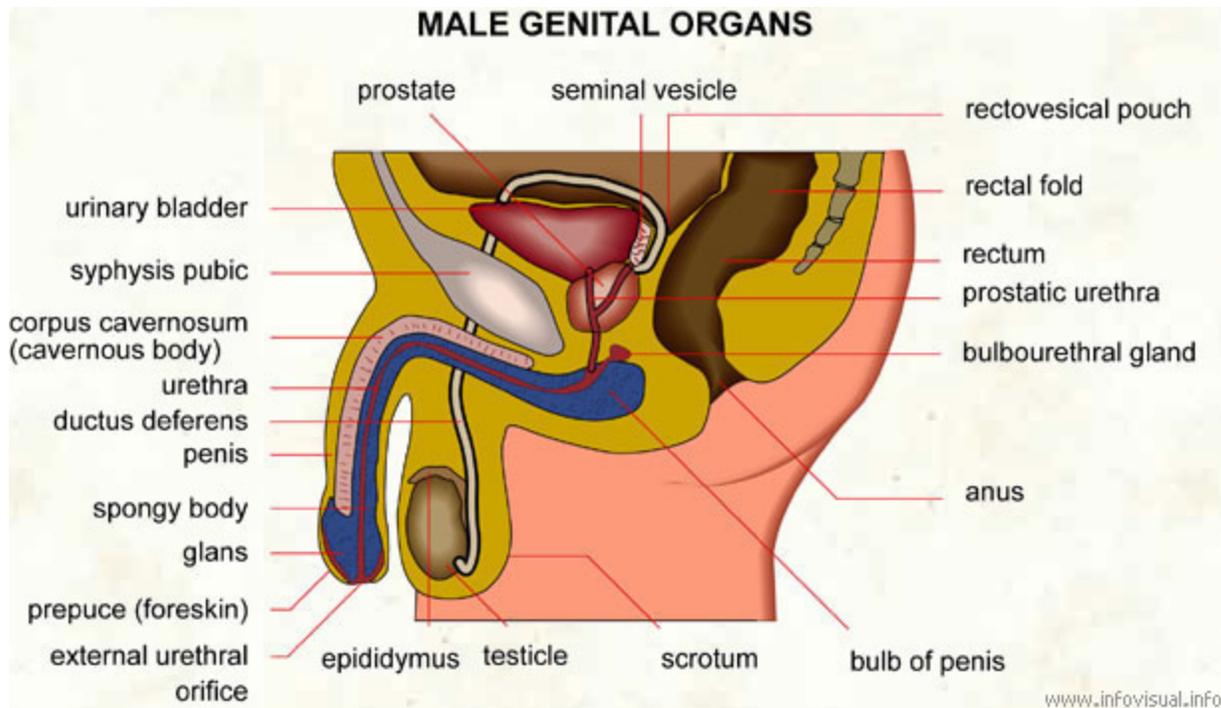
Symphysis pubis: semi-mobile pubic joint.

Urinary bladder: pocket in which urine collects.

Ovary: one of two egg-producing genital glands.

Fallopian tube (uterine tube): conduit between the ovary and the uterus.

Suspensory ligament of ovary: tissue that holds the ovary in place.



Male genital organs: set of sexual organs involved in human reproduction.

Prostate: gland secreting one of the components of sperm.

Seminal vesicle: small sac related to the semen.

Rectovesical pouch: bottom of the recto-vesical cavity.

Rectal fold: fold related to the rectum.

Rectum: final part of the large intestine, between the sigmoid and the anus.

Prostate urethra: conduit related to the prostate.

Bulbourethral gland: gland related to the bulb and the urethra.

Anus: end of the large intestine, through which the human body expels solid waste.

Bulb of penis: enlargement of the penis.

Scrotum: small sac under the penis containing the testicles.

Testicle: spermatozoa-producing gland.

Epididymus: canal through which the sperm passes.

External urethral orifice: end of the urethra.

Prepuce (foreskin): cutaneous fold covering the glans penis.

Glans: enlarged end of the penis.

Spongy body: spongy tissue.

Penis: external sexual organ of a man.

Ductus deferens: tube carrying sperm out of the penis.

Urethra: small tube through which the human body expels liquid waste.

Corpus cavernosum (cavernous body): more or less empty space.

Symphysis pubis: semi-mobile pubic joint.

Urinary bladder: pocket in which urine collects.

