# If you have issues viewing or accessing this file contact us at NCJRS.gov.

N<sup>°</sup>

14

## MARYLAND COMMISSION ON THE STATUS OF WOMEN

GUIDELINES

FOR

VICTIMS OF SEXUAL ASSAULT

HOSPITAL PROCEDURES

POLICE

STATE'S ATTORNEYS

JUDICIARY

October 1, 1975

This paper may be reproduced in whole or part without permission, provided credit is given to the Maryland Commission on the Status of Women, 1100 North Eutaw Street, Baltimore, Maryland 21201.

#### MARYLAND COMMISSION ON THE STATUS OF WOMEN

Shoshana S. Cardin, Chairwoman

SUBCOMMITTEE ON PROCEDURAL GUIDELINES

Jo-Ann Orlinsky, Chairperson

Carolyn Feinglass Montgomery County Sexual Offenses Committee

Jeanne Harris Montgomery County Sexual Offenses Committee

Naomi Mestanes Anne Arundel County Commission Un The Status of Women Rape Task Force

#### Publications

In preparing these guidelines, we have drawn heavily on the following published materials:

Georgia Commission on the Status of Women, A Study by. <u>Rape and the Treat-</u> ment of <u>Rape Victims</u> in Georgia, 1974.

Iowa Women's Political Caucus. Rape - What You Need To Know.

Montgomery County Department of Police. <u>Rape and Other Sexual Assaults -</u> <u>What to Expect After the Attack</u>.

Prince George's County State's Attorney's Office. Rape. A Crime Against Women.

Queens Bench Foundation. Rape Victimization Study.

<u>Report of the Ad Hoc Committee on Rape</u>. Medical & Chirurgical Faculty of the State of Maryland.

Report of the Baltimore City Council Task Force on Rape. February 1975.

Report of the Montgomery County Sexual Offenses Committee. June 1975.

Sex Crimes Analysis Unit, Police Department of the City of New York. <u>Overview and Training Program</u>. Sex Crimes Investigation Seminars.

#### ACKNOWLEDGEMENTS

Our special thanks to several rape victims whose names shall remain confidential.

Mary Garrison, Chairperson, Subcommittee on Hospitals/Counseling, Montgomery County Sexual Offenses Committee

Antonia Keane, Co-Chairperson, Baltimore City Council Task Force on Rape

Anne Arundel County Rape Task Force

Baltimore Rape Crisis Center

Mary Alice Bianco, Allegany County N.O.W.

John E. deKowzan, Principal Assistant State's Attorney, Prince George's County

Francis Ford, Sheriff, Washington County

Donald Griffith, Chief, Frostburg Police Department

Michael E. Kamin kow, Attorney

Lawrence V. Kelly, State's Attorney for Allegany County

Dr. Kenneth Kerle, Consultant, Washington County Sheriff's Department

Vickie Koogle, Washington County Rape Crisis Task Force

Robert E. Kopsack, Administrator, Ambulatory Care, Memorial Hospital, Cumberland

E. Joy Mappes, President, Allegany County N.O.W.

Arthur A. Marshall, Jr., State's Attorney for Prince George's County

Clinton Mowen, Chief, Hagerstown Police Department

Charles E. Moylan, Jr., Associate Judge, Court of Special Appeals

J. M. Resser, Emergency Medical Technician-Ambulance, Allegany County

Police Department of the City of New York, Sex Crimes Analysis Unit

Andrew L. Sonner, State's Attorney for Montgomery County

William A. Swisher, State's Attorney of Baltimore City

Clyde Tucker, Lieutenant, Maryland State Police, Hagerstown

W. R. Turnbull, First Lieutenant, Commanding Barrack "C", Maryland State Police, LaVale

Theodore C. Venetoulis, County Executive, Baltimore County

Mary Ann Willin, Assistant State's Attorney, Baltimore City

Janet Wanderlick, Home Economics Extension Agent, University of Maryland, Cooperative Extension Service

#### PREFACE

While current studies show that the incidence of reported rape is increasing, the number of unreported rapes is still estimated at 5 to 10 times the reported number. Women often fear reporting sexual assaults to the authorities.

Women do not report rape because:

- 1. They fear insensitive treatment by police, legal and medical personnel.
- 2. They feel degraded and contaminated by the act.
- 3. They feel shamed in the eyes of society.
- 4. They fear reprisals from their attacker if not convicted.
- 5. They are too embarrassed to relate the details to a law enforcement officer or in an open court.
- 6. They believe police cannot be effective in solving the crime.
- 7. Charges of rape are often reduced to avoid lengthy trials and to reduce crowded dockets.

It is our belief that the increased reporting of such crimes of violence will result in increased apprehension and convictions, thereby making the streets safer for all women.

To assist women in being less hesitant in reporting sexual assaults to the authorities we have developed the following guidelines as a model for adoption by law enforcement, medical and legal authorities.

We realize that the smaller counties may find some recommendations difficult to follow, but the general intent is to cover all possible situations.

# TABLE OF CONTENTS

Page

Basic Guidelines for Victims	of Sexual	Assault .	• • • •	1
Model Hospital Procedures		c • • • •	· · ·	9
Police	• • • • •	• • • • •	• • • • •	27
State's Attorney	• • • •	• • • • •	• • • • •	30
The Judiciary and the Bar Ass	sociation.	• • • • •	• • • • •	32

## BASIC GUIDELINES FOR VICTIMS OF SEXUAL ASSAULT

1. Do not bathe, change clothes, apply medication or do or take anything to change your appearance. Try not to urinate or defecate. If you do, you may destroy evidence essential to prove your case.

2. Do not disturb the physical surroundings in which the assault took place. You may destroy essential evidence.

3. Call local or state police immediately. An immediate call to the police assists in establishing the credibility of your legal case. Police Department will respond by sending a uniformed officer.

 He will question you to determine the nature of the assault and get information about the assailant - his appearance, means of travel, etc.
 The officer will then relay this information to the rest of the patrol force, or take other appropriate action as dictated by the circumstances.

2. He will then offer, as required by law, to take you to the nearest hospital or facility which has been approved for the treatment of sexual assault victims. Accept the offer. Bring a complete set of clothes with you or ask someone to get them for you and bring them to the hospital. The clothing you are wearing may be collected as evidence.

3. Remember that any conversations with police or hospital personnel may be used in court.

The hospital staff examines you.

The physical examination has two purposes: to care for your needs and to collect evidence to support your case in court. It will be necessary for you to undergo a medical examination. A gynecological examination is necessary to confirm penetration. This is essential in proving the crime <u>in court.</u> If you like, this examination may be conducted by your personal physician; however, it is of utmost importance that it be performed as immediately as possible after the assault.

Unless you are seriously injured, the evidence should be collected first. The physician will look for material to establish the identity of the assailant (hairs, sperm type, bits of clothing fibers), prove penetration (sperm and semen) and indicate the lack of consent (injuries, bruises, material under the finger nails). Be sure that the places which are tender or sore are recorded. A bruise may show up there the next day. Tell them of all the areas where they might find sperm or semen. This evidence is vital in obtaining a conviction.

There are five medical needs to be considered:

- 1. Treatment of <u>injuries</u>.
- 2. Consideration of possible <u>pregnancy</u>. This is an individual problem. If you are near the middle of your menstrual cycle and are not protected by contraceptives, there is a possibility of pregnancy from the assault. The examining physician may or may not discuss this with you. Under Maryland law, hospitals and physicians have the right not to cover this if they so choose. They are also not required to make referrals to someone who will. You may request a test at the hospital to determine if you were pregnant prior to the time of the assault. This is particularly important, since the test must come back as "negative" if you wish to take a "morning after pill". If you do want to take a morning after pill, it is vital that you fully investigate with a qualified physician its possible dangerous side effects before making your decision. Under no circumstances should you take this drug if your pregnancy test comes back as "positive".

- 2 -

To prevent becoming pregnant, there are various alternatives open to you: morning-after pills, a copper-7 IUD inserted within the next two or three days, menstrual extraction if your next period is late, or abortion. You may want to consider continuing the pregnancy to term. Each method has possible side effects. Be sure you understand what they are before the choice of treatment is made. Some hospitals may wish to administer other medication for pregnancy and venereal disease prevention: Insist upon knowing what you are being given, for what purpose and what other alternatives are available. You have the right to refuse any medication. <u>If you are allergic to</u> any medication, immediately inform the physician.

- 3. Consideration of <u>Venereal Disease</u>. The most cormon venereal disease is gonorrhea. It is treated by a double injection of fast-acting penicillin unless you are allergic to the drug. In such cases slower treatment with other drugs is used. The physician may suggest waiting to see whether the disease develops in a week or so so as to spare you unnecessary medication. Syphilis is not detected until 6-8 weeks after exposure. Have a blood test then by your own physician or health department clinic to be sure you are not infected. There are many other vaginal infections which are not reported to the health department. Each one has a different treatment. The examining physician should discuss with you what symptoms to look for and where to get prompt help for any problems.
- 4. Consideration of <u>Feelings and Reactions</u> to the Experience. You may want to talk with someone at the hospital about the experience or you may prefer to seek counseling later. You may be given medication to help you. If you wish counseling, check to see if any of the following are available:

- 3 -

Local Health Department Rape Crisis Center Local Human Resources Office Family doctor Hospital clinic Hotline Mental health professionals Clergyman

#### Bruises

Visible injuries may have to be photographed. Bruises often do not show up for 24-48 hours. You should make arrangements at the time of your initial examination to return and be re-examined for such bruises.

## Payment for Physical Examination and Tests

The hospital may bill you for the examination and tests and any other treatment. In some counties and Baltimore City, the county or city provides payment for the examination but not for any drugs or treatment of any injuries. Before paying any bills contact:

> The Police Department The State's Attorney's Office at the county seat The County Attorney's or County Solicitor's Office at the county seat Your own health insurance company The Maryland Criminal Injuries Compensation Board 1123 North Eutaw Street, Suite 601 Baltimore, MD 21201 523-5000

to find out how payment is handled.

#### In Depth Interview

Further questioning may take place by the same officer or different officers at the hospital while awaiting your physical examination, or at a local police station following the examination.

<u>The in-depth interview is one of the most important phases of the</u> <u>investigation.</u> It will cover all details of the assault and may be time consuming. It will be necessary for you to disclose specific details about the incident. With the understanding that confusion and embarrassment often occur, the interview is conducted in private.

The questions asked of you are designed to assist you in accurately recalling the incident for proper presentation in court to prove the elements of the offense. You are the only one who can accurately relate what occurred, as well as details of the assailant's appearance, speech, and mannerisms, which help to identify him.

- 5 -

You have the right to expect prompt, courteous and sympathetic treatment from law enforcement authorities. You will be expected to answer questions concerning the identity of the rapist and the circumstances of the rape. If you don't think the questions being asked are relevant, say so, and ask for an explanation. If you feel uncomfortable talking with a particular officer, ask to talk to the officer's superior.

In conducting a thorough investigation, the officers ask the victim many questions and will go over details of the crime. This is necessary because the victim frequently recalls additional information and details during subsequent interviews.

#### After the Interview

You may be asked to view photographs of previous offenders and possibly work out a sketch of the assailant with a police artist.

### Lig Detector Test

You may be asked to take a lie detector test. You have the legal right to refuse to take such a test. However, refusal to take the test may result in the belief on the part of law enforcement officers that your charges are questionable.

## If a Suspect is Apprehended

If a suspect is apprehended, you might have to view him in a line-up. If the assailant is personally known to you, or an identification is made, an application for a warrant will be obtained, which you may have to sign.

- 6 -

Social attitudes tend to discourage women from pressing charges the attitude of the husband, the boyfriend, the family.

However, reporting the rape is the only way you can reduce the chances of another woman being raped. Remember, rapists are often "repeaters".

### COURT PROCEDURES

## Bail

The defendant may be released on bail at any point in the legal process. Ideally, the State's Attorney's Office or the court should notify you that the defendant is no longer in custody, but this rarely happens. You may, in fact, see your assailant on the street after his arrest.

## Preliminary Hearing

It is possible that you may be called to testify at a preliminary hearing in an open courtroom in the presence of the suspect. In most instances, the preliminary hearing is waived by either the State directly to the Grand Jury or by the defendant directly to the State's Attorney's Office. The purpose of a preliminary hearing when held is to determine whether there is sufficient evidence to try a case against the defendant. <u>Defense Attorney</u>

There may be occasions when you will be contacted by a representative of the defendant - either an attorney or his investigator. The defense attorney may be from the Office of the Public Defender. You are not required to talk with any representative of the person charged with the offense. If you wish to, and have any questions, contact the police investigators assigned to your case or the State's Attorney's Office. The Grand Jury

The Grand Jury is a group of individuals responsible for examining

accusations made against a person charged with committing a crime. If the evidence presented is strong enough, the Grand Jury makes formal charges and the defendant is later tried on these charges, called indictments.

In some cases, you will not be required to appear before the Grand Jury, since your testimony will be presented by your investigators. If you are called to appear, the investigators and/or the State's Attorney's Office will explain the proceedings. Any testimony you give before the Grand Jury must be given in private; therefore, only you will be allowed to appear. The Arraignment

The purpose of the arraignment is to serve the indictment handed down from the Grand Jury upon the defendant and to determine if the defendant has counsel. The defendant then enters his plea - guilty or not guilty - and the court ensures that the defendant understands the charges against him.

You will not be required to attend.

### The Pre-Trial Conference

Ideally, before you appear in court, you should meet with the State's Attorney assigned to your case. He or she will explain court procedure and what may be expected of you during the trial. In the event that you are not contacted by them, you should request such a meeting.

Unfortunately, this is not always the procedure. In the larger counties and Baltimore City, you may be informed which Assistant State's Attorney has been assigned to your case only prior to the trial.

### Pre-Trial Motions

Pre-trial motions are presented to a judge before the trial begins. They are used by the defense attorney to keep certain evidence, such as confessions or searches of the suspect, from being presented at the trial. You will probably not need to appear.

#### The Trial

During the trial, you and all other witnesses will be required to testify in open court. You will be expected to give a complete account of the assault. The defense attorney will then subject you to "cross examination", questions which are generally designed to disprove the victim's testimony and may be difficult for you to undergo. This is why the pretrial conference with the State's Attorney is important.

- 8 -

The results of your medical examination, any laboratory analysis results, and testimony of other witnesses will also be presented at the trial.

During the trial, remember you are <u>not</u> the criminal, you are <u>not</u> on trial. If you keep this firmly in mind, you will be a very effective witness.

### The Sentencing

If the defendant is found guilty, the trial judge imposes sentence at a later date. You may attend the sentencing if you like, but you are not required to be present.

#### The Appeal

Once the trial is completed, a convicted assailant has the right to appeal his conviction, but the State (i.e., the prosecution), does not have the right to appeal a finding of not guilty.

#### Change of Address

Be sure to notify police and State's Attorney's Office of any change in address. If they can't find you, the can't prosecute the case.

## MODEL HOSPITAL PROCEDURES

It is recommended that all hospitals in Maryland initiate a uniform program of procedures and services in treating victims of sexual assault. The smaller, rural county hospitals which see few victims each year should make every effort to follow the same procedures.

- 1. We recommend that a hospital staff conference be held to review current programs for the treatment of sexual assault victims.
- 2. We further recommend the adoption of the guidelines outlined below which have been developed with consideration given to the following items:
  - a. Where and by whom victims will be treated. Physicians handling the cases should be fully licensed in the State of Maryland.
  - b. Examinations and laboratory tests required by the police.
  - c. A list of facilities and psychiatrists or psychologists where psychological referrals can be made.
  - d. Recommended treatment for dealing with the possibilities of pregnancy and venereal disease.
  - e. Where and by whom the follow-up exam will be conducted.
  - f. A staff person be designated to counsel all rape victims as a matter of routine.
  - g. All personnel involved in the management of the victims of sexual assault should receive categorical training in all the medical, legal and social aspects of this problem.
  - h. Ambulance personnel (volunteer, community-paid, or private) should be made aware of the emotional, physical and medicallegal aspects of dealing with the victim. Such personnel should be trained in a manner similar to hospital personnel,

- 9 -

particularly the preservation of evidence.

3. The rape victim should be regarded as a priority case. The victim has had to deal with the sexual assault and with the police; too often she is swept along by the day-to-day workings of the hospital system, and this only adds to her anxiety. Furthermore, the police may be waiting to talk with her, and laboratory tests should be performed immediately for maximum effectiveness. The victim should be shown to a quiet room, and friends and family should be allowed and even encouraged to remain with her. During this time a careful explanation of the gynecological examination and the gathering of evidence should be given to the victim.

No other post-assault event is more crucial in the treatment of sexual assault victims than what happens in the emergency room. It is there that corroborative evidence is collected which can help establish the identity of the assailant (hairs, sperm type, bits of clothing fibers), prove penetration (sperm and semen), and indicate the lack of consent (injuries, bruises, material under the finger nails). Some of this material such as the hairs and bits of clothing is easily lost; some such as the motility of sperm and the high level of acid phosphatase or evidence in the mouth or anus disappears rapidly in certain victims. <u>Therefore, time is of the essence</u> in attending the victim of sexual assault.

The way the victim is treated in the emergency room is often interpreted by the victim as an indication of how society feels about her now that she has been sexually assaulted. Careful, thoughtful treatment is essential in minimizing further emotional trauma. The use of the words "alleged" and "suspected" rape or sexual assault by hospital personnel should be eliminated. Any person reporting a rape or sexual assault should be treated as a victim. No judgments should be made by personnel in contact with the victim as to whether or not the victim is an "alleged victim" or suspected victim".

In addition to the collection of medical-legal evidence for use in a possible court trial, the victim has five medical needs

- 1. Treatment for any injuries and tetanus toxold of indicated;
- 2. Emotional support and sedatives or tranquilizers if indicated;
- 3. Evaluation of the chance of pregnancy with an opportunity for <u>prevention</u> if so indicated and desired by the patient. She should be informed of possible side-effects of the treatment and alternative methods, and given a test to rule out pre-existing pregnancy;
- 4. Evaluation of possible venereal diseases, with treatment if indicated;
- 5. Adequate referrals for further treatment or counseling with transfer or relevant findings.

## Legal Involvement of Medical Personnel

These ideal procedures attempt to protect the integrity of evidence which may be needed for a court trial, reduce the legal involvement of medical personnel to a minimum consistent with justice, and at the same time give the victim the treatment and the emotional support she needs.

The victim must understand that it will be almost impossible to collect medical evidence for a court trial unless she reports the attack to the police immediately.

In Maryland, sexual assaults must be reported to the police by the medical profession only under the Child Abuse Act, Article 27, Section 35A, when a minor is sexually assaulted by someone who has temporary or permanent custody of the minor. If a sexual assault victim is injured by a gun the assault must be reported under Article 27, Section 336A. In Allegany, Anne Arundel, Charles, Kent, Montgomery, Talbot, Somerset and Prince George's Counties, sexual assaults would have to be reported if there was injury caused by the use of a lethal weapon or an automobile accident, Article 27, Section 336.

All victims should be treated on request. If the police are not involved, the hospital may ask the patient to sign a form indicating that she does not want legal evidence collected.

In counties where the possible breaking of the "chain of evidence" has been a factor in the unsuccessful prosecution of cases, it is <u>recommended</u> that the police department designate a policewoman who will be able to witness the medical examination (i.e., the gathering of evidence in the examining room) and take the evidence kit with her back to the police department for analysis.

This eliminates the need for chain of custody of laboratory specimens. Under this system, it is hoped that the hospital records, if complete and legible, will be adequate to establish corroborative evidence.

Every hospital should have available several legal evidence kits (see section on legal evidence kit) which should be locked at the end of the examination in the presence of a police officer and <u>immediately</u> turned over to the police department for analysis by its laboratory. Cases are often lost in court because legal precautions are not taken by hospital laboratories to preserve the integrity of the samples and thereby break the "chain of evidence".

### The Legal Evidence Kit

1. The purpose of the Legal Evidence Kit is to provide for uniformity in the collection of evidence in all sexual assault cases. It is intended by this kit to develop a scientific protocol for the collection of this

- 12 -

evidence in such a fashion that that exercise will not interfere with the immediate physical and medical needs of the victim.

2. The contents of the Legal Evidence Kit are outlined as follows: One (1) vacutainer with anti-coagulant powder, One(1) plastic hypodermic syringe (sterile, Four (4) laboratory microscope slides enclosed in a cardboard mailer, Five (5) sterile culture tubes, Five (5) sterile wooden handled cotton swabs, One (1) piece of filter paper, Two (2) surgical scrub brushes, and fingernail scraper kit, Six (6) white envelopes (appropriately marked), One (1) self-carbon form authorizing the release of medical records (three copies, the physician, the hospital, the police), a medical checklist to be completed by the attending physician (three copies), one sketch of perineal region and one sketch of four sides of female body, One (1) lock-seal envelope (unsealed).

3. The use of the Legal Evidence Kit should be in conformance with the enclosed protocol. Use of this protocol by the physician and other medical personnel attending the victim should be coordinated as closely as possible with the investigating law enforcement officer assigned to the case. Any questions which might arise concerning the gathering of the physical evidence sought by this rape kit should be resolved by brief consultation with the investigating law enforcement officer so long as that does not interfere with the immediate rendering of required physical and medical treatment to the victim.

4. If a female police officer is available, she should accompany the physician into the examination room unless it is expressly disapproved by the victim. The investigating officer, with her experience and background will be a great assistance to the physician in the unobtrusive gathering and collection of the physical evidence necessary for the future processing of the case. It is essential that this evidence be gathered as quickly as

- 13 -

possible so that it might be thoroughly preserved in an uncontaminated condition. She may later certify that she saw where and under what circumstances the evidence was collected. The evidence collected should be turned over to the investigating officer (male or female) and in the presence of the physician locked in the envelope provided in the legal evidence kit. The investigating officer will maintain custody and control of physical evidence so gathered and transport it forthwith to the police laboratory for appropriate analysis.

## LEGAL EVIDENCE KIT PROTOCOL

- 1. CONSENT-RELEASE FORMS: Execute release forms.
- <u>CLOTHING</u>: Gather clothing and deliver to police in <u>separate</u> bags. (If not already done.)
- 3. <u>EXTERNAL OBSERVATIONS</u>: Observe and record on medical check-list and sketches any indications of trauma. This includes an observation of the patient's emotional demeanor.
- 4. <u>PUBIC HAIRS</u>: Using the respectively labeled packages, comb the public area of the patient into labeled envelope to remove the loose hairs and fibers. Place the hairs <u>and</u> the brush into the appropriately marked envelope, seal (and give to the officer). Place at least 12 pulled pubic hairs into a second envelope, seal, (and give to the officer).and place in lock-seal envelope.
- 5. <u>HEAD HAIRS</u>: Using the appropriately marked packages, comb the head hair of the patient into the labeled envelope to remove the icose nairs and fibers. Place the hairs <u>and</u> the brush into the appropriately marked envelope, seal (and give to the officer). Place at least 12 pulled head hairs into a second envelope, seal (and give to the officer). Hair is to be pulled from the four quadrants of the head, (front, rear and both sides).

6. SWABBINGS: Use no lubricants in obtaining swabbings. A) Two (2)

- 14 -

dry mount slides are needed - one (1) from the vagina and one (1) from the endocervix. Using swabs provided, swab each area with a separate swab and transfer swabbing to one of the slides provided. Hand each to the officer or appropriate person who will make same and preserve for transportation to the lab. B) Two (2) wet mount slides are needed - one (1) from the vagina and one (1) from the endocervix, the purpose of each being to observe for motile sperm. Using method described in A), above, transfer to separate slides (provided) the wet swabbings from the respective areas and observe through a microscope for any evidence of motile sperm. (This may be done by pathology in your hospital, if procedures so dictate). Record observations as provided on the form.

- <u>SALIVA</u>: Using filter paper provided, have patient provide saliva sample. Deliver filter paper (to officer) for tracing, drying and sealing into appropriately marked envelope.
- 8. <u>BLOOD</u>: Using syringe, needle, and vacutainer provided, draw full vacutainer of blood. Deliver vacutainer (to officer) for marking. Using same syringe, obtain second vacutainer of blood for hospital use in testing for venereal disease (if such procedure is indicated). If other tests are indicated, all blood needed should be gathered at the same time from the same needle. 5 ml. is needed for a VDRL test for syphilis.

Ĭ

- 9. <u>FINGERNAIL SCRAPINGS</u>: Using the instrument provided, scrape into appropriately marked envelope the contents of the underside of each of the patient's fingernails. (Deliver envelope to officer.)
- 10. <u>MEDICAL FORMS</u>: Complete medical check-list. Give all to officer who will leave a copy of the check-list with physician.

- 15 -

# AUTHORIZATION FOR TREATMENT AND RELEASE OF INFORMATION

Hospital

You are hereby authorized to conduct a physical examination of my person and collect, for evidentiary purposes, all evidence and samples requested by the law enforcement agency handling the investigation of the assault against me which occurred on or about \_\_\_\_\_\_. The law enforcement agency investigating this case is the \_\_\_\_\_\_. Police Department, and the State's Attorney for \_\_\_\_\_\_. County, Maryland. You are also authorized to release to the said law enforcement agency all reports and evidence maintained or gathered by the

Hospital or its personnel.

Patient's Signature

Parent, if patient a minor

Witness

White - Hospital Records Yellow - Police Agency Pink - Physician's Records Green - Patient

T0:

## MEDICAL CHECK LIST

2 4 6	Name DOB Sex Address Phone	5.	Age Race		8. 9.	Polic Medic Hospi Holy	ed Assault: e Notified: al Exam: tal (Check) Cross . Advent	Suburban Mont. (	Tim 	e	
G	GENERAL PHYSICA	L EXAM:			<u>-</u> i		<u></u>	<u> </u>			
_		A. Head	B. Face	C. Neck	D.	Chest	E. Abdomen	F. Back	G. Arm	sH.	Leg
$\frac{1}{2}$	. Bruises . Lacerations				ļ				<u></u>		
_	. Blood	>							[	-	
_	. Fractures		· · · · · · · · · · · · · · · · · · ·		<u> </u>				[	-	
5	. Pain/Tender	c l						·			<u>-</u>
D		(In Layman	Terminolog	sy)	· <b>k</b>			• •••	1	L	
·									· · · · · · · · · · · · · · · · · · ·		
G	SYNECOLOGICAL A	ND/OR ANAL	EXAM:				· · · · · · · · · · · · · · · · · · ·			<u>م</u>	
				· · · · · · · · · · · · · · · · · · ·				·			··
		A. Perin	eum B.	llymen	С.	Vagina	D. Cervi	<u>⊁  E.</u>	Anus		·
	Bruises	<u></u>						···-			
2	. Lacerations	5	ł	· ·		1	and the second	1			
77	D 1 1	1						╾╾╸╉╌╘╾╌╾╸╸			
	3. Blood	In Laymon	Torminolog								
		(In Layman	Terminolog	<u>,y)</u>					•		
		In Layman	Terminolog	<u></u> ζγ)							
<u>D</u> 	Description: (								ATAIED		
<u>D</u> 							HYSICAL EVID		AINED		
<u>D</u> 	Description: (					1.	Pubic Hair	Combings	AINED		
<u>D</u> 	Description: (					1. 2.	Pubic Hair ( Pulled Pubic	Combings c Hair	AINED		
<u>D</u> 	Description: (					1. 2. 3.	Pubic Hair ( Pulled Pubic Head Hair Co	Combings c Hair ombings	AINED		
<u>D</u> 	Description: (					1. 2.	Pubic Hair ( Pulled Pubic Head Hair Co Head Hair Pu	Combings c Hair ombings ulled	AINED		
<u>D</u> 	Description: (					1. 2. 3. 4.	Pubic Hair Pulled Pubic Head Hair Co Head Hair Pu Blood Sample	Combings c Hair ombings ulled es			
<u>D</u> 	Description: (					1. 2. 3. 4. 5.	Pubic Hair ( Pulled Pubic Head Hair Co Head Hair Pu	Combings c Hair ombings ulled es			
<u>D</u> 	Description: (					1. 2. 3. 4. 5. 6.	Pubic Hair ( Pulled Pubic Head Hair Co Head Hair Pu Blood Sample Fingernail S	Combings c Hair ombings ulled es Scrapings			
<u>D</u> 	Description: (					1. 2. 3. 4. 5. 6. 7. 8. 9.	Pubic Hair ( Pulled Pubic Head Hair Co Head Hair Pu Blood Sample Fingernail S Clothing Saliva Samp Microscopic	Combings c Hair ombings ulled es Scrapings le Slide Sm	nears		
<u>D</u> 	Description: (					1. 2. 3. 4. 5. 6. 7. 8.	Pubic Hair ( Pulled Pubic Head Hair Co Head Hair Pu Blood Sample Fingernail S Clothing Saliva Samp Microscopic Swabbings::	Combings c Hair ombings ulled es Scrapings le Slide Sm Vagi	nears	Ana	
<u>D</u> 	Description: (					1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Pubic Hair Pulled Pubic Head Hair Co Head Hair Pubic Blood Sample Fingernail S Clothing Saliva Samp Microscopic Swabbings: 	Combings c Hair ombings ulled es Scrapings le Slide Sm Vagi rvix	nears inal Oral		
<u>D</u> 	Description: (					1. 2. 3. 4. 5. 6. 7. 8. 9.	Pubic Hair ( Pulled Pubic Head Hair Co Head Hair Pu Blood Sample Fingernail S Clothing Saliva Samp Microscopic Swabbings::	Combings c Hair ombings ulled es Scrapings le Slide Sn Vagi rvix Not Det	nears inal Oral	Ana	
<u>D</u> 	Description: (					1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Pubic Hair Pulled Pubic Head Hair Co Head Hair Pubic Blood Sample Fingernail S Clothing Saliva Samp Microscopic Swabbings: 	Combings c Hair ombings ulled es Scrapings le Slide Sn Vagi rvix Not Det Detecte	nears inal Oral ccted	Ana Oth	
<u>D</u> 	Description: (			niet, etc.		1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Pubic Hair Pulled Pubic Head Hair Co Head Hair Pubic Blood Sample Fingernail S Clothing Saliva Samp Microscopic Swabbings: 	Combings c Hair ombings ulled es Scrapings le Slide Sn Vagi rvix Not Det Detecte	nears inal Oral	Ana Oth	
<u>D</u> 	Description: (					1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Pubic Hair Pulled Pubic Head Hair Co Head Hair Pubic Blood Sample Fingernail S Clothing Saliva Samp Microscopic Swabbings: 	Combings c Hair ombings ulled es Scrapings le Slide Sn Vagi rvix Not Det Detecte	nears inal Oral ccted	Ana Oth	
<u>D</u> 	Description: (			niet, etc.		1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Pubic Hair Pulled Pubic Head Hair Co Head Hair Pubic Blood Sample Fingernail S Clothing Saliva Samp Microscopic Swabbings: 	Combings c Hair ombings ulled es Scrapings le Slide Sn Vagi rvix Not Det Detecte	nears inal Oral ccted	Ana Oth	
<u>D</u> 	Description: (	ANOR, i.e.	Crying, Qu	liet, etc.		1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Pubic Hair Pulled Pubic Head Hair Co Head Hair Pubic Blood Sample Fingernail S Clothing Saliva Samp Microscopic Swabbings: 	Combings c Hair pmbings ulled es Scrapings le Slide Sn Vagi rvix Not Det Detecte Motile/	nears inal Oral ccted ed 'Not Mot	Ana Oth	

Original to Police Department Representative Copy to Hospital or Physician

#### Recommended Emergency Room Procedures

The victim should be taken to a private room immediately. Interviews and administrative procedures should be completed there.

If the victim wishes, hospital personnel should contact a rape crisis center, if there is one available, or call a friend or relative. Arrangements should be made for a change of clothing to be brought to the hospital if the victim has not done so. The victim should be encouraged to report the sexual assault to the police, if she has not done so, and the police should be called if the victim agrees.

The victim should be attended by someone the entire time she is in the emergency room. This person should have basic (sensitivity) training in handling personal crises.

The victim should be asked only those questions which are necessary for an adequate medical history. Irrelevant questions should be eliminated. If the victim volunteers any information, she should be listened to, she may need to talk. Do not ask any unnecessary questions. Feelings should be discussed.

The emergency room nurse should indicate to the police and the victim the approximate time the victim would be examined so that other details can be completed during the wait, if possible.

If a woman has not been involved in oral assault, she may be offered cigarettes or soft drinks if desired while waiting. If the wait is to be long and the woman was assaulted orally, a swab of the oral area should be taken so that she may then smoke or drink. Always remember that it is preferable that the collection of evidence be witnessed by a policewoman and evidence given to the police for legal custody.

An explanation of the procedures in the emergency room should be given to the victim by a knowledgeable person. If the victim is accompanied by

- 18 -

a policewoman, the officer can explain the collection of legal evidence. The explanation of the other events should be given by someone who is informed and has the time to answer any questions that the patient may have. If this is to be the victim's first pelvic examination, there is need for special care in explaining the procedure. The explanations could be done by a nurse, social service worker, or trained counselor. The explanations must be coordinated so that there is no unnecessary duplication by several people or worse, no explanation at all.

### Establishing Continuity of Care

The victim's own physician should be called if she desires. The doctor may wish to treat the victim; however, many physicians will transfer authority to emergency room personnel. If this is the case, the physician should talk with the victim over the telephone and indicate concern and\_arrange for followup care as appropriate.

In the first few hours after a sexual assault, the victim may have to talk to at least three police officers and three emergency room personnel. The number of people involved could be as high as 10 to 15. It is important that the treatment be coordinated and continuity of care provided. Efforts should be made to minimize the number of personnel involved.

## Considerations In Taking A Medical History

The victim has just been through a traumatic experience and may find it painful to answer questions. Allow her to take her time in responding. Do not use "force" in any way. Besides the regular medical history, the following points unique to sexual assault should be included:

- a. Time of assault.
- b. Surroundings of the assault indoors, alley, park, etc.
- c. Number of sexual assailants involved.
- d. Areas of body injured.

- 19 -

- e. Areas of body involved in sexual assault.
- f. Did the assailant use a condom?
- g. Reproductive and menstrual history last menstrual period, usual cycles, use of contraceptives, previous sexual exposure during this cycle, use of tampons, any previous pregnancies, any gynecological operations or problems.
- h. If the administration of DES as an anti-pregnancy measure is being considered, the patient should be fully aware of the side effects and possible cause of cancer.\* We strongly recommend that other options regarding possible pregnancy be discussed with the victim. However, if DES is being considered, it is important to determine the following facts:
  - Was the victim's mother on DES during the gestation of the victim?
  - 2) Is there a history of liver disease, diabetes, or high blood pressure?
  - 3) Is there a possibility of a pre-existing pregnancy?
- i. Recent treatment for venereal diseases.
- j. Mental state unconscious, drugs, alcohol, retarded, (relevant to ability to give consent).
- k. History of psychiatric care. If she is in treatment, her therapist should be contacted.

<sup>\*</sup>Note: As these guidelines go to press, the U. S. Senate has passed and sent to the House, the following regulations for the FDA's enforcement: 1. DES may not be used as a contraceptive after sexual intercourse except in cases of rape or incest.- 2. DES prescription containers must carry a warning that the drug may cause cancer.- 3. The patient must give written consent and this consent must be recorded (without the patient's name) with the FDA.

### The Physical Examination

If a policewoman is available, she should assist the victim in undressing so as to preserve any evidence that may be loose on the clothing. If the police are not called, the victim is assisted as needed by hospital staff.

Every attempt should be made to make the victim feel that those in attendance are concerned about her, and to make her feel at ease about the examination. The physician should check to see that she has been informed about the examination and ask if she has any questions.

The victim should be examined for any evidence of struggle in the form of scratches, blood, bruises, etc., or bits of the environment where the attack occurred. Any complaints of areas that hurt should be recorded to corroborate later visible bruises. If the victim submitted out of fear of grave bodily harm, there might be little evidence of trauma.

Unless there is serious physical injury, the medical-legal evidence should be collected first. The hospital should have a legal evidence kit or a locked envelope for the evidence. A warmed, water moistened speculum should be used for the pelvic examination. If the victim is a child the sample should be obtained with a dropper. Samples for sperm and acid phosphatase should be taken from affected areas of the body. An ultraviolet lamp can be used to detect areas to be sampled. Some of the blood withdrawn for blood typing can be used for the VDRL (syphillis) test to be performed by the hospital. The police are then responsible for the evidence as soon as it is handed to them. An immediate examination for motile sperm from the involved areas is to be made and recorded. A permanent slide for sperm is prepared for the police to take.

Other laboratory tests needed are:

a. VDRL for syphillis.

b. Transgrow or Thayer-Martin culture for gonorrhea.

c. Urinalysis for pre-existing pregnancy. If the patient has not been examined for legal evidence at the time that the urine is collected, she should be cautioned to blot with toilet paper very lightly so as not to destroy any loose evidence.

These tests do not need to be kept under chain of custody security. Usual care for identification and confidentiality is sufficient.

#### Treatment as Indicated

- a. Injuries and possible tetanus toxoid.
- b. Venereal diseases possible penicillin for gonorrhea or other antibiotic according to National Center for Disease Control recommendations.
- c. Treatment for possible pregnancy and its prevention, if desired.
- d. Douche if desired, mouth wash if indicated, shower if available, or water in a basin for cleaning up.
- e. If at all possible, it would be preferable for the victim to be able to shower before changing into clean clothes.

## Medication and Follow-Up

Preferably after the patient has dressed, the physician should discuss with the victim the care of any injuries, the possibility of pregnancy and venereal disease, the need to have someone with whom to discuss the experience, and any bruises which may show up 24-48 hours later. An examination after two days to record such bruises should be scheduled in conjunction with the police crime lab.

Some hospitals may wish to administer other medication for pregnancy and V.D. prevention: The patient should be told what she is being given, for what purpose, what side effects to expect, and what other alternatives are available. She should have the right to refuse any medication. Ask her if she is allergic to any medication. Other options regarding possible pregnancy should be explored with her. Such options include: menstrual extraction, abortion, and estrogens. If the hospital does not give pregnancy prevention information, the victim should be clearly told this.

Either the physician at this time or someone with experience in sexual assault counseling at a later time should explore with the victim her feelings about the assault. Usual feelings include shame, fear, anger, guilt over "complicity" in the rape, humiliation, uncleanliness, fear of rejection by friends or family, fear for one's life, fear of another attack. The victim should be expected to find her life upset for a while, since this is a normal reaction.

The victim should be given prescriptions as needed after a discussion of their purpose and of their side effects. She should also be given written follow-up instructions. (See page 25.) These need to be specific as to why, when, where, and cost. The written material should include a review of what was done in the emergency room so that the follow-up physician will not have to wait to obtain records from the emergency room.

The physician should check with the police before giving the victim a sedative or tranquilizer. The police may wish to further question the victim or the police may decide to postpone further questioning until the next day, depending on her condition.

Where possible, the emergency room staff should contact a rape crisis service and arrange for them to call the victim, with her permission, in a day or two if they have not yet been called by her.

## Referrals for Follow-Up Care

Referral should be made to the victim's physician, ob-gyn, health department VD clinic, or free clinic for a one week VD check-up, to a pregnancy clinic if the menstrual period is over two weeks late, and to the health department VD clinic again at six weeks for a VDRL test. If

- 23 -

Party and the second

there are any unusual symptoms, the victim should be told to make an immediate appointment for treatment without waiting for the scheduled time.

A designated social worker or counselor should follow up on these referrals and make plans for the victim's safety if needed.

### Other Recommendations

 Hospitals should designate one person to maintain an up-to-date list of counseling resources (see page 4) which should be given to the victim with the instruction sheet.

2. Cost of Treatment - It is unfair for the hospital to directly bill the victim of rape for medical treatment, since the police require that she have the examination. The victim should never be billed for the tests performed for the police and the state's attorney. Where the county assumes responsibility for the payment of evidentiary testing and examination, the hospital should bill the county directly. Further Reference

A copy of the <u>Report of the Ad Hoc Committee on Rape</u> of the Medical-Chirurgical Faculty of the State of Maryland is now available (1211 Cathedral Street, Baltimore, Maryland 21201) and includes another sample of a thorough examination report. PROPOSED WRITTEN REPORT AND INSTRUCTIONS TO PATIENTS REPORTING SEXUAL ASSAULT

	HOSPI	TAL
Patient	Date	Time
You have had tests for the following:		
Legal evidence collected for the polic	~	
Urine test for existing pregnancy. Re		
Culture for existing gonorrhea	-suics	
Blood test for existing syphilis		
		(-h
At your request, the results will be m		
clinic) on(date) whe	en all of the resu	Its are ready.
The following items were discussed:		
Care of your injuries		
Normal feelings after sexual assault		
Possible pregnancy. Judging from your	r medical history,	pregnancy is (highly
unlikely, possible).		
Possible venereal diseases.		
You have received the following treatment		
For injuries		
For cleansing		
For stress or anxiety	n an Arrange <u>- Arrange an Arrange</u> Arrange an Arrange an Arrange an Arra	
For pregnancy prevention*		
For gonorrhea		
For syphilis		

## SOURCES OF APPOINTMENTS FOR FOLLOW-UP CARE:

maintains	а	referral	list	of	medical	services	available.

If you do not have your own physician. Be sure to have these check-ups for the sake of your own health.

Treatment of injuries: Name

Address	 	:	 
Phone			 4

If you choose to prevent possible pregnancy and you want a full choice of methods, within the next 24-36 hours you should contact:

NAME

HOURS:

ADDRESS

PHONE

Make the following appointments for medical care:

In about one week: for gonorrhea check-up.

If your menstrual period is over two weeks late: for pregnancy check-up.

In about six weeks: for syphilis check-up.

TO PREVENT THE SPREAD OF POSSIBLE VENEREAL DISEASE TO A PARTNER, THE USE OF CONDOM AND FOAM DURING SEXUAL CONTACT IS RECOMMENDED.

You have been through a difficult experience. If you wish to talk it over with someone, call \_\_\_\_\_\_\_ any time, day or night, for support, informa--tion and assistance. Or drop in and talk with them at \_\_\_\_\_\_.

, M. D.

\*Hospitals which do not give pregnancy prevention information should clearly state this on this instruction sheet.

## POLICE

1. One or more designated police officers should be assigned to handle sexual assault cases.

a. This mitigates the possibility that sexual assaults may be given less than full attention. (In many departments, sex assault cases are handled by the homicide/sex squad and homicides, rightly so, get priority. In areas with high homicide rates, sexual assault cases may be given little attention.)
b. It effects a specialization in the needs of rape victims. Personnel can be selected and trained with these needs in

view.

c. At least one woman officer is <u>recommended</u> for each shift to accompany victims to the hospital and provide a continuity in the chain of evidence.

2. Entry level training regarding sexual assaults is often lost in a morass of details. All personnel should receive re-enforcement of initial training in dealing with victims of assault. All personnel assigned to handle sexual assault cases should be given an intensive orientation course and follow-up workshops when necessary. Participants in such training and workshops should include: psychologists, State's Attorneys, social scientists, sexual assault victims, police technicians, and sexual assault counselors (including para-professionals). Topics of information should include: investigation techniques, proper methods of handling victims, crisis intervention, court processes, simulation of cases and problem solving, specialized interview techniques, and evidence gathering. In addition, such training should include "role playing and 'rap sessions' designed to increase understanding of the problems of the victims of sex crimes. Simulated interview

11

situations with critiques of each interview by the group. The ultimate goal of those workshops is to improve the quality of information gathered during interviews with victims through awareness of and concern for her psycological well being."\* Training in such techniques is valuable for any officer in dealing with the victim of any crime.

3. The police must ensure that following the medical examination the victim has transportation, a safe place to go, and a person to stay with, if she desires.

4. Police should advise the victim of steps she should take if the assailant attempts to contact her again.

5. The use of lie detector tests for the victim should be severely restricted. The results of such polygraph tests are known to be unreliable.

6. It is the responsibility of the police to familiarize the victim with anticipated court proceedings and to inform her of available legal and medical resources.

7. A booklet should be prepared by the police department to be given to all victims of sexual assault. Such a booklet should include information on emergency room treatment, police procedures, court procedures, and following medical and counseling services. (We suggest the use of the booklet published by the Montgomery County Police Department as a guide.)

8. Each police force should maintain a computerized <u>modus operandi</u> file. This information should be maintained for retrieval as requested by officers seeking similar patterns of M.O. or physical description. Other Recommendations

The State Police should maintain a state wide computerized central

<sup>\*</sup>New York City Police Department, Sex Crimes Analysis Unit, Special Training Program, Page 13.

M.O. and physical description file available to law enforcement officers throughout the State. We suggest LEAA as a possible source of funding. Comment

There are three counties in Maryland which do not have at least one hospital: Caroline, Queen Anne's, and Worcester. Police should determine procedures for providing adequate medical care within a short period of time for victims of sexual assaults in these counties.

## SUGGESTED CHECKLIST FOR LAW ENFORCEMENT OFFICERS

- 1. Be courteous and sympathetic.
- 2. Use of the terms "alleged victim" or "alleged rape" should not be used in dealing with the victim.
- 3. Do not ask questions which are not relevant to the assault.
- 4. Offer to take the victim to the hospital.
- 5. Remind her to take a change of clothes.
- 6. Be sure the victim has a safe place to stay, and someone to stay with, if she desires, following medical examination at the hospital.
- 7. Have available information on counselling, legal and medical resources.
- 8. The victim should be given the name and phone number of the investigator handling her case for further contact.
- 9. Advise the victim of steps to take if she is contacted again by her assailant.

## STATE'S ATTORNEY

1. During the entire court proceedings there should be one person designated whom the victim can contact with any questions concerning the case.

2. One or more designated Assistant State's Attorneys should be assigned to work all sexual assault cases.

- a. To develop expertise in the law, techniques of cross examina
  - tion, familiarity with case law, and medical testimony.
- b. To develop sensitivity in dealing with victims.
- c. To simplify communications between victim and State's Attorney's office.
- d. To avoid losing contact with the victim in the interim between completion of police investigation and court proceedings.

3. Pre-trial conferences should be held in person with the victim. All court proceedings should be explained to her. The victim of sexual assault finds her role as a witness for the prosecution very confusing. In her eyes, she was the one who was victimized so she feels a personal involvement in the case. The State's Attorney should recognize her involvement and keep her informed of the progress in "her" case.

4. The prosecutor should discuss frankly with the victim what she can expect at the trial and she should be prepared for the kinds of questions she may encounter about her personal life and for the "ordeal" of cross examination.

5. The victim should be given instructions for handling contacts from the defense attorney.

6. The victim should be warned that she may see her assailant in the street.

7. The victim should be notified by the State's Attorney's office if the defendent is released on bail or recognizance. (See also recommendations to the Judiciary.)

8. The use of lie detector tests for the victim should be severely restricted. The results of such polygraph tests are known to be unreliable.

9. Victim should be notified by the State's Attorney's office of the sentence given if defendent is convicted.

10. A statistical file should be kept by the State's Attorney's office regarding the number of cases not prosecuted, the number prosecuted, what the results were, and length of sentence.

## THE JUDICIARY AND THE BAR ASSOCIATION

1. The Jury Instructions Committee of the Maryland Bar Association, in establishing standardized jury instructions should make certain that no reference is made to the type of instructions contained in "The Manual for Jury Instructions in Criminal Cases" (1973) which reads: "A charge of rape such as that made against the defendant in this case is one, which generally speaking, is easily made, and once made, difficult to disprove even if the defendant is innocent." The phrase perpetuates the strongly held belief that women frequently make false accusations of rape. We maintain that the percentage of false reports is no higher than false reporting of other crimes. In addition, this could be the circumstances for many other crimes (ex. - blackmail, kidnapping, certain robberies, etc."?

2. We raise the following questions with regard to relevance and admissability of evidence:

- a. When the assailant is unknown to the victim, how can questions pertaining to her past sexual experience be relevant?
- b. What is relevant sexual experience?
- c. Should prior instances where a defendant has claimed consent to a charge of rape be admissable in a trial where he raises the same defense of consent to another charge of rape?

3. The Judicial system should set up procedures for notifying the State's Attorney's office of the release of a defendant in a sexual assault case on bail or recognizance for notifying the victim, since rapists are often "repeaters".

4. We feel that judges as well as juries bear some responsibility for the low rate of conviction in sexual assault cases. Judges should be more alert to defense questions which are merely sexual fishing expeditions. victim's rights need protection just as do the defendant's.

5. We also recommend that the court take some responsibility for a victim in cases of incest where the defendant is found innocent and both will still be living in the same house.

¥.

## <u>C O M M I S S I O N E R S</u>

Shoshana S. Cardin, Chairwoman Kathleen M. Carter, Vice Chairwoman

Rosalie S. Abrams, Senator Nancy Van Western Cox James F. DeCarlo, Jr. Daisy B. Fields Lucille Gorham Jill Moss Greenberg Hattie H. Harrison, Delegate Winifred Helmes Anne D. Hopkins Edna DeCoursey Johnson Mary T. Johnson Bertina A. Nick Jo-Ann Orlinsky Constance K. Putzel Lee Joyce Richmond Marvin Rogoff Joseph Lee Smith Jean E. Spencer Emily Taylor Esther S. Vines Diane Heberling Weaver Jeanette R. Wolman

