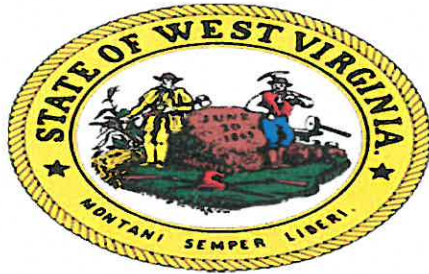


SEXUAL ASSAULT FORENSIC EXAMINATION (SAFE) COMMISSION



AUGUST 8, 2014 – AUGUST 5, 2015

ANNUAL REPORT



State of West Virginia

Earl Ray Tomblin, Governor



Department of Military Affairs and Public Safety

Joseph Thornton, Cabinet Secretary



Division of Justice and Community Services

W. Rick Staton, Director

Sarah Brown, Senior Justice Program Specialist

Leslie Roberts, Criminal Justice Program Specialist I

Acknowledgement

The Division of Justice and Community Services wishes to extend its appreciation to the members of the Sexual Assault Forensic Examination Commission for their dedication to providing a victim centered approach for improving the timely and efficient collection of forensic evidence, and improving the standard of care for victims across the state of West Virginia.

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Sexual Assault Forensic Examination Commission:

Code:

That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new article, designated §15-9B-1, §15-9B-2 and §15-9B-3, all to read as follows:

ARTICLE 9B. SEXUAL ASSAULT EXAMINATION NETWORK

§15-9B-1. Sexual Assault Forensic Examination Commission

(a) There is hereby created within the Governor's Committee on Crime, Delinquency and Correction the Sexual Assault Forensic Examination Commission. The purpose of the commission is to establish, manage and monitor a statewide system to facilitate the timely and efficient collection of forensic evidence in sexual assault cases. As used in this article, the word "commission" means the Sexual Assault Forensic Examination Commission.

The purpose of the bill is to establish a regulatory system for sexual assault forensic examinations, creating the Sexual Assault Forensic Examination Commission; setting forth its membership; authorizing certain additional members; and requiring the commission to do the following:

- Requiring the commission to establish mandatory statewide protocols for conducting sexual assault forensic examinations;
- Setting forth other powers and responsibilities of the commission;
- Authorizing rule making;
- Requiring county prosecutors to convene and chair local Sexual Assault Forensic Examination Boards;
- Authorizing counties to combine and form regional boards; and
- Setting forth minimum requirements for local plans developed by county or regional boards.

Meetings:

The Commission has met five times. The dates range from August 8, 2014 thru August 5, 2015. W. Rick Staton, Director of the West Virginia Division of Justice and Community Services (DJCS), chaired the Committee until June 2015 in which the revision of the code changed the chair to be voted by commission members and removed the Director of DJCS as Chair. Nancy Hoffman began as official chair of the Commission on August 5, 2015. Commission meetings were held on the following dates:

1. August 7, 2014
2. October 21, 2014
3. January 28, 2015
4. May 20, 2015
5. August 5, 2015

Some of the decisions which resulted in the Commission meetings were as follows:

1. Establish the goals set forth by legislature and set timelines and how to accomplish these goals.
2. Establish sub-committees to work on the goals and make recommendations to the Commission. Due to the work load, it would be difficult to accomplish all tasks at full Commission meetings on a quarterly basis.
3. Educate and inform the prosecutors on the requirements, expectations and timelines set forth by legislation and by the Commission.
4. Send out an assessment to determine what resources, protocols, and practices counties currently have and don't have concerning sexual assault forensic exams, transportation of victims, services for victims, coordination and collaboration with the county and locations or what happens to the sexual assault evidence collection kit (SAECK) once it is collected.
5. Determine the sexual assault crimes per county, number of Sexual Assault Nurse Examiners (SANEs) trained per county and practicing SANEs per county. Work to determine how West Virginia and the Commission can improve training and retention of SANE's. Identify best practices in setting training requirements for the state.
6. Look at data on quality of collection of kits and tracking of kits and determine how to improve data collection.

Goals:

The SAFE Commission determined the following goals were set by legislation:

1. Establish a basic standard of care for victims of Sexual Assault; examine national standard of care, create workgroup.
2. Establish mandatory statewide protocol for conducting sexual assault medical forensic examinations.
3. Recommend minimum training requirements for providers conducting exams;
4. Establish minimum requirements for local plans developed by county or regional boards.
5. Facilitate the development of recruitment and retention programs – this is part of the Training Requirements Subcommittee responsibilities.
6. Identify areas of greatest need regarding the collection of evidence and evaluation.
7. Adopt necessary and reasonable requirements relating to establishment of a statewide training and forensic examination system.
8. Approve local protocols/plans.

Timeline:

The following tentative timeline was set by the SAFE Commission

Goal 1: Timeline – Spring 2016

Goal 2: Timeline – Spring 2016

Goal 3: Timeline – Spring 2016

Goal 4: Timeline - Revised to sending out assessment to 6 pilot programs in April/May 2015 and sending the assessment out to all other Counties the first of June and due back by the first of July, 2015 - requesting County Plans in Spring 2016

Goal 5: In progress and On-going

Goal 6: In progress and On-going

Goal 7: In progress and On-going

Goal 8: Not started at this time

Note: The timeline may change as needed

Sub-Committees:

The SAFE Commission established three sub-committees, which are as follows:

Standards Sub-committee:

Role:

- Develop an outline for the standard level of care.
- Develop standard definitions.
- Develop an assessment in order to identify the needs and available resources of the county and facilitate our joint effort to develop a local plan and protocols to provide a victim centered approach for the timely and efficient collection of evidence; provide services to sexual assault victims in your county.

The Standards Sub-Committee has met either in-person or by conference call six (6) times in the last year. The sub-committee members have accomplished the following:

- Developed and recommended definitions (see attachments).
- Developed an assessment to be sent out to six pilot counties and then revised and sent out to all counties.
- Have developed flow charts for different disciplines (law enforcement, victim services, hospital, 911, etc.) in order to direct the different disciplines in what

steps to take when a victim of sexual assault presents. These are still being revised and then a written document will be developed with these and be presented to the Commission. This, once approved, will serve as the basis for State Protocol.

- ➔ Sub-committee will also be reviewing the county assessments and making recommendations.

Data Collection Sub-committee:

Role:

- ➔ Identify and implement system to track sexual assault kits.
- ➔ Revise sexual assault information forms so that forensic evidence collection data is captured separate from information collected in the sexual assault information forms.
- ➔ Develop reporting system to provide hospitals/medical personnel with kit collection feedback to improve the quality of the kits being collected.
- ➔ Provide feedback through data reports collected from SAKiTA database of the quality of kit collection from hospitals to the WV Hospital Association.
- ➔ Identify areas of greatest need regarding effective collection of evidence.
- ➔ Identify training needs and incorporate into Sexual Assault Classroom Trainings.

The Data Collection Sub-committee has met in-person or by conference call nine (9) times in the last year. The Sub-committee members have accomplished the following:

- ➔ With current data from the sexual assault kit tracking application (SAKiTA) database the WV Hospital Association has distributed reports to the hospitals on the quality of kits being collected by hospital and by examiner.
- ➔ Have identified a need to develop a tracking system for sexual assault evidence collection kits (SAECK's) distributed to hospitals by the West Virginia State Police Lab.

Training Requirements Sub-committee:

Role:

- ➔ Review West Virginia Sexual Assault Nurse Examiner (SANE) training materials and make recommendations to the SAFE Commission about training requirements for medical personnel (e.g. RN's, APN, PA's and MD's) conducting medical forensic examinations.
- ➔ Identify options for assisting SANEs in completing the clinical requirements needed to practice.

- ↪ Make recommendations for developing and sustaining SANE programs in WV.

The Training Requirements Sub-committee has met either in-person or by conference call five (5) times in the last year. The Sub-committee members have accomplished the following:

- ↪ Have reviewed training standards in other States and compared them to West Virginia's online SANE training and SANE Classroom Training coursework.
- ↪ Will recommend a tier system for SANE training for medical personnel based on recommended criteria.
- ↪ Will work to develop options to increase the number of preceptors for SANEs needing clinical practice to finish training requirements to practice in WV.
- ↪ Have created a map of WV to show counties where sexual assault occur along with the number of trained SANE's and the number of SANEs who are practicing.
- ↪ Have discussed modifying some modules of the online SANE training to make them specific to physicians.
- ↪ Will continue to research and encourage the inclusion of SANE information in higher education nursing programs.

Prosecution Education and Information Sharing:

Members of the Commission met with the prosecutors at the Winter Prosecuting Attorneys Meeting on December 5, 2014, and again at the Summer Prosecuting Attorney's Meeting on June 25, 2015, to educate and inform the prosecutors on the requirements, expectations and timelines set forth by legislation and by the Commission. It is recommended to continue to keep the prosecutors informed on timelines, what is going to be required in the future, and to encourage the continuation of conversations and collaboration.

Findings/Issues:

The SAFE Commission identified the following issues/findings:

- Transportation for victims to and from hospital
- Lack of Protocols in counties
- Lack of understanding the issues
- Submission of kits for testing
- Inventory of kits
 - Missing kits – of the number of kits sent out to the hospitals by the crime lab, approximately 50% are unaccounted for
- More funds for trained staff at the WV State Police Crime Lab
- Training

- Need training for prosecutors and law enforcement
- Need training and funds for training medical personnel on kit collection
- Training capacity
- Retention of Sexual Assault Nurse Examiners (SANE's)
- Lack of funds in the Forensic Medical Fund
 - Amount hospitals can charge does not cover cost of exam
- Lack of communication tools
 - How do we get information to all groups – need a listserve

Recommendations:

The SAFE Commission is making the following recommendations:

1. All county plans will include how a sexual assault victim will be transported to and from the hospital.
2. Identifying Best Practices for training, transportation, referral, and collecting evidence while remembering to have a victim centered practice at the center of all this.
3. Identify training needs and funding needs.
4. All kits collected at the hospital should be sent to a centralized location directly from the hospital to be stored. All SAECKs collected in cases not reported to law enforcements could still be sent to Marshall University Forensic Science Center. If a case is later activated with law enforcement, the SAECK would then be sent to the WV State Police Crime Lab for testing. This would eliminate kits sitting in police evidence rooms or lost kits.
5. Increased funds for the Forensic Medical Fund; which increases the amount reimbursed to hospitals for the exam.

Next Steps:

- Develop Best Practices Protocol and send out to all counties which will include a transportation protocol, a referral protocol, and an advocacy protocol.
- Develop a Best Practices for training of medical personnel in the collection of evidence.
- Continue to identify training needs.
- Develop a tracking system for Sexual Assault Kits.
- Improve data collection and continue feedback to the hospitals on kit collection.
- Encourage Nursing and Medical Schools to include training courses on kit collection and SANE training.
- Send memo to county prosecutors encouraging them to continue conversations and working together; send them information of when plans will be required.

ATTACHMENTS:

SAFE Commission Membership:

Required members:

1. **WV Prosecuting Attorney's Association** - Marcia Ashdown
2. **WV Association of Counties** - Patty Hamilton
3. **Commissioner of the Bureau for Public Health or designee** – Designee- Dr. James Kaplan
4. **WV State Police Forensic Laboratory** - David Miller
5. **WV Child Advocacy Network** - Caitlin Smith
6. **President of the WV Hospital Association or designee** – Designee - Jim Kranz
7. **WVFRIS** - Nancy Hoffman, Debbie Lopez-Bonasso
8. **WV University Forensic and Investigative Sciences Program** - Tina Moroosse
9. **Marshall University Forensic Science Program** - Dr. Terry Fenger

Additional Members may be appointed by the Division of Justice and Community Services Director:

- **An emergency room physician** – Dr. Christopher Goode
- **Victim Advocate for a rape crisis center** – Marcia Drake
- **Sexual Assault Nurse Examiner-** Angelita Nixon, APRN, CNM
- **Law Enforcement officer with experience in sexual assault investigation** – Detective Larry Hasley
- **Health Care Provider with pediatric and child abuse expertise** – Dr. Joan Phillips
- **Director of a Child Advocacy Center** – Leslie Vassilaros

Standards Sub-committee:

1. Nancy Hoffman- WVFRIS
2. Debbie Lopez-Bonasso- WVFRIS
3. Leslie Vassilaros – Harmony House CAC
4. Jim Kranz – WV Hospital Association
5. Caitlin Smith- WV CAN
6. Tina Moroosse – WVU Forensic and Investigative Sciences Program
7. Dr. Chris Goode - WVU School of Medicine, Medical Director & Chief, UHC ED
8. Detective Larry Hasley – Morgantown Police Department
9. Sarah Brown – WVDJCS Senior Program Specialist
10. Leslie Roberts – WVDJCS Staff

Data Collection Sub-Committee:

1. David Miller – WV State Police Lab
2. Debbie Lopez-Bonasso- WVFRIS
3. Jim Kranz - WV Hospital Association
4. Tina Moroosse – WVU Forensic and Investigative Sciences Program
5. Dr. Stephen Haas, Deputy Director DJCS
6. Erica Turley – Research Specialist DJCS
7. Sherry Epling – WV Prosecuting Attorney's Institute
8. Sarah Brown - WVDJCS Senior Program Specialist
9. Leslie Roberts – WVDJCS Staff

Training Requirements Sub-committee:

1. David Miller - WV State Police Lab
2. Debbie Lopez-Bonasso- WVFRIS
3. Dr. Terry Fenger - Marshall University Forensic Science Program
4. Dr. Chris Goode - WVU School of Medicine, Medical Director & Chief, UHC ED
5. Caitlin Smith – WVCAN
6. Margaret Denny – SANE
7. Dr. Joan Phillips - MD, Children Advocacy Center at Women's & Children's Hospital
8. Sarah Brown - WVDJCS Senior Program Specialist
9. Leslie Roberts – WVDJCS Staff

Bylaws:

GOVERNOR'S COMMITTEE ON CRIME, DELINQUENCY, AND CORRECTION

Sexual Assault Forensic Examination Commission

– BYLAWS –

Article I: Name

The name of this Commission, created by Chapter 15, Sections-9B-1, 9B-2, and 9B-3 of the Code of West Virginia, as amended, shall be the Sexual Assault Forensic Examination (SAFE) Commission of the Governor's Committee on Crime, Delinquency and Correction (GCCDC). As used in these bylaws, the word "Commission" means the SAFE Commission.

Article II: Purpose and Duties

The Commission shall establish, manage, and monitor a statewide system to facilitate the timely and efficient collection of forensic evidence in sexual assault cases.

Duties of the Commission include, but are not limited to, the following:

- (1) Establish mandatory statewide protocols for conducting sexual assault forensic examinations, including designating locations and providers to perform examinations, establishing minimum qualifications and procedures for their performance, and establishing protocols to assure the proper collection of evidence;
- (2) Facilitate the recruitment and retention of qualified health care providers that are properly qualified to conduct forensic examinations;
- (3) Authorize minimum training requirements for providers conducting exams and establish a basic standard of care for victims of sexual assault;
- (4) Support county prosecutors in establishing sexual assault forensic examination boards, set forth minimum requirements for local plans developed by county or regional boards, and approve local plans for each area of the state on a county or regional basis;
- (5) Propose rules for legislative approval.

Article III: Membership

Section I – Officers

The Chair shall be elected by the Commission from its membership and will also serve on the Governor's Committee on Crime, Delinquency and Correction (GCCDC) and report on activities of the SAFE Commission. Elections shall be held by voice vote unless a majority of the members vote for an alternative voting mechanism. The majority of votes cast shall elect regardless of the mechanism. The Chair shall serve a term of twelve months, and may be re-nominated to serve additional consecutive terms subject to his/her contributions, leadership, and attendance during appointment(s).

A Vice Chair shall be elected by the Commission from its membership. Elections shall be held by voice vote unless a majority of the members vote for an alternative voting mechanism. The majority of votes cast shall elect regardless of the mechanism. The Vice Chair shall serve a term of twelve months, and may be re-nominated to serve additional consecutive terms subject to his/her contributions, leadership, and attendance during appointment(s).

The Chair shall preside at Commission meetings; the Vice-Chair shall function in the Chair's absence.

The Chair, with the consent of the Commission, may appoint any other officers or assistants as may be needed.

Section II – Members

Membership on the Commission shall consist of the following:

- (1) A representative chosen from the membership of the West Virginia (WV) Prosecuting Attorneys Association;
- (2) A representative chosen from the membership of the WV Association of Counties;
- (3) The Commissioner of the Bureau for Public Health, or his or her designee;
- (4) A representative from the State Police Forensic Laboratory;
- (5) A representative from the membership of the WV Child Advocacy Network;
- (6) The President of the WV Hospital Association, or his or her designee;
- (7) A representative from the membership of the WV Foundation for Rape and Information Services;
- (8) A representative of the WV University Forensic and Investigative Sciences Program; and
- (9) A representative of the Marshall University Forensic Science Center.

If any of the above representative organizations cease to exist, the Chair may select a person from a similar organization.

Section III – Additional Members

The Director of DJCS may appoint the following additional Commission members as needed:

- (1) An emergency room physician;
- (2) A victim advocate from a rape crisis center;
- (3) A sexual assault nurse examiner;
- (4) A law enforcement officer with experience in sexual assault investigations;
- (5) A health care provider with pediatric and child abuse expertise; and
- (6) A director of a child advocacy center.

Section IV - Compensation

Officers, members, and appointees of the Commission shall serve without compensation, except that travel, subsistence, and other expenses incurred by them while carrying out their duties may be reimbursed based on the prevailing travel rules and regulations for state employees.

ARTICLE IV: Meetings

Section I - Meetings

- (1) The Commission shall hold at minimum quarterly meetings (4 annually), in which the location and time shall be decided upon by Commission officers and members.
- (2) Commission meetings shall be published in advance with the Secretary of State.
- (3) Agendas shall be set by DJCS Staff with advice and consent of the Chair or Vice Chair.
- (4) Meeting dates shall be set for future meetings at the most recent prior meeting or the Commission may direct staff to send dates for future meetings.
- (5) A secretary shall be appointed to take minutes which accurately reflect business conducted. Minutes shall be distributed to each Commission member before or at the next regular Commission meeting, and may be amended by vote of the Commission at this meeting. No meeting minutes will be distributed to the public in draft form or until the Commission has officially approved the minutes.

Section II – Ad Hoc/Sub-committee Meetings

Ad hoc/Sub-committee Commission meetings may be called at the discretion of Officers, DJCS Staff, or by at least five (5) members via signed request. These meetings shall be held to discuss topics of emergency or special significance that require immediate attention. An agenda, together with notice of the time and place of any such meeting, must be provided to Commission members at least

seven (7) days prior thereto. Matters addressed shall be limited to those contained in the agenda.

Section III – Quorum and Voting

A majority of the membership of the Commission shall constitute a quorum, and may legally transact all business of the Commission. Voting may not take place without a quorum present. In the absence of a quorum, the members present may discuss matters on the agenda and report the discussion to the Commission for action.

Each agency represented shall be entitled to cast one vote for each matter submitted to a vote of the members. A majority of those voting shall decide a matter. A Commission member may designate via proxy a designee to attend a Commission meeting and to exercise their voting privileges. The Chair and Vice Chair shall be entitled to vote, make and second motions, and may serve on committees.

Section IV - Attendance

Commission members not represented (via person or designee) at one-half (1/2) or more of the regular or ad hoc meetings during any twelve month period shall be subject to dismissal from the Commission. Governor approval is required to dismiss a member.

Commission members may attend meetings telephonically or electronically; however, these venues shall be employed only when extenuating circumstances exist.

Section V - Rules of Order

All matters of procedure not covered by these by-laws or by resolution of the Commission shall be governed by Robert's Rules of Order, as amended, latest edition.

ARTICLE V: Sub-Committees

Section I – Purpose and Duties

Sub-Committees may be established by the Commission when it determines that a specific subject matter is of such magnitude or complexity that employing a categorical approach may be efficient and effective. A Sub-Committee's charge and duration shall be designated at the time of creation. Sub-Committees shall exercise those powers designated to them by the Commission, these by-laws, and as are appropriate to their mission and assignment.

Sub-Committees are advisory to the Commission and shall perform duties on its behalf. Any action taken by a Sub-Committee, or recommendations receiving a unanimous vote, shall be referred to the Commission for affirmation. Sub-Committees shall act between Commission meetings on their assigned subject matter area(s). Sub-Committees shall also perform other duties as delegated by the Chair.

Section II - Membership

Sub-Committees may be established, and its leaders and membership appointed, based upon informal consensus among Commission members. A secretary may be appointed by Sub-Committee members to take minutes at meetings which accurately reflect business conducted.

ARTICLE VI: Amendments of By-Laws

Section I - Procedures

These by-laws may be amended, consistent with the WV Code, at any regular or ad hoc meeting by a majority vote of the members present, PROVIDED that any such proposed amendment shall have been distributed to Commission members at least seven (7) days prior to such meeting.

Definitions:

Protocol:

“Mandatory state-wide standard for conducting sexual assault medical forensic examinations that is foundational to implementing local plans. Protocol(s) address: locations and providers to perform exams; minimum qualifications and procedures for performing exams; standards for the proper collection of medical forensic evidence; quality and timeliness of exams; victim-centered approach to exams; education and training requirements for providers conducting exams; basic standard of care for victims of sexual assault; monitoring of the implementation of local plans; a collaborative response; confidentiality; and advocate access.”

Regional Boards:

“Multi-county board convened by county prosecutors and comprised of county officials in the participating counties. If a regional board is established, county prosecutors from each participating county shall be a member of the board. The prosecutors shall assure that each board be proportionally representative of the designated region. Each board may vary in membership, but should include representatives from local health care facilities, local law enforcement, multidisciplinary investigative teams, county and municipal governments and victim advocates.”

Local Plan:

“The scope of each plan should include two components in addressing compliance with the statewide protocol that will be established: (1) meeting minimum standard requirements, and (2) plans for enhancing existing practices.”

Note: Members of the Commission did not feel that this definition was ready to be voted on and formally adopted, but felt as though it was a good starting point for discussion with the Commission. They agreed that further refinement was needed for the definition and resolved to continue to develop the definition at a subsequent Standards Subcommittee meeting. The Commission agreed that the best result it could expect at this meeting is to come to consensus that the definition should have two parts, and that the Standards Subcommittee will continue working to develop the definition.

County Official:

“Members of regional and local boards that represent their respective counties”

Other Definitions:

SANE: Sexual Assault Nurse Examiner

SAKiTA: Sexual Assault Kit Tracking Application – database which was intended to collect data on quality of kits collected; who was conducting and completing the kits, and their qualifications.

SART: Sexual Assault Response Team

STOP Team: The purpose of the STOP Violence Against Women Act Grant is to improve and provide a coordinated response by the criminal justice system and victim services to domestic violence, sexual assault, dating violence and stalking crime victims. In West Virginia counties have to apply as a STOP Team with core members from Community-based Victim Services, a Prosecutor and a Law Enforcement Officer.

Victim Centered Approach: The approach defined as the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a non-judgmental manner. A victim centered approach seeks to minimize re-traumatization of the victim.

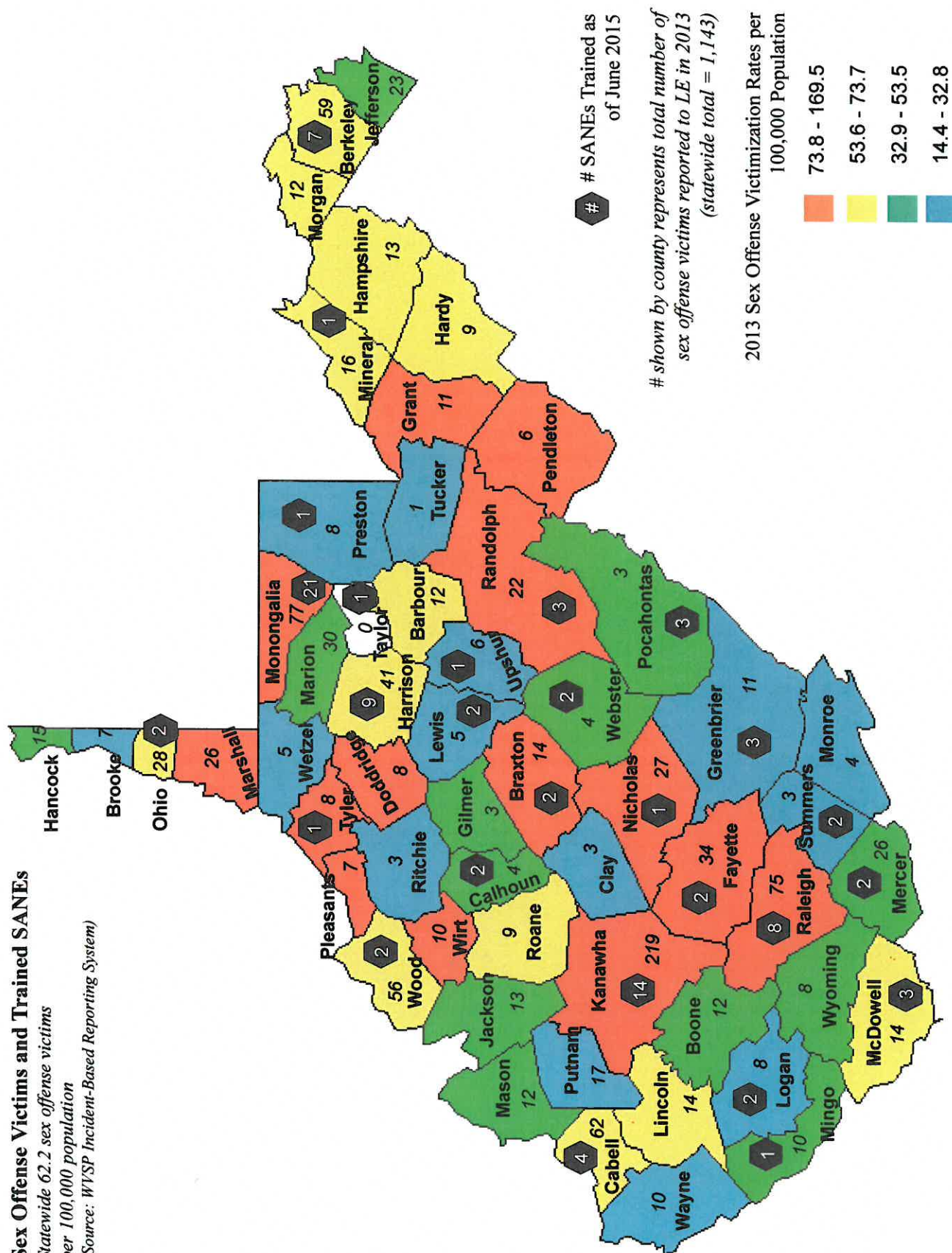
Maps

Sex Offense Victims and Trained SANEs

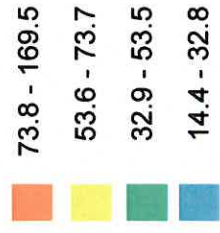
Statewide 62.2 sex offense victims

per 100,000 population

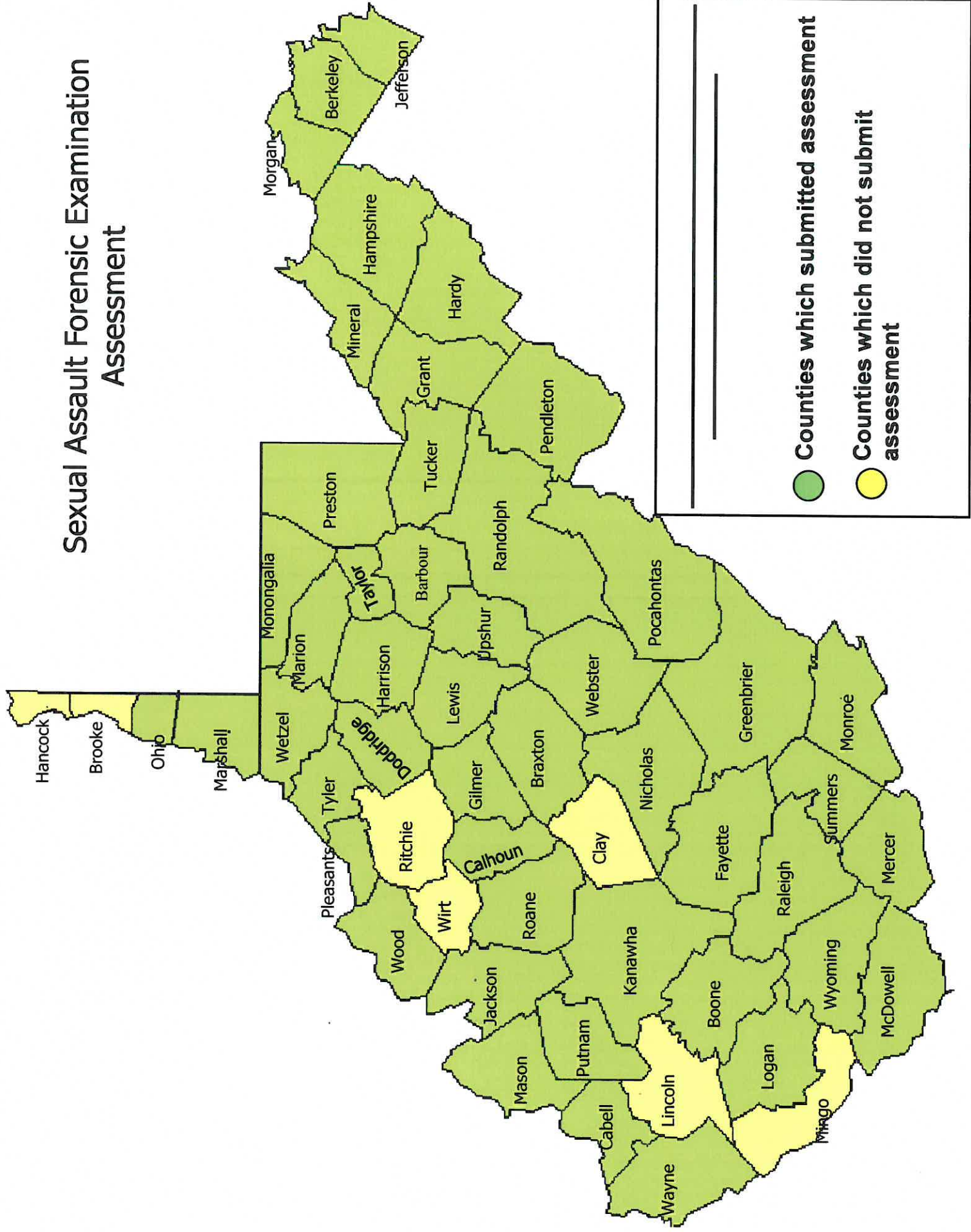
(Source: WVSP Incident-Based Reporting System)



(Source: WVSP Incident-Based Reporting System)



Sexual Assault Forensic Examination Assessment



Assessment Report

SAFE ASSESSMENT REPORT



State of West Virginia

Earl Ray Tomblin, Governor



Department of Military Affairs and Public Safety

Joseph Thornton, Cabinet Secretary



Division of Justice and Community Services

W. Rick Staton, Director

Jeff Estep, Chief Deputy Director

Leslie Boggess, Deputy Director

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SAFE ASSESSMENT

A survey was sent to each county prosecuting attorney to obtain baseline data regarding each county's current protocol for responding to adult and adolescent sexual assault victims. The prosecutor was asked to convene a local board or utilize the existing sexual assault response team (if available) to complete the survey. Attached are some selected key data elements compiled from the collective responses.

Counties that completed SAFE Assessment by September 21, 2015:

1. Babour
2. Berkeley
3. Boone
4. Braxton
5. Cabell
6. Calhoun
7. Doddridge
8. Fayette
9. Gilmer
10. Grant
11. Greenbrier
12. Hampshire
13. Hardy
14. Harrison
15. Jackson
16. Jefferson
17. Kanawha
18. Lewis
19. Logan
20. Marion
21. Marshall
22. Mason
23. McDowell
24. Mercer
25. Mineral
26. Monongalia
27. Monroe
28. Morgan
29. Nicholas
30. Ohio
31. Pendleton

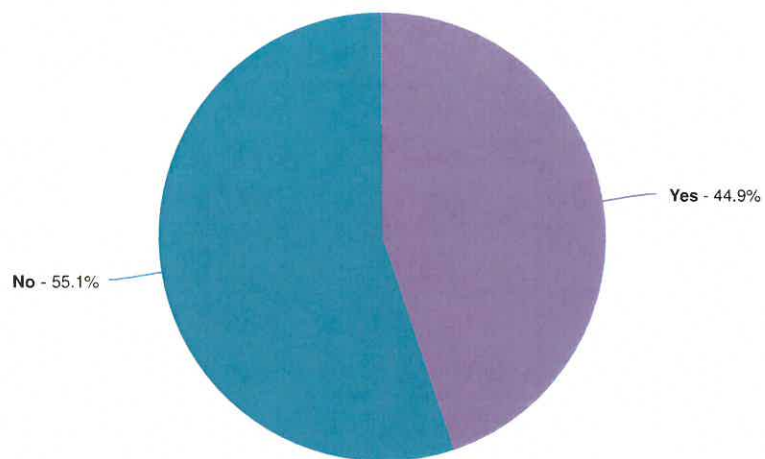
32. Pleasants
33. Pocahontas
34. Preston
35. Putnam
36. Raleigh
37. Randolph
38. Roane
39. Summers
40. Taylor
41. Tucker
42. Tyler
43. Upshur
44. Wayne
45. Webster
46. Wetzel
47. Wood
48. Wyoming

Counties that did not complete SAFE Assessment by September 21, 2015:

1. Brooke
2. Clay
3. Hancock
4. Lincoln
5. Mingo
6. Ritchie
7. Wirt

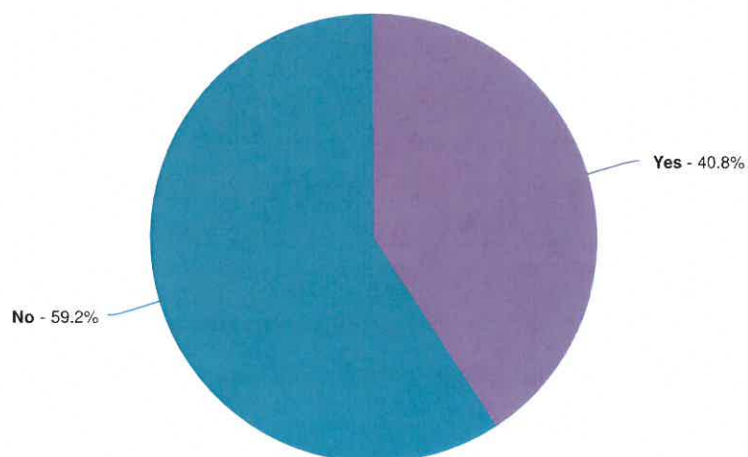
New Summary Report - 21 September 2015

7. Does your county have a Sexual Assault Response Team (SART)?



Yes	44.9%		22
No	55.1%		27
Total			49

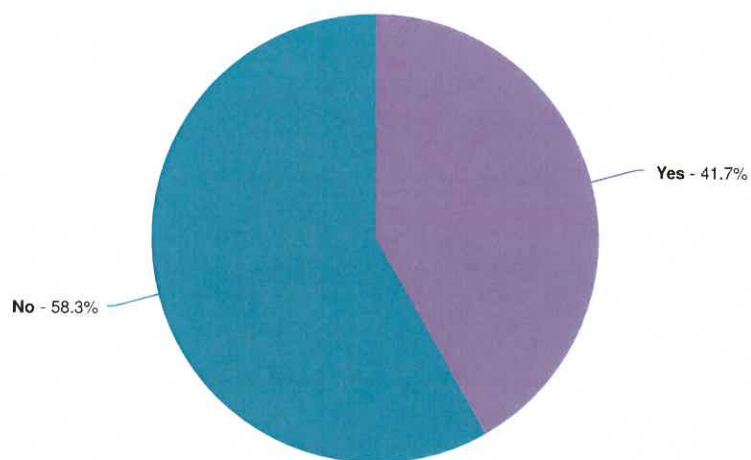
9. Does your county have a STOP Violence Against Women Act Team?



Yes	40.8%		20
Total			49

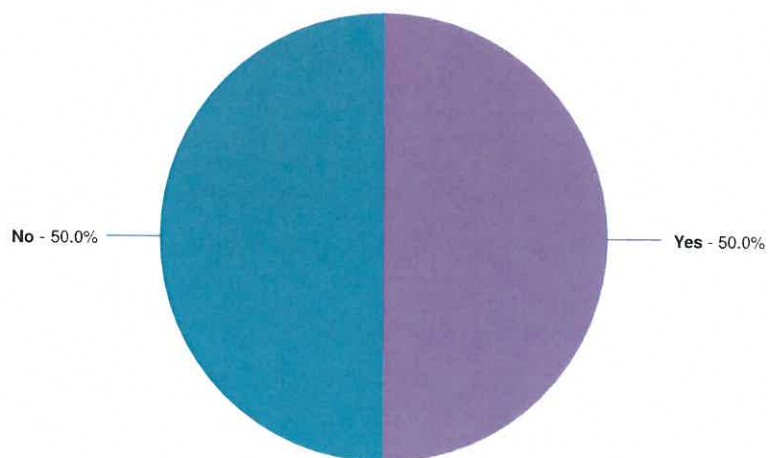
No	59.2%		29
Total			49

11. Does your county have a written multidisciplinary protocol for responding to adult/adolescent victims of sexual violence?



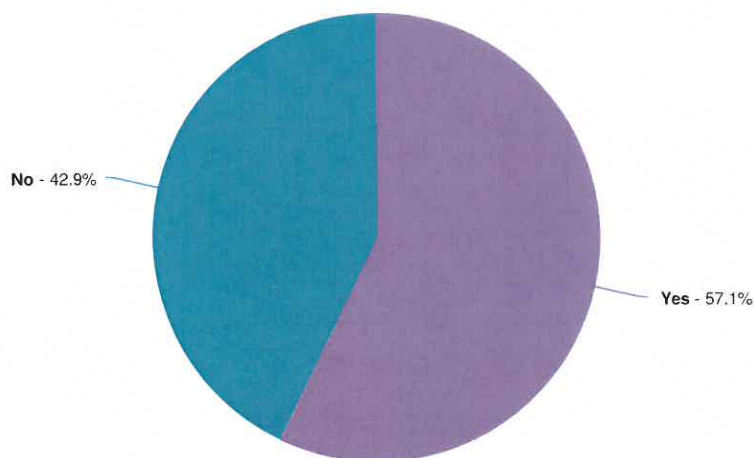
Yes	41.7%		20
No	58.3%		28
Total			48

14. Does the Prosecutor's office have its own victim advocate(s) that works with adult/adolescent sexual assault victims?

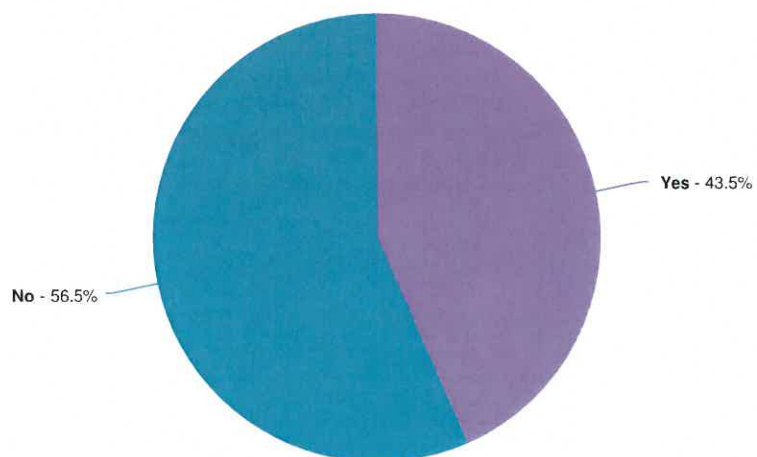




18. Does your county have a hospital within your county which sexual assault victims utilize to obtain a medical forensic examination?

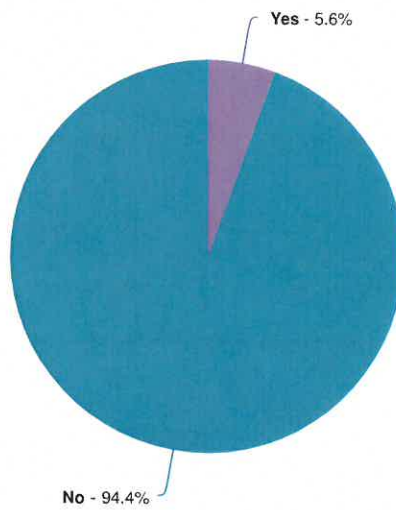


22. Is there a medical facility in your county that DOES NOT conduct medical forensic examinations where adult/adolescent sexual assault victims routinely present for services?



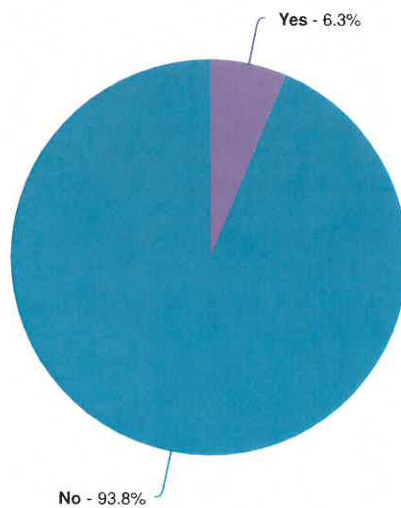
Yes	43.5%		20
No	56.5%		26
		Total	46

24. Does this facility have a written MOU with another hospital where victims are referred for medical forensic examinations?



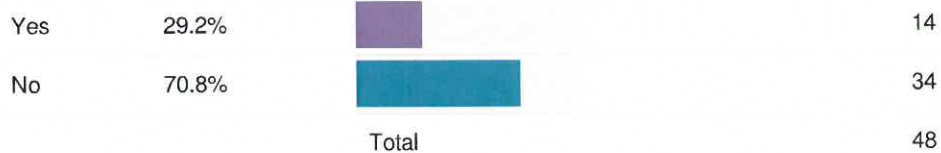
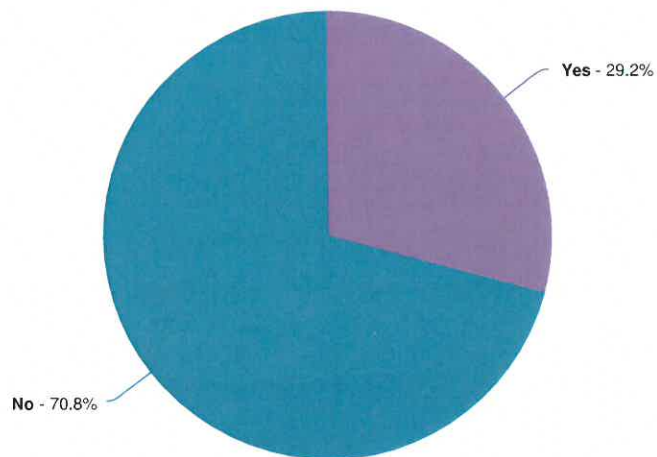
Yes	5.6%		1
No	94.4%		17
		Total	18

26. Does this facility have a protocol for transporting victims to/from another hospital?

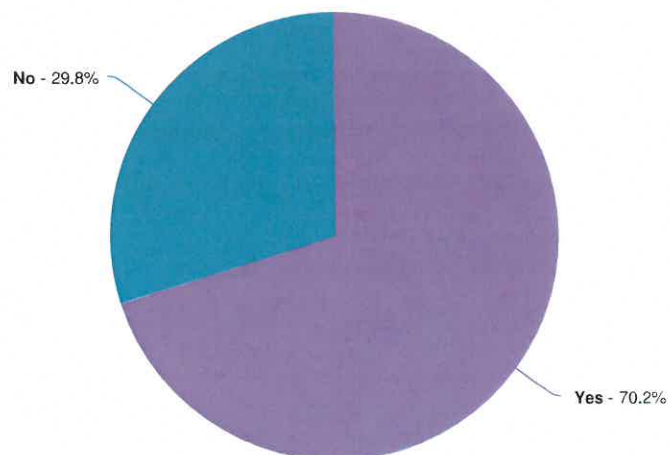


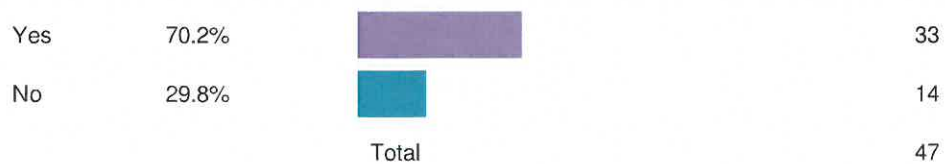


28. Does this county have a centralized protocol for dispatching LE to investigate sexual assaults of adults/adolescents (for example: regardless of the location of the assault, all cases are referred to the Sheriff's Department)?

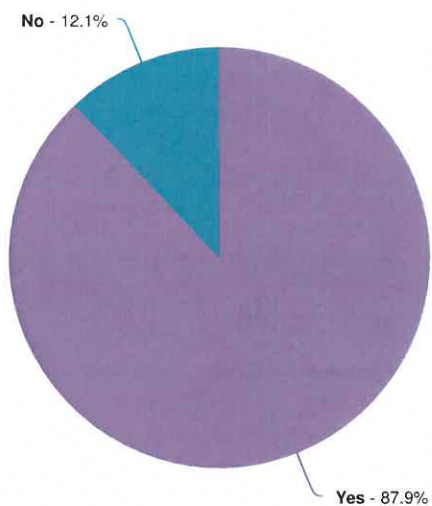


40. Does this county have a community-based rape crisis center advocate(s) that serves the county?

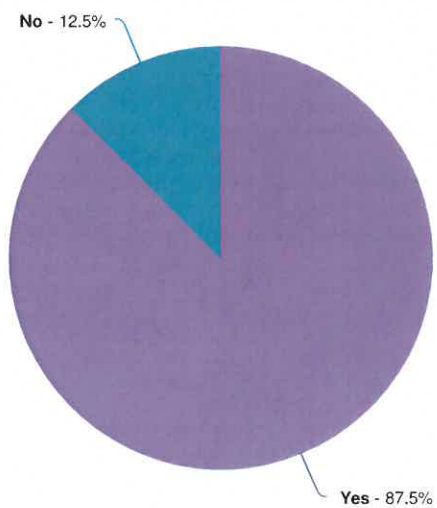




42. Is the advocate(s) on-call 24/7?

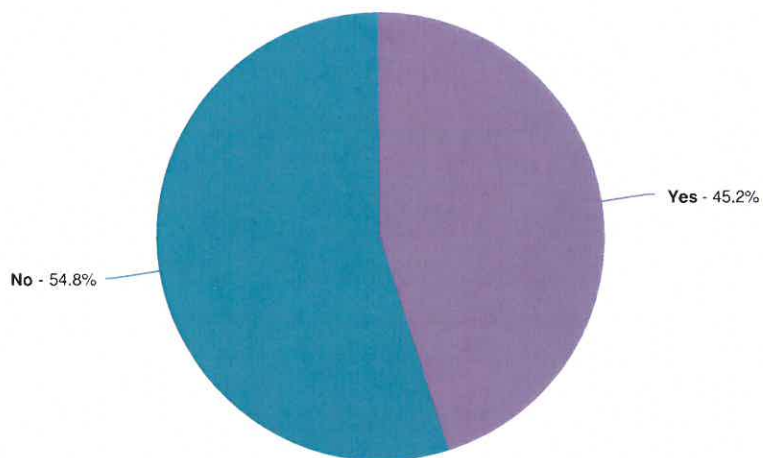


44. Will a local advocate(s) respond when a victim from within your county presents at a hospital outside of the county?

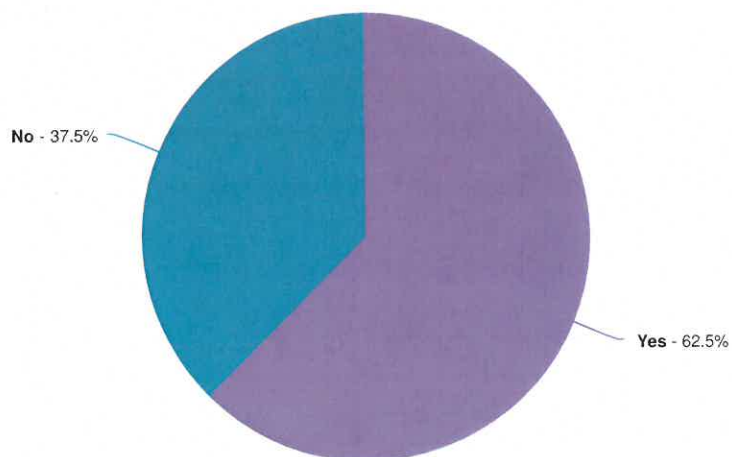




45. Does the local advocate agency(ies) have a protocol for transporting adult/adolescent victims to/from other locations for services?

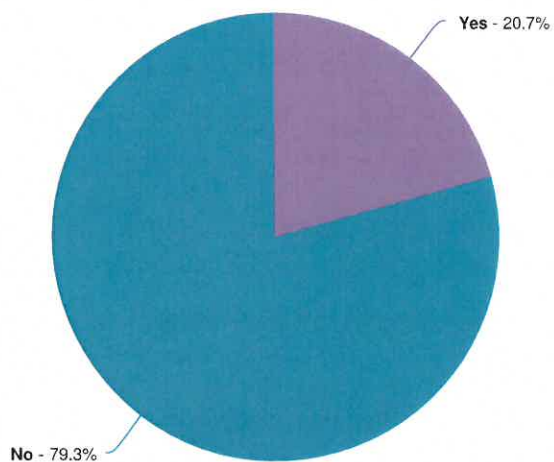


46. Does this county receive any services (hospital, LE, victim advocacy) from another county(ies) as they relate to adult/adolescent sexual assault cases?



Yes	62.5%		30
No	37.5%		18
Total			48

48. Does your county have a protocol for transporting sexual assault victims to/from the other county(ies) for services?



Yes	20.7%		6
No	79.3%		23
Total			29

49. Does your county provide any of the above services to another county(ies)?

