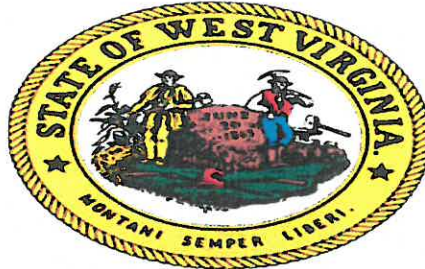


**SEXUAL ASSAULT FORENSIC
EXAMINATION (SAFE) COMMISSION**



AUGUST 5, 2015 – AUGUST 31, 2016

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

Jeffrey D. Estep, Chief Deputy Director

Leslie S. Boggess, Deputy 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 as amended, by adding thereto a new article, designated §15-9B-1, §15-9B-2 and §15-9B-3, 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:

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
6. November 17, 2015
7. February 23, 2016
8. August 23, 2016

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. Conduct an assessment to determine what baseline resources, protocols, and practices counties currently have concerning sexual assault forensic exams, transportation of victims, services for victims, coordination and collaboration of first responders within the counties, and the disposition of the sexual assault evidence collection kit (SAECK) once they are collected.
5. Identify 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. Review 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.

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.
- Implement an assessment in order to identify the needs and available resources of each county and facilitate a victim-centered approach for the timely and efficient collection of evidence and accessible service provision to sexual assault victims.
- Develop a template to assist counties in the creation of a county Sexual Assault Service Plan.

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 a Sexual Assault Plan Template based on information from the assessment to assist each county in developing a countywide Sexual Assault Plan. Program is in its pilot phase with three counties (Monongalia, Hardy, and Randolph) before launch to all 55 counties. Plans will be sent out to all counties in October 2016.

- Developed flow charts for different disciplines (law enforcement, victim services, hospital, 911, etc.) in order to identify best practices for the different disciplines in what steps to take when a victim of sexual assault presents. These have been revised and will be sent out to each county with their Sexual Assault Plan Templates. They are included in this report in the attachments.

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 a 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 sexual assault kit tracking application (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 two (2) 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, WV Hospital Association has distributed reports to the hospitals on the quality of kits being collected by hospital and by examiner.
- Have created a database to track sexual assault evidence collection kits (SAECK's), track the quality of collection of the sexual assault kits, and generate reports to distribute to hospitals to review their quality of evidence collection.

Training Requirements Sub-committee:

Role:

The Training Requirements Sub-committee has met either in-person or by conference call four (4) times in the last year. The Sub-committee members made the following recommendations, **which were approved by the full SAFE Commission in regards to "best practice" training recommendations for medical providers conducting medical forensic examinations:**

- ➡ Recommended a tier system for SANE training for medical personnel based on recommended criteria.

The training committee supports a recommendation that all Medical Providers complete the 40 hour SANE coursework (WV Online SANE Training – 24 hours, plus a 2 day Classroom Training – 16 hours) followed by 25 hours of clinical practice when in a position to provide care for adult and adolescent patients reporting sexual assault. Exemptions of some of the clinical requirements will be possible when experience in practice indicates competency in conducting pelvic examinations.

This recommendation takes into consideration that education for degree certification for medical providers does not include the competencies provided in the SANE training coursework, as outlined by the educational standards of the International Association of Forensic Nurses.

As hospitals in WV work toward “best practice” the following recommendations were made and approved by the training committee and submitted to the SAFE Commission for approval:

1. It is required that Nurses complete the 40 hour Sexual Assault Nurse Examiner (SANE) coursework (Training that meets IAFN guidelines **OR** WV Online SANE Training (24 Hours) and 2 day Classroom Training (16 hours) PLUS clinical requirements (25 hours) to practice as a SANE and provide care to patients reporting sexual assault.
2. It is recommended that Physicians, Advanced Practice Registered Nurses (APRNs), and Physician Assistants (PAs) complete, at a minimum, specific training modules (specifically Modules 7, 10, and 15) available through the WV Online SANE Training and accessed through www.fris.org when providing conducting medical forensic examinations on patients reporting sexual assault.

The training committee further recommends this training be offered in a webinar format that would allow for Continuing Medical Education (CME) credits to be earned.

- ➡ Develop options to increase the number of preceptors for SANEs needing clinical practice to finish training requirements to practice in WV.

The WV SANE Project Coordinator and West Virginia Foundation for Rape Information and Services Education Coordinator developed a training opportunity to help close the gap for nurses working to complete the clinical requirements after completion of the 40 hour SANE coursework. The one day opportunity provides 8 hours of the clinical practice in the performance of tasks associated with the sexual assault medical forensic examination, such as:

- Mock Examination and Evidence Collection Using the WV SAECK with a Standardized Patient
- Speculum Practice with gynecological teaching assistants (GTAs)
- Documentation with Photographs and Body Diagrams

The Training Requirements Sub-Committee also:

- Created a map of WV to show counties where sexual assaults occur along with the number of trained SANE's and the number of SANEs who are practicing.
(Map is attached.)
- Discussed ways to modify modules of the online SANE training to make them specific to Physicians, PAs and/or APRNs.
- Monitored the number of medical providers who completed the available online SANE training.
 - **49 nurses completed the WV SANE Training Program - 24 hours of online training and 16 hours of classroom training.**

Findings/Issues:

The SAFE Commission identified the following issues/findings:

- Absence of transportation and resources for victims to transport to and from hospital for forensic exams
- Lack of protocols in counties for responding to sexual assault victims
- Lack of understanding the issues
- Lack of clarity/consistency in the protocol for the 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 needed 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
 - Limited capacity to provide needed trainings
- Retention of Sexual Assault Nurse Examiners (SANE's)
- Inadequate funding for 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 listserv

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 utilizing a victim-centered practice.
3. All kits collected at the hospital should be sent directly from the hospital/medical facility to a centralized location. All sexual assault evidence collection kits (SAECK) collected in cases not reported to law enforcements would still be sent to Marshall University Forensic Science Center. If a case is later activated with law enforcement, the sexual assault evidence collection kit (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. However, there are issues to work out involving chain of custody, notification of law enforcement and investigation, proper storage and cost.
4. Increased funds for the Forensic Medical Fund; which increases the amount reimbursed to hospitals for the exam. To finalize this recommendation, the SAFE Commission must have a better understanding of how many claims currently are paid by the fund, the number of kits received by the WV State Police Crime Lab that are not reimbursed by the Fund, and cost/reimbursement comparison with other states for similar exams.

Next Steps:

- ↪ Develop Best Practices Protocol and send out to all counties which will include a transportation protocol, a forensic exam 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.
- ↪ Continue to enhance the tracking system for Sexual Assault Kits and work with hospitals to enter information.
- ↪ Continue data collection and feedback to the hospitals on kit collection.
- ↪ Encourage Nursing and Medical Schools to include training courses on kit collection and SANE training.
- ↪ Disseminate Service Plan Template and assist counties in developing their plans.

Attachments:

SAFE Commission Members
Sub-committee Membership
Bylaws
Definitions
Nurse SANE trained/ SANEs Conducting Exams Map
Flowcharts
Sexual Assault Plan Template
Sexual Assault Kit Database Log-in Page

SAFE Commission Members

SAFE Commission Membership:

Required members:

1. **WV Prosecuting Attorney's Association** - Marcia Ashdown
2. **WV Association of Counties** - Patricia Hamilton
3. **Commissioner of the Bureau for Public Health or designee** – Designee- John Yauch
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 Moroose
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

Sub-committee Membership

Sub-Committee and Membership:

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. Dr. Chris Goode - WVU School of Medicine, Medical Director & Chief, UHC ED
7. Detective Larry Hasley – Morgantown Police Department
8. Sarah Brown – WVDJCS Senior Program Specialist
9. 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. Erica Turley – Research Specialist DJCS
5. Sarah Brown - WVDJCS Senior Program Specialist
6. 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. Angelita Nixon – CNM/SANE
9. Sarah Brown - WVDJCS Senior Program Specialist
10. Leslie Roberts – WVDJCS Staff

Bylaws

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

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

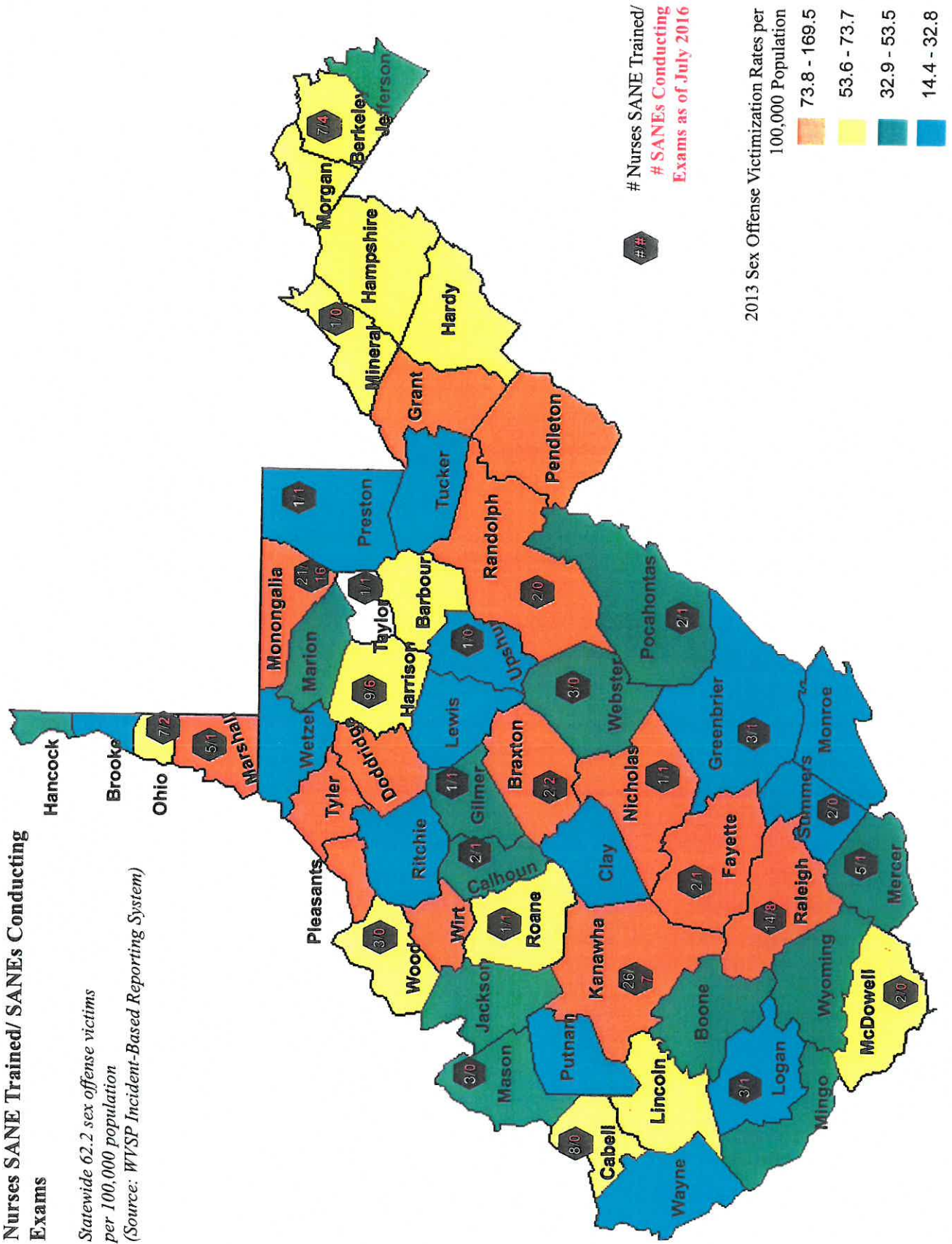
STOP Team: The purpose of the STOP Violence Against Women Act Grant is to improve and provide a coordinated response by the criminal justice system and victim services to domestic violence, sexual assault, dating violence and stalking crime victims. In West Virginia counties have to apply as a STOP Team 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.

Nurses SANE Trained/SANEs Conducting Exams Map

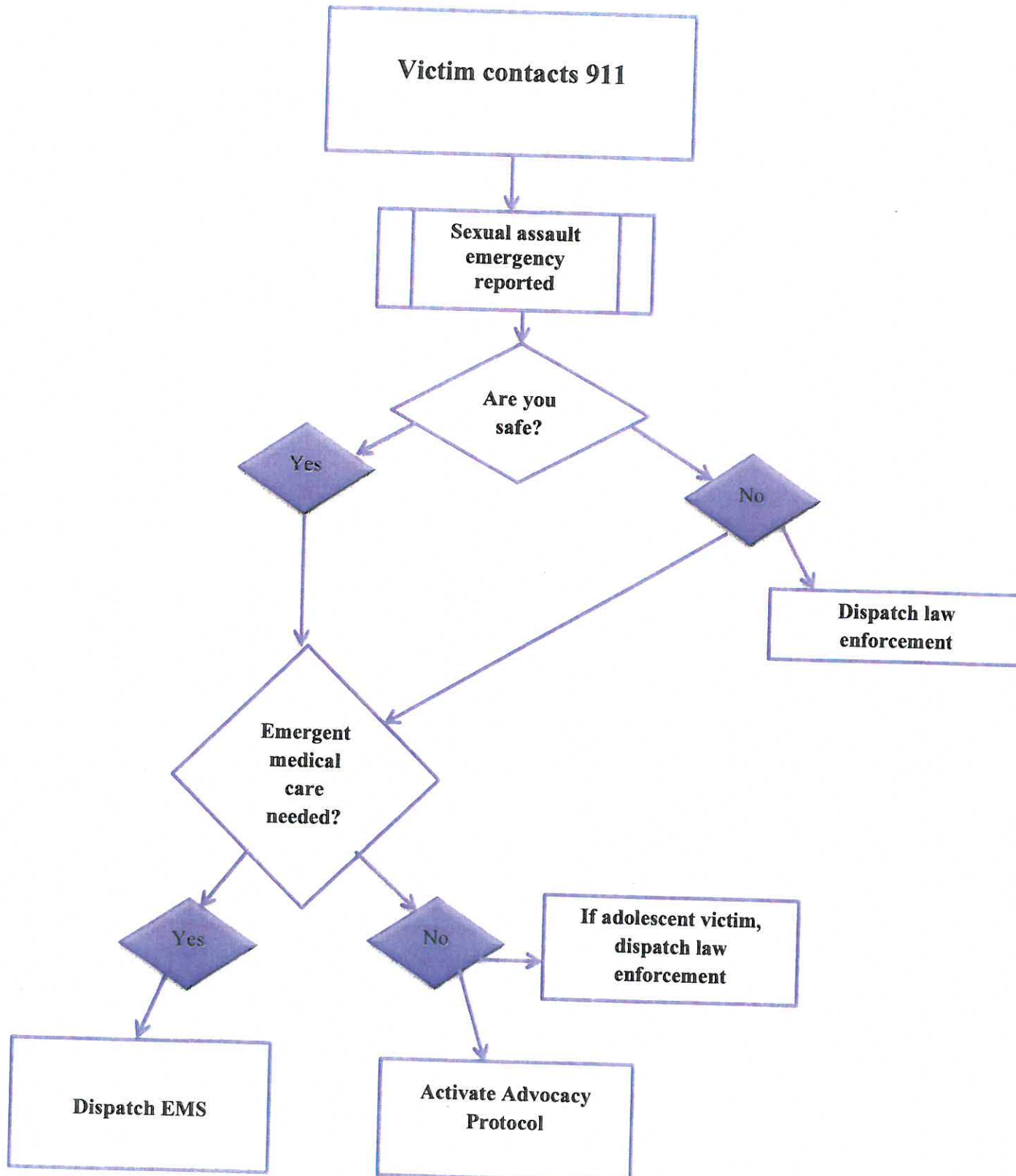
Nurses SANE Trained/ SANEs Conducting Exams

Statewide 62.2 sex offense victims per 100,000 population
(Source: WVSP Incident-Based Reporting System)

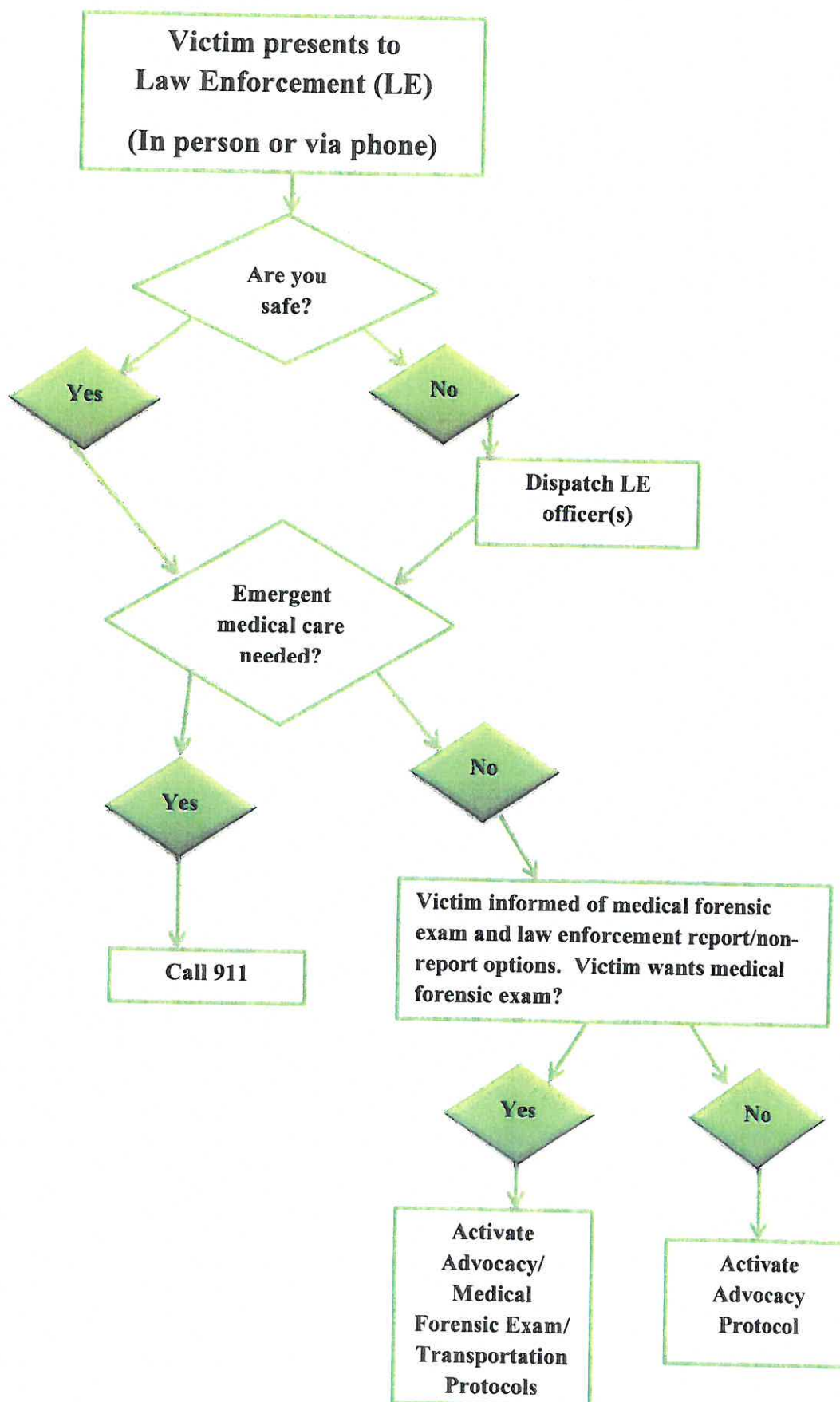


Flowcharts

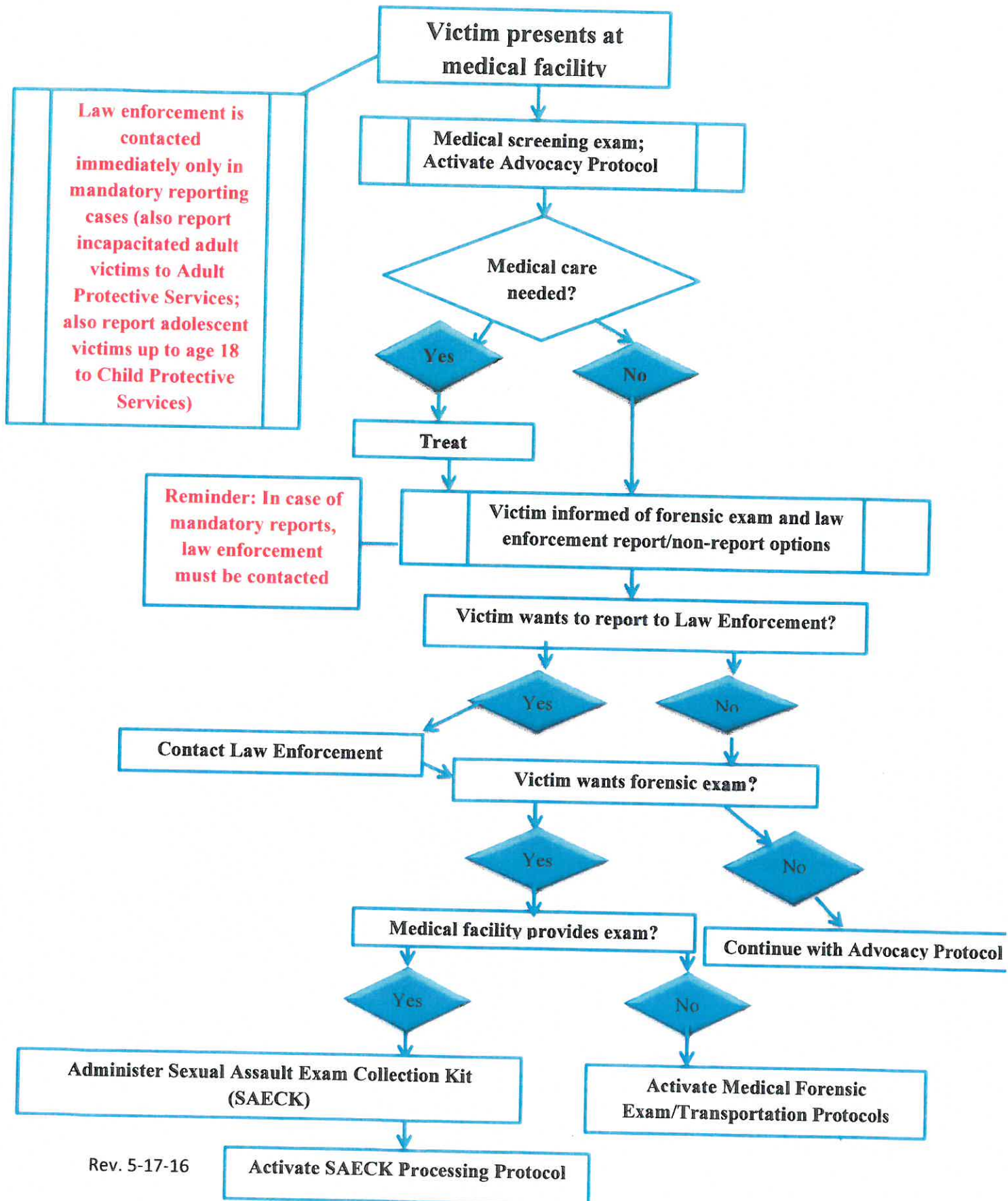
Adult/Adolescent Sexual Assault Victim Contacts 911



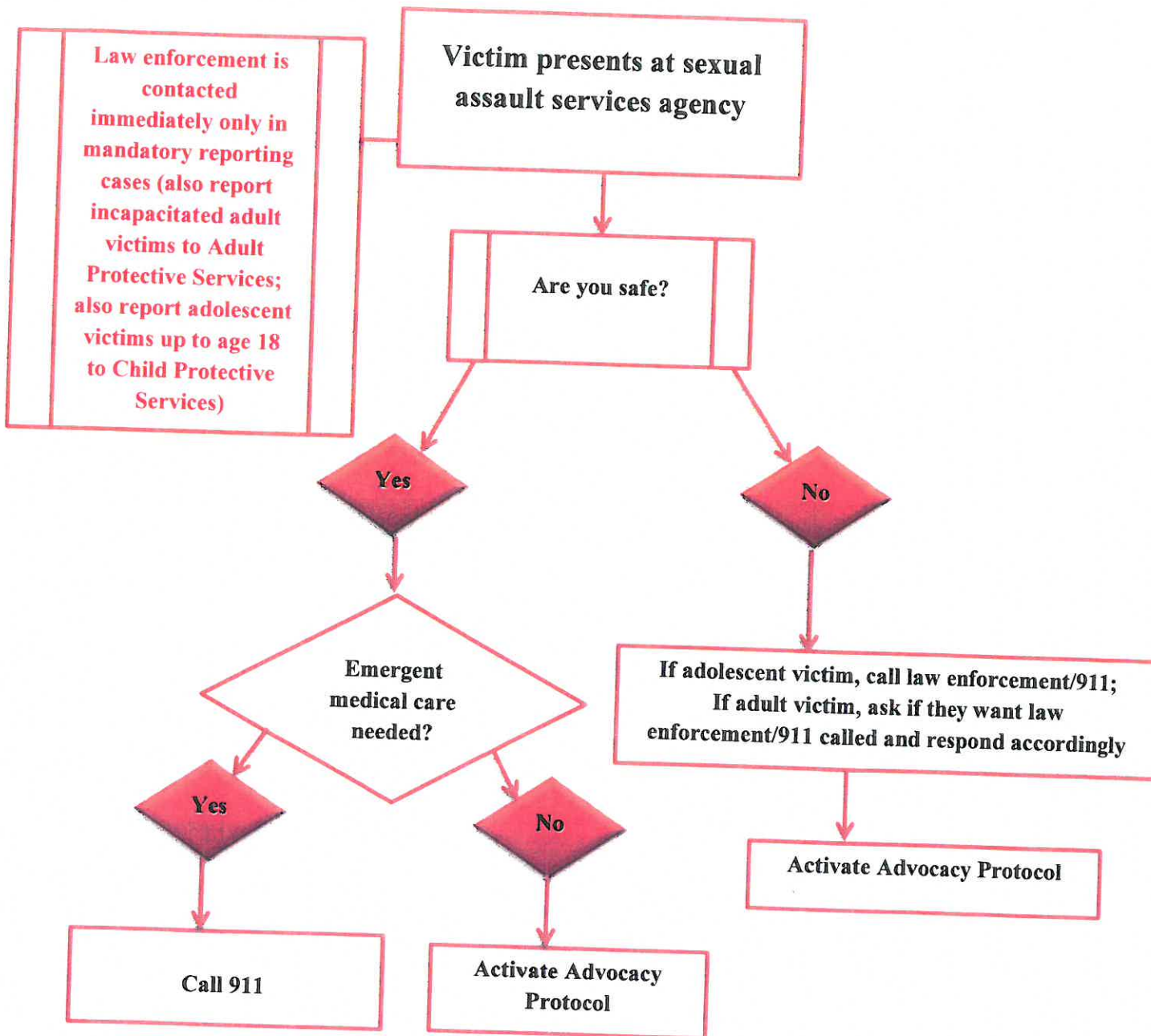
Adult/Adolescent Sexual Assault Victim Presents to Law Enforcement



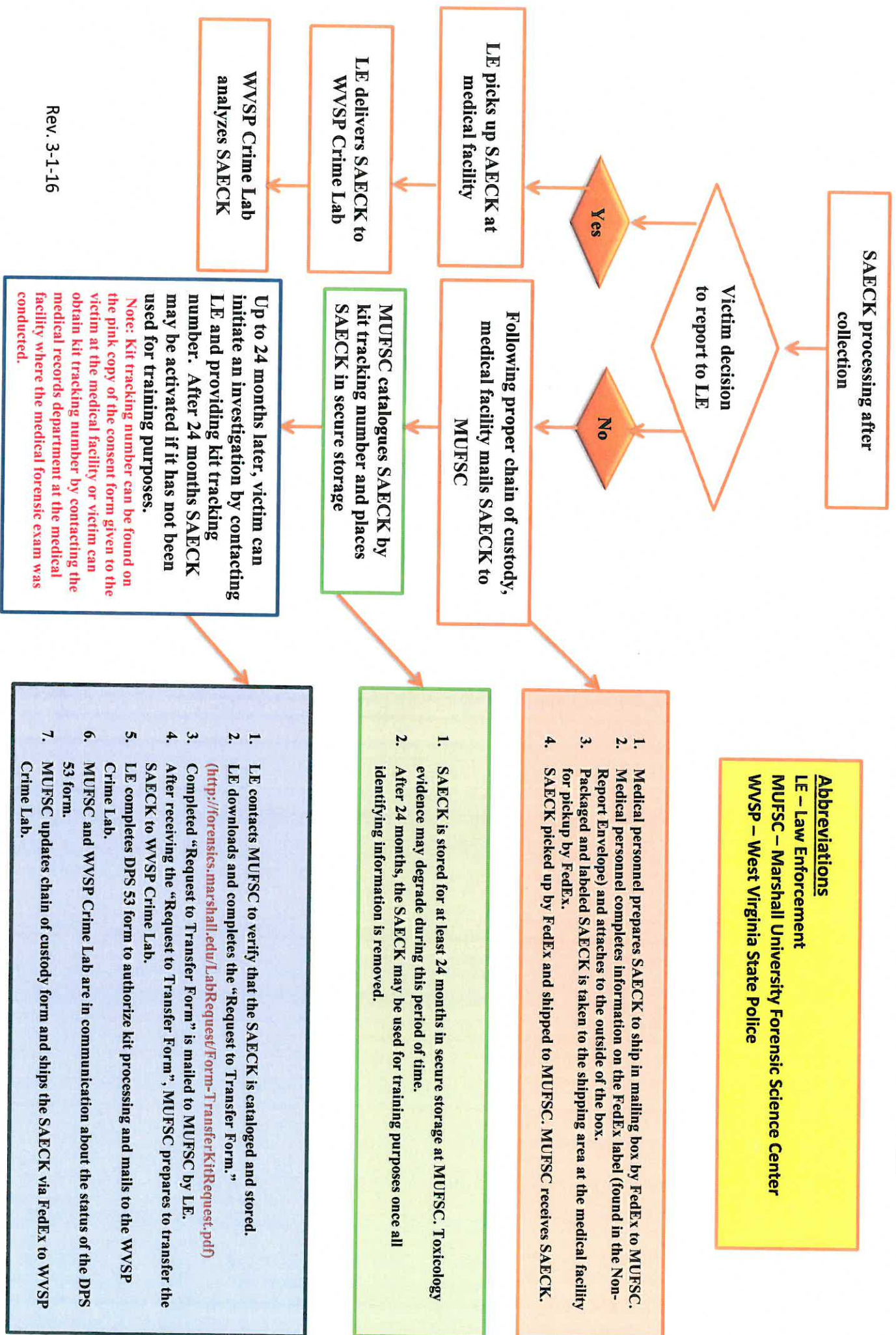
Adult/Adolescent Sexual Assault Victim Presents at Medical Facility



**Adult/Adolescent Sexual Assault Victim Presents for Sexual Assault
Advocacy Services**



Processing of the Sexual Assault Evidence Collection Kit (SAECK) After Collection



Sexual Assault Plan Template

Action Checklist – Sexual Assault Forensic Examination (S.A.F.E.) Commission County Service Plan

The following steps will assist you in successfully outlining the Service Plan for your county. The process can stimulate conversation among key service providers and identify gaps in services. The completed Service Plan can enhance communication among first responders and identify your county's plan to address any gaps. Many counties will identify gaps, and the purpose of the plan is to either solve those gaps through the planning committee prior to submitting the plan or as a group map out a plan for how service gaps will be addressed in the upcoming months.

The accompanying flowcharts and protocols provide guidelines for professionals to follow when responding to a sexual assault. These suggestions are best practices and should be followed when possible.

- ☐ The prosecutor or designee will convene a planning committee that consists of at least one county representative (if applicable) from:
 - Prosecution
 - Law Enforcement
 - Rape Crisis Center
 - Medical Facility(ies)/Sexual Assault Nurse Examiners
 - Other members to consider include Child Advocacy Centers, EMS, Disability Organizations, Adult/Child Protective Services, College Campus
- ☐ Your planning committee will collectively review the flowcharts provided and use them as a guide to assess the required key service components for responding to an adult/adolescent victim of sexual assault and identify similarities/gaps in your county's current practices. If gaps exist, identify services needed to address the gaps.
- ☐ Your planning committee will collectively review the template Service Plan, using it as a guide for developing your county Service Plan and inserting your county's specific information. If your county currently has a written protocol for serving sexual assault victims, review and modify it as needed to ensure compliance with the flowcharts and template Service Plan. Please submit your plan in the template format provided and attach any Letters of Agreement referenced.
- ☐ Plans are to be submitted in electronic format via link to the West Virginia Division of Justice and Community Services by 1/1/17. A webinar will be available for all interested planning committee members on October 28, 2016 to provide an overview of the template Service Plan, the completion process, and to provide a collective opportunity to ask questions. Additional technical assistance is available by contacting Leslie Roberts at 304-558-8814, ext. 53314, or Leslie.R.Roberts@wv.gov.

Sexual Assault Forensic Examination (SAFE) Commission

Service Plan Template

The provision of a coordinated, multi-disciplinary approach in responding to victims of sexual assault improves access to comprehensive care, minimizes trauma, promotes healing and increases offender accountability.

The SAFE Commission has identified standards for responding to victims of sexual violence and has created a series of five victim-response flowcharts and templates for service protocols (advocacy services, medical forensic exams, transportation for exams) to assist counties in creating local service plans.

To meet SAFE Commission standards, [insert name here – need drop down box of counties] County has formalized a coordinated response through the creation of a [select one and insert here: Sexual Assault Response Team (SART) serving as the local board OR local board convened specifically to meet the SAFE Commission's guidelines]. Members of this local coordinated response collaboration include:

- [insert list of participant names/agencies represented. Team representatives must include, but are not limited to: prosecution, law enforcement, advocacy (rape crisis centers), medical/hospital personnel/SANEs. Other members to consider include Child Advocacy Centers, EMS, Disability Organizations, Adult/Child Protective Services College Campus.]

The local board/SART meets/plans to meet [insert frequency of meetings here] with the intent to [check only those activities below that apply to your collaborative]:

- ☐ Share information and resources
- ☐ Identify gaps in the service delivery system
- ☐ Increase awareness on issues of sexual assault and stalking in the community
- ☐ Increase victim and community safety
- ☐ Develop professional relationships and an understanding of varying roles and responsibilities of first responders
- ☐ Develop, implement, and review county protocol to meet legislative requirements of the SAFE Commission

ADVOCACY PROTOCOL

OVERVIEW

A victim advocate provides free, confidential and non-judgmental emotional support, information, social service referrals and guidance following a sexual assault. A victim advocate's involvement will begin at the time the victim reports the sexual assault and extend beyond the point when other agencies have terminated their involvement. A victim advocate offers the victim the support needed to understand what is happening and make informed decisions.

Services can only be provided by trained advocates who have received a minimum of 32 hours of specific sexual assault advocacy training that meets the training standards established by the West Virginia Foundation for Rape Information and Services <http://www.fris.org/>.¹

The following seven advocacy services meet core service standards. The following services exist in our county (*please check all services that apply*).

- ☐ 24/7 advocacy, support, and accompaniment during the medical forensic exam, law enforcement investigations and court proceedings
- ☐ Information for victims about reporting/not reporting to law enforcement
- ☐ Crisis intervention and/or emotional support to victims and their families
- ☐ Referrals and coordinated services with other agencies
- ☐ Support for victims through the criminal justice system
- ☐ Replacement clothing for victims after medical forensic exams, if needed
- ☐ Protection of victim privacy and confidentiality

^[1] In cases of child abuse perpetrated against an adolescent as defined by WV law, the local Child Advocacy Center may also be contacted for support and/or forensic services.

Advocacy services in our county are (please check the box that best describes the services provided):

- ☐ Services for adolescent/adult victims are provided by [insert name of rape crisis center here] serving our county. [Note: All seven core services listed must be provided for this box to be checked.]
- [Insert description of process for who will contact this advocate (e.g., law enforcement, intake staff at the hospital)].
 - [Insert description of time frame in which advocacy services will be provided (e.g., within 1 hour; within 90 minutes)].
 - [Insert description of process for accessing advocacy services, including any agency contact phone numbers and when the advocate will be called (e.g., immediately when a victim presents at a medical facility)].
- ☐ Services for adolescent/adult victims are provided via a letter of agreement with a rape crisis center from another county [insert name of rape crisis center and county here. Attach letter of agreement with rape crisis center.] [Note: All seven core services listed must be provided for this box to be checked.]
- ☐ Limited/None. Our county currently does not have all seven of the core advocacy services available for adolescent/adult victims.
- [If all 24/7 advocacy services do not currently exist or are limited, insert description of plans for how they will be developed, an estimated time frame, and any assistance needed for developing advocacy services.]

First responders will be informed of this Advocacy Protocol by [insert description of process here].

[Note: The name of the advocacy organization providing these services should be inserted into the Adult/Adolescent Sexual Assault Victim Presents for Sexual Assault Advocacy Services Flowchart and submitted with your county's Service Plan.]

MEDICAL FORENSIC PROTOCOL

OVERVIEW

It is important for all sexual assault victims to have access to specialized medical evaluation and crisis intervention. Ideally every county in West Virginia would have an accessible and responsive criminal justice and service delivery system that includes local advocates and a medical facility that provides medical forensic exams by trained examiners.

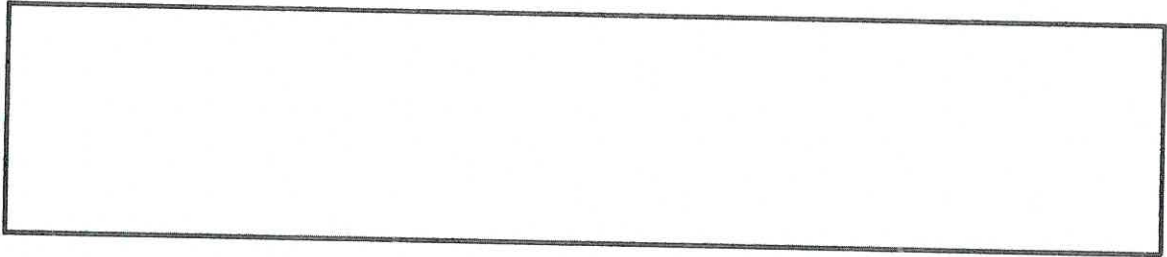
The SAFE Commission has outlined the following Best Practice Training Recommendations for providing medical forensic examinations that should be used when determining an appropriate medical forensic exam resource:

1. It is required that Nurses complete the 40 hour Sexual Assault Nurse Examiner (SANE) coursework (Training that meets IAFN guidelines OR WV Online SANE Training (24 Hours) and 2 day Classroom Training (16 hours) PLUS clinical requirements (25 hours) to practice as a SANE and provide care to patients reporting sexual assault.
 2. It is recommended that Physicians, Advanced Practice Registered Nurses (APRNs), and Physician Assistants (PAs) complete, at a minimum, specific training modules (specifically Modules 7, 10, and 15) available through the WV Online SANE Training and accessed through www.fris.org when providing conducting medical forensic examinations on patients reporting sexual assault.
-

For medical forensic services for adolescent/adult victims within our county (please select and complete the service description that applies to your county):

- ☐ Services are provided by a medical facility located in our county.
- ☐ Services are provided via a letter of agreement with a medical facility from another county. [Attach a letter of agreement that indicates the facility has agreed to provide medical forensic exams.]
- ☐ No medical provider is available for adolescent/adult victims needing a forensic exam and no letter of agreement has been negotiated with a medical facility from another county.
- [Insert a description of how a victim from your county currently would access a forensic exam, the actions that will be taken to develop a plan in the next 12 months for accessing forensic exams, and any technical assistance that is needed.]

First responders will be informed of this Medical Forensic Protocol by [insert description of process here].



[Note: The name of the facility providing forensic services should be inserted into the Adult/Adolescent Sexual Assault Victim Presents at Medical Facility Flowchart and submitted with your county's Service Plan.]

Medical Facility(s) Located Within Our County

Please complete the information for EACH medical facility within your county even if they do not provide the service. Make as many copies of this page as need.

- Facility Name: _____

☐ Medical Forensic Services for Adolescent/Adult Victims ARE Provided

- Medical forensic exams are provided by (select all that apply):
 - ☐ Physicians ☐ SANEs ☐ APRNs ☐ PAs ☐ Registered Nurses
- SANEs [check one ☐are ☐are not] available on-call 24/7.

☐ Medical Forensic Services for Adolescent/Adult Victims ARE NOT Provided

[Attach a letter of agreement that indicates a facility has agreed to provide medical forensic exams.]

[Attach transportation protocol for how a victim transported to facility providing the service.]

TRANSPORTATION PROTOCOL

OVERVIEW

This protocol will be activated when a victim of sexual assault requires a medical forensic exam and cannot transport himself/herself to and from a facility that provides that care. Each county will have a responsive service system that will provide transportation services to victims of sexual assault.

The SAFE Commission requires that this transportation protocol include four core components. The following components of transportation services exist in our county (*please check all that apply*).

- ☐ Accessible transportation, including the ability to transport victims with disabilities
- ☐ Transportation to and from the medical forensic exam regardless of the victim's ability to pay
- ☐ Plan for victim confidentiality
- ☐ Plan to return the victim to his or her point of origin after the medical forensic examination

Transportation protocol when no emergent medical needs are reported [*Please check the following one that applies to your county*]:

- ☐ Transport services for adolescent/adult victims for medical forensic services that are provided within our county.
 - _____ (*insert name of transportation provider*) provides victim transportation to and from _____ (*insert name of any medical facility that provides forensic medical exams*).
 - [*Insert description of how these services are accessible to victims, how service providers refer victims to access the transportation services, how victim confidentiality has been addressed, plans for transporting the victim back to his or her point of origin after the medical forensic medical exam, how the service is available to a victim regardless of the victim's ability to pay and the process for paying for transportation.*]
 - [*Attach any service agreements or letters of agreement/contracts related to this transportation protocol.*]

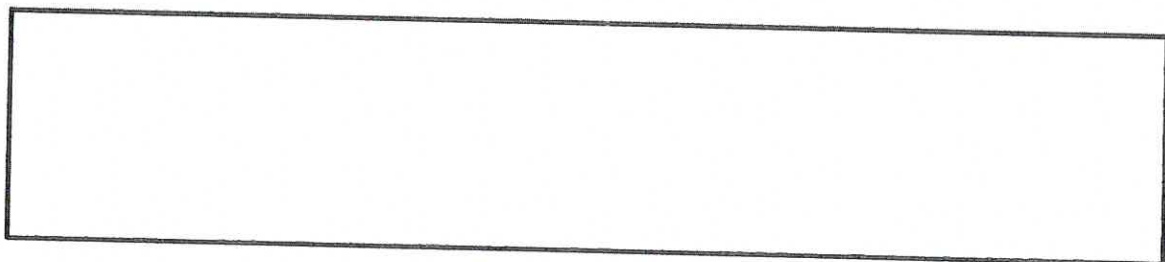
☐ Transport services for adolescent/adult victims for medical forensic services that are provided outside of our county via a letter of agreement with another county.

- _____ (transportation provider) provides victim transportation to and from _____ (medical facility that provides sexual assault exams).
- [Insert description of how these services are accessible to victims, how service providers refer victims to access the transportation services, how victim confidentiality has been addressed, plans for transporting the victim back to his or her point of origin after the medical forensic medical exam, how the service is available to a victim regardless of the victim's ability to pay and the process for paying for transportation.]
- [Attach any service agreements or letters of agreement/contracts related to this transportation protocol.]

☐ Our county currently has no transportation services available for adolescent/adult victims needing a forensic exam.

- [Insert a description of how victim transportation is currently being conducted, the actions that will be taken to develop transportation services in the next 12 months, and any technical assistance that is needed.]

First responders will be informed of this Transportation Protocol by [insert description of process here].



[Note: The name of the entity providing transportation services should be inserted into the Transportation Protocol boxes of the flowcharts and submitted with your county's Service Plan.]

Sexual Assault Kit Database Log-In Page



West Virginia Sexual Assault Evidence Collection Kit Information System

Log In

Please sign in by entering your username and password below and then click on the Log In button.

• Username:

• Password:

Log In

- ▶ [Forgot Password?](#)
- ▶ [Not yet registered? Click here for registration information](#)
- ▶ [Create an account here](#)

Collaborative Initiative of the following agencies:



West Virginia
Department of Military Affairs and Public Safety



West Virginia
Hospital Association



West Virginia
Division of Justice and Community Services



West Virginia
Sexual Assault Forensic Examination (SAFE)
Commission



West Virginia
State Police



West Virginia
Foundation for Rape Information and Services
(FRIS)