

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

**September 1, 2016 – AUGUST 31, 2017**

**ANNUAL REPORT**



**State of West Virginia  
Jim Justice, Governor**



**Department of Military Affairs and Public Safety  
Jeff S. Sandy CFE, CAMS, Cabinet Secretary**



**Division of Justice and Community Services  
1124 Smith Street, Suite 3100  
Charleston, West Virginia 25301  
W. Richard Staton, Director  
Jeffrey D. Estep, Chief Deputy Director  
Leslie S. Boggess, Deputy Director  
Sarah Brown, Senior Justice Program Specialist**

## **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.

## Table of Contents

<b>Executive Summary</b>	Page 5
<b>Timeline</b>	Pages 5-7
<b>SAFE Commission Code</b>	Page 7
<b>Meetings</b>	Pages 7-8
<b>Goals</b>	Page 8
<b>Sub-committees</b>	Pages 8-10
<b>Overview of Sexual Assault Kit Initiative Grant</b>	Pages 10-11
<b>Findings/Issues</b>	Page 11
<b>Recommendations</b>	Page 12
<b>Next Steps</b>	Page 12
<b>Attachments</b>	Pages 13 -43

## **Executive Summary:**

The Sexual Assault Forensic Examination (SAFE Commission) Commission was created under West Virginia Code Chapter 15-§9B-1, §9B-2 and §9B-3 and began meeting in August 8, 2014. The purpose of the SAFE Commission is to 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;

## **Historical Timeline:**

### **August 8, 2014 – August 5, 2015**

- ❖ August 7, 2014 the Commission met for first time and received an overview of events which led to the legislation and creation of the SAFE Commission.
- ❖ Created Bylaws for the Commission
- ❖ Established Goals set forth by code and steps to accomplish goals
- ❖ Established three sub-committees to work on recommendations in order to meet goals
- ❖ Developed and Implemented an assessment of counties resources, protocols and practices counties currently have and don't have concerning forensic exams, transportation for victims and services for victims.
- ❖ Develop definitions
- ❖ Began development of flow charts in standards of care for sexual assault victims when presenting with sexual violence at different disciplines (law enforcement, victim services, 911, hospital, etc.).
- ❖ Develop a database system in order to track sexual assault kits and evaluate the collection of sexual assault kits.
- ❖ Develop and implemented a reporting system to provide feedback to hospitals/medical personnel on quality of collection of evidence.
- ❖ Identify training needs for Sexual Assault Nurse Examiners (SANEs) by looking at the quality of the data collected.
- ❖ Review current training standards in other states and compare to West Virginia's current on-line SANE training and make recommendations of training requirements for the collection of sexual assault kits.
- ❖ Training and the retention of SANEs.
- ❖ Met with prosecutors to educate on the requirements set forth in the code.

### **August 6, 2015 – August 31, 2016**

- ❖ Revised the Bylaws for the Commission.
- ❖ Revised and completed development of flowcharts.
- ❖ Began development of a County Sexual Assault Plan template.
- ❖ Piloted County Sexual Assault Plan template in three counties.
- ❖ Completed development of the Sexual Assault Kit database and launched it on August 1, 2016 to begin tracking and evaluating sexual assault kits.
- ❖ Continued discussion on adding the billing of forensic medical exams to the database.
- ❖ Continue to provide feedback to hospitals on evidence collection.
- ❖ Recommended a “tier system” for SANE training for medical personnel.
- ❖ Continued to look for funding for SANE clinical training and retention of SANE trained nurses.
- ❖ Created a map of West Virginia showing by county where sexual assaults occur and numbers, long with number of trained SANEs and the number of practicing SANEs.
- ❖ Began discussion of a centralized storage/processing center for all sexual assault kits, which included funding, chain of custody, and other issues.
- ❖ 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.

### **September 1, 2016 - August 31, 2017**

- ❖ SAFE Commission legislation was featured at the National Institute for Justice’s Sexual Assault Policy Symposium in September 2017 in Washington D.C.
- ❖ West Virginia Sexual Assault Evidence Collection Kit Information System (SAECKIS) was nominated for the American Council for Technology and Industry Council for the Igniting Innovation Award and was in the top eight finalists out of 120 admissions.
- ❖ The WV SAECKIS Data System, was nominated and chosen to be one of the five finalists out of twenty-five applicants to the Southern Legislative Conference for the State Transformation in Action Recognition (STAR) Award.
- ❖ After reviewing the two piloted County Sexual Assault Plans which were submitted; the Commission revised the template.
- ❖ An on-line template was developed so counties could submit their County Sexual Assault Plans electronically.
- ❖ Letters were sent to the remaining counties to begin the development of their County Sexual Assault Plans with a template, checklist, instructions, and flowcharts. County Sexual Assault Plans were due May 1, 2017.
- ❖ Continue to review data on quality of collection of sexual assault kits and tracking of kits and determine how to improve data collection.
- ❖ Develop a tool for Commission members to determine if county plans have all required elements.
- ❖ Develop a scoring system for county plans.
- ❖ Began reviewing County Sexual Assault plans.
- ❖ Continue to give feedback to hospitals on collection of sexual assault kits.
- ❖ Continue to work towards reimbursing hospitals through the database and track reimbursements for sexual assault kits from the Forensic Medical Fund through the database.

- ❖ Continued discussions on improvements to database system.
- ❖ Expand the SANE training to higher education.
- ❖ Continue to provide SANE training and develop the Modules for physicians, APRN, and physician assistants (PAs).
- ❖ Continue to work towards a centralized storage location for all sexual assault kits.
- ❖ Began discussion on developing policy changes for having all sexual assault kits tested in the future and not having the problem of un-submitted and un-tested kits.

## **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:**

Commission meetings were held on the following dates:

1. November 16, 2016
2. February 23, 2017
3. May 9, 2017
4. August 23, 2017

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

1. Continue to review data on quality of collection of sexual assault kits and tracking of kits and determine how to improve data collection.
2. Continue to give feedback to hospitals on collection of sexual assault kits.
3. Continue to work towards reimbursing hospitals through the database and track reimbursements for sexual assault kits from the Forensic Medical Fund through the database.
4. Continued discussions on improvements to database system.
5. Expand the SANE training to higher education.
6. Continue to provide SANE training and develop the Modules for physicians, APRNs, and PA's.
7. Continue to work towards a centralized storage location for all sexual assault kits.
8. Sent out templates and flowcharts to assist in the development of County Plans and begin a process to review plans.
9. After reviewing the two piloted County Sexual Assault Plans which were submitted; the Commission revised the template.
10. An on-line template was developed so counties could submit their County Sexual Assault Plans electronically.
11. Letters were sent to the remaining counties to begin the development of their County Sexual Assault Plans with a template, checklist, instructions, and flowcharts. County Sexual Assault Plans were due May 1, 2017.
12. Develop a tool for Commission member to determine if county plans have all required elements.
13. Develop a scoring system for county plans.
14. Began reviewing County Sexual Assault plans.
15. Continue to give feedback to hospitals on collection of sexual assault kits.
16. Continue to work towards reimbursing hospitals through the database and track reimbursements for sexual assault kits from the Forensic Medical Fund through the database.
17. Began discussion on developing policy changes for having all sexual assault kits tested in the future and not having the problem of un-submitted and un-tested kits.

## **Goals:**

The following goals are determined by West Virginia Code §15-9B-1, §15-9B-2 and §15-9B-3:

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.

## **Subcommittees:**

The SAFE Commission established three subcommittees, which are as follows:

### **Standards Subcommittee:**

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.
- ↳ Developed a template to assist counties in the creation of a county Sexual Assault Service Plan.
- ↳ Developed a checklist and scoring system for Commission to review the County Plans.

The Standards Subcommittee has met either in-person or by conference call three (3) times in the last year. The subcommittee members have accomplished the following:

- ↳ Plans were sent out to all counties in November 2016.
- ↳ Develop a checklist for Commission to review County Plans
- ↳ Develop a scoring system for County Plan in order to provide feedback to counties.
- ↳ Provided on-site technical assistance to six counties on completing the County Sexual Assault Services Plans.
- ↳ Made presentations at meetings of the WV Prosecuting Attorneys Institute and the WV Foundation for Rape Information and Services

#### **Data Collection Subcommittee:**

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 database of the quality of kit collection from hospitals to the WV Hospital Association.
- ↳ Identify areas of greatest need for training purposes, regarding effective collection of evidence.
- ↳ Identify training needs and incorporate into Sexual Assault Classroom Trainings.

The Data Collection Subcommittee has met in-person or by conference call three (3) times in the last year. The Subcommittee members have accomplished the following:

- ↳ Fully implemented new database.
- ↳ With current data from the sexual assault kit tracking application (SAK) database, WV Hospital Association has distributed reports to the hospitals on the quality of kits being collected by hospital and by examiner.
- ↳ Implemented process where all sexual assault kits are ordered through the database.
- ↳ Completed hospital inventory of sexual assault kits.
- ↳ Established accounts for almost all hospitals in the database to begin reporting when a kit was used and where the sexual assault kit went after collection.



- ↳ Identified further database improvements.
- ↳ Explored payment from the Forensic Medical Fund to the hospitals through the database.
- ↳ Statistical information from Database:
  - 157 Sexual Assault Kit Evaluations were completed by WVSP Crime Lab
  - 680 Sexual Assault Kits were distributed and of those 680 kits,
    - ↳ 11 were forwarded to other hospitals
    - ↳ 195 were tracked to law enforcement agencies
    - ↳ 39 were sent to Marshall University as non-report kits
    - ↳ 26 were not used/destroyed
    - ↳ 46 were used in training
    - ↳ 363 are not tracked in the system past the hospital level -The 363 “untracked kits” include kits that have been sent to LE, Other hospitals, not used/destroyed/Marshall, and those kits that are still unused.

### **Training Requirements Subcommittee:**

Role:

- ↳ Review West Virginia Sexual Assault Nurse Examiner (SANE) training curriculum materials and make recommendations to the SAFE Commission about training requirements for medical personnel (e.g. RNs, APRN, PAs, Dos, and MDs) 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 Subcommittee has met either in-person or by conference call three (3) times in the last year. The Subcommittee members have accomplished the following:

- ↳ Three (3) SANE Practicum Skills training were held – Thirty-four nurses trained.
- ↳ Three (3) SANE Classroom training were held – Thirty-six nurses trained.
- ↳ Began working to expand the SANE training to higher education; specifically, the different state Nursing Schools.
- ↳ Used data from the Sexual Assault database to determine training needs for SANES.
- ↳ Began working to develop Modules seven, ten and fifteen of the West Virginia On-Line SANE training course specifically for use by physicians, APRNs and PAs.

### **Sexual Assault Kit Initiative (SAKI) Grant:**

The federal government has estimated that hundreds of thousands of untested sexual assault kits (SAKs) are stored in law enforcement agencies, medical facilities and other sites around the country. A national movement is now focused on moving forward with testing previously unsubmitted kits.

In 2015 and 2016, West Virginia received funds from two sources to address this issue:

- New York County District Attorney (DANY) Sexual Assault Kit Backlog Elimination Program

- \$1,763,281 to the WV State Police Forensic Lab for the testing of sexual assault kits
- Bureau of Justice National Sexual Assault Kit Initiative (SAKI)
  - \$2,170,800 to the WV Division of Justice and Community Services (DJCS) for investigation, prosecution and victim support services in cases involving unsubmitted sexual assault kits

Originally the project was created to focus only on 16 counties, but additional SAKI funds awarded in 2016 to support expanded investigation and victim services will enable the project to be implemented throughout the entire state. West Virginia has completed the inventory of sexual assault kits in the original 16 counties and is currently inventorying the rest of the state. To date we have inventoried 1003 in the first 16 counties plus 250 in the remaining of the counties which have completed their inventory. The West Virginia State Police Crime Lab and Marshall University Forensic Science Center are in the process of testing sexual assault kits.

Purpose of the SAKI grant funds:

- Create a coordinated community response that utilizes a victim-centered approach to ensure, when possible, just resolution to these cases;
- Reduce the number of unsubmitted cases and improve investigative and prosecutorial outcomes; and
- Build the capacity of the counties (through protocols, training and technology) to prevent the development of conditions that lead to high numbers of unsubmitted SAKs in the future.

## **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
  - Need for a centralized storage for sexual assault kits
- More funds needed for trained staff at the WV State Police Crime Lab
- Training
  - Need training for prosecutors and law enforcement
  - Need sustainable training opportunities and funds for training medical personnel on best practices for conducting medical forensic examinations and kit collection
  - Limited capacity to provide needed trainings
- Retention of Sexual Assault Nurse Examiners (SANEs)
- 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, when transportation is needed.
2. Best practices to be identified for training, transportation, referral, and collecting evidence utilizing a victim-centered approach.
3. All kits collected at the hospital should be sent to 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 Exam 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**

- ➔ Provide feedback to each county regarding its County Sexual Assault Services Plan and assist sixteen counties in developing their plans.
- ➔ Continue to identify and address training needs.
- ➔ Complete the online training forensic examination modules for physicians, physician assistants and APRNs.
- ➔ Encourage Nursing and Medical Schools to include training courses on kit collection and SANE training.
- ➔ Continue to enhance the tracking system for Sexual Assault Kits and work with hospitals to enter information into the system.
- ➔ Continue data collection and feedback to the hospitals on kit collection.
- ➔ Use data that has been collected to determine how/when the best evidence is collected (e.g., Particular time frame, conditions, location on the body, etc.)
- ➔ Recruit more preceptors to help with the completion of the clinical hours.
- ➔ Continue to explore the feasibility of a centralized kit submission and storage site.
- ➔ Explore the possible increase in medical forensic examination reimbursement.
- ➔ Develop legislative rules regarding the submission of sex crime kits.

# **ATTACHMENTS**

<b>SAFE Commission Members</b>
<b>Subcommittee Membership</b>
<b>Bylaws</b>
<b>Definitions</b>
<b>Sexual Assault Plan Template</b>
<b>Flowcharts</b>
<b>Nurse SANE trained/ SANEs Conducting Exams Map</b>
<b>County Plan Map</b>
<b>Sexual Assault Kit Database Log-in Page</b>

**SAFE Commission Membership:**

## **SAFE Commission Membership:**

### **Required members:**

1. WV Prosecuting Attorney's Association – Perri De Christopher
2. WV Association of Counties – Jonathan Adler
3. Commissioner of the Bureau for Public Health or designee – Designee- Vacant
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- Rene Yokum
- 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- Beth Cook

**Subcommittee and Membership:**



## **Subcommittee and Membership:**

### **Standards Subcommittee:**

1. Nancy Hoffman- WVFRIS
2. Debbie Lopez-Bonasso- WVFRIS
3. Jim Kranz- WV Hospital Association
4. Caitlin Smith- WV CAN
5. 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

### **Data Collection Subcommittee:**

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. Rene Graves- WVDJCS Staff

### **Training Requirements Subcommittee:**

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. Rene Graves – WVDJCS Staff

**Bylaws:**

# GOVERNOR'S COMMITTEE ON CRIME, DELINQUENCY, AND CORRECTION

## Sexual Assault Forensic Examination Commission

### -BYLAWS-

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#### Article I: Name

The name of this Commission, created by Chapter 15, Sections-98-1, 98-2, and 98-3 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/Subcommittee Meetings**

Ad hoc/Subcommittee 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: Subcommittees**

### **Section I – Purpose and Duties**

Subcommittees 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 Subcommittee's charge and duration shall be designated at the time of creation. Subcommittees shall exercise those powers designated to them by the Commission, these by-laws, and as are appropriate to their mission and assignment.

Subcommittees 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. Subcommittees shall act between Commission meetings on their assigned subject matter area(s). Subcommittees shall also perform other duties as delegated by the Chair.

### **Section II - Membership**

Subcommittees may be established, and its leaders and membership appointed, based upon informal consensus among Commission members. A secretary may be appointed by Subcommittee 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.

## **Sexual Assault Plan Template**

## Sexual Assault Forensic Examination (SAFE) Commission

### Service Plan Template

#### Local Board/SART Overview

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] 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), and medical/hospital personnel/SANEs. Other members to consider include Child Advocacy Centers, EMS, Disability Organizations, Adult/Child Protective Services College Campus.] [Attach sign-in sheet]

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/> .<sup>1</sup>

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

Advocacy services in our county are: (**please select the option that best describes the services provided**):

- A. Services for adolescent/adult victims are provided by [**insert name of rape crisis center here**] which will be providing services to our county. **Note: All seven core services listed must be provided for this box to be checked.**

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<sup>[1]</sup> 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.

- *Insert description of process for who will contact the 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 the agency contact phone number(s) and when the advocate will be called (e.g., immediately when a victim presents at a medical facility). The phone number listed should be the number that will be called by a hospital or law enforcement to activate advocacy services. It should not be an advocate's personal cell phone.*

- B. Services for adolescent/adult victims are being provided via a letter of agreement with a [insert name of rape crisis center] from [insert county here and phone number]. Attach letter of agreement with rape crisis center.

**Note: All seven core services listed must be provided for this box to be checked.**

- C. 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 in the next 12 months, and any assistance needed for developing advocacy services. Please describe your planning process (e.g., Our team will meet monthly and will have a plan developed by 2/1/2018.)

First responders will be informed of this Advocacy Protocol by [insert description of process in box provided. Include how first responders who do not attend the local board/SART meetings will be informed].

**Phone number of Rape Crisis Center to Activate Protocol: \_\_\_\_\_**

## 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](http://www.fris.org) when conducting medical forensic examinations on patients reporting sexual assault.

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

- Services are provided by a medical facility located in our county.
  - [Insert the facility(ies) name and phone number (s) to notify the hospital that a victim is on the way for a medical forensic exam]:

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- 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.]

- *[Insert the facility name and phone number to notify the hospital that a victim is on the way for a medical forensic exam]:*

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- No medical provider is available for adolescent/adult victims needing a medical 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 medical forensic exam, the actions that will be taken to develop a plan in the next 12 months for accessing medical forensic exams, and any technical assistance that is needed. Please describe your planning process (e.g., Our team has a meeting set for June 1<sup>st</sup>. The prosecutor has contacted Mercy Hospital regarding a Letter of Agreement, which will be drafted and sent by August. We anticipate having a signed agreement by October.)]*

First responders will be informed of this Medical Forensic Protocol by *[insert description of process here. Include how first responders who do not attend the local board/SART meetings will be informed].*

Phone number to Activate Medical Forensic Protocol:

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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.

Medical Forensic Services for Adolescent/Adult Victims ARE Provided:

- *[Insert the facility name and phone number to notify the hospital that a victim is in-route for a medical forensic exam]:*

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- 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.
- Physicians **check one**  are  are not available on-call 24/7.
- APRNs **check one**  are  are not available on-call 24/7.
- Physician Assistant (PA) **check one**  are  are not available on-call 24/7.
- Registered Nurses **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.**

- **Insert the facility name and phone number:**

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## 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 must include the following four core components:
  1. Accessible transportation, including the ability to transport victims with disabilities
  2. Transportation to and from the medical forensic exam regardless of the victim's ability to pay
  3. Plan for victim confidentiality
  4. Plan to return the victim to his or her point of origin (or an agreed upon safe place) after the medical forensic examination
  - 5.

*Transportation services in our county are:*

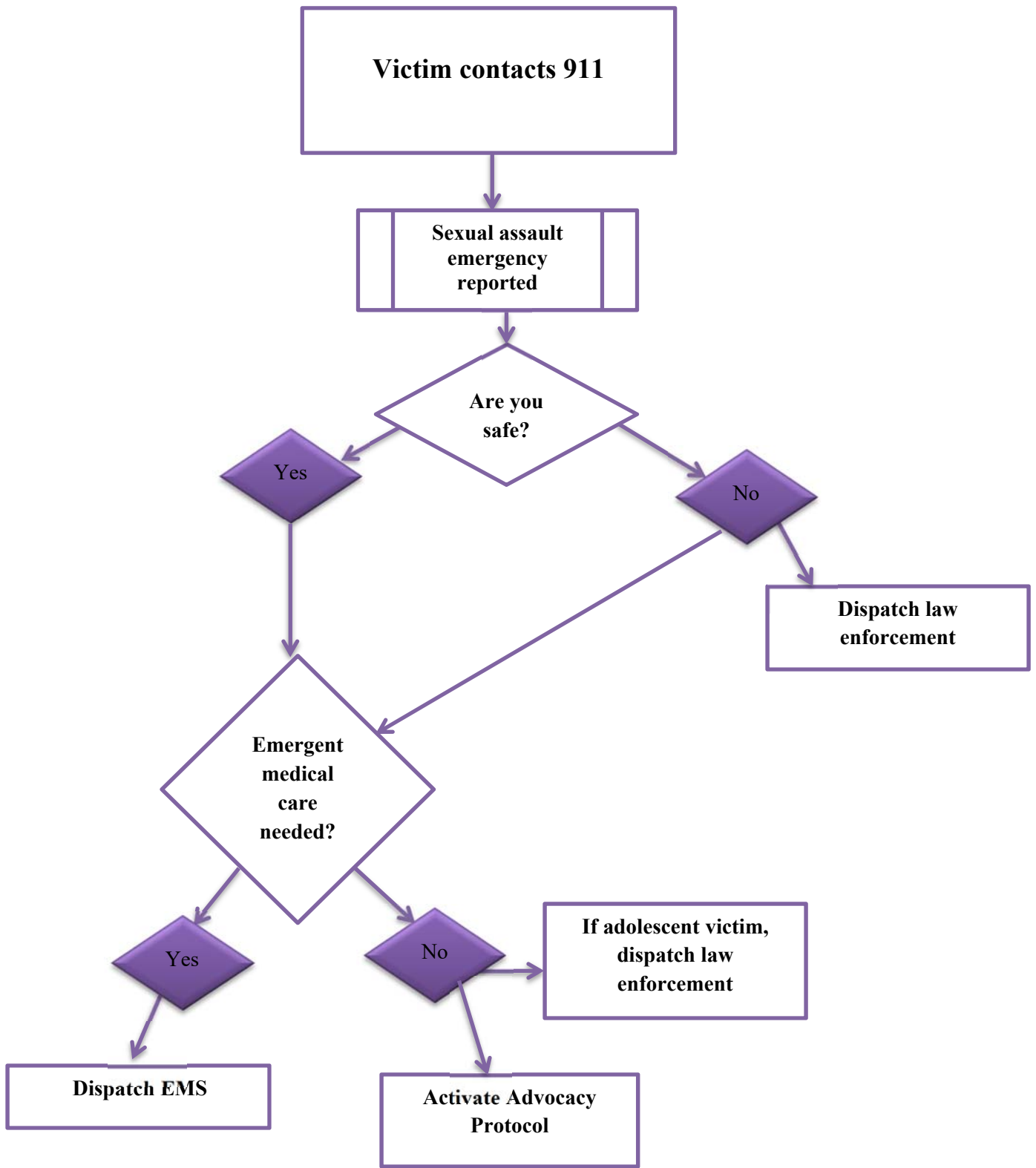
- County has a transportation protocol [Attach Transportation protocol]
- County does not meet all four components for transportation protocol [Attach description of how service is provided and actions to be taken over the next 12 months to meet all four requirements]
- County does not have a transportation protocol [Attach a summary of actions to be taken over the next 12 months to develop transportation protocol]

First responders will be informed of this Transportation Protocol by [insert description of process here. Include how first responders who do not attend the local board/SART meetings will be informed].

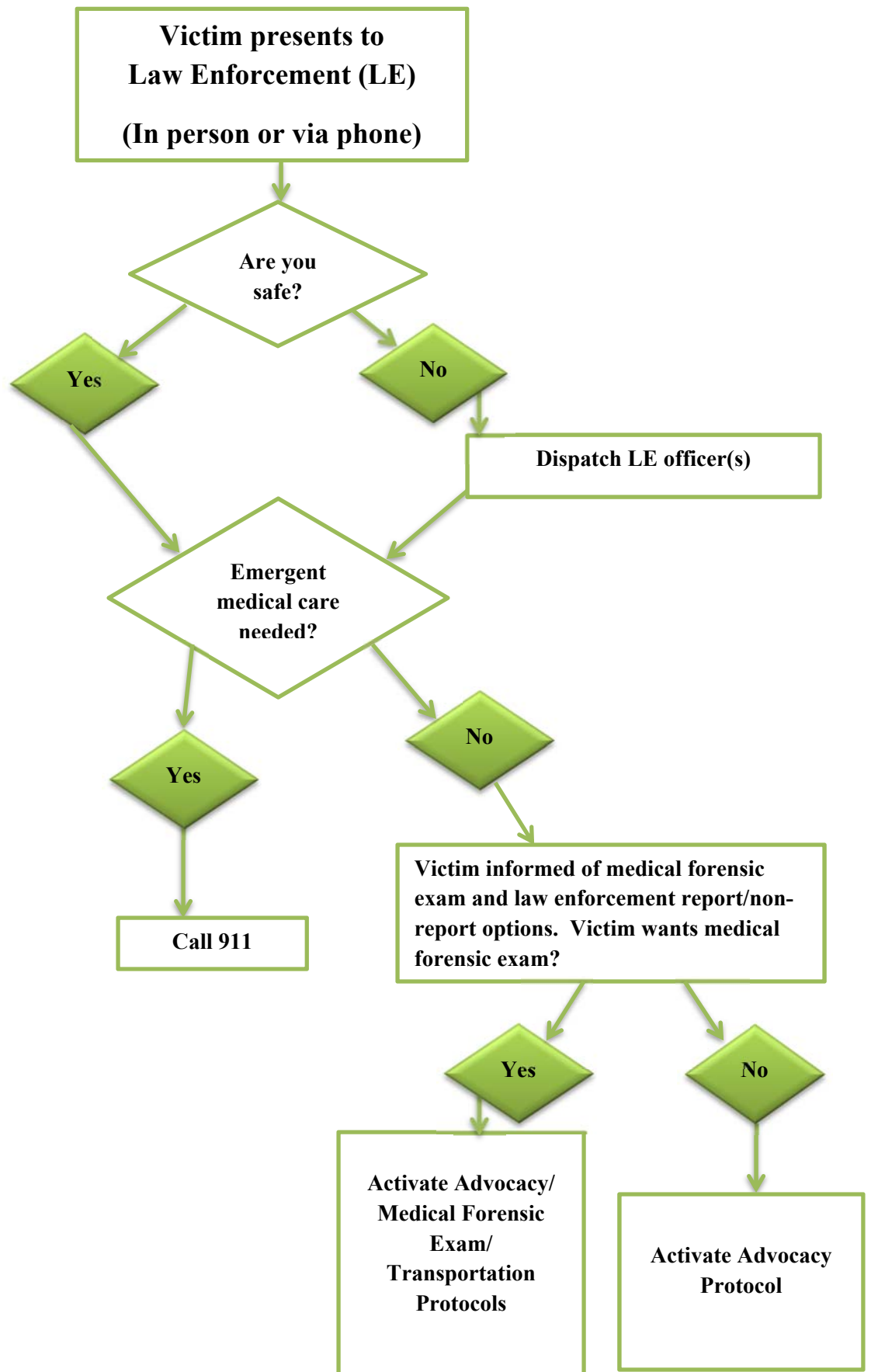
Phone number to Activate

## **Flowcharts**

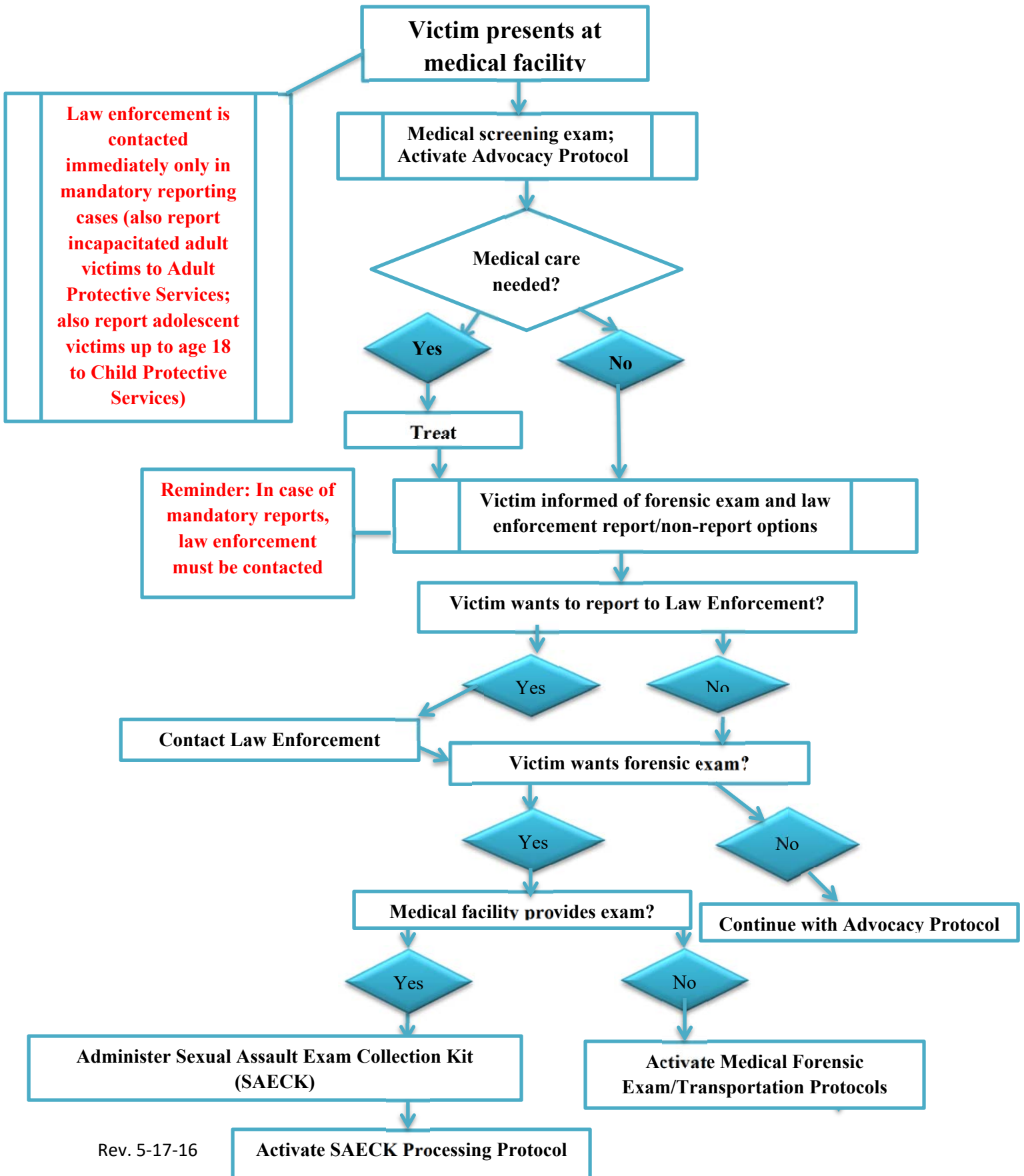
## Adult/Adolescent Sexual Assault Victim Contacts 911



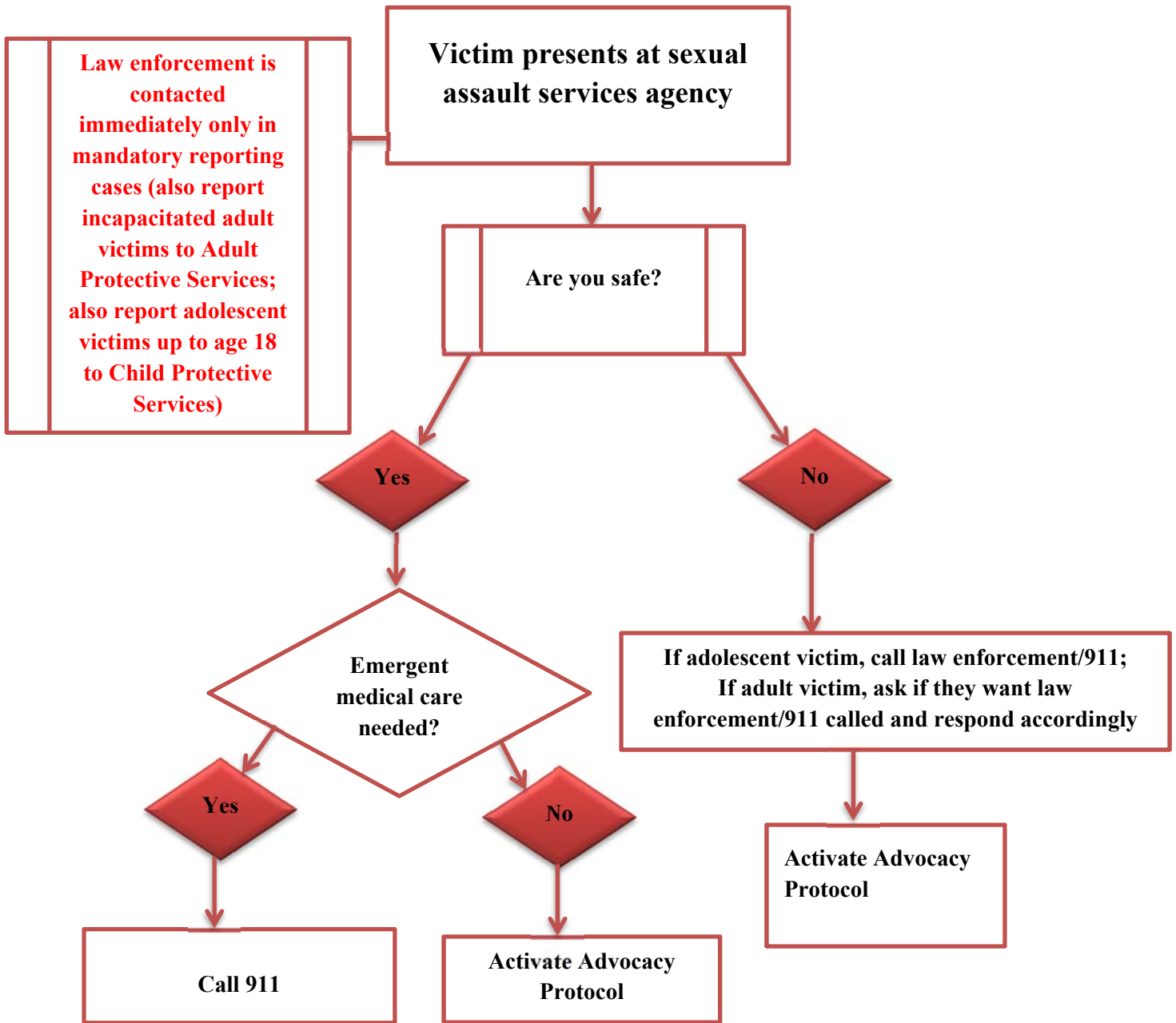
**Adult/Adolescent Sexual Assault Victim Presents to Law Enforcement**



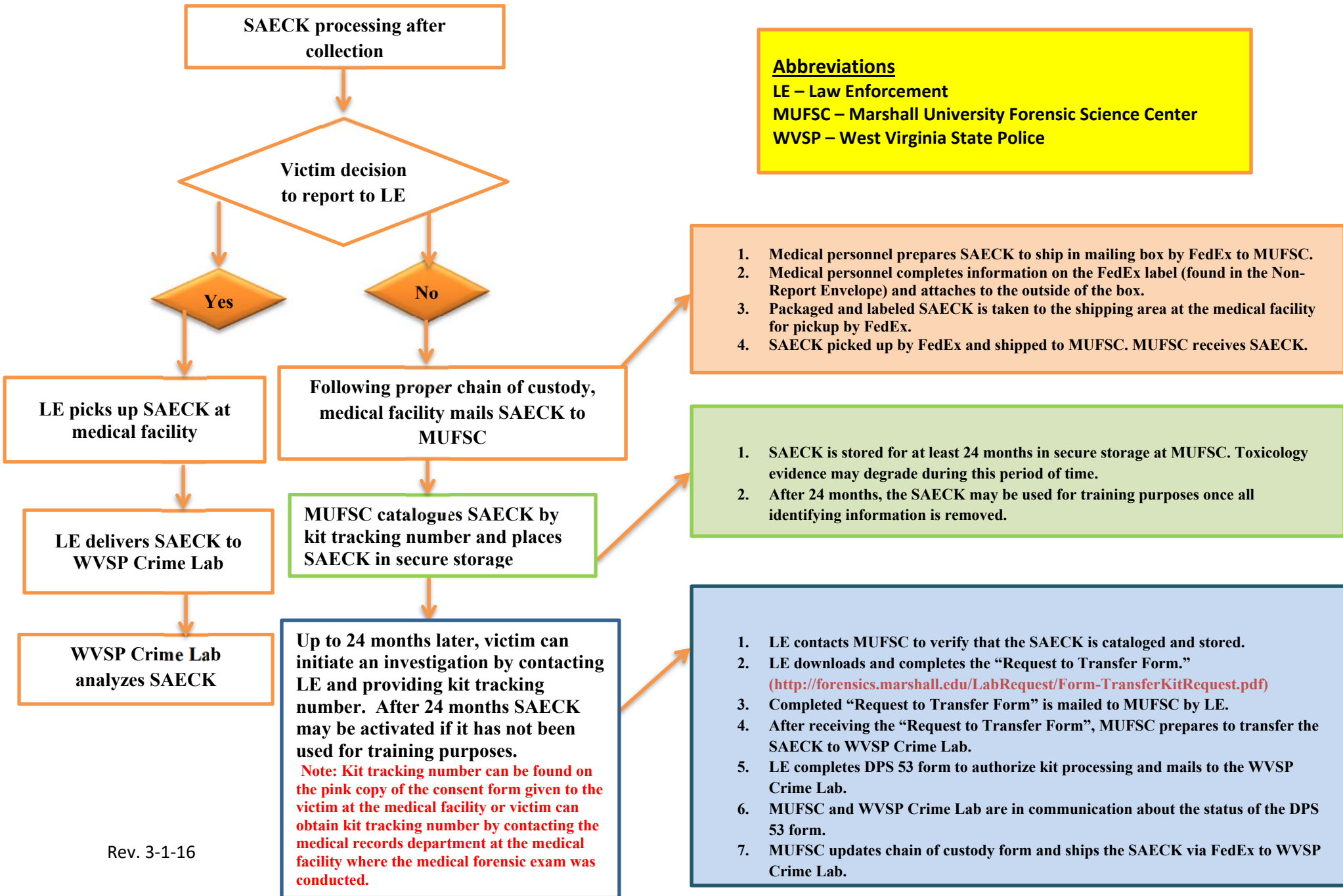
# Adult/Adolescent Sexual Assault Victim Presents at Medical Facility



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



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



**Abbreviations**  
 LE – Law Enforcement  
 MUFSC – Marshall University Forensic Science Center  
 WVSP – West Virginia State Police

1. Medical personnel prepares SAECK to ship in mailing box by FedEx to MUFSC.
2. Medical personnel completes information on the FedEx label (found in the Non-Report Envelope) and attaches to the outside of the box.
3. Packaged and labeled SAECK is taken to the shipping area at the medical facility for pickup by FedEx.
4. SAECK picked up by FedEx and shipped to MUFSC. MUFSC receives SAECK.

1. SAECK is stored for at least 24 months in secure storage at MUFSC. Toxicology evidence may degrade during this period of time.
2. After 24 months, the SAECK may be used for training purposes once all identifying information is removed.

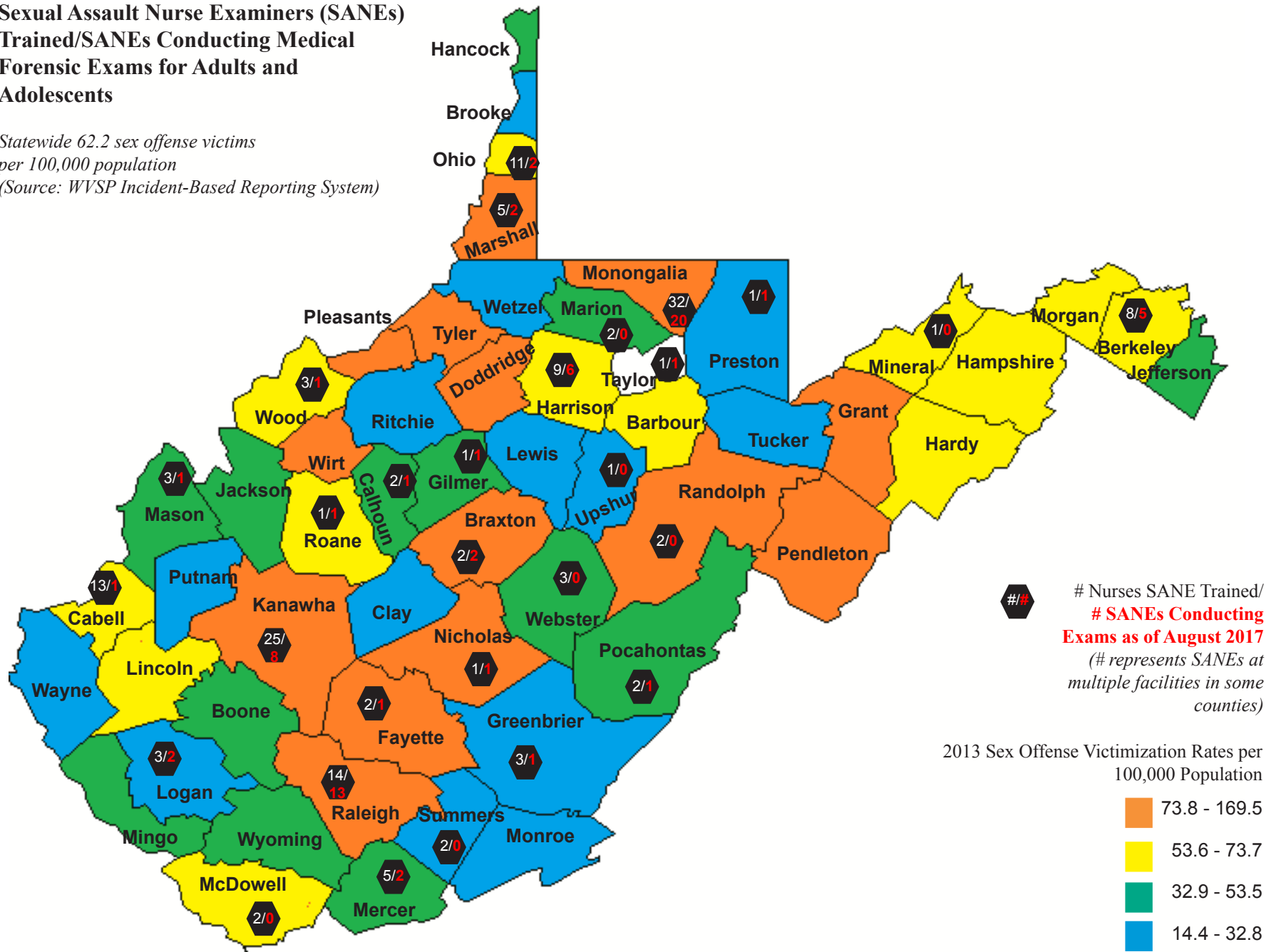
Up to 24 months later, victim can initiate an investigation by contacting LE and providing kit tracking number. After 24 months SAECK may be activated if it has not been used for training purposes.  
**Note: Kit tracking number can be found on the pink copy of the consent form given to the victim at the medical facility or victim can obtain kit tracking number by contacting the medical records department at the medical facility where the medical forensic exam was conducted.**

1. LE contacts MUFSC to verify that the SAECK is cataloged and stored.
2. LE downloads and completes the "Request to Transfer Form." (<http://forensics.marshall.edu/LabRequest/Form-TransferKitRequest.pdf>)
3. Completed "Request to Transfer Form" is mailed to MUFSC by LE.
4. After receiving the "Request to Transfer Form", MUFSC prepares to transfer the SAECK to WVSP Crime Lab.
5. LE completes DPS 53 form to authorize kit processing and mails to the WVSP Crime Lab.
6. MUFSC and WVSP Crime Lab are in communication about the status of the DPS 53 form.
7. MUFSC updates chain of custody form and ships the SAECK via FedEx to WVSP Crime Lab.

# Sexual Assault Nurse Examiners (SANEs) Trained/SANEs Conducting Forensic Exams for Adults and Adolescents

Statewide 62.2 sex offense victims  
per 100,000 population

(Source: WVSP Incident-Based Reporting System)

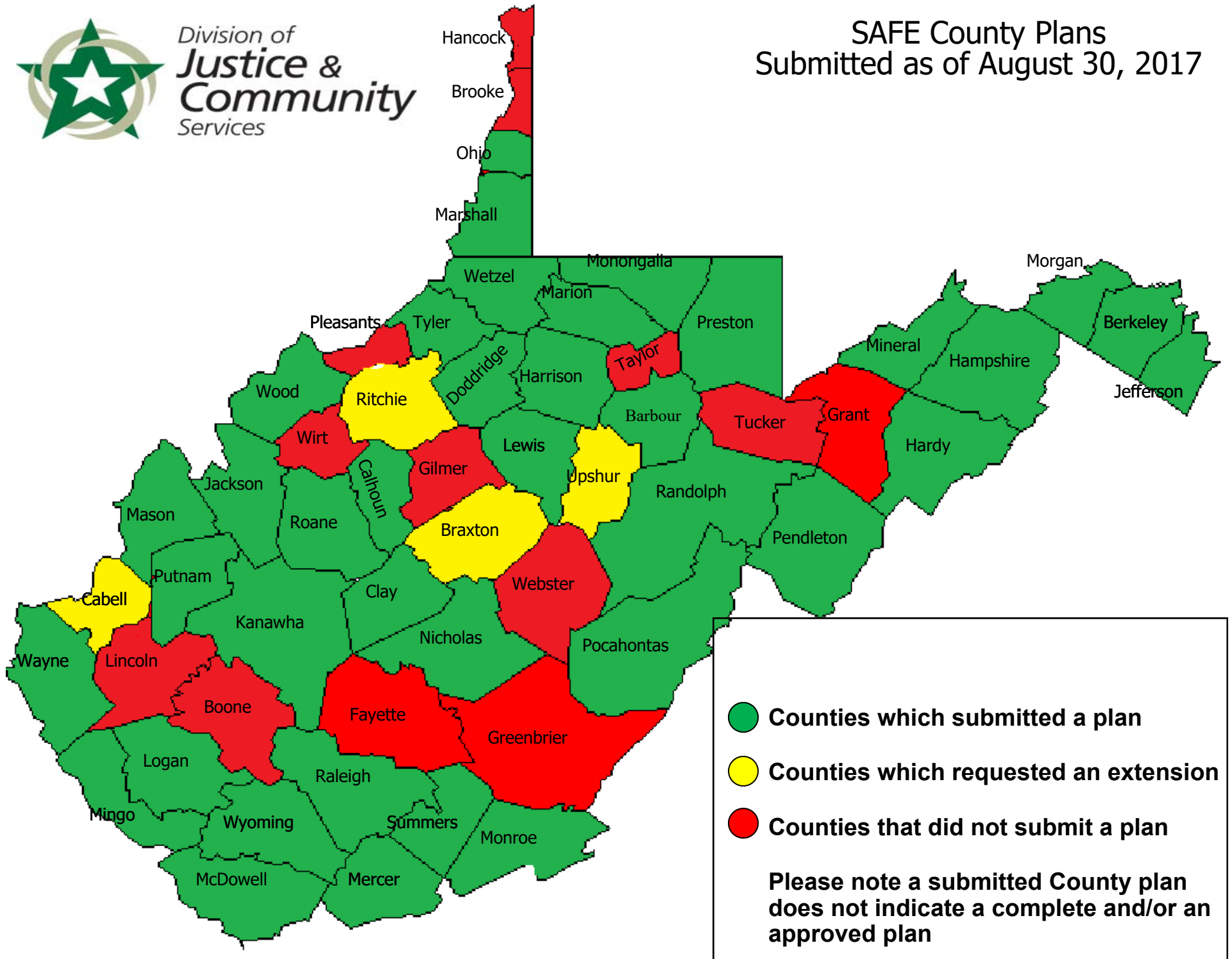






Division of  
*Justice &  
Community  
Services*

## SAFE County Plans Submitted as of August 30, 2017





# 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**  
Division of Justice and Community Services



**West Virginia**  
State Police



**West Virginia**  
Hospital Association



**West Virginia**  
Sexual Assault Forensic Examination (SAFE)  
Commission



**West Virginia**  
Foundation for Rape Information and Services  
(FRIS)

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