

DECEMBER 1, 2023

TARRANT COUNTY SART

ADULT SEXUAL ASSAULT RESPONSE TEAM



TARRANT COUNTY SART

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SECTION 1

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY 2021-2023

Tarrant County has long been a leader in Texas in our use of the collaborative efforts of a Sexual Assault Response Team (SART) to better address sexual assault in our community. Tarrant County's SART dates back to the 1980's and has been a long-standing example of what professional agencies can do if they work together. Throughout the years, the Tarrant County SART has been the leading body in changes of how sexual assault is handled in our county.

In 2021, the Texas Legislature, after realizing how important this multi-agency collaboration can be to a community, passed SB 476 which required all counties to form a SART. Along with the requirement of the formation of a SART, the Legislature provided that on a biennial basis a SART should provide to their Commissioner's Court a report that summarizes the state of sexual assault in our community. This report will provide insight as to the membership, activities, protocols, and statistics of the Tarrant County SART. In addition, a case evaluation was performed and will be reported to test the efficacy of the SART and to look for ways to improve our service to sexual assault survivors.

Even though we have had a SART for decades, it was decided when the new law came down that it was a good time for us to re-establish our goals and best practices. The first thing we did was form a core group, as defined by the new law, to lead executive sessions and help guide the direction of the SART. Our core members currently are as follows:

- PRESIDING OFFICER - Connie Housley, SANE, John Peter Smith Hospital
- CHIEF ADMINISTRATOR - Deborah Caddy, The Women's Center
- PROSECUTOR - ACDA Kim D'Avignon, Tarrant County Criminal District Attorney
- FORT WORTH POLICE DEPT - Sgt. Bradley Cantu
- ARLINGTON POLICE DEPT - Sgt. Tim Pinkney
- TARRANT COUNTY SHERIFFS OFFICE – Kelly Holland
- BEHAVIORAL HEALTH PROVIDER - Ellen Goodman, Tarrant County MHMR

We made it a priority to reach out to agencies across Tarrant County and make sure they knew of the SART and to invite them to participate. We specifically reached out to every law enforcement agency and invited them to participate in our quarterly meetings. That has had the effect of bringing new members to our meetings and to better serve agencies both big and small within Tarrant County. We established clear direction of the trainings that would occur in these meetings and ensured that the trainings would be targeting areas of concern within our community. We have begun a newsletter to the participants of the SART which highlights local concerns and information about sexual assault.

This newsletter was particularly helpful to spread the word when new laws surrounding sexual assault were passed in the 2023 legislative session.

The most important aspect of SART is that it brings together all agencies so that we can collaborate and work together to better serve survivors. It is also important in that it allows us to get to know each other, which becomes vital when we need to know who to contact when issues arise. It allows us opportunities to better explain how each agency fits together in the process and how we can adapt to fill gaps that we discover.

One of the most powerful examples of the collaboration of the Tarrant County SART is the county-wide trainings we provided on Trauma Informed Policing. In 2020, SART members from Law Enforcement, Prosecution, Advocacy, and Medical put on four 8-hour trainings across the county to teach best practices for trauma-informed policing in sexual assaults and domestic violence. It was an opportunity for police from every agency in Tarrant County to hear from the people that they will be interacting with in sexual assault investigations to help facilitate better investigations and hopefully better outcomes. We have continued to be leaders in trainings across our community, both for law enforcement and for citizens of Tarrant County.

Another example of SART coming together to fill a need in our community came in the form of a collaboration we have deemed “Project Endure.” Project Endure was formed when it became obvious that survivors who were getting close to testifying needed a helping hand. Prosecutors would identify these survivors and contact the Women’s Center who would in turn provide a therapist to help the survivor prepare for testimony. Women’s Center therapists, who are trained in teaching coping strategies for dealing with anxiety and other issues that are common before potential testimony in a sexual assault case, would begin providing counseling to these survivors in the weeks leading up to trial. They then would also accompany the survivor in trial and be a support for them while they were testifying. In addition, some survivors do not have clothing or transportation for trial. Project Endure taps into the resources of agencies in our community such as Project Beloved, One Safe Place, and others to help survivors get court appropriate clothes to wear. They have also helped with providing transportation, meals, and other needs that arise during trial. We also have had great success with Project Endure engaging a survivor to begin or continue counseling after the trial ends.

During COVID, it became apparent we needed to change in order to work within the parameters that were necessary due to hospital protocols. Women’s Center realized that in order to provide advocates to our survivors in the hospital, they were going to have to try a new approach. Previously, volunteer advocates would arrive to accompany the survivor during a hospital exam. When those advocates were not allowed to come into the hospital due to COVID, Women’s Center pivoted and provided professional on-site advocates so no survivor would go without. That proved to be so powerful and more efficient, even when COVID protocols in hospitals lifted, on-site advocates remained and is proving to be an even better way to provide support to our survivors.

As we continue to address the best ways to handle intimate partner violence (IPV) in our community, our hospitals have expanded the use of Sexual Assault Nurses to also provide forensic nursing to victims of strangulation as well. The use of new cameras and a professional exam has been a game-changer in evidence in IPV cases. Because IPV and sexual assault often go hand in hand, it has only strengthened the care we are providing to a survivor as we are not requiring them to seek out multiple treatments but rather providing inclusive treatment for all their needs.

In 2021, the Texas Legislature mandated that every survivor be allowed to have an advocate accompany them for interviews with law enforcement. Women's Center took the lead in providing the training that was required of advocates. Advocates must undergo mandatory training through the Office of the Attorney General. This training requires agency collaboration such as the Tarrant County DA's office who assist with the specific required portion regarding civil legal remedies, laws related to sexual assault, the court process and resources.

Tarrant County's SART is also very proud to say that we are continually evolving to better serve our community. To attend a SART meeting is to hear in real time how agencies work together. Our partners at the forensic labs engage in conversations with nurses and law enforcement about proper techniques and procedures to hopefully yield better results in lab tests, our agencies tell us about new drugs being seen on the streets, prosecutors tell of cases that have set precedents to consider when getting search warrants- the list goes on. Importantly, there is a time for meaningful discussions at these meetings that cannot be undervalued as the reason SART is necessary.

As we head towards 2024, it is our hope that the Tarrant County SART will continue to grow and change to make sure we are always looking for new ways to best serve our survivors. We hope to continue to use new technology, new advancements in law, new approaches in therapy, and any other best practice to help us achieve the very best outcome for our survivors. We want to expand to do even more preventative trainings in our community. We want to take the numbers we have collected for this report and see where we can make strides to better handle sexual assault cases. We want to continue to be leaders in trauma-informed care. We want to have hard conversations with each other to hold each agency accountable. As one of the first counties to have a SART we were approached by many counties as they began their journey for advice on what a SART can do in their community. It is our goal to continue to be an example of what a SART can accomplish.

SECTION 2

SART ACTIVITIES AND TRAININGS

SART ACTIVITIES AND TRAININGS

Meeting and Educational Objectives:

- Improve Services and Responses to Survivors and those Impacted by Sexual Violence
- Increase Awareness on Sexual Violence
- Inform and Shape Community Response
- Provide Education on Best Practices to Team Members
- Strengthen Collaboration between Participating Agencies

Quarterly Meetings:

October 28, 2021

- Virtual Meeting Check in with Members - conducted via Zoom due to COVID -19
- Agency discussion – Effects of Pandemic on Services and reporting
- Overcoming the obstacles – continue to work through the challenges – finding new ways to collaborate and provide services through virtual means

January 27, 2022

- Virtual Meeting New Year – Officially Official The New Tarrant County SART
- Protocol Development – Discussion on Agency Requirements
- Advisory Council Sub-Committee Established

April 21, 2022

- Guest Speaker/Education LASSA – Legal Services & Civil Remedies Available to Survivors - Christopher Tracy Managing Attorney & Sylvia Dominguez-Santillan

July 21, 2022

- Guest Speaker/Education: *Strangulation Part 1- Medical Perspective-Lethality Risk*- Camryn Barnes BSN RN TCRN CA-SANE – JPS FNE

October 20, 2022

- Guest Speaker/Education: *Strangulation Part II - Creating a Coordinated Community Response- Investigative Aspects*: Sgt.Tim Mabry, Burleson PD-Criminal Investigations

January 19, 2023

- Guest Speaker/Education: Forensic Genetic Genealogy (FGG)- Jody Klann Crime Lab Director TCME's Office & Kristin Hammonds CODIS Admin

April 20, 2023

- Guest Speaker/Education "Who, Me?" Recognizing and Addressing Vicarious Trauma - Chelsea Davis, LMSW - Trauma Trainer The Women's Center

July 20, 2023

- 88th Legislative Update from the Texas Association Against Sexual Assault (TAASA) Presented by: Elizabeth Boyce, General Counsel & Director of Policy and Advocacy; Marcia Del Rios, Staff Attorney; Mike Sweeney, Criminal Justice Specialist

October 19, 2023

- Guest Speaker: Robert D. Johnson, Ph.D., F-ABT - Chief Toxicologist, Tarrant County Medical Examiner's Office: Drug Facilitated Sexual Assault - What's Trending in Forensic Toxicology

January 27th, 2022

Minutes

TARRANT COUNTY SART

1st Quarter SART Meeting - 2022

Date of meeting: January 27th 2022

Location- Zoom

Host - Connie Housley - JPS

Facilitator/Minutes: Alisha Mathenia TCWC

1st Quarter SART Minutes

New Business:

- **Tarrant County SART – Commissioners Court Approval 12/2021- Kim D’Avignon**
 - Kim D’Avignon from the District Attorney’s Adult Sexual Assault Prosecution Unit presented about section 351.252 regarding the formal establishment of a SART in each county and the requirements and reporting needs for the Commissioner’s Court. (see **attached presentation**)
 - Kim stated she plans to send a letter to Tarrant County police chiefs to request statistic information and SART involvement.
 - Kim also confirmed that the SART will consider both adult and child cases and for meeting purposes, we will follow the penal code and note that 17 and up will be considered an adult.
- **Proposed Meeting Day/Times Quarterly Meetings – Connie Housley**

Going forward, meetings will be held on the 3rd Thursday of each quarter at 11:30 am; none opposed or abstained this decision. Future meetings are scheduled for the following dates:

- Thursday, April 21st at 11:30 am
- Thursday, July 21st at 11:30 am
- Thursday, October 20th at 11:30 am

Protocol Development – Kim D’Avignon

Core Protocol Committee

- Decisions that are more direct will be discussed in a smaller committee of core SART representatives from each required area. Meetings will take place in between SART meetings.
- Connie Housley was unanimously elected as Tarrant County SART’s Presiding Officer; none opposed or abstained.

Introductions:

See attached Zoom participant list for attendee information.

Attendees

| | |
|--|----------------------------------|
| Emily Dixon | eadixon@tarrantcountytx.gov |
| AFRC/301 FW/Laura Loftin/SARC | |
| Jaclyn Monday | |
| Cindy Burnette | |
| Amy Allin- ACDA (AEALLIN) | |
| Rhonda T | |
| Brian Gilliam | brian.gilliam@fortworthtexas.gov |
| Christina Capt | christina.capt@unthsc.edu |
| Camryn Barnes JPS Forensic Nursing (Camryn Barnes) | |
| Tim Pinckney Arlington Police Department | |
| Missouri Gray | |
| chousley | |
| Alisha Mathenia | abyerly@womenscentertc.org |
| Lori Clarida | |
| Det Powell - Euless PD | |
| Kim D'Avignon | kdavignon@tarrantcountytx.gov |
| Melissa Haas | melissa.haas@unthsc.edu |
| Shelly Thornhill | sthornhill@jpshealth.org |
| Uvonna Alexander | |
| Ellen Goodman | ellen.goodman@mhmrtc.org |
| Sonia Sims | soniasims@texashealth.org |
| Cailey Foster | cailey.foster@gmail.com |
| Deborah Caddy | dcaddy@womenscentertc.org |
| cmlachance | |

| | |
|--------------------------------------|--------------------------------------|
| Alex Davis | |
| Pam Simmons | pamela.simmons@cookchildrens.org |
| Leah Carnahan | l.carnahan@tcu.edu |
| Callie Crawford | ccrawfor02@jpshealth.org |
| Judy Thompson | |
| Ellen Goodman | ellen.goodman@mhmrtc.org |
| Lt Salzman | |
| Detective PJ Reinhardt | phillip.reinhardt@fortworthtexas.gov |
| Camryn Barnes JPS Forensic Nursing | |
| Stacey Henley | stacey.henley@cookchildrens.org |
| Jaclyn Monday | |
| Kelly Goodwin | |
| Christine Pratt | c.e.pratt@tcu.edu |
| John Davis | john.davis@fortworthtexas.gov |
| Lo Benitez | |
| Tamara | |
| Jennifer Sterling# LCSW-S | |
| Camryn Barnes | |
| Jaclyn Monday | |
| theresaf | |
| Laura Loftin (Laura's iPhone) | |
| Stacy Starks-C.A.R.E Team | |
| Laura Loftin (Laura's iPad (3)) | |
| Bailey Pieters FWPD (Bailey Pieters) | |
| Judy Jeanes - JPS | |
| Jamye Coffman | jamye.coffman@cookchildrens.org |

TARRANT COUNTY SART

2ndst Quarter SART Meeting –

Date of meeting: April 21st 2022 @11:30 am

Location– Tarrant County Women’s Center

Presiding Officer - Connie Housley – JPS Forensic Nursing

Facilitator/Minutes: Amanda Six

2nd Quarter SART Minutes

Order of Business:

Approval of January 2022 Minutes

- All in favor, none opposed or abstained.

Introductions:

- See sign-in list for attendee information.

Agency Updates:

- The Women’s Center
 - Recap of Women’s Center services to victims of Sexual Assault
 - Numbers and Data – Jan. 1, 2022-4/21/22
 - Hospital visits: 166 JPS, 77 THR
 - New Hospital Advocate position available for weekends at JPS
- TCU
 - Sexual Assault awareness campaign for “Take Back the Night” event on campus
- District Attorney Office
 - Opened new court. There are 11 courts now, but judges are not in every court yet
 - Unit showing promising changes in trials of adult sexual assault
- MHMR
 - New program and position – Alex Davis, Victim Advocate
 - CVC information and connection to trauma therapists
- Tarrant County PREA Manager
 - Protocol committee developed for cases that may have happened outside jail facility
- TCME
 - New hire announcement

| | | | | |
|-------------------------------|----------------------------------|----------------|--------------------|-----|
| 1. Nick Garcia | ngarcia@colleyville.com | Colleyville PD | Detective | Y/N |
| 2. Andrew Crump | andrews.crump@bedfordtx.gov | Bedford PD | Det Sgt. | yes |
| 3. Sheldon Ragsdale | Sheldon.Ragsdale@mansfieldtx.gov | Mansfield PD | Detective | yes |
| 4. Stephanie Beard | sbeard@abrkentx.com | BPD | VAC | yes |
| 5. Judy Leones | | JPS SAME | | NO |
| 6. Pat Amaze | pamaze@gptx.org | G.P.P.D | CT ISB | Y |
| 7. Makana Moore | mamoore@grovetextexas.gov | GPD | Advocate | Y |
| 8. Leah Corraha | lcorraha@truridh | TL CARE | Advocate | no |
| 9. Bailey Pieters | bailey.pieters@fatmextexas.gov | FATM | Forensic Scientist | N |
| 10. Celina Oropeza | celina.oropeza@fatmextexas.gov | FATM | Forensic Scientist | N |
| 11. Alex Davis | Alexandra.Davis@HHRIC.org | HHRIC | Victim Advocate | |
| 12. Ellen Goodman | ellen.goodman@mhmtc.org | mhmtc | Peer Supporter | |
| 13. Debra Letevers | debra.letevers@leashealth.org | leashealth | Nurse Manager | Y |
| 14. Camryn Barnes | cbarnes04@jshhealth.org | JPS | SNHE | Y |
| 15. Amanda Six | asix@lwomenscenter.org | LWC | CM Coordinator | Y |
| 16. Laura Loftin | laura.loftin@us.af.mil | USAF | SARC | Y |
| 17. Stacy Hiles | stacy.hiles@cook... | COOK | Forensic nurse | Y |
| 18. Sarah Cunningham | sarah.cunningham@cook | COOK | SAFNE | Y |
| 19. Lori Clendz | Zoom | | | |
| 20. Theresa F | Zoom | | | |
| 21. Det. Roberson (Southlake) | Zoom | | | |
| 22. J White | Zoom | | | |
| 23. Sam Jordan | | | | |
| 24. Shelly Thornhill | | | | |
| 25. Ashley Milligan | | | | |
| 26. Pascille Kenlyn | | | | |
| 27. Tamera -THC | | | | |

| NAME | Email | <input type="radio"/> <input checked="" type="checkbox"/> Recognize text | CEU Desired? Y/N |
|-------------------------------|----------------------------------|--|---------------------|
| 1. Nick Garcia | ngarcia@colleyville.com | Colleyville PD | Detective |
| 2. Andrew Crump | andrews.crump@bedfordtx.gov | Bedford PD | Det Sgt. |
| 3. Sheldon Ragsdale | Sheldon.Ragsdale@mansfieldtx.gov | Mansfield PD | Detective |
| 4. Stephanie Beard | sbeard@abrkentx.com | BPD | VAC |
| 5. Judy Leones | | JPS SAME | |
| 6. Pat Amaze | pamaze@gptx.org | G.P.P.D | CT ISB |
| 7. Makana Moore | mamoore@grovetextexas.gov | GPD | Advocate |
| 8. Leah Corraha | lcorraha@truridh | TL CARE | Advocate |
| 9. Bailey Pieters | bailey.pieters@fatmextexas.gov | FATM | Forensic Scientist |
| 10. Celina Oropeza | celina.oropeza@fatmextexas.gov | FATM | Forensic Scientist |
| 11. Alex Davis | Alexandra.Davis@HHRIC.org | HHRIC | Victim Advocate |
| 12. Ellen Goodman | ellen.goodman@mhmtc.org | mhmtc | Peer Supporter |
| 13. Debra Letevers | debra.letevers@leashealth.org | leashealth | Nurse Manager |
| 14. Camryn Barnes | cbarnes04@jshhealth.org | JPS | SNHE |
| 15. Amanda Six | asix@lwomenscenter.org | LWC | CM Coordinator |
| 16. Laura Loftin | laura.loftin@us.af.mil | USAF | SARC |
| 17. Stacy Hiles | stacy.hiles@cook... | COOK | Forensic nurse |
| 18. Sarah Cunningham | sarah.cunningham@cook | COOK | SAFNE |
| 19. Lori Clendz | Zoom | | |
| 20. Theresa F | Zoom | | |
| 21. Det. Roberson (Southlake) | Zoom | | |
| 22. J White | Zoom | | |
| 23. Sam Jordan | | | |
| 24. Shelly Thornhill | | | |
| 25. Ashley Milligan | | | |
| 26. Pascille Kenlyn | | | |
| 27. Tamera -THC | | | |

TARRANT COUNTY SART

3rd Quarter SART Meeting –

Date of meeting: July 21st 2022 @ 11:30 am

Location– Tarrant County Women’s Center

Presiding Officer - Connie Housley – JPS Forensic Nursing

Facilitator/Minutes: Stephanie Hulsey, The Women’s Center

3rd Quarter SART Minutes

Order of Business:

Approval of April 2022 Minutes

- All in favor, none opposed or abstained.

Introductions:

- See sign-in list for attendee information.

Announcements:

TWC: Jan-June SA 354; VS 117 Clients served

House Bill 1172 – advocate for follow-up interviews; advocate training available

Agency Updates:

- TCU – low numbers due to summer break; new sextortion awareness program available to students
- TCME – high numbers; new project – returning evidence to PDs, strangulation now tested for DNA regardless of post-assault hygiene
- Cooks Children – down staff (nurse); acute number are less
- Military –policy change to increase numbers served (non-report) and increased confidentiality
- DA : Emily Dickson promoted out of unit; full team; increase trials for unusual cases; Future partnership w/TWC for victims with impending court date; Project Beloved – client support (food, transportation, comfort items, clothing);

Program: *Strangulation Part 1 – Medical Perspective-Lethality Risk*

Conclusion

- Next Meeting: Thursday, October 20th at 11:30 am in-person at The Women’s Center

Attendees

Name of Meeting: S.A.R.T.

Date: July 21, 2022

****New attendees please place *** beside your email**
If you're receiving the meeting notices no need to add

| Name (please print) | Signature | Agency | Title | E-Mail |
|---------------------|-----------|----------------------------------|------------------|---------------------------------|
| Colin Harts | | JPS | Mgt | CHarts@JPShealth.org |
| Emily Dixon | | TCCDA | ADA | EDixon@TarrantCountyTX.org |
| Chris LaChance | | TCCDA | INVESTIGATOR | cmfanchance@tarrantcountytx.gov |
| Kim Lange | | TCCDA | ADA | klange@tarrantcountytx.gov |
| Amy Allin | | TCCDA | ADA | AEALLIN@TARRANTCOUNTYTX.GOV |
| Stephanie Simpson | | TCCDA | ADA | SKSIMPSON@TARRANTCOUNTYTX.GOV |
| Leah Canahan | | TCU | CARE coord | l.canahan@tcu.edu |
| Laura Loftin | | Air Force | SARC | laura.loftin@us.af.mil |
| Bailey Trevino | | Grapevine PD | Intern | bailey.trevino@mau.uta.edu |
| Patricia Ross-Lopez | | JPS | PD | prosec@JPShealth.org |
| Monica Lugo | | TCCDA | PREA Manager | MLugo@TarrantCountyTX.com |
| Stephanie Beard | | BPD | VAC | Sbeard@bunkerhilltx.com |
| Sonia Sims | | THK | SAFE Mgr | Soniasims@texashealth.org |
| Stacy Kenley | | COOK Childrens | FNE | stacy.kenley@cookchildrens.org |
| Ellen Goodman | | MHMR Tarrant/Child Child Liaison | Program Director | ellen.goodman@mhmr.tx.org |
| Judy C. Jones | | JPS | SAFE | |
| Ashley Milligan | | JPS | SAFE | ashley2000@hotmail.com |
| Lynette Gilliam | | EPD | Detective | lgilliam@EulessTX.gov |

| Name (please print) | Signature | Agency | Title | E-Mail |
|---------------------|-----------|-------------------|--------------------|-----------------------------------|
| Cindy Burnett | | THK | SAFE Director | Cindylburnett@texashealth.org |
| Diana Smith | | Southlake P.D | Crime Lab Liaison | dsmith@cityofsouthlake.com |
| Tim Pinkney | | Arlington P.D | Sex Crimes Det. | tim.pinkney@arlingtontx.gov |
| Tim Crawford | | Crowley PD | Det. | tcrawford@ci.crowley.tx.us |
| Debra Satterfield | | Sansom Park | Det/Sgt | Asatterfield@sansompark.org |
| Kristen Hammonds | | TCME | COPIS Admin | khammonds@tarrantcountytx.com |
| Heather Kramer | | TCME | Forensic Biologist | hkramer@tarrantcountytx.com |
| Kayle Davis | | TCU CARE | Intern | Kayle.Davis@TCU.edu |
| Debra Berman | | THK | man | Debra.Berman@texashealth.org |
| Makayla Moore | | Grapevine PD | Victim Advocate | mmoore@grapevinetexas.gov |
| Alex Davis | | MHMR | Victim Advocate | Alexandra.Davis@mhmr.tx.org |
| Becky Elliott | | Genit Peruse | Police | belliott@gptx.org |
| PETE Amador | | GTPD | LT | pamador@gptx.org |
| John Davis | | FUPD | Sgt | John.Davis@fortworthtexas.gov |
| USM Stole | | FUPD | ISSU | Sgtm.Stole@fortworthtexas.gov |
| Kindra Brown | | Cook Child & Teen | Social worker | kindra.brown@cookchildrens.org |
| Ashunta Murphy | | TXANG | SARC | ashunta.murphy.3@us.af.mil *** |
| Jared Sulzmann | | FUPD | Lt | Jared.Sulzmann@fortworthtexas.gov |

TARRANT COUNTY SART

4th Quarter SART Meeting

Date of meeting: October 20th 2022 @ 11:30 am

Location– The Women’s Center of Tarrant County (TWC)

Presiding Officer - Connie Housley – JPS Forensic Nursing

Facilitator/Minutes: Stephanie Hulsey TWC

4th Quarter SART Minutes

Order of Business:

Approval of July 2022 Minutes

- All in favor, none opposed or abstained.

Introductions:

- See sign-in list for attendee information.

Announcements:

- The official SART Protocol is due December 2022
- Mandated SART reporting requirements (every 2 years)—first numbers due December 2023. Agencies must send in their data for compliance.

Agency Updates:

- TWC: Advocate program at JPS (full-time); now 3 full-time positions; new advocates trainees
- TCU: Increase family violence (local families); education DV education & survivor advocacy
- Tarrant Co Sheriff: New representative to attend SART – Mike Weber
- ME’s Office: Hiring new position – entry level analyst
- Military: MDAA policy changes – Sexual assault advocates now includes sexual harassment resulting in new positions
- DA: Increased cases w/positive results; SA Unit welcomes consultations cases from LE agencies
- UNT: New Executive Director; unresolved cases lab; free DNA testing
- Cook Children’s: New SANE nurse; Child Abuse Conference is April 26, 2023

Program: Strangulation Part 2: *Strangulation Cases – Creating a Coordinated Community Response – Investigative Aspects: Sgt. Tim Mabry, Brian O’Heren, Stephanie Beard. Burleson PD – Criminal Investigation*

Conclusion

- Next Meeting: Thursday, January 19th at 11:30 am in-person

Attendees

Name of Meeting: S.A.R.T.

Date: October 19 2022

****New attendees please place *** beside your email**
If you're receiving the meeting notices no need to add

| Name (please print) | Signature | Agency | Title | E-Mail |
|---------------------|-----------|---------------------|----------------|---------------------------------|
| Antonia Valdez | | Lake Worth PD | Detective | avaldeze@lakeworth.tx.org |
| Rachael Santillan | | Lake Worth PD | Crime Analyst | Rsantillan@lakeworth.tx.org |
| Clark Gulsby | | Crowley PD | Detective | Wgulsby@ci.crowley.tx.us |
| JOSHUA WHITE | | Crowley PD | Detainee | jwhite@ci.crowley.tx.us |
| Brandi Howard | | Mansfield PD | Detective | brandi.howard@mansfield.tx.gov |
| Michael Weber | | TCSO | Detective | mweber@tarrantcounty.com |
| Kim Ang | | TCSO | ACSA | Kdang@tarrantcounty.tx.gov |
| Stephanie Simpson | | TCSO | ACSA | ksimpson@tarrantcounty.tx.gov |
| Callie Crawford | | JPS | EO SANF | ccrawford@jpshealth.org |
| Lois Caridi | | TCSO | Det. Asst. | lcaridi@tarrantcounty.com |
| Kevin Madlax | | Collegeville PD | Detective | kmadlax@collegeville.com |
| Stacy Hentler | | Cook Childrens | Forensic Nurse | stacy.hentler@cookchildrens.org |
| Ty Stillman | | Bedford PD | Sergeant | tyler.stillman@bedford.tx.gov |
| Cody Brock | | N Richland Hills PD | Detective | cbrock@nrhtx.com |
| Melissa Hays | | TCSO | Det. Asst. | mhw@tarrantcounty.com |
| Missouri Gray | | TWC | Advocate | mgray@womenscenter.tx.org |
| Melissa Hays | | UNTCH | Lab Director | melissa.hays@untchsc.edu |

| Name (please print) | Signature | Agency | Title | E-Mail |
|---------------------|-----------|-------------------|------------------|-------------------------------------|
| Dennise Espeleta | | NRHPD | Victim Assistant | despeleta@nrhpd.com |
| Stephanie Beard | | BPD | VAC | sbearda@burlesontx.com |
| Tim Mabry | | BPD | LT | Tmabry@burlesontx.com |
| Brian Patton | | BPD | Sgt. | Bpatton@burlesontx.com |
| J. WHITE | | CPD | Det | jwhite@ci.crowley.tx.us |
| Chadley | | CPD | Det | ewgulsby@ci.crowley.tx.us |
| Chris Pratt | | TCU | Sgt. | C.E.Pratt@tcu.edu |
| Leah Canahan | | TCU | Advocate | l.canahan@tcu.edu |
| John Davis | | FUPD | Sergeant | john.davis@fortworth.tx.gov |
| Tim Pinkney | | Arlington P.D. | Sx Crimes Sgt. | tim.pinkney@arlington.tx.gov |
| Kristen Hammonds | | TCME | COIS Admin | khammonds@tarrantcounty.com |
| Christi Thornhill | | Cook Childrens | Director | christi.thornhill@cookchildrens.org |
| Theresa Fugate | | Cook Childrens | SPMS | Theresa.Fugate@cookchildrens.org |
| Sara Hyde | | NRHPD | Detective | shyde@nrhpd.com |
| Aisha Mathers | | TWC | Crisis | amathers@womenscenter.tx.org |
| Nick Garcia | | Collegeville PD | Det. | ngarcia@collegeville.com |
| Ellen Goodman | | MHMR/Tarrant/BACA | Program Director | ellen.goodman@mhmr.tx.org |
| Connie Horstey | | JPS | Mgt FNS | chhorstey@jpshealth.org |
| Loren Lyon | | Azle PD | Detective | llyon@azle.tx.gov |
| Deborah Caddy | | Women's Center | Director | d.caddy@womenscenter.tx.org |

| Name (please print) | Signature | Agency | Title | E-Mail |
|---------------------|-----------|-------------|-------|-----------------------------------|
| Teresa Koontz | | NRHPD | VAC | TKoontz@NRH-TX.COM |
| Laura Loftin | | AF 301st FW | SARC | laura.loftin@us.af.mil |
| Mitlyn Bastable | | CARE Team | DNP | mitlyn.bastable@cookchildrens.org |
| Camryn Barnes | | JPS | FNE | cbarnes04@jpshealth.org |
| Priscilla Kenyon | | JPS | FNE | priscilla@jpshealth.org |
| Cindy Burnett | | THR | FNE | Cindyburnett@texashealth.org |
| Nancy Philip | | Hurst PD | VAC | nphilip@hurst.tx.gov |
| Judy C | | JPS SANF | | |
| Sharon Shree | | FUPD | OPC | Sharon.Shree@FORTWORTH.TEXAS.GOV |

TARRANT COUNTY SART

1st Quarter SART Meeting –

Date of meeting: January 19th @11:30 am

Location– Tarrant County Women’s Center

Presiding Officer - Connie Housley – JPS Forensic Nursing

Facilitator/Minutes: Alisha Mathenia/Stephanie Hulsey TWC

1st Quarter SART Minutes

Order of Business:

Approval of October 2022 Minutes

- All in favor, none opposed or abstained.

Introductions:

- See sign-in list for attendee information.

Announcements:

- Kim D’Avignon, DA, Tarrant Co SART Protocol update – living document; will be emailed to attendees; Content Overview: invited members only, confidentiality, law enforcement protocol, mental health program recommendations, advocacy resources; Numbers regarding adult cases must be reported every 2 years (odd years), email will be sent regarding number reporting

Agency Updates:

TWC

- Annual number review 3260 hotline calls; 755 signals (advocate response); 400 victim services (hospital); 173 walk-in office
- Saturday, April 15th – Victory Over Violence walk/run
- Advocacy Training for early summer for agencies

DA Office

- New district attorney
- 16 trials 2022 – 13 guilty; winning difficult, complex trials

NRHPD

- 3rd occurrence of DMT (drug-toxicology)

FYPD Victim Assistance

- TCSAAC moved to October – keynote speakers featured in Netflix “Unbelievable”

Attendees

Name of Meeting: S.A.R.T.

Date: January 19, 2023

****New attendees please place *** beside your email**

If you're receiving the meeting notices no need to add

| | | | | |
|-------------------|-------------------|----------------------|------------------------|--------------------------------|
| Teresa Koontz | Teresa Koontz | North Richland Hills | Victim Assistance | TKoontz@NRHTX.COM |
| Pennise Espeleta | Pennise Espeleta | North Richland Hills | Victim Assistance | despeleta@nrhtx.com |
| Jara Hyde | Jara Hyde | NRHT PD | Detective | shyde@nrhtx.com |
| Cody Brock | Cody Brock | NRHT PD | Detective | cbrock@nrhtx.com |
| Camryn Barnes | Camryn Barnes | JPS FNS | FNE | cbarnes04@jpshealth.org |
| Deborah Caddy | Deborah Caddy | Women's Center | Director | dcaddy@womenscenter-tc.org |
| Kelly Goodwin | Kelly Goodwin | Women's Center | Hospital Advocate | kgoodwin@womenscenter-tc.org |
| Stephanie Hulse | Stephanie Hulse | Women's Center | Program Assist. | shulse@womenscenter-tc.org |
| Ashia Matkovic | Ashia Matkovic | TWC | Asst Dir | amatkovic@tc.org |
| Stephanie Simpson | Stephanie Simpson | TCU | ADA | SKSIMPSON@tarrantcountytx.gov |
| Leah Canahan | Leah Canahan | TCU | CARE Desk | lcanahan@tcu.edu |
| Laura Loftin | Laura Loftin | Air Force | SARC | laura.loftin@us.af.mil |
| Bailey Trevino | Bailey Trevino | Grapevine PD | Intern | bailey.trevino@mau.uta.edu |
| Patricia Prososki | Patricia Prososki | JPS | RD | prososki@jpshealth.org |
| Monica Lugo | Monica Lugo | TCSD | PREA Manager | MLugo@tarrantcounty.com |
| Stephanie Beard | Stephanie Beard | BPD | VAC | sbeard@burlingtonvt.com |
| Sonia Simo | Sonia Simo | THC | SPICE Mgr | Soniasimo@texashealth.org |
| Stacy Henley | Stacy Henley | COOK Children's | FNE | stacy.henley@cookchildrens.org |
| Ellen Goodman | Ellen Goodman | MHMR Tarrant/Belt | Program Director | ellen.goodman@mhmr-tc.org |
| Judy C. Jones | Judy C. Jones | JPS | SANE | |
| Ashley Milligan | Ashley Milligan | JPS | SANE | ashley200@hotmail.com |
| Lynette Gilliam | Lynette Gilliam | EPD | Detective | lgilliam@Eufless.tx.gov |
| Kristen Hammonds | Kristen Hammonds | TCME | CODIS Admin | kthammonds@tarrantcounty.com |
| Heather Kramer | Heather Kramer | TCME | Sr. Forensic Biologist | hmkramer@tarrantcounty.com |
| Kayle Davis | Kayle Davis | TCU CARE | intern | Kayle.Davis@TCU.edu |
| Debra Bannan | Debra Bannan | THC | man | Debra.Bannan@texashealth.org |
| Makayla Moore | Makayla Moore | Grapevine PD | Victim Advocate | mmoore@grapevine-texas.gov |
| Alex Davis | Alex Davis | MHMR | Victim Advocate | Alexandra.Davis@mhmr-tc.org |
| Becky Elliott | Becky Elliott | Grand Prairie | Police | belleff@gptx.org |

TARRANT COUNTY SART

2nd Quarter SART Meeting –

Date of meeting: April 20th @11:30 am

Location– Tarrant County Women’s Center

Presiding Officer - Connie Housley – JPS Forensic Nursing

Facilitator/Minutes: Connie Housley/Stephanie Hulsey TWC

2nd Quarter SART Minutes

Order of Business:

Approval of January 2023 Minutes

- All in favor, none opposed or abstained.

Introductions:

- See sign-in list for attendee information.

Announcements: Kim D’Avignon TCDA – Reporting Data TC S/A Cases:

- TC Law Enforcement departments are to report S/A numbers every two years. Numbers are due December 1, 2023. Numbers include how many S/A reported and how many result in a conducted investigation. It will be clarified if years 2021-2022 or 2022-2023 are due this year. Departments failing to report numbers will be required to provide explanation.
- TC SART will present at conference in May to attendees from counties who are forming their SARTs

Agency Updates:

- **TWC** 26th Annual Victory Over Violence fundraiser complete; 2,100 participants, 1st quarter – 150 rape crisis clients (70% seen at JPS); 332 victim service clients
- **DA Office** House Bill 1940, if passed, will allow all victims (present and past) of a defendant to be present during hearing.
Overflow courts resulting in cases more quickly than previously.
- **Cook Children’s** Relocation of their department to basement of hospital
- **Arlington PD** LPR (license plate readers) cameras utilized and proving beneficial
- **FYPD Victim Services** 12,000 victims served in 2022; provided TCSAAC conference information (Oct 12-13); \$125 fee; featuring detectives from Marc O’Leary case feature in Netflix series “Unbelievable”

Attendees

2ND QUARTER MEETING

Date: April 20, 2023

****New attendees please place *** beside your email**
If you're receiving the meeting notices no need to add

| Name (please print) | Signature | Agency | Title | E-Mail |
|---------------------|-----------|----------------|------------------------|----------------------------------|
| Callie Crawford | | JPS | RN SANE | ccrawford@jpshealth.org |
| Camryn Barnes | | JPS | FN4 | cbarnes04@jpshealth.org |
| Kelly Goodwin | | TWC | Hospital Advocate | kgoodwin@uomenscience.org |
| Sara Hyde | | NRHPD | Det. | shyde@nrhtx.com |
| Cody Brock | | NRHPD | Det | c.brock@nrhtx.com |
| Deborah Caddy | | Woman's Center | Prog. Dir | dcaddy@womenscenter.org |
| Chris Pratt | | TCU | Sft. | C.E.pratt@tcu.edu |
| Kristen Reeder | | CMC/REACH | MD | kristen.reeder@utsu.edu |
| Brad Canty | | FUPD | Sergeant | bradley.canty@fortworthtexas.gov |
| Heather Kramer | | TCME | Sr. Forensic Biologist | hmkramer@tarrantcountytx.gov |
| Judy Leanos | | JPS | SANE | |
| Amy Chennault | | Turning Point | SANE | |
| Kelly Holland | | TCSO | Detective | kholland@tarrantcounty.com |
| Leah Casahan | | TCU CARE | Advocate | l.casahan@tcu.edu |
| Kim An | | TCU | | |
| Ly Stehman | | Bedford | Sgt. | |
| Ivan Roman | | Bedford | Detective | |
| Nick Garcia | | Colleyville | Detective | ngarcia@colleyville.com |

| Name (please print) | Signature | Agency | Title | E-Mail |
|---------------------|-----------|----------------|-----------------------------|---------------------------------|
| Amy Barrett | | TCME | Forensic Biologist | a.barrett2@tarrantcountytx.gov |
| Shelby Henson | | FUPD | VA Coord | |
| Tim Pinckney | | Arlington P.D. | Sgt. Sex Crime | tim.pinckney@arlingtontx.gov |
| Sonia D Sims | | THRC | Sexual Abuse Response Coord | soniasims@texashealth.org |
| Ashunta Murphy | | Texas ANG | Sexual Abuse Response Coord | ashunta.murphy@3e.us.af.mil |
| Loren Lyon | | Azle PD | Detective | Llyon@cityofazle.org |
| Dora Scudder | | Azle PD | Petrol LT | dscudder@cityofazle.org |
| Stacey Henley | | Cook Childrens | Forensic Nurse | stacey.henley@cookchildrens.org |

TARRANT COUNTY SART

3rd Quarter SART Meeting –

Date of meeting: July 20th @11:30 am

Location– Tarrant County Women's Center

Presiding Officer - Connie Housley – JPS Forensic Nursing

Facilitator/Minutes: Alisha Mathenia/Stephanie Hulsey TWC

3rd Quarter SART Minutes

Order of Business:

Approval of January 2023 Minutes

- All in favor, none opposed or abstained.

Introductions:

- See sign-in list for attendee information.

Announcements: Potential work group meeting regarding new legislation; Kim (DA): December 1st due date for SART numbers. Forms to be made available for reporting agencies. Numbers can be confirmed with DA

Agency Updates:

- JPS – 3 new on call nurses in training. YDT 2023 76% increase in cases
- TWC – currently serve 7 local hospitals (advocates); 225 (2nd quarter) clients seen in hospital (quarter); 8 more hospitals added due to new SANE agency at Medical City hospitals beginning July 31st. Volunteer Advocacy training coming up in September 7th (info meeting)
- Military – advocacy for sexual harassment as well as sexual assault
- DA – new team member, getting Covid cases processed (4 remain)
- TCU – graduate assistant joining the team in August
- THR – DV number and assault numbers increased
- FWPD – YTD 400 cases (approximately); 8 detectives (full staff)
- Medical Examiners – large number of cases going to trial
- Cooks – fully transitioned into new space
- Arlington PD – TCSAAC conference registration reminder/keynote speakers are detectives from Netflix “Unbelievable”; CEUs available.

Program: 88th Legislative Update from the Texas Association Against Sexual Assault (TAASA); Presented by Elizabeth Boyce, General Counsel & Director of Policy and Advocacy; Marcia Del Rios, Staff Attorney; Mike Sweeney, Criminal Justice Specialist

- Next Meeting: October 19th, 2023 @11:30AM at TWC

Attendees

TARRANT COUNTY SART Sign-In Sheet

3rd QUARTER MEETING
Date: July 20, 2023

****New attendees please place *** beside your email**
If you're receiving the meeting notices no need to add

| | | | | |
|-----------------|-----------------|----------------|------------------------|----------------------------------|
| Kelly Goodwin | Kelly Goodwin | TWC | Hospital Advocate | kgoodwin@womensciatc.org |
| Sara Hyde | Sara Hyde | NRAPD | Det. | shyde@nrhtx.com |
| Cody Brock | Cody Brock | NRAPD | Det | cbrock@nrhtx.com |
| Deborah Caddy | Deborah Caddy | Women's Center | Pres. Dir. | dcaddy@womensciatc.org |
| Chris Pratt | Chris Pratt | TCCU | Sgt. | C.E.pratt@tccu.edu |
| Kristen Reeder | Kristen Reeder | CMC/REACH | MD | kristen.reeder@utsu.edu |
| Brad Cantr | Brad Cantr | FYPD | Sergeant | bradley.cantr@fortworthtexas.gov |
| Heather Kramer | Heather Kramer | TCME | Sr. Forensic Biologist | hmkramer@tarrantcountytx.gov |
| Judy Leanos | Judy Leanos | JPS | SANE | |
| Amy Chennault | Amy Chennault | Turning Point | SANE | |
| Kelly Holland | Kelly Holland | TCSO | Detective | vholland@tarrantcounty.com |
| Leah Corahan | Leah Corahan | TCCU CARE | Advocate | l.corahan@tccu.edu |
| Kim Sten | Kim Sten | TCCU | | |
| Ty Stelman | Ty Stelman | Bedford | Sgt. | |
| Ivan Roman | Ivan Roman | Bedford | Detective | |
| Nick Gauri | Nick Gauri | Colleyville | Detective | ngauri@colleyville.com |
| Brad Cantr | Brad Cantr | FYPD | Sergeant | bradley.cantr@fortworthtexas.gov |
| Heather Kramer | Heather Kramer | TCME | Sr. Forensic Biologist | hmkramer@tarrantcountytx.gov |
| Judy Leanos | Judy Leanos | JPS | SANE | |
| Amy Chennault | Amy Chennault | Turning Point | SANE | |
| Kelly Holland | Kelly Holland | TCSO | Detective | vholland@tarrantcounty.com |
| Leah Corahan | Leah Corahan | TCCU CARE | Advocate | l.corahan@tccu.edu |
| Kim Sten | Kim Sten | TCCU | | |
| Ty Stelman | Ty Stelman | Bedford | Sgt. | |
| Ivan Roman | Ivan Roman | Bedford | Detective | |
| Nick Gauri | Nick Gauri | Colleyville | Detective | ngauri@colleyville.com |
| Ellen Goodman | Ellen Goodman | Mt. Tarrant | Victim Director | ellen.goodman@mhmtc.org |
| Connie Thompson | Connie Thompson | JPS | SANE | chng@jpsustatx.org |
| Kristen Reeder | Kristen Reeder | JPS | MD | kristen.reeder@utsu.edu |

TARRANT COUNTY SART

4th Quarter SART Meeting

Date of meeting: October 19th, 2023 @ 11:30 am

Location– The Women’s Center of Tarrant County

Presiding Officer - Connie Housley, JPS Forensic Nursing

Facilitator/Minutes: Alisha Mathenia, TWC

4th Quarter SART Minutes

Order of Business:

Approval of July 2023 Minutes

- All in favor, none opposed or abstained.

Introductions:

- See sign-in list for attendee information.

Announcements/Agency Updates:

- TCDA-Sexual Assault Unit: Commissioner Court numbers are due by November 1st, Kim will follow up if they are outstanding. Currently revamping law enforcement sexual assault packet to minimize pages.
- Grapevine PD: Now has one full time Victim Advocate
- Tarrant County Jail: A national inmate survey will be conducted inhouse by the Bureau of Justice
- TCU: New full-time advocate added to department
- TCME: New instruments for DNA extraction procedure have been acquired to assess for Y screening

Program: *Drug Facilitated Sexual Assault*, Dr. Robert Johnson Ph.D., F-ABT - Chief Toxicologist, Tarrant County Medical Examiner’s Office

- Next Meeting: Thursday, January 18th 2024

Attendees

TARRANT COUNTY SART Sign-In Sheet

4th QUARTER MEETING
Date: October 19, 2023

****New attendees please place ** beside your email**
If you're receiving the meeting notices no need to add

| Name (please print) | Signature | Agency | Title | E-Mail |
|---------------------|-----------|-------------|--------------------|----------------------------------|
| Brandi Howard | | Mansfield | Detective | brandi.howard@mansfieldtexas.gov |
| Cindy Burnette | | THC | SANE director | Cindylburnette@texashealth.org |
| Amanda Amore | | TXFNE | Clinical Manager | amanda@txfne.com |
| Meagan Lewis | | TXFNE | RN | meagan@txfne.com |
| Kira Menthie | | TCME | analyst | KMenthie@tarrantcountytx.gov |
| Ty Stillman | | Bedford | Sergeant | Tyler.Stillman@bedfordtx.gov |
| Stephanie Bahrke | | Bedford | investigator | Stephanie.bahrke@bedfordtx.gov |
| Casey Johnson | | Bedford | Detective | Casey.Johnson@Bedford-tx.gov |
| Kelly Goodwin | | TWC | Hospital Advocate | |
| Disela Kenya | | JPS | JPS | |
| Monica Lugo | | TCSD | PRN Admin | MLugo@tarrantcountytx.gov |
| Kristen Hammonds | | TCME | Corps Admin | khammonds@tarrantcountytx.gov |
| Robert Johnson | | TCME | Chief Toxicologist | rdjohnson@tarrantcountytx.gov |
| Jody Klann | | TCME | Crime ID | J.Klann@tarrantcountytx.gov |
| Vivianne Rocha | | CPD | CPD Coordinator | Vivianne.rocha@utmsi.edu |
| Darren Delacruz | | DA's office | ADA | ddelacruz@tarrantcountytx.gov |
| Heather Kramer | | TCME | DNA | |
| Brad Cantu | | FUPD | Sergeant | bradley.cantu@fortworthtx.gov |

| Name (please print) | Signature | Agency | Title | E-Mail |
|---------------------|-----------|--------------|-------------|---------------------------------|
| Jaylynn West | | TCU - CARE | Advocate | jaylynn.west@tcu.edu |
| Theresa Alexander | | TCME Student | Tech head | walessandra@tarrantcountytx.gov |
| Stephanie Beard | | BPD | VAC | |
| Brian Oliver | | ISD | Det. Sgt. | |
| Shelby Herson | | FLOPD | VAC | |
| Clarissa Padron | | Grapevine PD | Advocate | cpadron@grapevine-texas.org |
| Leen Barakat | | Grapevine PD | Intern | Lb66672@utmsi.edu |
| Shayla De | | NRH PD | Detective | shayla@nrhtx.com |
| Aisha Matheson | | TWC | Advocate | amatheson@womenscenter.org |
| Carrie Nuff | | JPS | JPS Medical | |

| Name (please print) | Signature | Agency | Title | E-Mail |
|---------------------|-----------|-------------------|---------------|---------------------------------|
| Leah Canham | | TCU CARE | Advocate | l.canham@tcu.edu |
| Cody Brock | | NRH PD | Det | c.brock@nrhtx.com |
| Ellen Goodman | | MHMR Tarrant/BCHA | Casey Liaison | ellen.goodman@mhmr.org |
| Nick Garcia | | Collegeville PD | Detective | ngarcia@collegeville.com |
| Samantha King | | Collegeville PD | Detective | SKing@collegeville.com |
| Judy Jeanes | | JPS SANE | | |
| Sonia D Sims | | THC | SANE Mgr | soniasims@texashealth.org |
| Stacey Henley | | Cook Childrens | Nurse Mgr | stacey.henley@cookchildrens.org |
| Tracy Matheson | | Project Beloved | president | tracy@projectbeloved.org |
| Deborah Caddy | | Women's Center | Director | dcaddy@womenscenter.org |

SECTION 3

DATA AND FINDINGS

DATA AND FINDINGS:

For the purpose of this report, we will be reporting numbers of the adult sexual assault crimes from October 1, 2021, through September 30, 2023. The reported crimes include the felonies of Sexual Assault, Aggravated Sexual Assault, Aggravated Kidnapping and Burglary with Sexual Assault as the underlying crime, and the misdemeanor offense of Indecent Assault.

Women's Center reported that they were called to hospitals for the purpose of victim accompaniment on 1354 times for victims over the age of 18. They additionally provided accompaniment for 55 cases involving victims 17 years of age. They keep those statistics separately because the Women's Center follows the Family Code definition of adult which is 18 while the Penal Code designates adult to be 17 years of age.

In Tarrant County, there were 1,758 reports of adult sex crimes (victim 17 years of age or older) received by the various police departments in our jurisdiction. Of those, 1,717 were investigated. Law enforcement agencies (LEA) indicated that the cases not investigated mostly consisted of reports that the victim did not want to proceed with the investigation. Of the cases investigated, 253 felony cases were filed with the Tarrant County District Attorney's Office. An additional 96 cases of misdemeanor Indecent Assault were also filed. Below is the chart of the individual agencies reported Sexual Assaults, investigated Sexual Assaults, and filed felony cases:

| TARRANT COUNTY CITY/JURISDICTION | # OF S/A REPORTED | # OF S/A INVESTIGATIONS | # OF S/A FILED WITH DA'S OFFICE |
|--|-------------------|-------------------------|---------------------------------|
| Arlington, TX | 481 | 481 | 68 |
| Azle, TX | 9 | 9 | 0 |
| Bedford, TX | 47 | 47 | 18 |
| Benbrook, TX | 13 | 13 | 3 |
| Blue Mound, TX | 1 | 1 | 0 |
| Burleson, TX | 4 | 4 | 0 |
| Colleyville, TX | 6 | 6 | 4 |
| Crowley | 11 | 11 | 3 |
| Dallas/FW International Airport D.P.S. | 14 | 14 | 0 |
| Dalworthington Gardens | 0 | 0 | 0 |

| | | | |
|--|-----|-----|----|
| Euless | 75 | 46 | 13 |
| Everman | 0 | 0 | 0 |
| Forest Hill | 12 | 8 | 1 |
| Fort Worth | 596 | 596 | 53 |
| Grand Prairie | 37 | 37 | 4 |
| Grapevine | 62 | 62 | 11 |
| Haltom City | 31 | 31 | 3 |
| Haslet- (TCSO Handles) | * | * | * |
| Hurst | 35 | 35 | 4 |
| Keller | 21 | 21 | 1 |
| Kennedale | 8 | 8 | 2 |
| Lake Worth | 7 | 6 | 3 |
| Lakeside | 0 | 0 | 0 |
| Mansfield | 31 | 31 | 3 |
| North Richland Hills | 46 | 46 | 8 |
| Pantego | 3 | 3 | 1 |
| Pelican Bay | 0 | 0 | 1 |
| Richland Hills | 10 | 10 | 4 |
| River Oaks | 2 | 2 | 0 |
| Saginaw | 17 | 17 | 3 |
| Sansom Park | 7 | 3 | 1 |
| Southlake | 17 | 17 | 2 |
| Southwestern Baptist Theological | 0 | 0 | 0 |
| Tarrant County College | 2 | 0 | 0 |
| Tarrant County District Attorney's Office | | | 21 |
| Tarrant County Hospital District | 8 | 8 | 0 |

| | | | |
|--|-------------|-------------|------------|
| Tarrant County Sheriffs Office | 84 | 84 | 9 |
| Texas Christian University | 5 | 5 | 1 |
| Trophy Club | 2 | 2 | 0 |
| University of North Texas Health Science Center | 0 | 0 | 0 |
| University of Texas at Arlington | 19 | 19 | 1 |
| Watauga | 8 | 8 | 4 |
| Westlake (Keller PD Handles) | * | * | * |
| Westover Hills | 0 | 0 | 0 |
| Westworth Village | 4 | 3 | 3 |
| White Settlement | 23 | 23 | 0 |
| | | | |
| TOTALS | 1758 | 1717 | 253 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

*For agencies that are campus-based, the numbers reported do not include reports made for purpose of Title IX

The time-period of 10/1/21 to 9/30/23 necessarily means that some of the cases that have been filed by the LEA's are still pending at the DA's office. Of the 253 felony cases that were filed during that time-period, below is the breakdown of the status of those cases:

- 31 cases are in "Filed" status. That means they are filed but have not yet been presented to the Grand Jury
- 98 cases are in the "Active" status. That means they have been indicted by the Grand Jury and are pending in the courts.
- 3 cases were set for Grand Jury presentation on 10/1/23.

- 88 cases have been disposed.
- 4 cases were rejected at Intake by the DA's office.
- 29 cases were No Billed by the Grand Jury.

For the misdemeanor offense of Indecent Assault, those cases do not go through the Grand Jury process. The breakdown of filed and disposed cases of Indecent Assault from 10/1/21 to 9/30/23 are as follows:

- 96 filed cases
- 64 cases have been disposed.

During this time-period many cases were disposed that had been filed before the date of 10/1/23. The Adult Sexual Assault Unit (ASA) of the DA's office disposed of 220 felony cases from 10/1/21 to 9/30/23. 181 of those cases disposed were cases of the felony offenses of Sexual Assault, Aggravated Sexual Assault, Kidnapping, and/or Burglary. Because often- times other crimes are filed alongside sex crimes from the same criminal episode, there were an additional 39 cases disposed of by the ASA Unit that were of a non-sexual nature. The breakdown of the dispositions of cases from ASA are as follows:

- 35 Felony Convictions
- 73 Felony Probations/DFAJ
- 3 Plea in Bar
- 7 Probations Revoked
- 1 Probationer Deceased
- 30 pleas to lesser charges/non sex charges
- 60 dismissed
- 4 cases were rejected by the DA's office
- 3 cases were indicted as misdemeanors
- 4 cases were No Billed on the sex assault charge but indicted on other charges out of the same criminal episode

It is important to note that the vast majority of the dismissals were cases where the Defendant was indicted or convicted on another case due to reindictments or multiple charges. Only 2 cases were dismissed outright due to prosecutorial discretion.

The ASA unit took 22 cases to trial during this time-period. Of those cases, there were 17 Guilty verdicts, 4 Not Guilty verdicts, and one mistrial due to a hung jury.

SECTION 4

CASE EVALUATION

TARRANT COUNTY SART CASE REVIEW

❖ Date of Report April 2019

Case Review Date: November 13th 2023

Police Jurisdiction: Arlington PD

Victim: (Non-Identifying Information) 22 yo AA female

Release of Information Obtained ☒ Yes ☐ No

Suspect Information: Mid 20's AA Male rt hand tattoo - brown spot on nose

Relationship between Victim and Suspect:

☐ Family member: _____ ☐ Spouse/Partner: _____

☐ Friend/ Acquaintance: _____ ☒ Stranger ☐ Other: Unknown

Officer/ Investigator: Arlington Detective BS

SANE: THR CB SANE

Advocate: TCWC

Prosecutor: TCDA

CASE INFORMATION:

1. Officer Notification:

a. Dispatch: ☒ Yes ☐ No ☐ Unknown

b. In person contact with victim: ☐ Yes ☒ No ☐ Unknown

c. Was suspect arrested: ☐ Yes ☐ No ☒ Other

2. How many officers responded?

| | | |
|---------------------------|---|-----------------------------|
| a. Responding Officer | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Detective/Investigator | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Crime Scene | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments:

3. Was an Advocate called? ☒ Yes ☐ No ☐ Not Applicable ☐ Unknown

Did the Advocate respond? ☒ Yes ☐ No ☐ Unknown

Comments:

4. Was a Medical Forensic Exam SANE completed?

☒ Yes ☐ No ☐ Not Applicable ☐ Unknown

Comments:

5. Prosecution:

a. Was the case accepted for prosecution? ☒ Yes ☐ No ☐ Unknown

b. Was the response prompt? ☒ Yes ☐ No ☐ Unknown

Comments:

c. Was there a Victim/ Witness notification? ☒ Yes ☐ No ☐ Unknown

d. Was there Victim/Witness and or DA contact throughout the proceedings?
☒ Yes ☐ No ☐ Unknown

e. Was there a trial? ☐ Yes ☒ No

Result of case?

CASE EVALUATION:

6. Was the multi-jurisdictional protocol followed as far as practicably possible and appropriate?

☒ Yes ☐ No ☐ Unknown

a. Law enforcement? ☒ Yes ☐ No

Follow up suggestion to the law enforcement necessary? ☐ Yes ☒ No

b. Advocate? ☒ Yes ☐ No

Follow up suggestion to Advocate necessary? ☐ Yes ☒ No

c. SANE? ☒ Yes ☐ No ☐ Not Applicable

Follow up suggestion to SANE necessary? ☐ Yes ☒ No

d. Prosecution? ☒ Yes ☐ No ☐ Not Applicable

i. Follow up suggestion to Prosecution necessary? ☐ Yes ☒ No

13. Was the victim given a Crime Victim Compensation Application?

☒ Yes ☐ No ☐ Not Applicable ☐ Unknown

14. Was the victim cooperative with the investigation and prosecution?

☒ Yes ☐ No ☐ Unknown

15. Does it appear that the victim's needs were adequately met?

☒ Yes ☐ No ☐ Unknown

If no, what could have been done to better meet the victim's needs?

16. Does it appear that all law enforcement, investigative and prosecutorial needs were adequately met? ☒ Yes ☐ No ☐ Unknown

Comments:

17. Does it appear that all SANE needs were adequately met?

☒ Yes ☐ No ☐ Not Applicable ☐ Unknown

Comments:

CONCLUSION: Challenges/Successes - Recommendations - Goals

No suspect initially despite following all leads - suspect information placed in VICAP

lead to suspect in unrelated criminal case in East Texas. Evidence obtained from phone video of the assault, ultimately linking suspect to another assault in Oklahoma. Focus Areas: Rapid advances in technology solidify a need to stay up to date on emerging practices ie; DNA testing Flock Cameras. TC SART will continue to provide county wide education on these topics When cases go unsolved - possible gap in victim services needs further review of practices

SECTION 5

SART PROTOCOLS

Reviewed and Updated as Separate Document

SART PROTOCOLS

TARRANT COUNTY SART

ADULT SEXUAL ASSAULT RESPONSE TEAM PROTOCOL



This protocol was developed by the Tarrant County SART Protocol Development Team and reflects current best practice in community response to adult victims of sexual assault

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SECTION 1

FOUNDATIONAL INFORMATION

PURPOSE OF THE SEXUAL ASSAULT RESPONSE PROTOCOL

The Tarrant County Sexual Assault Response Team (SART) is a multidisciplinary, system-focused collaboration that brings together various professionals who address adult sexual assault intending to improve the local response to victims/survivors. A system-focused response is a long-term comprehensive method for a community to address all aspects of their response to sexual assault, which concentrates on patterns across all disciplines and agencies involved in the response. The purpose of the protocol is to provide written guidelines that help define roles and responsibilities to the various agencies responding to disclosures and reports of adult sexual violence. The goal is to guide practice, optimize community-wide response to sexual assault victims, avoid re-victimization, encourage victim participation when appropriate through the justice system and improve our community's ability to hold perpetrators accountable. This is the heart of collaborative teaming, and this document serves as a commitment to that work on behalf of all agencies.

TEAM MISSION STATEMENT

The mission of the Tarrant County Sexual Assault Response Team is to promote a systemic response that fosters a community sensitive to the needs of adult sexual assault survivors and holds sexual offenders accountable. This will be achieved through the collaborative and coordinated multidisciplinary response of the agencies and organizations that work with sexual assault survivors in Tarrant County.

USE OF SEXUAL ASSAULT PROTOCOL

This protocol serves as one tool used to improve the experiences and outcomes of adult victims/survivors of sexual violence and address gaps or barriers in service provision. It is essential to remember that each agency may have specific policies or guidelines and the intent is not to supersede individual agency policies but to improve the overall coordination and enhance the community response to sexual assault.

TARRANT COUNTY SART - PHILOSOPHIES AND PRINCIPLES

In our community, victim-centered means actively listening with compassion, empowering victims/survivors to make informed choices, and respectfully upholding those decisions in all possible instances. It is important that victims/survivors have their decisions and choices respected. This includes whether to report, the type of report, or seeking further services from other providers.

We are committed to understanding, recognizing, and increasing responder awareness of trauma's impact on individuals and the community. This philosophy known as a trauma-informed approach is based on the understanding that:

- A significant number of people with mental illness have experienced trauma in their lives
- Trauma may be a factor for many people in distress
- Past experiences can directly affect how someone responds to trauma

- Trauma can impact the person, their emotions, and relationships with others

When providing a trauma-informed response one should consider how their physical presence, stature, posture, volume, tone, smell, and demeanor might come across to the person. An essential part of that response is being mindful of what your presence might be bringing up for a person based on past experiences.

To ensure interactions are attentive and mindful, responders should put knowledge into practice by using five guiding principles:

- Safety - assurance that physical and emotional are first and foremost
- Trustworthiness
- Choices – when safe and appropriate to do so
- Collaboration
- Empowerment

HISTORY OF THE TARRANT COUNTY SART

Tarrant County has a longstanding reputation for identifying and addressing concerns regarding victims of crime. In the mid-1980s, it became apparent that services for sexual assault/abuse survivors needed to be closely reviewed and strengthened. Wait times to receive a forensic medical exam were extensive, including nine to eleven-hour waits at John Peter Smith Hospital (JPS) where the majority of exams were performed. No area hospitals offering exams had designated private areas for these sensitive medical interventions. Sexual Assault Nurse Examiners (SANE) were not a part of the Tarrant County protocol at that point. Most of the delays resulted from sexual assault cases not being recognized and triaged as the same type of trauma as heart attacks and gunshot wounds. While many good-meaning professionals were part of this system, consistent trauma-informed approaches were not being utilized.

As so often it does with change, specific difficult situations demanded attention and need for review. Such was the case regarding sexual assault exams in Tarrant County. After addressing some system problems in their facility in 1985, Arlington Memorial Hospital initiated the process of training qualified nursing staff and began using the training as their standard response by early 1986. In the summer of 1989, JPS emergency nursing also began the process of recruiting nurses to be trained as SANE's. At the request of The Women's Center and the Tarrant County District Attorney's Office in October of 1989, JPS Administration held a meeting of staff from these three organizations and began a serious review of culture, strength and challenge areas, and possibilities for treating sexual assault patients as the trauma survivors they are. It became clear at this meeting that an ongoing multidisciplinary team should be established to keep this review going and to be responsible for ensuring that needed changes would be made.

On December 20, 1989, the first meeting of the **Quality Assessment Committee on Sexual Abuse** was held with eleven attendees who were representatives of JPS, The Women's Center, the District Attorney's Office, and the Tarrant County Crime Lab. Because of the nature and extent of the problems to be addressed, this group met monthly for an extended period, eventually going to quarterly meetings as problems were addressed and resolved. The group expanded to include many other relevant organizations. When the number of attendees began to exceed the space at JPS, the quarterly meetings began to be held at The Women's Center. In the 1990s,

the term Sexual Assault Response Team (SART) was evolving across the country and recognized as a core community standard of practice that is essential for offering specialized trauma-informed interventions, including those from medical, investigative, criminal justice, advocacy, and mental health perspectives. Following this national movement, the local committee changed its name to the Tarrant County Sexual Assault Response Team and has remained committed to improving responses for these survivors.

SART MEMBERS AND GUIDELINES

The Tarrant County Commissioners Court is tasked with approving the appointment of the members of the Tarrant County SART. If one of the members is unable to fulfill their duties, the commissioner's court will fill the vacancy no later than the 30th day after the date the vacancy occurs. Approved Core members as of December 2021 are listed below.

1. PRESIDING OFFICER - Connie Housley, SANE, John Peter Smith Hospital
2. CHIEF ADMINISTRATOR - Deborah Caddy, The Women's Center
3. PROSECUTOR - ACDA Kim D'Avignon, Tarrant County Criminal District Attorney
4. FORT WORTH POLICE DEPT - Sgt. Bradly Cantu
5. ARLINGTON POLICE DEPT - Sgt. Tim Pinkney
6. TARRANT COUNTY SHERIFFS OFFICE – Kelly Holland
7. BEHAVIORAL HEALTH PROVIDER - Ellen Goodman, Tarrant County MHMR

In addition, other members of local law enforcement agencies, crime lab personnel, hospitals that provide SANE services, military professionals, and local college title IX administrators are invited to attend our regular meetings. SART is limited to professional service providers of investigative agencies across Tarrant County or service providers who play an essential role in the response to sexual assault in Tarrant County. The presiding officer will send out invitations to the quarterly meetings to the applicable agencies. SART is not open to the general public.

Tarrant County SART meets quarterly at The Women's Center. Each meeting will consist of a review of what is going on in our community surrounding sexual assault. We will discuss any issues that have arisen to better facilitate services and investigations for our survivors. Every quarterly meeting will include training provided by one of the participating agencies on topics that are reflective of the dynamics of sexual assault within Tarrant County.

Biennially, Tarrant County SART will provide training on the best practice procedures outlined in this SART protocol. At that time, the current protocol will be reviewed to ensure that it represents the most effective systems and procedures to provide services to survivors in our community.

Agencies will also receive training on the best practices outlined in this protocol on an annual basis. In addition, not later than the 90th day after the last day of a legislative session, the Tarrant County SART will review and amend any protocols, forms, or guidelines outlined by the legislature as necessary.

As invited participants, all Tarrant County SART members, and invited participants are to sign in and agree to not disclose or disseminate confidential information during the SART meetings. Members and participants are not to record meetings and are prohibited from using their participation for their private gain. The Core members will investigate all reported instances of protocol breaches and the course of action as a result.

PROFESSIONAL BEHAVIOR

Professional and ethical behavior is always expected from members and participants. Members and participants shall promote a harmonious work environment by communicating and interacting professionally and respectfully. Members and participants must conduct themselves in such a way as to promote a positive image of Tarrant County SART and uphold its mission. Conflicts and disagreements will be handled respectfully with all participants listening to the views of others.

REVIEW PROCESS FOR VIOLATIONS

Members and participants of Tarrant County SART shall report incidents of possible breaches of protocols or conflicts involving others to the Approved Core members.

ACCOUNTABILITY

This protocol constitutes the standards of ethical business conduct required of all Tarrant County SART members and participants. Anyone who fails to comply with this protocol is subject to appropriate action, including termination from participation.

The success of our SART is dependent on the trust and confidence we earn from our agencies, stakeholders, and especially the people we serve. We are committed to conducting our business with integrity.

SECTION 2

CORE ASPECTS OF THE COLLABORATIVE RESPONSE

EQUITABLE ACCESS TO SERVICES

Access to services in the aftermath of sexual violence is the most pressing issue facing many victims/survivors, responders, and communities. Many communities, identities, and specific populations experience differing levels of ability to access services in responding to sexual violence. A one-size-fits-all approach is harmful to victims/survivors and results in negative case outcomes. Processes based on creating equitable access means that services are designed to respond to the needs of individuals as well as groups. Examples include language access, materials that reflect diverse populations or cultural groups, and processes that have options for victims/survivors to get the tailored assistance they need after experiencing sexual violence. This includes service providers working to change issues of bias within their systems.

All agencies represented on our SART will work collaboratively to provide access to culturally sensitive, gender-inclusive, and linguistically available services using language lines and in-person interpretation, trauma-informed providers, and outreach literature.

RESPONDING TO DISCLOSURES OF SEXUAL VIOLENCE

Research consistently demonstrates that the first disclosure of sexual violence determines a victim's healing and recovery path. Disclosure often happens in multiple stages, with victims providing limited information to determine what type of reaction they will get from the person to whom they disclose; this also determines whether it is effective to disclose more information about the violence. This is especially true of how systems professionals ask questions. If a victim experiences negative or judgmental reactions, they are more likely to never disclose again or alter what parts of their experiences they disclose. Victims, who experience positive and supportive reactions, are more likely to continue to seek services and experience fewer mental and physical health impacts. These positive reactions include empathy, support, active listening, and asking non-judgmental questions.

All responders, regardless of the nature of their position, can offer positive and supportive reactions without compromising the integrity of their work. As such, our team commits to increasing our effectiveness in responding to disclosures of sexual violence.

We believe that by providing a well-trained first response to a disclosure of sexual assault, we can help victims/survivors continue with the services we provide and better facilitate sexual assault case outcomes and increase public safety. To accomplish that goal, we will train first responders on the importance of trauma-informed responses and victim-centered practices.

Some of the perspectives of sexual violence for which responders should be familiar with are:

- Discipline-Specific Responses to Sexual Assault
- Trauma-Informed Approach in Response to Sexual Assault Victims
- The Difference in Dynamics of Acquaintance Sexual Assault vs Known Perpetrator Assaults
- Spousal or Known Perpetrators and Familial Sexual Assault
- Alcohol or Drug Facilitated Assault
- Sexual Assault by the Helping Professional (caregiver, teacher, clergy, etc.)
- Sexual Exploitation and Sex Trafficking

Tarrant County SART will regularly train on these topics within our meetings as well as provide training to agencies in our county when requested. We will review any trends in sexual assault cases seen in our community so that we can be prepared to meet the needs of our agencies for training specific to those trends.

PROVIDING FOLLOW-UP AND INFORMATION

Regardless of the outcomes of processes or procedures, service providers can provide better care and support for victims/survivors by providing follow-up, information, or explanations of the case status—even if that update is that the case cannot move forward or that there has been no new information or changes.

To improve the experiences of victims/survivors, service providers will provide a business card or written information to each victim/ survivor with their agency's contact information and instructions for whom to call if they wish for an update on their case or have questions regarding a particular process.

SEXUAL ASSAULT ADVOCACY PROGRAMS

There are two types of advocates—community-based and systems-based. The primary difference between the two is the nature of communications and confidentiality protections. Each type of advocate provides an essential component of support for the victim/ survivor. Teams and communities must distinguish between the types of advocacy available and incorporate advocacy that has confidentiality protections to provide the best possible services for victims/survivors.

Systems-based advocates—such as those who are employed by law enforcement or courts— cannot provide confidential services. A systems-based advocate's records can be subpoenaed, or if a victim/survivor shares certain types of information—such as exculpatory information— they are compelled to share that information with other systems professionals. Systems-based advocates or victim-witness advocates typically have limited flexibility in being able to accompany a victim/survivor in all parts of the response process or provide long-term aftercare.

Community-based advocacy—organizations that operate independently, provide comprehensive services, and exist outside of any criminal justice agency. They play a critical role in the system's response to sexual violence and consistently improves outcomes for sexual assault victims/survivors and their cases. Community-based advocacy is typically separated from systems-based advocates in that they are usually the only service providers that can offer confidential services protected by privileged communications statutes.

Inclusion of community-based advocacy—from the point of disclosure to any systems professional—improves the likelihood that victims/survivors will report their assaults, seek further medical care, and continue in the criminal justice process all while reducing distress and negative outcomes.

While there are other providers in systems positions such as victim-witness advocates or law enforcement-based advocates, these groups do not offer victims/survivors the same types of protections regarding any information shared during disclosure. Further, community-based advocacy often can provide an array of assistance to victims/survivors outside of the typical types of assistance systems-based advocates can provide. While each type of advocacy provides important response and support elements, teams and providers that intentionally include community advocacy see better case outcomes and long-term success.

CONFIDENTIALITY

Any time where identifying information or case details are discussed, a victim/survivor must have previously provided a release of information that is time-bound and specified to a limited discussion or activity. Therefore, the purpose of the Tarrant County SART meeting is to focus on the elements of the response rather than individual case details to determine possible improvements in response, educational needs, and quality assurance of current agency practices.

Protecting identifying information or case details about a victim/survivor is essential, and the Tarrant County SART members must understand the limits of information sharing for each and every discipline. Agencies shall maintain the confidentiality of records in accordance with state and federal law and their agency operating procedures.

SECTION 3

DISCIPLINE SPECIFIC INFORMATION

ADVOCACY

Advocates play a unique role in the community and systems response to sexual violence in that they are the only member of the response whose sole focus is to be a supportive person to the victim/survivor as well as secondary victims/survivors. Advocates offer information, options, and supportive assistance in navigating the healing and justice processes. Advocates can accompany a victim/survivor in nearly all parts of the response—providing support during medical forensic exams and law enforcement interviews, as well as going through the court processes, and providing aftercare. Advocates focus their efforts on validating and supporting a victim/survivor in all of their choices.

Community-Based Advocacy – The Women’s Center of Tarrant County

The Women’s Center of Tarrant County opened its doors in 1979 with a Helpline and Employment Program staffed by volunteers. In 1980, the Center adopted a small volunteer rape crisis program, providing crisis intervention to sexual assault victims at one hospital in the community as well as a 24-hour crisis hotline. Over the next forty years, the Rape Crisis & Victim Services (RCVS) program expanded to include:

- A prevention and education program
- A team of licensed, professional clinical therapists
- A full case management staff to assist with crisis intervention, Crime Victim’s Compensation (CVC), information, and referrals
- A team of onsite Hospital Advocates stationed in the John Peter Smith (JPS) emergency department
- A legal team comprised of a full-time attorney and paralegal

Crisis Response and Facilities

- The Women’s Center’s (TWC) crisis hotline (817-927-2737) and hospital accompaniment response for sexual assault victims operates 24 hours a day, 7 days a week.
- During business hours (Monday-Friday, 9 am-5 pm), the hotline rings to the office, and a member of the Crisis team will answer the line. If there is a request for hospital accompaniment services, a staff member or volunteer advocate will respond to provide the service.
- There are seven SAFE facilities in Tarrant County—John Peter Smith (JPS) hospital; Texas Health (TH) Harris Methodist; TH Harris Southwest; TH Arlington Memorial; TH HEB; TH Alliance: TH Azle.
- All advocates, both staff and volunteers, receive a 40-hour sexual assault training, certified by the Office of the Attorney General (OAG), which includes both classroom and field training hours.
- An advocate from TWC is offered for every adult sexual assault victim in the community.
- All services within the TWC, Rape Crisis & Victim Services Department (RCVS) are free of charge.

Notifications

- When a victim of sexual assault arrives at an area hospital, the emergency department will contact TWC's hotline to notify the agency there is a victim who requires a forensic exam accompaniment.
- An advocate will arrive onsite within approximately 30 minutes to meet with the victim.
- The advocate's role is to provide emotional support, information, and crisis intervention and occasionally serve as a liaison between the victim, the hospital, and/or law enforcement.
- By victim request, the advocate may sit in on a law enforcement interview or in the medical exam as the nurse collects evidence.
- The advocate is also available to support and provide information to any significant others present during the exam.
- The advocate is responsible for ensuring the victim's rights are afforded during the exam and investigative process.
- The standard practice is to accompany the patient from the time the advocate arrives to the victim's discharge.
- The advocate will collect all needed information and two weeks after the hospital visit, the victim will receive a check-in call from TWC staff offering support and resources.

Hospital Advocate Program

- TWC employs three full-time Master-level Hospital Advocates who are stationed onsite at JPS hospital every day of the week, including Saturday and Sunday.
- The full-time Hospital Advocates provide immediate accompaniment, support, and case management to sexual assault patients and other patients who have suffered any other type of violent crime.
- Outside full-time Hospital Advocate response hours, field "backup" staff or volunteers provide forensic exam accompaniments to both JPS and the Texas Health facilities.

Law Enforcement Accompaniment

- In an effort to follow trauma-informed investigation techniques, recent legislation (HB 1172) dictates before conducting an investigative interview with an adult victim, a peace officer is required to offer the presence of a certified sexual assault program advocate to be present, if one is available at that time.
- If one is not immediately available, the officer may use a victim services or victim witness council, or a sworn officer that has completed the Office of the Attorney General (OAG) 40-hour sexual assault program training.
- As a certified sexual assault program, TWC provides advocates as support to the victim during the investigative interview.
- The advocate will respond wherever the interview is being conducted. All communication between the advocate and the victim is privileged and confidential.
- TWC routinely offers the required OAG training to victim service professionals in the community to ensure their department complies with the legislation, should there be a circumstance in which TWC is not available to respond to an interview request coordination of care

Though TWC advocates individually respond to sexual assault victims on the hotline and at area hospitals, the advocate and the agency as a whole work together as part of the interdisciplinary team to coordinate intervention, treatment, investigation, and prosecution for the victim.

- **Intervention:** Area hospital contacts RCVS advocate to request exam accompaniment or law enforcement contacts RCVS for an investigative interview accompaniment.
 - **Treatment:** The advocate serves as a support through the forensic exam and medical process.
 - **Investigation:** The advocate provides accompaniment, when requested by the victim, during investigative law enforcement interview(s).
 - **Prosecution:** The advocate provides accompaniment, when requested by the victim, at any juncture in the prosecutorial process.
- These collaborative practices are made to ensure victims' rights and that their health and safety are attended to and addressed.

Continuum of Services

- An additional focus of intervention by RCVS advocates is to funnel victims into the TWC's continuum of services.
- Services include clinical individual and group counseling, the 24-hour crisis hotline, legal services, and case management.
- Master-level, licensed clinicians provide clinical services.
- Master-level social workers provide Case Management services.
- A licensed attorney and paralegal provide legal services.
- TWC has access to a language line for all languages, including American Sign Language.

BEHAVIORAL HEALTH

My Health My Resources of Tarrant County (MHMR Tarrant) provides behavioral health services to people in the community with intellectual and developmental disabilities (IDD), mental health conditions, and substance use disorders. **MHMR Tarrant** provides trauma-informed services that are person-centered and provide choice.

Services are voluntary, and the individual can participate in the services they choose that they are eligible for. Patient information is kept confidential, following HIPAA (Health Insurance Portability and Accountability Act) guidelines. MHMR Tarrant has access to language lines for almost all languages, including American Sign Language.

Mental Health Peer Specialists, Recovery Support Peer Specialists, and Veteran Peer Specialists are available to support adults in services. Family Partners can support parents/guardians of children in services. Services can be accessed 24 hours a day, 365 days a year by contacting the ICARE Line.

Call or text: 800-866-2465

Local call: 817-335-3022

TTY: 817-569-4488

The Mental Health Law Enforcement Liaison Project offers support to all Tarrant County peace officers 24 hours a day, 365 days a year. They provide technical assistance and are a risk management tool for law enforcement agencies dealing with mental health situations. The staff is available to law enforcement officers at the designated number for their use only.

MHMR Tarrant collaborates with community organizations to provide services. MHMR Tarrant can link people to resources and other services based on individual needs and choices.

JPS Health Network provides a full continuum of behavioral health services, including inpatient services at Trinity Springs Pavilion, emergency behavioral health services at the Psychiatric Emergency Center, and outpatient services at JPS outpatient clinics.

- Outpatient Behavioral Health at [817-702-3100](tel:817-702-3100) or Inpatient Behavioral Health at [817-702-3636](tel:817-702-3636)
 - Acute Inpatient Care
 - Adolescent Inpatient Care
 - Local Commitment Alternative Services
 - Outpatient Behavioral Health Services
 - Peer and Family Services
 - Psychiatric Emergency Center

LAW ENFORCEMENT

Law Enforcement provides safety, investigation, and case follow-up for victims/survivors of sexual violence. While there are different types of officers based on agency sizes and resources, the key element that carries across law enforcement types is the primary focus on investigating and establishing the elements of a crime. From taking the initial reports, to filing, law enforcement focuses its efforts on increasing public safety.

This section addresses recommendations to be used for law enforcement in investigating adult sexual assault reports in Tarrant County. These recommendations are a guideline for law enforcement to help establish best practices in community response to adult victims of sexual assault. Each investigation and offense will determine what portions will be utilized along with the policies and procedures of each agency and are not intended to supersede individual agencies' policies or procedures but to improve the overall coordination and enhance the response to sexual assault from law enforcement.

Initial Investigative Response (Patrol/First Responder)

- Patrol officers and supervisors should be trained on investigative expectations while managing sexual assault calls/scenes.
- Police 911 caller-takers should have a script as it relates to Sexual Assault 911 calls. This aids in maintaining safety for the victim, crime scene security/preservation of evidence, obtaining initial information for first responders to aid in the identity and location of the suspect(s), the identity of witnesses, identity of the suspect vehicle, and direction of travel if applicable as well as maintains confidentiality of the victim. (See 911 Script Attachment)
- A Patrol Supervisor should be involved in the initial response to assess the call/situation and ensure a properly coordinated response occurs and appropriate notifications are made for any immediate Criminal Investigation Department (CID) response if necessary.

Managing the Scene and Victim Contact

- Locate/secure the scene of the offense.
- Provide any immediate medical intervention necessary.
- Sexual assault victims themselves can be a crime scene. Depending on the nature of the offense, discourage the victim from urinating, drinking, brushing their teeth, and bathing.
- Obtain necessary details from the victim to establish offense and information to secure/preserve crime scene(s), evidence, the identity of suspects, and any witnesses.
- Utilize additional officers or resources to manage the scene(s), and preserve/locate evidence, witnesses, and suspect(s).
- Obtain complete victim Information including alternate contact phone numbers, social media info if available, and/or email address.

- Complete the Tarrant County Adult Sexual Assault Packet, documenting details of the offense, and provide the victim with the victim notification sheet. (The Tarrant County Sexual Assault packet is for **adult victims only**. If the victim is an adult and is reporting a delayed offense when they were a child, the Sexual Assault packet does **NOT** apply). If the victim chooses to use a pseudonym, use the victim's initials on this form.
- If the victim uses a pseudonym, (CCP 57B.02), the **only** location the victim's real name, address and phone number shall appear is on the pseudonym form.
- All police reports including the Tarrant County Adult Sexual Assault Packet shall reflect the victim's pseudonym information if the victim elects to use a pseudonym. The victim's initials are to be used as the pseudonym. Ensure other officers on the call complete a report or supplement and use the victim's pseudonym information in their report.
- Offer the victim a sexual assault examination. Within 120 hours, police cannot decline the SANE exam (HB2462, CCP Art 56A.251) Officers cannot force an exam if the victim declines the SANE exam.
- Notify the hospital when the officer/victim is en-route. These facilities are the primary accessibility/locations in Tarrant County for sexual assault forensic examinations.

John Peter Smith (JPS) Hospital 817-702-7829

**Texas Health Resources (THR) Hospitals – Alliance 682-212-2300 Azle 817-444-8667
Arlington 817-960-6205 FTW 817-250-3333 HEB 817-848-4611 Southwest 817-433-1281**

- If possible, have the victim bring a change of clothing to the hospital to wear after the exam is completed.
- Officers will be required to complete and sign a Texas Attorney General Authorization form for the sexual assault exam (Per HB616, CCP Art., 56A.251 d) while at the hospital. If the victim uses a pseudonym, use the victim's initials on this form.
- The hospital will notify Tarrant County RAPE Crisis (If the Victim goes to the Hospital) and a RAPE Crisis Victim Advocate, if not already present, will respond to the Hospital (CCP Art 56A.351).
- Obtain consent for the release of medical records from the victim (if the victim receives medical treatment beyond the sexual assault exam). This medical release form should be included in the Tarrant County Adult Sexual Assault packet. The victim shall use their real name on the consent form, regardless of if the victim used a pseudonym.
- The officer should remain with the victim at the hospital until the completion of the forensic exam if possible. The purpose is to ensure that if additional information or evidence is found during the exam that it is relayed to law enforcement. This also ensures that if the victim has additional needs or follow-up questions after the exam, they can be addressed.
- The police agency's Victim's Assistance/Victim Advocate should be notified if the victim does **NOT** go to the hospital.
- Rape Crisis Counseling information/resources and Victim Assistance contact information shall be provided to the victim (CCP Art., 56.02).
- Collect the victim's clothing of evidentiary value worn at the time of the offense.
- Collect the victim's clothing of evidentiary value worn to the hospital or any other clothing of evidentiary value that the SANE did not collect.

- If a victim believes they were drugged or had a loss of consciousness from a possible drug-facilitated sexual assault, toxicology (blood and urine) should be taken during the sexual assault exam.
- Upon completion of the exam the sexual assault kit, toxicology samples, and clothing will be placed in the hospital's locked safe. It may be necessary to collect items that will not fit into the safe as evidence.
- Crime scene will photograph/document the victim's injuries (if applicable).
- The officer will complete an offense report with their police agency, documenting what the victim reported, witness statements, and the facts and details of their investigation.

Processing/Managing the Scene (Offense Location and or Suspect)

- Consent to search obtained or search warrant obtained by Detective (if applicable/necessary) for the crime scene where the offense occurred.
- If necessary, Crime Scene will respond and process the crime scene(s).
- If possible, all evidence should be photographed, or video recorded before collecting.
- Document where the evidence was located, who located it, who collected it, and note the date and time collected.
- Consider bedding - Is the suspect known or unknown? Will the suspect's DNA already be there legally?
- Collect, document, and photograph any item that would provide evidence the sex was or was **NOT** consensual (torn clothes, force was used, blood evidence, weapon, etc.).
- Locate/secure any additional crime scenes.
- Locate/secure any video evidence-
 - Consider cell phones as evidence and obtain a passcode if possible.
 - Photograph any messages that may be lost, especially messages from dating websites and other social media such as Snapchat. (They are erased if either person blocks the other).
 - DO NOT take the victim's cell phone if evidence can be collected through screenshots, emailing video or photos, or photographs of the phone screen.
- If the suspect is arrested, consider an EPO for the victim (CCP Article 17.292) if requested or necessary/mandatory.
- Depending on the offense, consider if the suspect's clothing worn at the time of the offense may be of evidentiary value.
- Depending on the time/details of the offense, consider taking swabs of the suspect if the victim's DNA may be present. (Example- on the suspect's fingers for digital penetration or penis swabs for penile contact). Use crime scene for this if available. If possible, for penis swabs use the same gender to take swabs and perform it in a controlled environment/private location.
- Obtain a buccal swab of the suspect's DNA (saliva), under consent if possible. Record/document consent on body-worn camera (BWC).
- Depending on the details/time of the offense, consider whether to collect the suspect's fingernail scrapings under exigent circumstances or a search warrant.
- Photograph the suspect and any potential injuries.
- Consult with detectives before interrogation of the suspect. If interrogated, record interrogation on a body-worn camera (BWC) under Miranda and document.
- Ensure witnesses are fully identified and interviewed.

- Canvass area for other witnesses and or evidence. Especially look for potential cameras that might have captured information (Ring cameras, home security, etc.).
- The detective responds to the scene if necessary.

Investigative Follow-Up CID

- Once notified, the police agency has seven (7) calendar days to collect the victim's sexual assault kit from the hospital (HB8).
- After receiving the victim's sexual assault kit, the police agency has thirty (30) calendar days to submit the kit to an accredited lab for analysis (SB1636, Government Code 420.042).
- The police agency shall enter the whereabouts of the victim's sexual assault kit in the State's Track-Kit system (HB281, Gov't Code 420.024) after receiving the sexual assault kit and submitting it to an accredited lab for analysis.
- If the victim underwent a SANE exam, obtain a copy of the SANE Medical Protocol from the hospital.
- The CID detective will contact and conduct a follow-up interview with the victim.
- The CID detective shall inform the victim of their right to have a victim advocate as defined under Section 420.003 Government Code be present during the investigative follow-up interview (HB 1172 CCP Art 56A.3515).
- The CID detective will consider whether a sample of the suspect's DNA is necessary for the case/investigation. If the suspect's DNA is necessary, a sample of the suspect's DNA shall be obtained through consent or a search warrant.
- Consider preservation requests if necessary for cell phone records, cell tower records, and/or social media sites pending a search warrant.
- Obtain consent to search and eliminate any possible consensual partner's DNA that may be present in the victim's sexual assault kit.
- The CID detective shall follow up on any evidence not previously obtained related to the case.
- If a suspect is unknown to the victim and/or witnesses, the CID detective shall follow their department's eyewitness identification policy/procedure when presenting photo lineups or live lineups (CCP Article 38.20).
- The CID detective should consider obtaining a voluntary statement from the suspect and any witnesses related to the case.
- To help prove or disprove consent, or elements of the offense, the CID detective should consider offering a voluntary polygraph examination to the suspect.
- CID detectives will **not** request or require the victim to undergo a polygraph examination (HB1172, CCP Article 15).
- The CID detective will conduct a fair, impartial, and thorough investigation to determine whether there is probable cause to issue an arrest warrant or charge the suspect with the offense.

- The CID detective will document the details of their investigation in a supplement to the original report, ultimately providing a disposition to the outcome of the investigation/case.
- CID detectives have the Tarrant County Criminal District Attorney's Adult Sexual Assault Prosecution Team as a resource in the investigation and consultation of the case if necessary.

Interagency Information Sharing

- For interagency information sharing with Local, State, and Federal law enforcement agencies, the police agency will enter relevant information and details of the sexual assault into the FBI's (VICAP), Violent Criminal Apprehension Program (Molly Jane's Law HB 3106, Subchapter B, Chapter 420.036 Government Code).

HEALTH PROFESSIONALS

The role of medical personnel in the response to sexual assault is to provide victims/survivors with critical access to medical and/or psychological services. The goal is to provide compassionate and sensitive medical care in a non-judgmental, victim-centered manner. Sexual assault is traumatic, regardless of the presence of physical injuries. Healthcare providers can help reduce the neurobiological response to trauma by providing trauma-informed care that restores safety, security, and control to patients.

It is best practice to have all sexual assault medical forensic examinations performed by a specially trained forensic nurse certified as a sexual assault nurse examiner/forensic nurse examiner (SANE/FNE). Throughout the response, the health professional focuses on the health and well-being of the victim/survivor. The SANE/FNE can uniquely give accurate health information, provide timely medical treatment, informed reporting options, and ensure access to follow-up services.

The Primary Objectives for the Healthcare Provider are:

- Treatment for emergent medical conditions before, or concurrently with, addressing forensic issues such as evidence collection
- Timely patient forensic medical examinations and treatment
- Access to advocacy services
- Evidence recognition, preservation, and the collection as indicated by patient history or examination findings. Evidence collection is important, but is secondary to the health and well-being of the patient
- Educate community collaborators on the role of the health care provider
- Work collaboratively with all community members to communicate best practices on an ongoing basis and to share information to assist in the formulation of statistics to allow review of processes for improvement of delivered services

Healthcare Providers can accomplish these Objectives by:

- Having on-site nurses in the hospital specialized in the field of forensic nursing
 - If SANE/FNE is not on-site - report to the hospital facility within 1 hour or less.
 - If the advocate is not on-site - contact the Tarrant County Women's Center for advocacy accompaniment at the healthcare facility.
- Provide the patient with the mandated Texas Department of Safety and Health Service's "Information Sheet for Sexual Assault Patients" to assist the patient with making informed decisions regarding care during the sexual assault
- Treating the patient as one would any other traumatized patient that is seen in a medical facility and understanding the value and integrity of evidence collection
- Providing assessment, diagnosis, and/or treatment of the patient assuring life-threatening injuries are identified and treated
- Providing a medical forensic examination by a specially trained medical professional including complete evidence collection and forensic photography
- Providing treatment appropriate to the patient's injuries, including but not limited to prophylaxis

- for sexually transmitted infections and emergency contraceptive protection
- Providing HIV testing and access to follow-up care and medications

The Medical Facility

If a patient presents to the healthcare facility Federal Emergency Medical Treatment and Active Labor Act (EMTALA), legislation requires that persons presenting to a hospital emergency department must have a medical screening to determine if an emergent condition exists requiring interventions.

In all patient interactions, it is important to maintain the confidentiality of forensic medical information and documentation including but not limited to:

- The Health Insurance Portability and Accountability Act (HIPAA) applies to this patient population.
- Policies should be in place regarding the process for the Release of Information and obtaining records and/or photographs; the method used to identify the patient in the photographs.
- Documentation that photographs exist in the permanent medical record for each patient.

Each medical facility designated as a **Safe Ready Facility** by the Texas Attorney General's Office should meet the minimum standard of practice by providing but not limited to: (Health and Safety Code Chapter 323).

- A dedicated room or a room that can be easily converted to use for the examination. The room should be able to be locked from the inside and have a bathroom and/or shower attached if possible.
- A quiet comfortable place, out of the public space of the facility where the patient can wait for the examination to begin. This space can also be used for advocate accompaniment, clinical support staff, and law enforcement to speak with and counsel the patient, partner, and/or family.
- Appropriate equipment is available to illuminate body surfaces with an alternate light source, to allow identification of the patient's injuries and facilitate the accurate documentation of injuries.
- Maintaining the confidentiality of the patient and integrity of evidence collected as well as the patient's forensic medical records
- The Texas Health and Human Services Information Form - <https://www.hhs.texas.gov/sites/default/files/documents/sa-survivor-safe-info.pdf>

SAFE Ready Designated Facilities for Adult Sexual Assault (S/A) Exams in Tarrant County

- **John Peter Smith Hospital (JPS)**
(817) 702-7829 ER (817) 702-7263 SAFE Suite
 - Forensic Nurse Examiners for victims of S/A and other violent crimes available in the ER: Sunday-Friday & every other Saturday
 - After hours, On-call Nurse Examiners respond 24/7 for S/A exams
 - On-site Hospital Advocates from The Women's Center available 7 days a week for all victims of crime
 - After hours, On-call Advocates respond 24/7 for S/A exam accompaniment
- **Texas Health Resources (THR) Hospitals – Alliance 682-212-2300, Azle 817-444-8667**

- Nurse Examiners available to respond to the above THR locations 24/7
- On-call advocates from The Women's Center available to report to each facility for S/A exam accompaniment 24/7

Intake Medical Personnel Triage

- Patients who report acute sexual assault, or those who are suspected of being sexually assaulted, should have an Emergency Severity Index (ESI) Triage Level 2 (U.S. Department of Health and Human Services, 2012).
- The patient should be seen as soon as possible and triaged to assess for life or limb threatening injuries or psychiatric emergencies. These emergencies take precedence over forensic evidence collection.
- Strangulation and head trauma are medical emergencies requiring physician evaluation before or concurrently with the medical forensic examination.
- Once the patient is stable, offer a forensic medical assessment. The medical assessment may take place before or concurrently with forensic sexual assault assessment, depending on facility policy and ensuring the patient consents to this treatment plan.
- Escort the patient and family, caregiver, or support person(s) to a private waiting area.
- Elicit information as privately as possible, regarding:
 - Safety (Is the patient safe or is the suspect present - speaking with the patient alone is important to obtain accurate information)
 - Pain &/or bleeding
 - Instruct patient not to use the restroom, wash, change clothes, smoke, eat or drink until evaluated by the forensic health care professional.
 - If patients must use the restroom - collect the urine, and advise that they do not wipe genitalia until after the evidence has been collected
 - Consider collecting urine if drug/substance-facilitated sexual assault (DFSA) is suspected (maintain chain of custody of specimens)
 - Does the patient want to report this incident to police? If so, facilitate LEA request forms (if not already completed)
- Contact a sexual assault advocate for hospital accompaniment if the patient consents.
- If not at the medical facility, notify the forensic healthcare professional and inform them of the patient's arrival.
- Advise patient of expected wait times.

Reporting/Non-Reporting Options

Adult survivors of sexual assault have the option of reporting or not reporting the offense to law enforcement. The Sexual Assault Evidence Collection Kit (SAEK) does not have to be used for a sexual assault examination to occur. SAEKs should be used only when indicated.

REPORTING - includes reporting the incident to the Law Enforcement Agency (LEA) in the jurisdiction in which the sexual assault occurred.

- **If the assault occurred within 120 hours** the patient shall have access to all support services at no cost to them including:
 - Health care treatment
 - Sexual assault forensic evidence collection
 - Access to a sexual assault advocate
 - Ability to track sexual assault evidence through various stages of the criminal justice process. (Texas Government Code §420.034, 2017)
- **If the assault occurred greater than 120 hours** the patient shall have access to all support services listed above at no cost to them if:
 - Based on the circumstances, the LEA believes a sexual assault exam would further investigation or prosecution or
 - After a medical evaluation by a physician or a sexual assault nurse examiner, the physician or examiner notifies the LEA that a sexual assault exam should be conducted. (Article 56.251 (c)).

NON-REPORTING - patient chooses not to report to a LEA and requests a forensic medical examination.

- **If the assault occurred within 120 hours** - the patient shall have access to all support services listed above at no cost to them.
- Responsibility for payment of the medical component of the assessment and examination may rest on the patients, and they are eligible for reimbursement through Crime Victim's Compensation (CVC). The patient shall be informed that:
 - Sexual assault evidence will not be processed unless the patient reports the crime to law enforcement. (Texas Code of Criminal Procedure §56.A.301-56A309).
 - Victims have up to five years after the incident to report to a LEA.
 - Responsibility for payment of the medical component of the assessment and examination may rest on the patient and they are eligible for reimbursement through CVC.
- **If the assault occurred greater than 120 hours** - patients shall still have access to:
 - Health care treatment
 - A Health care provider may do sexually transmitted infection testing
 - Access to a sexual assault advocate
 - Referrals for services as needed

The Medical Forensic Examination

- Consent is an ongoing process and must be obtained to perform a sexual assault medical forensic examination. Patients must have the capacity to consent and consent can be given or withdrawn at any point during the exam.
- The Medical forensic exam has four parts:
 - A detailed history
 - Head-to-toe physical examination looking for injury
 - Detailed Genital Examination
 - Identification and collection of forensic evidence as indicated by history and examination findings

- The Medical Portion further requires:
 - Formulating a medical and/or nursing diagnosis
 - Formulating a medical and nursing care plan
 - Healthcare intervention involving injuries & addressing any medical concerns
 - Reviewing the process to ensure all needs are met and referrals are made
 - Treatment prophylactically for sexually transmitted infections and or pregnancy per the CDC guidelines

Sexual Assault Evidence Tracking Program – TRACK-KIT (Texas Government Code 420.034).

- Requires systems to track the status and location of each item of evidence through various stages of the criminal justice process, allows entities involved in the handling of the evidence to update and track the status and location of evidence, and allows survivors to anonymously track or receive updates on the status of evidence.
- Participation in the tracking system is required by any entity that collects evidence of sexual assaults or other sex offenses, investigates, or prosecutes such offenses.
- A Health Care Facility or other entity that performs a medical examination to collect evidence of a sexual assault receives signed, written consent to release the evidence. The facility or entity shall:
 - Provide the patient with a unique identification number and explain the purpose of tracking evidence – educate the patient that only the location of evidence is available and that no results to any type of testing are found in the electronic tracking system.
 - Promptly notify any law enforcement agency investigating the offense.
 - **No later than two business days** after the date the examination is performed, enter the identification number of the evidence collection kit into the statewide electronic tracking system Track-Kit.
 - Except as provided by Subsection (c), a law enforcement agency that receives notice from a health care facility or other entity under Subsection (a) shall take possession of the evidence **no later than the seventh day** after the date the law enforcement agency receives notice.
 - A law enforcement agency that receives notice from a health care facility or other entity that is located more than 100 miles from the law enforcement agency shall take possession of the evidence **no later than the 14th day** after the date the law enforcement agency receives notice.

Special Considerations:

- **Mandatory reporting** is required for suspected abuse of the elderly, or an adult person with a disability, regardless of the wishes of the patients, their families, or friends.
- **Adult military-affiliated survivors** must receive information about their reporting options from a person knowledgeable of the Department of Defense policy that defines reporting choices to ensure the patient's rights are not violated.
- **Provision of Emergency Services To Certain Adult Sexual Assault Survivors** (Sec. 323.0044, Health and Safety Code).

- A health care facility shall provide a forensic medical examination and treatment to an adult sexual assault survivor for whom a guardian is appointed under Title 3, Estates Code, without the consent of the survivor's guardian, guardian ad litem, or another legal agent if:
 - The health care facility determines the survivor understands the nature of the forensic medical examination and treatment; and
 - The survivor agrees to receive the forensic medical examination and treatment.
- Subject to Subsection (c), if an adult sexual assault survivor requests a forensic medical examination and treatment and a health care facility determines the survivor potentially is incapable of consenting to the forensic medical examination and treatment, the health care facility may:
 - obtain consent from a relative or caretaker of the survivor on the survivor's behalf;
 - obtain consent from the survivor's guardian, guardian ad litem, or another legal agent;
- Petition a court with probate jurisdiction in the county in which the facility is located for an emergency order authorizing the forensic medical examination and treatment, in the manner provided by Section [48.208](#), Human Resources Code.
- If personnel of a healthcare facility know or have reason to believe that the survivor's relative, caretaker, guardian, guardian ad litem, or other legal agent is a suspect or accomplice in the sexual assault of the survivor, the healthcare facility may not contact the survivor's relative, caretaker, guardian, guardian ad litem, or other legal agents.
- A healthcare facility may not provide a forensic medical examination to an adult sexual assault survivor for whom a guardian is appointed under Title 3, Estates Code, if the survivor refuses the examination, regardless of whether the survivor's guardian requests or consents to the examination.

PROSECUTION

Prosecutors provide the component of the sexual violence response of taking cases into the criminal justice system. Prosecutors explain case decisions, trial preparation, as well as information about the legal system to victims/survivors as well as team members. Members of prosecution teams prioritize accountability to the public as well as seeing justice done.

The Tarrant County Criminal District Attorney shall maintain an Adult Sexual Assault Team (ASA) to handle the vertical prosecution of Sexual Assaults presented to the office. A Victim's Assistance Coordinator (VAC) will also be provided to each case to ensure all applicable Victim's Rights under Chapter 56A are provided to a victim of Sexual Assault.

Adult Sexual Assault Team

The goals and purposes of the Adult Sexual Assault Team (ASA) are to provide:

- A consistent review and screening of all cases involving sexual assaults of adults in Tarrant County
- Experienced prosecutors to guide victims through the criminal justice process;
- Experienced prosecutors to try cases
- Guidance to the community on issues surrounding adult sexual assault.

The ASA will take the following measures to achieve these goals:

- ASA prosecutors will review and do intake on ALL cases involving adult sexual assault on the felony level. In addition, ASA will review misdemeanor indecent assaults and any case in which there is a sexual element of concern to determine if it will be handled by the adult sexual assault team due to the need for sexual assault expertise.
- ASA will indict, retain, and try all felony cases involving adult sexual assault filed with this office on or after November 1, 2019, unless the ASA team determines another unit's expertise is better suited for the facts of the case.
- Cases involving Defendants with already pending cases at intake will be staffed with the original prosecutor to determine if ASA will keep the case or release it to the prosecutor with the prior pending case.
- ASA prosecutors will be available to assist other prosecutors, as needed, by:
 - Sitting second chair during the trial of a case involving adults who have been victimized sexually
 - Providing guidance and resources to prosecutors regarding prosecuting sexually violent offenders
- ASA prosecutors will be available to local police departments, local police academies, and community organizations for training in the area of adult sexual assault.
- ASA will compile and maintain the statistics regarding cases presented to the Tarrant County Criminal District Attorney's Office as required by Govt. Code 351.25.

Victims Assistance Coordinators

In accordance with Article 56A.202 of the Texas Code of Criminal Procedure, a Victims Assistance Coordinator (VAC) is responsible for ensuring that a victim is afforded the rights guaranteed by Subchapter B of the Texas Code of Criminal Procedure. The VAC shall work closely with appropriate law enforcement agencies, prosecuting attorneys, the Board of Pardons and Parole, and the judiciary.

The role of VAC includes, but is not limited to:

Providing victims with:

- Information regarding crime victim rights
- Case information and status
- Secure waiting area
- Victim Impact Statements
- Crime Victim Compensation Information
- Protective Order Information
- HIV/STD testing information
- Address Confidentiality assistance
- VINE referrals
- Counseling Referrals
- Community Resources Referrals
- Integrated Victim Services System assistance and connecting with TDCJ victim services after disposition

Supporting victims by:

- Explaining criminal justice processes
- Listening and answering questions
- Encouraging and supporting
- Assessing their needs
- Crisis Intervention
- Safety planning
- Assisting with the completion of victim services paperwork
- Accompanying them to trial and prosecutor meetings
- Intervening with employer/school, and
- Assisting with relocation or housing needs

Case Flow through the Judicial System

Intake

Cases will be presented to the Tarrant County Criminal District Attorney's Office by the arresting agency through the intake portal of the Tech Share Prosecutor (TSP)

- Intake will inform ASA Team of all intakes of Sexual Assault or other crimes in which specialized sexual assault prosecution is advantageous.
- ASA prosecutors will do the intake of the cases. They will make decisions as to whether charges

will be accepted, rejected, or returned for more information. In addition, if more investigation or additional items are needed from the arresting agency, ASA prosecutors will reach out to them and request these items.

- ASA prosecutors will ensure that all public filings, including the complaint, use the victim's initials to protect their identity from the public.
- If a case is accepted, ASA prosecutors will prose out the original complaint on TSP and send the Incident to the Intake Support Staff who will finalize the intake of the case.
- ASA will strive for vertical prosecution of most cases to best serve victims of sexual assault. In the event the case needs to be moved to a different team (for example, if the Defendant already has pending cases and another prosecutor is engaged with the victim), ASA will reach out to the assigned prosecutor and offer assistance with the case.

Case Assignment

After intake, cases will be given a case number and assigned to ASA prosecutors by the first letter of the Defendant's last name. VACs are assigned based on court and/or translation needs.

After the case assignment, a VAC will reach out for the first victim contact. In that phone call, VAC will:

- Assess the safety of the call
- Introduce themselves and explain the VAC role
- Provide Case Number
- Provide Contact info for VAC and ASA prosecutor
- Verify current address, phone number, email, and alternate contact if the number is not correct – VAC will reach out to the ASA investigator to try and get a good number for the victim
- Explain the general criminal justice process, and refer them to their ASA prosecutor for specifics
- Explain victims' rights, including:
 - Victim Impact Statement (VIS)
 - VINE notification
 - Crime Victims Compensation (CVC)
 - Safe Waiting Area
 - HIV/STD testing
 - 7B Protective Orders
 - Track-it kit
- Assess needs for resources, including:
 - Counseling
 - Shelter
 - Food Pantries, clothing, financial assistance, legal services
- VAC will send out an initial Packet that includes all the above information from the phone call in paper form. VAC will track when a victim returns the VIS and the request for STDtesting.
- After the case assignment, ASA prosecutors will:
 - Reach out for an initial interview with the victim. In that interview, ASA will explain the judicial process, answer any questions, and address concerns the victim may have.
 - Evaluate the bond amount, conditions, and file motions with the Court to address any concerns of inadequacy.
 - Begin looking at what information will be needed for Grand Jury. ASA will have 90 days

for Defendants who are in custody and 180 days for Defendants who are out of custody to present to the Grand Jury. Grand Jury subpoenas shall be sought for any information or witnesses deemed necessary for indictment.

Grand Jury

- ASA prosecutors will prepare a Grand Jury Summary detailing all relevant information regarding the case. They will present the case to the Grand Jury and provide legal guidance on the charging decision by the Grand Jury.
- ASA prosecutors will inform the victim of the date of the Grand Jury presentation and prepare the victim for the possible outcomes.
- ASA will ensure that the victim is informed of their rights regarding HIV/STD testing and the ASA legal assistant will prepare the motion for any case in which the victim indicates they want testing performed. If the case is indicted, ASA prosecutors will present that motion to the court for signature within 48 hours of the indictment.
- ASA prosecutors will reach out to the Defense attorney if they indicate they would like to make a Grand Jury presentation. If the presentation meets the requirement and addresses the probable cause, the ASA prosecutor will ensure the Grand Jury is provided with the information.
- ASA prosecutors will contact the victim as soon as returns are issued by the Grand Jury and inform them of the outcome.
- If the case is no-billed, ASA prosecutors will notify the Defense Attorney.
- ASA prosecutors will open all discovery to the Defense on TSP after the indictment.

Docket/Pleas

- Before the first setting, ASA prosecutors will reach out to the victim and talk to them about initial offers. It will be made clear that all offers will be the prosecutor's decision, but all reasonable efforts will be made to include the victim in the offer process.
 - Victims will be given information to track setting notices. If a setting involves a potential court hearing, the victim will be told in case they want to attend.
 - Victims will be kept informed of the negotiation process if they remain in contact with the ASA prosecutor with current contact information.
 - If a case is set to plea, victims will be informed of their right to attend and give an allocution.
 - VACs will work with the victim on their allocution and will accompany them to court on the day the case is set.
 - A secure location will be provided to the victim on the day of the plea.

Trial

- If a case is set for trial, the victim will be notified with as much notice as possible. ASA prosecutors will conduct witness meetings with VACs present if possible.
- VACs will provide a secure area for the victim during the trial and will accompany them to court when they testify and when the verdicts are read. VACs will also coordinate with the ASA investigator for the victim's parking and notes for work/school.
- If a victim chooses to give an allocution, VACs will help them prepare.
- After the verdict, VACs will give appropriate paperwork to victims regarding:
 - Prison and parole
 - Community Supervision
 - VINE
- If a Defendant is convicted of a listed offense under Article 7B.001 of the Texas Code of Criminal Procedure, VAC's will coordinate with the Tarrant County Criminal District Attorney's Protective Order Team to request a 7B-Protective Order if the victim chooses to not opt out.

CORRECTIONS

Corrections bring a unique perspective to the team as well as benefit from collaborative work through streamlined services and increased knowledge of the response. Corrections staff are responsible for compliance with the Prison Rape Elimination Act (PREA).

This set of guidelines works to reduce confusion and increase communications between team members to better facilitate timely responses to sexual assault and facilitate smooth processes for transfer to JPS Emergency Department when sexual assault forensic exams are reported in Tarrant County Jail and a sexual assault exam may be warranted.

In the event an inmate makes an outcry of sexual assault while in the custody of the Tarrant County Jail (TCJ), below is the response following the incident:

- **Security Staff First Responder:**
 - Notifies a jail supervisor
 - Separate the victim from the alleged perpetrator(s)
 - Secure the crime scene, preserve evidence including bodily evidence or clothing of victim &/or alleged perpetrator(s) and maintain chain of custody until released to law enforcement officials
 - Request that the victim and ensure that the alleged perpetrator refrain from actions that could destroy evidence, such as bathing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking until they have been examined by qualified medical personnel
 - Complete an incident report
 - Share information related to the incident only with those people who need to know to ensure the victims safety, conduct the investigation or provide treatment to the victim or alleged perpetrator
- **Non-Security Staff First Responder:**
 - Request that the victim not take any action that could destroy physical evidence
 - Immediately notify security staff
- **Supervisor:**
 - Coordinate and oversee the coordinated response process
 - Conduct an initial assessment of the allegation
 - Ensure preservation of any potential evidence
 - Ensure that any alleged staff/inmate/perpetrators are immediately separated from contact with the victim
 - Ensure the victim is escorted to medical
 - Ask victim if he/she wants to report to law enforcement and speak with a detective for

further investigation

- Notify PREA Manager
 - Notify Crime Scene Investigator through dispatch
 - Notify Criminal Investigation Division Supervisor/Detective Mon-Fri 8am-5pm at Extension 1305 (go through dispatch outside these hours)
 - Obtain a service number from dispatch
 - Prepare for transport to JPS Hospital if victim agrees to sexual assault examination
 - Submit MHMR referral for follow up
 - Submit report to PREA Manager and CID Detective through chain of command
- **Facility Medical Staff:**
 - Collect only basic information from the victim and conduct assessment for injuries and/or suicidal risk
 - Provide basic medical care for acute injuries prior to a medical forensic exam
 - Preserve forensic evidence to the extent possible
 - Advise the victim of their rights to a medical forensic exam at no cost and with or without reporting to law enforcement
 - Ask the victim if they want a medical forensic exam: if victim declines an exam document in the medical record
 - Look in EPIC medical record system if the victim has recently been seen for an outcry
 - Confer with the Forensic Nurse team or ER team lead as needed to determine if the necessity of a medical forensic exam
 - Inform the jail supervisor if exam is necessary
 - Document if the alleged perpetrator and/or victim were examined
 - Share information related to the incident with only those who need to know in order to ensure the victim's safety, conduct the investigation, or provide treatment to the victim or alleged perpetrator
- **Inmate wants to *Report to Law Enforcement* and the incident was *less than 5 days (120 hours)***
 - Regardless of where the assault occurred, TCJ medical staff will call TC Sherriff to dispatch an officer and TCSO will do a courtesy report for other agencies outside of their jurisdiction.
 - Once the report is made – a Law Enforcement Request Form is signed and given a police report number.
 - Medical staff will contact JPS ER Team Leader to inform them of the transfer for a sexual assault forensic exam. 817-702-7829
 - ER Team Leader will notify the on-call forensic nurse of the transfer to JPS & the ETA of the patient to the ER.
- **Inmate wants to *Report to Law Enforcement* and the incident was *more than 5 days (120 hours)***
 - TCJ will notify dispatch to notify the Peace Officer to follow up on the report.
 - If TC Sherriff requests a forensic exam for non-acute sexual assault – TCJ medical staff

will facilitate transfer and contact JPS ER Team Leader.

- **Inmate *Does Not want to Report to Law Enforcement* and the incident was *less than 5 days (120 hours)***
 - Medical Staff will contact JPS ER TL to inform of the transfer for NON-REPORT S/A Forensic Exam.
 - JPS ER TL will notify the on-call nurse of the transfer of the NON-Report Exam for TCJ Inmate.

- **Inmate *Does Not want to Report to Law Enforcement* and the incident was *more than 5 days (120 hours)***
 - TCJ Medical staff should address any sexually transmitted infection testing or concerns of pregnancy.
 - Provide any medical treatment to the victim at no cost and regardless of if the victim names the abuser or cooperates with the investigation

- **Facility Mental Health:**
 - Conduct a diagnostic evaluation or crisis assessment to determine the victim's mental health needs and any risk of suicide
 - Provide immediate crisis intervention and any needed emergency mental health care to the victim at no cost regardless of whether the victim names the abuser or cooperates with the investigation

- **John Peter Smith Hospital – JPS Health Network**

Contact information for questions or transfers from Tarrant County Jail

 - **ER Team Leader 817 - 702-7829 24/7**
 - **Forensics Dept. 817 - 702-7263 Sunday - Friday 10am-10pm**