

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

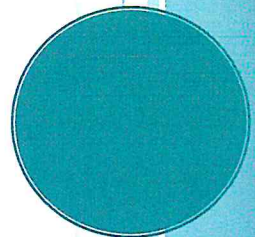


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SECTION 1

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. CHIEF OF FORT WORTH POLICE DEPT - Sgt. John Davis
5. CHIEF OF ARLINGTON POLICE DEPT - Sgt. Tim Pinkney
6. TARRANT COUNTY SHERIFFS OFFICE - Mike Weber, Sheriff's Designee
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 is dedicated to providing 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 – Harris Methodist; Harris Southwest; Arlington Memorial; HEB; Alliance; Azle 432-413-0014

- 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 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: M-F & every other weekend
 - 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) Harris - THR Southwest - Arlington - HEB – Alliance - Azle (432) 413- 0014**
 - On-call 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 STD testing.
- 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), the inmate is sent to the medical unit at TCJ for evaluation.

- TCJ Medical Team determines if there are any medical/psychological emergencies to address: These must be addressed prior to a sexual assault forensic exam.
 - Strangulation
 - Loss of Consciousness due to traumatic injury
 - Any other traumatic life or limb injury or psychological emergency
- The Medical Team will ask the inmate:
 - If they would like to make a police report/investigation of the incident
 - When and where the assault occurred
- **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.
 - 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 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.

- **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 M-F 10-10**