

Monroe County, Florida



Sexual Assault Response Team Protocol (SART)

Table of Contents

Our Team	3
Mission Statement	4
Definitions	4
Victim Bill of Rights:	5
Special Need or Disabilities:	6
Purple Video Remote Interpreter (VRI)	7
Center for Independent Living (Key Largo)	7
Major Crimes Team	8
Key West Police Department	13
Communications:	14
CIU Detective:	16
Evolution	18
Christina’s Courage Rape Crisis Center	19
Special Considerations:	19
Christina’s Courage Procedure:	20
Non-Report Guidelines:	22
Health Department Access for SANE Exams	23
Steps to Follow:.....	23
Sexual Assault Protocol: Office of the State Attorney 16 th Circuit.....	24
Hospital Emergency Room Visits	26
Florida Statue Per Hospital Exams:	26
Emergency Room Guidance	27
Forensic Exam Steps:	28
Tips When Collecting Evidence Specimens:.....	28
Start Exam	29
College of Key West Title IX	30
Reporting Sexual Crimes	31
Monroe County Sexual Assault Response Team (SART) Quick Reference Sexual Battery Related Statutes	31
Important Phone Numbers and Resour	32

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Many individuals throughout Monroe County had a hand in creating this countywide protocol and we would like to acknowledge those who played a key role in the process:

- Monroe County 16th Judicial Circuit State Attorney's Office
- The Monroe County Sheriff's Department
- The Monroe County Sheriff's Department Major Crimes Unit
- Key West Police Department and their Major Crimes Team
- Christina's Courage and their SANE team
- Florida Keys Community College
- Mariners, Fisherman and the Lower Keys Medical Centers

Our Team

Our team is a multidisciplinary team that consists of The Monroe County Sheriff's Department, Key West Police Department, The Monroe County Department of Health, The Child Protection Team at the University of Miami, Christina's Courage, Rape Crisis Center (RCC), Florida Council Against Sexual Violence, The State Attorney's Office 16th Circuit, and the health care providers throughout the county. We are dedicated to providing safe informative care to victims/survivors of sexual violence.

Mission Statement

Our team's mission in Monroe County, Florida is to provide an effective victim-centered response, which promotes the compassionate and sensitive delivery of services in a nonjudgmental manner, while balancing the needs of the victim/survivor. Our team is dedicated to providing all victims and survivors with appropriate dignity and respect, while recognizing ethnic, gender and cultural diversity.

Definitions

- I. For the purpose of this document, the term sexual assault will include but is not limited to sexual battery, lewd and lascivious offenses, and sexual abuse of a child as defined in Florida Statutes 39.01(66).
- II. The law enforcement protocol described in this document pertains only to investigations concerning victims of the offenses enumerated above wherein the victim is twelve years of age or older. **Investigations involving child victims under the age of twelve will be handled according to the University of Miami/Dade Child Protection Team. (CPT) along with the Division of Children and Families (DCF).Sexual Assault Nurse Examiner (SANE).** A registered nurse or an advanced practice registered nurse who has received specialized training and clinical education in the medical,

psychological, and medical forensic examination for survivors of sexual assault survivors. A SANE provides comprehensive trauma-informed medical forensic care to sexual assault survivors, evidence collection and has the expertise to provide courtroom testimony.

- III. **Sexual Assault Response Team (SART)** is a multi-disciplinary team developed to improve services to survivors of sexual assault. The team is comprised of advocates from the local rape crisis center, law enforcement officers and specially trained health care professionals. These team members provide a coordinated, efficient, and supportive response to victims.
- IV. **Community Victim Advocate.** Victim advocates are trained to support victims of crime. They offer emotional support, victims' rights information, and help in finding needed resources. This document will refer to law enforcement advocates and community advocates.
- V. **Systems Victim Advocate.** A systems victim advocate acts as a liaison between a crime victim and the criminal court. The advocate advises the victim as to how the criminal justice system works through its processes. ... They must relive their traumas repeatedly during police investigations and the subsequent trial for the criminal justice system to work.

Victim Bill of Rights:

- A. The rights of sexual assault victims should be recognized, supported, and enforced.
- B. Victims have the right to be treated with dignity, respect, understanding and empathy.
- C. Victims have the right to be free from threats, intimidation, coercion, and harassment.
- D. Victims have the right to be kept informed on every step of the investigation and prosecution.

- E. Victims have the right to express a preference regarding prosecution.
- F. Victims have the right to be treated with impartiality.
- G. The safety and welfare of the victim should always be top priority.
- H. The victim has the right to prompt medical and/or psychological care.
- I. Victims have the right to privacy and confidentiality.
- J. Victims have the right to be informed about victim rights and services in the criminal justice system including victim compensation.
- K. Victims have the right to be heard and present in court proceedings.
- L. Victims of sexual battery can make a statement as to the accuracy of the final law enforcement Report.
- M. For cases reported to Law Enforcement, the LE agency will submit the Sexual Assault Evidence Kit, (SAEK) or other DNA evidence, to a member of the statewide criminal analysis laboratory system (FDLE) within 30 days for forensic testing.
- N. For cases reported to law enforcement, the lab has 120 days to complete the testing of the evidence collected.

Special Need or Disabilities:

- A. A special needs victim may include, but is not limited to, persons with physical or mental challenges, regardless of age.
- B. Victims with special needs or disabilities should be addressed in their preferred mode of communication according to their individual needs. For example, victims who are deaf or hearing impaired may require a qualified sign language interpreter.

- C. If the victim has already disclosed sufficient information to the reporter to identify a specific crime, do not question the child/special needs victim further. This section is not intended to prevent the initial responding officer from speaking to a child/special needs victim, when necessary, to further the investigation and/or identify and apprehend the perpetrator.
- D. If the victim is considered a vulnerable adult (per Florida guideline) contact Adult Protective Services for assistance as needed.
- E. Per FL 943.0439 victims, who are autistic are allowed, upon request, to be accompanied by an autism-professional during any law enforcement interviews.

Purple Video Remote Interpreter (VRI)

Purple's Video Remote Interpreting (VRI) is the on-demand service that provides communication between deaf or hard-of-hearing persons and hearing persons that are in the same location, utilizing an interpreter by way of a computer with a webcam or a tablet using a high-speed data connection.

Please contact the community advocate through Christina's Courage for information on accessing this when needed.

Center for Independent Living (Key Largo)

CIL of the Keys programs are free to anyone, of any age, who self-identifies as having a disability (see our [Who We Serve page](#) for more information) and lives in Monroe County, Florida. For the Work Incentives Planning and Assistance (WIPA) program, CIL of the Keys serves the following counties: Broward, Collier, Hendry, Lee, Miami, Monroe, and Port Charlotte. Please visit [our Programs page](#) for an explanation of all the programs we provide.

CIL of the Keys provides support to people with disabilities in the form of advocacy, resources, and information so that they can live their lives with the greatest degree of independence they

desire. If you, or someone you know, would like to explore the different programs CIL of the Keys offers to help you achieve the greatest degree of independence you want in life.

Contact Information

Tel: 305-453-3491

Fax: 305-453-3488

Text: 305-879-2432

Email: cilk@cilofthekeys.org

Major Crimes Team

CHAPTER: 044		TITLE: Major Crimes Team
EFFECTIVE DATE: September 23, 2004	NO. PAGES: 3	REVIEWED/REVISED:
REFERENCE: CFA 15.10	RESCINDS:	
Sheriff of Monroe County		

- I. **PURPOSE:** The purpose of the Major Crimes Team is to ensure the welfare of the children, women and men of Monroe County.

- II. **DISCUSSION:** This directive shall apply to all Sheriff’s personnel. One of the goals of the Monroe County Sheriff’s Office is to investigate reported cases of possible child abuse or sexual battery; to aid in the location and return of run-away and missing juveniles from Monroe County and to build and maintain a good, professional relationship with other agencies involved with the protection of children to ensure a thorough investigation of all allegations of abuse, abandonment or neglect. A Sergeant who reports to Special Investigations Division heads Major Crimes Team.

- III. **POLICY AND PROCEDURE**
 - a. The Team will be notified on the following cases and will take the lead in the investigation:

- i. Child Abuse
 - ii. Sexual Performance by a Child
 - iii. Contributing to the Delinquency or Dependency of a Child
 - iv. Sexual Battery
 - v. Lewd, Lascivious or Indecent Assault or Act upon a Child
 - vi. Exposure of Sexual Organs
- b. The guidelines to assist with the criminal investigation are as follows:
- i. Custodial Child Abuse (Physical, Neglect, Abandonment, Sexual): Major Crimes Team will take the investigative lead with the case and will work in conjunction with Department of Children & Families (DCF).
 1. Obtain the original information (Monroe County Sheriff's Office report or Abuse registry report).
 2. Obtain information about all parties involved (locals, FCIC/NCIC, deputies, DCF prior history). Share the locals' information and FCIC with DCF.
 3. Contact reporter for information about the case.
 4. Determine an appropriate time to interview the child victim at either school, home, or another location best suited for the child. The interview time will also be suited for the child, determined by the safety needs of the child.
 5. When possible, the interview will be tape-recorded, videotaped or both.

6. The juvenile activity practice will be used to help qualify the child for court purposes.
7. A Child Protection Team medical exam will be scheduled by DCF, as soon as possible, to document the injuries. A psycho-social will also be requested when applicable. A copy of the CPT evaluation will be attached to the report.
8. The detective will photograph the residence (inside and outside for DCF records) and the victim's injuries. The injuries will be documented by using a ruler in the photo. The photographs will be property marked for court purposes and then placed into evidence.
9. The suspect(s) will be interviewed. The detective will comply with Miranda guidelines.
10. The victim's advocate will be notified for the non-offending parent or guardian.
11. If probable cause is found and a suspect is known, then a warrant will be applied for. The SAO may be consulted if the detective feels there is a need for review of the probable cause affidavit or if there are any case law problems.
12. The child will be taken to a shelter if there are any indications of imminent danger to the child. The detective will follow Florida State Statute **39.401b** for the removal of a child.
13. Case Closure: If the case is closed by arrest, the detective will prepare the report for court presentation. When there is no

arrest, the detective will close the case with the appropriate UCR closure.

ii. Non-custodial Child Sexual Abuse: Will be handled similar to the custodial without the involvement of DCF.

1. The Child protection Team or the SANE (Sexual Assault Nurse Examiners) nurse practitioner will conduct physical exam. The detective is responsible to schedule this exam.
2. Child Protection Team psycho-social may also be requested, if applicable.
3. The victim's advocate and/or the SANE (Sexual Assault Nurse Examiners) advocate will be notified.
4. BOLO will be issued, if appropriate

iii. Sexual Battery: The Unit will investigate all adult sexual battery reports regardless of their gender. Road Patrol will be the first responder to the report and when the officer receives information of the sexual battery from the victim, the Major Crimes Team will be notified.

1. The victim/SANE (Sexual Assault Nurse Examiners) advocate will be notified.
2. The SANE (Sexual Assault Nurse Examiners) nurse practitioner will be requested if the victim agrees and respond to the hospital for the exam.
3. A sworn statement will be obtained from the victim, and it will be tape-recorded, if possible.

4. Photographs of any injury will be taken. A ruler will be placed along the injury to help measure the area. The photographs will be marked for court purposes and then placed into evidence. If the photographs needed are in a sensitive area, all attempts will be made to have the same sex as the victim photograph the area of injury.
5. The crime scene will be secured, and a search warrant will be obtained if needed.
6. The crime scene technician will process the scene.
7. A BOLO will be issued if appropriate.
8. The suspect(s) will be interviewed in compliance with Miranda guidelines.
9. The suspect(s) will be asked if they would consent to a sexual assault kit being completed on them. This would be done for any possible trace of evidence. This cost will come from investigative expenses.
10. The crimes compensation form will be completed at the hospital for the cost of the victim's exam.
11. The victim will be shown photo line-up of possible suspects. If the line-up is not possible, then all attempts should be made to complete a composite.
12. The probable cause affidavit will be completed if the detective feels there is enough evidence. If the detective does not feel they have probable cause, or there are extenuating circumstances, then the SAO may be requested to review the case.

13. Case closure will be in accordance with UCR guidelines.

- iv.** Training for the Major Crimes Team: The detective assigned to the Unit will receive training in all areas covered by the Team and will receive updated training, when possible. Training in the areas of child victims is essential to a successful closure for both the victim and the detective. Improper or lack of training may result in an improper investigation and could lead to a possible child predator being released into the community or an innocent person being wrongfully arrested.

Key West Police Department

Respect – Integrity - Fairness - Service

General

Sexual Offense Investigations

Directive No: **03.14**
This Version Date: 01.17.2018
Date Posted: 02.12.2018
Date Effective: 02.26.2018
Supersedes: 07.22.2011
Number of Pages: 4



A handwritten signature in blue ink, reading "Sean T. Brandenburg".

Chief Sean T. Brandenburg

1. Purpose: The purpose of this policy is to ensure the efficient and effective management of sexual offense investigation functions, while protecting the dignity and rights of the victim, by providing administrative guidance that identifies the responsibilities and investigative processes within the patrol and investigative components of the department.
2. Scope: Specific responsibilities and requirements are contained in this directive for:
 - a. All KWPD personnel

03.14.01 PROCEDURES

Communications:

1. When a complaint of sexual violence is received, the tele communicator handling the complaint shall attempt to obtain follow-up and scene safety information using the Call Handling Guide. The tele communicator shall also be responsible for, but not limited to the following:
2. Dispatching Emergency Medical Services (EMS) to the victim if it is determined he/she has injuries and/or needs medical assistance.
3. Informing the responding officer about the information and special need(s) of the victim and attempt to make available to the officer (at the scene or via phone) the appropriate resources or services.
4. Never ask the victim whether he/she plans to cooperate with prosecution.
5. The tele communicator will classify the call response priority.
6. When applicable, information for a BOLO will be dispatched immediately and updated in a timely manner.

Patrol Response to Acute or Delayed Cases:

1. Make sure the scene is safe.
2. Determine if the victim needs medical attention and promptly request rescue if needed.
3. Develop both rapport and trust with the victim through a sensitive and compassionate approach. Reassure the victim that her/his safety and welfare is always the top priority and what happened was not the victim's fault. Briefly explain to the victim they will take the initial information, and a CIU will conduct an in-depth interview. Document any excited utterances made by the victim.

4. Adult Victim: a single officer will conduct in private, a preliminary limited interview with the victim to establish the facts of the reported crime. This initial questioning should be limited to those matters necessary to obtain the victim's contact information; the identification, description and location of the suspect; witness information and physical evidence. If there is a request that an officer of another gender or ethnicity conduct the interview, this request should be honored, if possible.
5. Child victim or special needs victim: If the victim has already disclosed sufficient information to the reporter to identify a possible crime and suspect, do not question the child/special needs victim further. A special needs victim may include but is not limited to persons with extreme physical or mental challenges.
6. Determine the location(s) of the actual crime scene(s) and make every effort to immediately secure the scene to ensure that evidence is not lost, changed or contaminated. **In most cases the victim may be the primary crime scene. Treat the victim compassionately, but as a major crime scene.**
7. Identify and isolate any witnesses. Obtain a brief verbal statement from the witnesses.
8. Detain the subject(s) if on the scene or, if necessary, issue a BOLO with description, method and direction of flight, and other relevant information concerning wanted persons or vehicles. Document spontaneous statements (anything stated not in response to questions) made by subject(s). Do not read Miranda, conduct line-ups, or question the subject(s).
 - a. Initiate the call out procedure for CIU detective by contacting the patrol supervisor.
 - b. Provide the victim with a Victim's Rights Pamphlet.
 - c. Prepare an original incident report.
 - d. Patrol Response Mail-In Reports

- e. Review Mail-In Report and prepare the original incident report and notify CIU supervisor.
9. The patrol supervisor shall respond upon hearing the call being dispatched or at the request of the patrol officer.
 - a. After reviewing the case with the responding officer, the patrol supervisor shall request telecommunications to call out the duty detective and victim's advocate. Prepare a Supplemental Report as needed.
 - b. After reviewing the case with the responding officer, the patrol supervisor shall request telecommunications to call out the duty detective and victim's advocate. Prepare a Supplemental Report as needed.

Victim's Advocate:

As needed, the victim advocate shall respond and provide support and provide support and services.

CIU Detective:

Encourage the victim to cooperate with the investigation and prosecution of the case. Explain to the victim the investigative process, reasons for questions, and the prosecutorial steps.

1. Advise the victim of his/her right to a victim advocate. A victim advocate may be used when requested by a victim or when the detective determines that the presence of an advocate would be beneficial to the investigation and to the victim.
2. Where applicable, the detective will provide an interpreter.
3. Conduct an in-depth interview of the victim(s) and witness(s).
4. Interviews of children (5 Y.O.A. or younger) will be conducted by the Child Protection Team's forensic investigator.

5. Child Victim or Special Needs Victim: If the child victim/special needs victim is articulate and provides a disclosure, proceed with the interview. This will be done preferably in a child-friendly environment and in such a way that all agencies obtain the information they need without multiple interviews.
6. If a caretaker case, verify that the DCF hotline has been notified. If necessary, call in the complaint.
7. Ensure identification, collection, preservation and impoundment of all physical evidence from the scene.
8. As appropriate, arrange for a forensic medical examination. Adult and child examinations are normally conducted at Christina's Courage Advocacy Center. When there is serious physical injury, medical attention must be provided prior to the forensic exam. When medical attention is needed, or the Advocacy Center or the forensic examiner is not available, the exam shall be conducted at the hospital emergency room.
9. Impound all physical evidence from the examination and crime scene. Submit items for forensic examination as needed.
10. Pretext/Controlled phone calls: if the victim and the perpetrator know each other, a pretext call should be set up.
11. Arrest suspect if probable cause exists, or obtain an arrest warrant, as appropriate.
12. Prepare investigative reports.
13. Provide detective's business card and contact information.
14. Detectives will return all calls in a timely manner and will keep the victim informed about the case status and when an arrest has been made.

DNA Evidence:

1. A sexual offense evidence kit, or other DNA evidence if a kit is not collected, must be submitted to FDLE Laboratory pursuant to Section 943.326 Florida Statutes for forensic testing within 30 days after:
 - a. Receipt of the evidence by this agency when a report of the sexual violence is made; or a request to have the evidence tested is made to this agency by:
 - b. The alleged victim: The alleged victim's parent, guardian, or legal representative, if the alleged victim is a minor; or
 - c. The alleged victim's personal representative, if the alleged victim is deceased.
2. An alleged victim or, if applicable, the person representing the alleged victim (parent, guardian, personal or legal representative), even if a kit is not collected, must be informed of the purpose of submitting evidence for testing, and the right to request testing by a law enforcement agency that collects other DNA evidence associated with the sexual offense.
3. A collected sexual offense evidence kit must be retained in a secure, environmentally safe manner until the prosecuting agency has approved its destruction as provided by Section 943.326(3).

References

- IACP, Miami-Dade Police Department
- Leon County Sheriff's Office,
- General Order 41.12 Sexual Violence

Evolution

- Florida Statute 943.326 -New Policy. 06.17.11

Christina's Courage Rape Crisis Center

- I. **Purpose:** As the sexual assault advocacy agency we aim to provide a trauma informed, survivor centered space for sexual assault exams both for reporting and non-reporting survivors.
- II. When it is identified that law enforcement, or the survivor needs an exam, SANE nurse on call should be notified. The SANE schedule will be communicated to law enforcement by emailing it to dispatch or other method requested by law enforcement.

Special Considerations:

- III. In Florida, a minor is any person under the age of 18. 847.001 (8) F.S.
- IV. Special Care Considerations will be made, if/ when a client is a *minor*. Exceptions for a minor being able to allow consent are as follows:
 - a. If they are married
 - b. Age 16 or 17 and has been legally emancipated by the state of Florida (section **743.015 F. S**)
 - c. Has been declared an unaccompanied homeless youth
 - d. A sworn law enforcement officer or a child protective investigator (working for DCF) may give consent IF:
 - e. The minor is in their care for suspected child abuse or the minor presents with no known parent / legal guardian
 - f. Unaccompanied homeless youth are permitted to consent to a forensic exam, but they must meet the definition in **Section 743.067**, F.S.
 - i. must be 16 years of age or older; and
 - ii. be certified as an unaccompanied homeless youth
via documentation Unaccompanied Homeless Youth Certificate, (*For the*

Purposes of Accessing Eligible Services in the State of Florida) developed by Department of Children and Families

Sexual Assault Kits and Minors

943.326 DNA evidence collected in sexual offense investigations.—

1. A sexual offense evidence kit, or other DNA evidence if a kit is not collected, must be submitted to a member of the statewide criminal analysis laboratory system under s. 943.32 for forensic testing within 30 days after:
 - a. Receipt of the evidence by a law enforcement agency if a report of the sexual offense is made to the law enforcement agency; or
 - b. A request to have the evidence tested is made to the medical provider or the law enforcement agency by:
 - i. The alleged victim;
 - ii. The alleged victim's parent, guardian, or legal representative, if the alleged victim is a minor; or
 - iii. The alleged victim's personal representative, if the alleged victim is deceased.

Christina's Courage Procedure:

1. The survivor should be asked immediately if they would like an advocate, and ideally given the option to talk to an advocate on the phone. The survivor should also understand their rights and options before they commit to an exam—an advocate can do this, or law enforcement. If an advocate is requested the advocate should be notified immediately as to minimize the wait for the survivor. If the advocate is the initial contact, they will assist the SANE in coordinating the exam.

2. If strangulation occurs the victim/survivor must go to the hospital and be medically cleared before going to Christina's Courage as strangulation can lead to serious medical consequences with little warning.
3. If the survivor has initially gone to the hospital, they will need to be medically cleared before they can come to Christina's Courage for an exam. This is for the survivor's safety as Christina's Courage is not suitable to meet the needs of someone who is not medically stable.
4. Once the survivor has been medically cleared it should be clearly communicated to the SANE, and the advocate if relevant, when the survivor will arrive and how they will be traveling to Christina's Courage (i.e., will law enforcement be transporting?). Law enforcement should have their own method to enter Christina's Courage (key and alarm code) in case they arrive first.
5. Once the survivor and SANE are at Christina's Courage the SANE will assess whether a FDLE toxicology kit is necessary. If it is, collect the blood and urine as soon as possible to ensure the best possible detection. Ideally the survivor will not use the restroom or eat or drink before the toxicology kit is collected, and the oral swabs collected.
6. If the survivor has requested an advocate the advocate will meet with the survivor before the exam begins, and especially while the survivor is still clothed to make sure there is a respectful rapport built. Survivors will be given the option to have the advocate in the room during the exam and can change their mind at any time. All non-essential persons during the exam will wait downstairs. If this is a reporting case law enforcement will remain in the building the whole time the SANE is with the survivor for the safety of all involved.
7. Once the exam is completed the survivor will have the option to shower and pick out clothing if their clothing is being collected as evidence. Survivors are offered STI prophylactics from the SANE nurse before leaving Christina's Courage. Follow up

information will be provided by the advocate if present, or by the SANE nurse. This is especially important as pertains to STI testing (which is recommended 6 weeks after the assault), HIV prophylaxis (which must be given within 72 hours of the assault and must have a negative rapid HIV test first), and Victim's Compensation (which can assist with any medical expenses incurred as a result of the assault).

8. If needed law enforcement can use the interview room upstairs at Christina's Courage for any follow up interview questions.
9. Once the SANE has completed packing and sealing the sexual assault kit, the kit will be given directly to law enforcement who will take custody of the evidence and follow their procedures.
10. If photos are taken, they will be kept on a memory card at Christina's Courage in a locked cabinet, behind a locked door. If law enforcement or the State Attorney's Office needs to access the pictures, they will need to subpoena the memory card.
11. The advocate should follow up with the survivor within 18 hours to see how they are, answer any questions, and provide support.

Non-Report Guidelines:

1. For non-report cases law enforcement will not be present for the exam and will be called to collect the non-report kit (which will not be sent to the FDLE crime lab) per Florida Statute, to be put into evidence after the survivor leaves the center. Ideally, for these cases a SANE and an advocate are present for the safety of all involved.
2. If the victim/survivor does not want law enforcement to hold the kit it will remain at Christina's Courage in locked storage per protocol. The kit will be held indefinitely, unless the survivor's asks for it to be destroyed earlier.
3. At Christina's Courage there is a log that is kept, and each non-report is assigned a case number along with the date and time for reference. That number will be on the front of

the kit when handed over to law enforcement, if it has been decided that the LE is taking custody of the kit.

4. Law enforcement will then provide the SANE nurse with law enforcement case number for cross reference purposes.

Health Department Access for SANE Exams

Christina's Courage and The Florida Council Against Sexual Violence (FCASV) has entered into an MOU with the Department of Health in Monroe County. This grants the advocates, SANE nurses and law enforcement access to the DOH facilities if an exam is needed. Interviews by law enforcement and follow up care with an advocate may also be conducted at the facility. These services will **ONLY** be provided when there is a SANE nurse available and can respond, otherwise the survivor will need to be taken to the emergency department for proper care and follow up care.

Steps to Follow:

1. When an assault occurs in the middle or upper keys (anything outside the city of Key West) and it has been established that an exam is requested, the responding detective or advocate will notify the advocate at Christina's Courage. **(305) 916-0673** or Cheryl Bradley the SANE Nurse **(305) 393-2554**.
2. If the SANE nurse is available, law enforcement will transport the victim/survivor to the Department of Health in Marathon. Located at 3333 Overseas Highway, Marathon FL. 33050.
3. If the SANE nurse is unavailable, then law enforcement will transport the victim/survivor to the Emergency department.
4. The advocate from Christina's Courage will meet law enforcement and their team at the facility and gain access, if the advocate is unavailable then the SANE nurse will allow access. **Christina's Courage will be the only ones with key access.**

5. Once at the facility the SANE nurse will conduct the exam and forensic evidence will be collected and proper chain of custody will be followed. If clothes are taken for evidential purposes, there will be clothing provided for the victim/survivor by the advocate.
6. If the facility is needed for interviewing purposes after the exam, either the law enforcement advocate or the advocate from Christina's Courage will assist the victim/survivor during the process if the victim/survivor desires.
7. If the assault occurred south of Marathon the victim/survivor should be transported to the center, Christina's Courage following the same protocol as above.

Sexual Assault Protocol: Office of the State Attorney 16th Circuit

1. All on-duty prosecutors should report to their supervisor when law enforcement requests a prosecutor to be present at a victim interview. The supervisor will appoint a prosecutor to be present during victim questioning.
2. The appointed prosecutor for the victim interview shall not participate in direct questioning of the victim, but he or she may assist the interviewer with areas of inquiry.
3. When an arrest warrant is presented to the office for review and submission to a judge, the prosecutor who will be responsible for the case is the preferred prosecutor to review the arrest warrant.
4. Before signing off on an arrest warrant, prosecutors should strongly consider reviewing documentary evidence in the case to include, without restriction, video and audio recordings of victim and witness interviews, photographs, and the SANE report.
5. On a case-by-case basis, prosecutors should consider conducting a victim intake prior to signing off on a warrant. However, this practice should only be utilized when insufficient information is provided to make an informed decision on the contents of the arrest affidavit and accompanying case file.

6. Arrest warrants should be “approved” only when there is a reasonable likelihood of conviction at trial. Arrest warrants which do not meet this standard must be reviewed by the prosecutor’s supervisor. The victim shall be informed of any decision to “reject” an arrest warrant and be given an opportunity to confer with the prosecutor regarding his or her decision.
7. All intakes and interviews with victims should be conducted with a victim-sensitive and victim-centered approach to facilitate victim participation, education about the court system and discovery, and an understanding of victim services, counseling, and treatment available. Victim advocates should be encouraged to participate in intakes, interviews, and deposition preparation with the consent of the victim. If the victim is a minor, parents or legal guardians should be advised of their right to participate in this stage. If the prosecutor believes the victim should be interviewed without the parent or legal guardian present, consent must be obtained. Guardians ad litem must be appointed for all minor victims and witnesses.
8. Victims must be advised of all court hearings and be given the opportunity to attend.
9. Ideally, the original prosecutor assigned to the case should handle it from beginning to end, subject to victim approval.
10. Although the right of the victim to confer with the prosecutor does not include authority to determine disposition of the case, the prosecutor should respect the victim’s position on any proposed plea or pre-trial resolution. All victims must be advised of their right to appear at plea and sentencing and to address the court with their concerns.
11. Any plea which does not involve sex offender status and sex offender probation must be approved by the prosecutor’s supervisor.
12. Restitution must be included in any plea agreement to include, without limitation, counseling, psychiatric, and medical expenses. All victims should also be advised of possible reimbursement for some expenses from the Florida Victim Compensation.

Hospital Emergency Room Visits

In the event a sexual battery victim presents to a hospital emergency department:

- A. The victim will be triaged by an emergency department staff member according to hospital policy.
- B. Disclosures of sexual assault will be handled confidentially and privately by hospital staff. Every attempt will be made to remove the victim from the waiting room, escort him/her to a private room, and treat the patient as a priority, acknowledging the urgency of forensic evidence collection and medical intervention.
- C. Hospital staff will only request medical history pertinent to the chief medical complaint; the hospital will not elicit *unnecessary* history concerning the sexual assault.
- D. Hospital will contact an advocate depending on the victim/survivors needs/wants.
 - a. Report: On-call advocate with law enforcement
 - b. Non-report: Christina's Courage (if there is no one call advocate Christina's Courage can be notified and respond).

Florida Statue Per Hospital Exams:

Per §395.1021, Florida Statutes, hospitals are required to provide for evidence collection, gynecological, psychological, and medical services, for patients presenting for services after sexual assault.

Further, patients are not to be billed for forensic exam collection under Fla. Stat. §960.28, regardless of whether they report to law enforcement. Every sexual assault victim should be given options and choices to decide what services they need to heal. Victims often feel a loss of control and/or feelings of shame or embarrassment after an assault. The decision to report a sexual assault to law enforcement is a personal decision, impacted by very real concerns such as family members or others finding out.

Emergency Room Guidance

Below is the document provided to the hospitals for guidance from Christina's Courage.

1. Believe in the patient.
2. Ask the patient what they would prefer to be called.
3. Explain your role as the nurse.
4. Ask if they would like an advocate present and let them know why having an advocate is helpful.
5. If yes, for a non-reporting survivor please contact Christina's Courage at (305)-916-0673 for a reporting survivor a contact a law enforcement (LE) advocate. NOTE: if unable to contact the LE advocate you may contact Christina's Courage advocate.
6. Explain the steps of the exam process (consent, medical history, sexual assault history and evidence collection).
7. Be sure the patient knows they can stop the exam at any time or decline certain parts of the exam.
8. Once finished ask if there is anything that they need. Often the patient will be cold due to the trauma, they may be thirsty or hungry or need to go the restroom. Drinking and eating can happen after the buccal and oral swab (if an oral assault has occurred) is completed and going to the restroom is fine but the patient needs to collect a urine (ask them to drip dry).
9. Christina's Courage has provided advocacy resource packets to the ER for follow up. There are 2 separate packets (local) and (out of town) please provide the proper follow-up instructions to the patient/survivor.
10. If an advocate is not present, make sure that the victim has return transportation to a safe place (home, friends, relatives, etc.).

11. If an advocate is not present, arrange for the victim to have a change of clothes after she has been examined.

Forensic Exam Steps:

1. Obtain consent. The SANE should read consent to patient ensuring the patient understands the medical forensic exam process, including evidence collection. After the patient understands consent, the patient can initial and sign consent. Patient can refuse ANY part of the exam even if they have consented prior to the exam. Patient is the one in control of the exam.
2. Start with the medical history to “break the ice” and to help the patient become more comfortable. This part of the exam paperwork is NOT placed in the kit.
3. Obtain the forensic / assault narrative from the patient. Quote as much as possible.
4. If there is evidence that the patient may have been given drugs or intoxicated at the time of the assault, obtain blood and urine for the toxicology kit. ONLY use the law enforcement toxicology kits, not the hospitals. The hospital’s toxicology kits are for medical purposes only and will not hold up in a court of law. The most important specimen to obtain is the urine. Try to obtain blood and urine but always try to obtain the urine. Be sure to fill out the proper forms on the toxicology kit. The instructions will be on the kit itself.
5. If indicated the patient desires provide STI prophylactic medications.

Tips When Collecting Evidence Specimens:

1. Always wear a mask, the examiner’s DNA can contaminate the specimen.
2. When swabbing a dry area of the body, moisten the two swabs with 1 to 2 drops of sterile water. Use a rolling motion to obtain the DNA.
3. Allow swabs to dry before packing them in the collection envelope.

Start Exam

1. If there was an oral assault, the oral swabs are collected first. Swab between the teeth and the gum line using two swabs. Once done, patient should rinse their mouth.
2. After the patient has rinsed their mouth and you have waited 10 – 15 minutes, obtain buccal swabs. Place one swab inside patient's mouth (inside the cheek). Roll the swab about 10 times and get another swab for other inside cheek. This is done to collect the patient's DNA.
3. If there is a need to collect clothing this is done next since the patient will need to undress for you to examine for injuries and collect other evidentiary swabs.
4. Have the patient undress and ask them to put the item of clothing in a paper bag, one piece of clothing per paper bag. The patient may put on a hospital gown.
5. If you have a blue light or alternate light source, put on the safety goggles, and scan the body to see if any area fluorescence. Swab the area of fluorescence with a moistened swab. When using the light try to make the room as dark as possible for the best results.
6. Look at the patient's body with a regular light and if you notice any abrasions, bruising etc. Take at least two pictures of that area (an orientation shot that reveals what part of the body the picture was taken from and a close-up of the injury). Three pictures are best, orientation shot, close-up of the injury and a close-up with a scale / measuring tape to show the size of the injury. See J for further details.
7. If the patient scratched the assailant, swab under the fingernails with a moistened swab. Use one swab per set of fingernails.
8. Any noticeable injury to mouth swab the gum lines, one swab upper and one swab lower.

9. Swabs of vaginal walls and cervix and posterior fornix are done by the ER doctor, nurse practitioner or physician's assistant, unless you are a SANE nurse that has had the clinical experience of inserting speculums for evidence collection.
10. Take pictures of all the injuries and document them on the photo sheet. You can always ask law enforcement to take pictures of the extremities, back, face and abdomen. LE should NOT take pictures of the breasts or genitalia. A personal camera is NEVER used
11. Place all swabs in the sleeves they were packaged in and then their properly labelled evidence envelopes, seal the envelopes with evidence tape and place in the larger envelope. If underwear is collected, place them in the underwear bag provided and include it in the larger evidence envelopes. Also, place a copy of the forensic paperwork inside the kit before sealing (all original paperwork stays at the hospital). DO NOT copy the consent or the medical record – these do go to LE. Make another copy of the forensic paperwork for LE to have in hand and you keep the original copy of the consent form, medical record, and forensic paperwork.

College of Key West Title IX

Title IX of the Education Amendments of 1972 states: No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance.

Any College community member with knowledge that harassment has or may be occurring should submit an Incident Report available on the College's website.

Another option is to contact the College's Title IX Coordinator at the email or telephone number listed. College community members who know of or receive a complaint of sexual harassment may refer the reporter to the online report or report information of an incident to the Title IX Coordinator. The Title IX Coordinator will investigate the signed complaint or report, resolve the incident in a live hearing with each party entitled to an advisor or attorney to conduct cross-examination, take other appropriate remedial and preventative action, and offer

community resources. Disclosure by students of drug or alcohol use as part of a complaint or during an investigation will not be used against the student in a disciplinary proceeding or voluntarily reported to law enforcement. Note: Reporting sexual harassment to the College/Title IX Coordinator does not replace the right to pursue other options or remedies under the law, nor satisfy any requirements for asserting a state or federal law claim.

Reporting Sexual Crimes

Off-campus sexual assault and other sexual harassment that may constitute a crime should immediately be reported to local law enforcement by calling 911.

On-campus sexual assaults and crimes should be immediately reported to the following:

- Key West Police Department: 911 or (305) 809-1000
- Campus Security: (305) 809-3543 or (305) 467-6912
- Additionally, report such incidents online to the Title IX Coordinator.
 - Title IX Coordinator: Naomi Walsh, Assistant to VP of Advancement (305) 809-3198 or naomi.walsh@fkcc.edu
 - The College of the Florida Keys, 5901 College Road, Key West, FL 33040

Monroe County Sexual Assault Response Team (SART) Quick Reference Sexual Battery Related Statutes

872.306 Abuse of a Dead Human Body

92.565 Admissibility of Offender's Confession in Sexual Abuse Cases

794.0235 Chemical Castration

415.111 Civil Action Remedies Against Long-Term-Care Facilities

794.026 Civil Right of Action for Communicating Identity of Sexual Crime Victim

90.5035 Confidentiality: Counselor-Victim Privilege

384.34	Confidentiality: Criminal Penalty for HIV/Prostitution
119.07(3)f	Confidentiality: Exemption from Public Records
92.56	Confidentiality: Judicial Proceedings and Court Records Involving Sexual Offenses
918.16(2)	Confidentiality: Testimony of Victim
893.03	Controlled Substances- AKA Roofies
943.059	Criminal History Records Concerning Sexual Battery; Expunging
794	Definition of Crime: Sexual Battery
794.023	Definition of Crime: Sexual Battery by Multiple Offenders
921.0011	Definitions (Sexual Battery)
794.027	Duty to Report Sexual Battery
400.147(6)	Internal Risk Management Responsibilities in Long-Term-Care Facilities Regarding Allegation of Sexual Misconduct Toward Patients
394.910-.931	Involuntary Civil Commitment of Sexually Violent Predators

Important Phone Numbers and Resources

Key West Police Department	911 or (305) 809-1000
Monroe County Sheriff	911 or (305) 289-2430
Christina’s Courage Crisis Line (24 hours)	(305) 916-0673
Child/Elder Abuse Hotline	1 (800) 962-2873
Domestic Abuse Hotline	1 (800) 500-1119
Child Protection Team Miami	(305)-243-7550

Domestic Abuse Shelter	(305) 294-0824
Lower Keys Shelter	(305) 292-6647
Middle Keys Shelter	(305) 743-4440
Upper Keys Shelter	(305) 451-5666
Florida Coalition Against Domestic Violence	1 (800) 500-1119
Womankind	(305) 294-4004
Theresa W. Dryden, ARNP-C	
Midway Specialty Care Center Key West	(305) 395-7677
Florida Council Against Sexual Violence	1 (888) 956-7273
Guidance Care Center Lower Keys	(305) 292-6843
Guidance Care Center Middle Keys	(305) 434-9000
Guidance Care Center Upper Keys	(305) 451-8018
Helpline, Inc.	(305) 296-4357
Rape Crisis Hotline	1 (888) 956-7273
Monroe County Behavioral Health Crisis (24 hours)	(305) 434-7660
Monroe County Sheriff's Office Victim Advocates	
	Lower Keys (305) 809-1090
	Middle Keys (305) 289-2430
	Upper Keys (305) 853-3211
Center for Independent Living (Key Largo)	Tel: (305) 453-3491

Fax: (305) 453-3488

Text: (305) 879-2432

cilk@cilofthekeys.org