AG Guidelines
Standards for Providing Services to Victims of Sexual Assault

Eileen Caraker RN MSN
FN-CSA, SANE-A, SANE-P
Forensic Nurse Coordinator
Sexual Assault Response Team Co.
1. Directive- Implementing Procedures and Protocols for SA Response and Referrals- Nov 2018

- Compliance with Attorney General Standards for Providing Services to Victim of Sexual Assault, 3rd
2. Immediate Notification of Sexual Assault Incidents by LE Agencies to County Prosecutors’ Offices

- Notification to the County Persecutory office
- Pros office must be involved in the investigation from the very beginning. (24 hours)
- Communication regularly and following best practices
- County Prosecutor office develop and implement protocols that assist LE in complying with notification
3. Advising Victims of Resources Regardless of Case Resulting in Criminal Charges

- Advise each victim of available resources regardless of whether charges are pursued.
- Medical - Medical Forensic Exam
- Psychological - advocacy counseling
- Protective order – Sexual Assault Survivor Protection act N.J.S.A 2C:14-13 to -21
4. Supervisory Approval of Decisions Regarding Criminal Charges

• Prosecutor reviews each case before making a final charging decisions

• Supervisor in the SVU or Juvenile unit review and approve all final dispositions including decisions whether to bring or decline criminal charges
5 Consult Victim During Plea / Before Declining Charges

- AP handling case must provide the victim with and opportunity to meet in person, explain the basis for declining prosecution.

- Communicate with victim prior to entering into a plea agreement with defendant N.J.S.A 2C:14-2.
6. Improved Reporting and Data Collection Involving SA Cases

- SART/FNE stats – # activations, # exams, #SAFE kits, # SAFE kits held
- Pros Office stats- # referral SART, non SART, declined charges, defendants charged, dismissed, SASPA
- Pros reasons for declination prior to charges
- Pros dismissal Post- charges
- Adult /Juvenile
- Report 6 months starting Jan 2019
7. Community Outreach/ Training

- Educate the public on how to report SA crimes and what services are available when they do report

- Submit plan outlining public education

- Office public website
Attorney General Standards for Providing Services to Victims of Sexual Assault

• https://www.nj.gov/oag/newsreleases18/AG-SART-Standards.pdf

• 14 protocols that prioritize the needs and concerns of SA victims in NJ
Purpose of the Standards
Developed in 1998, Rev. 2004, Rev 2018

• Prioritize the need and concerns of sexual assault victims to ensure services are delivered in timely and non-judgmental manner

• Uniform treatment of sexual assault victims/ Timely FME

• Victim centered approach
  • Safety
  • Respecting the integrity, choices and autonomy of victim
  • Protecting the victim’s privacy and confidential information
  • Identifying obstacles
  • Victim feedback in improving response to sexual assault
Standard 1: Confidential Sexual Assault Advocacy

• Support of CSVA prior to and during medical & legal proceedings

• Shall not participate in evidence collection or law enforcement interviews, shall not talk notes

• Refer to CSVA regardless of when incident occurred

• Maintain confidential communication

• Offer follow up services
Standard 2: Law Enforcement

- Immediate safety
- Obtain basic information (taped interview after FME)
- Offer SART activation – closest location
- Direct victim to participating SART
- No SART – offer CSVA - over age 13
- Under age 13 – County child abuse protocol, DCP&P
- Conclusion of exam – Pick up kit chain of custody
  - SAFE kit – dry storage, Tox kit - refrigerate
Standard 3: Medical Forensic Exam & Treatment

- Forensic Nurse Examiner Coordinator
- No fee services MFE
- MFE within 5 days
- History of assault
- Head to toe assessment for injury
- SAFE kit, Tox kit
- Medication
- Discharge referral
Standard 4: SAFE Kits

- Patient consent or decline any part of kit
- Chain of custody
- HOLD Kit
  - 5 year
  - 18 yrs of age-18 + 5
  - Anonymous kit
  - Convert to active case
Standard 5: Examination Facilities

- No fee for services associated with medical forensic examination
- Routine MSE
- Medications
- Private interview and treatment areas
- Security of all forensic equipment
- Collaborate with SART
Standard 6: Child & Adolescent

- CP&P
- County Protocol for Medical Forensic Exam
- CARES
- 13 year and older CSVA
Standard 7: Vulnerable Population

- CP&P
- Adult protective services – vulnerable adult in community
- Office of the Ombudsman resident in nursing homes 60 yr
- Division of Dev Disabilities
- Dept of Human Services
- SART
  - Interpreter
  - Language line
  - Sign interpreters
Standard 8: 
Discharge & Referral

- Medical follow up
- CSVA & DV
- FNE co contact
- LE
- Victim Witness
- Victim of crime Compensation Office
- Crime Victim Bill of Rights
- DCP&P
- Protective orders
Standard 9: Assessment of SART Services

- SART Co review all activation
- Victim Survey
- SART team member survey – return to SART Co within 72 hours
- Report to SART ad board
Standard 10: Prosecution

- Asst Pros with specialized training in investigation & Prosecuting sexual assault cases
- Maintain storage of 5 yr HOLD kit
- Opportunity to discuss their case the prosecution attorney prior to concluding and plea negotiation
- Opportunity to discuss disposition of SA investigation not to prosecute
- Communication with Victim Witness- right to obtain a court order HIV test, counseling and medical care
Standard 10
Continue

- Protective orders
  - Nicole’s Law – Sexual Offense Restraining Order (SORO)
    Pretrial condition of release - no contact
  - SASPA
Standard 11: SART Team Training

- SART training: FNE, LE, CSVA
  - Law enforcement
  - Forensic Nurse
  - CSVA
  - Hospital
  - EMS
  - Public
Standard 12: County SART Advisory Board

- SART activations
- Evaluate existing SART program
- Recommendation best practice
- Quarterly meeting
- SART co Address reported or issues
- County SART training
Standard 13:
Statewide SART Ad Board

• Monitor the operation of 21 county SART programs
• Review effectiveness of services
• Make recommendation to AG needed changes in standards, regulations, state policy concerning provision of victim services
• Meeting Trenton
• Members- AG, DOW, Chief Victim Witness, NJCASA, BON, Pros Association, SART/FNE program
Standard 14: SART Complaint Procedures

• Address any complaints, issues or unusual occurrences in County SART
• Assure best Practice
• Complaints to County SART coordinator
• Unresolved may rise to State SART Advisory board
Trending issues

- NJ SAFE kit Audit
- State wide SART advisory board
- State Police – training
- Clear training- Pros & supervision
- Gov Advisory Council against Sexual violence
  - Title 9 changes
- CAC – New Jersey Children Alliance
- NJ Child Abuse task force
  - Prevention education
  - Juvenile diversion programs
  - SVU
Questions?

Eileen Caraker, RN, MSN, FN-CSA
Gloucester County SART Coordinator and
Forensic Nurse Coordinator

856 384 5555