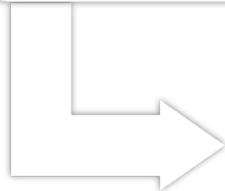


# Jane Doe Examinations VAWA

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## What is a Jane Doe/Anon Kit

Patient does NOT want to speak with LE

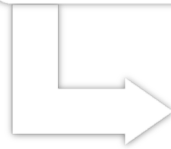


LE will follow up with patient at a later date to confirm they do not want to engage in pressing criminal charges

## What is a Jane Doe/Anon Kit

### Jane/Doe - Anon

Patient wants NO demographic info given to LE = Anonymous/Jane Doe Exam



PD may submit de-identifiable kit to crime lab - or may choose to retain kit in storage until patient comes forward

### Non-Reporting

Patient does NOT want to speak with LE



LE will follow up with patient at a later date to confirm they do not want to engage in pressing criminal charges

## Medical – Legal Obligations

- A patient arriving after a reported sexual assault at any ED in the state of Ohio - a forensic medical examination must be offered to that patient
- The patient may or may **not** choose to cooperate with law enforcement at the time of medical treatment or forensic examination being performed
- Remember choices of:
  - Reporting
  - Non-reporting
  - Jane/Doe - anon

## Medical – Legal Obligations

- A forensic examination **MUST** be performed whether the victim cooperates with law enforcement or not according to :

**The Violence Against Women and Department of Justice Reauthorization Act of 2005 (“VAWA 2005”), 42 U.S.C. § 3796gg-4(d),**

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## VAWA Reauthorization Act of 2005

<http://www.ovw.usdoj.gov/docs/faq-arfe052308.pdf>

[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109\\_cong\\_bills&docid=f:h3402enr.txt.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:h3402enr.txt.pdf)

<http://www.rainn.org/pdf-files-and-other-documents/Public-Policy/Key-Federal-Laws/PL109-162.pdf>

## VAWA Reauthorization Act of 2005

- Passed as Title IV, sec. 40001-40703 of the Violent Crime Control and Law Enforcement Act of 1994 HR 3355
- Originally drafted by Joseph Biden when Senate seat held
- Signed as Public Law 103-322 by Bill Clinton on September 13, 1994

## VAWA Reauthorization Act of 2005

- Reauthorized by congress in 2000 and again in 2005
- Reauthorized bill signed into law again on Jan 4, 2006 by George W. Bush
- Reauthorized again continually since inception
- Federal law with maintenance programs under US Dept of Justice

## VAWA Reauthorization Act of 2005

- Designed to improve criminal justice responses to domestic violence, sexual assault, and stalking and to increase the availability of services for victims of these crimes.
- VAWA requires a coordinated community response (CCR) to domestic violence, sexual assault, and stalking

## Effect on Forensic Examinations

Under this provision a state must ensure that victims have access to an exam even if the victim chooses not to report the crime to the police or otherwise cooperate with the criminal justice system or law enforcement authorities

## Effect on Forensic Examinations

- The effect of the VAWA 2005 forensic examination requirement is to allow victims time to decide whether to pursue their case.
- Some victims are unable to decide whether they want to cooperate with law enforcement in the immediate aftermath of a sexual assault.
- Because forensic evidence can be lost as time progresses, such victims should be encouraged to have the evidence collected as soon as possible without deciding to initiate a report.

## Effect on Forensic Examinations

- All states must comply with the VAWA 2005 requirement regarding forensic examination by the statutory deadline of January 5, 2009
- The VAWA 2005 forensic examination requirement applies to the entire state
- Results = “Jane Doe Kit”

## Jane Doe Kit

A “Jane Doe Rape Kit” is the common name for the forensic evidence collected during a sexual assault examination of a victim who chooses to remain anonymous.

A “Jane Doe Rape Kit” enables a victim to have forensic evidence collected without revealing identifying information.

## Jane Doe Kit

- Victims are given a code number they can use to identify themselves if they choose to report later, and they are not required to cooperate with law enforcement or criminal justice authorities. (ties their evidence kit to them in the event they want to report)
- Some states and localities are providing this voluntarily for victims who were not ready to report to law enforcement even prior to WAVA of 2005

## Jane Doe Kit

- SANE of Butler County process for Jane Doe Kits:
  - Patient is assigned a number – 20110308LNKR
  - This number is placed on all SANE documents as well as SANE kit
  - Kit given to law enforcement with assigned “Jane Doe Number”

## Jane Doe Kit

- SANE of Butler County procedure (cont)
- Patient is instructed to contact SANE of Butler County or law enforcement after in depth education is given on Jane Doe procedures if decision is made to report and proceed with investigation
- PD then contacts organization that performed examination to correlate patient’s identity with appropriate evidence/rape kit or visa versa

## Reality!

- Most patient's unaware of proper Jane Doe Procedures despite in depth education by SANE and law enforcement
- Under control of drugs/alcohol during exam – not a full understanding of process by patient/victim
- Hurdles for SANE/medical community and law enforcement due to lack of standardized procedures

## Jane Doe/Anon

- Patients must know ALL material risks vs benefits of “Jane Doe Kit” and risks are explained to patient
  - Serial perpetrators may go unfound
  - Potential loss of integrity to evidence if kit processing is delayed
  - DFSA expires in 60 days
- All Jane Doe kits must be approved by the Executive Director or Medical Director regardless of timeframe
  - Cannot be initiated by only SANE on scene – must have approval
  - Executive Director may respond to facility to discuss in depth with patient
  - Rationale: proper procedures are reviewed with examiner prior to exam

## Potential Barriers

- Evidence integrity:
  - DFSA blood/urine = generally 60-90 days
  - Certain contents of rape kit may deteriorate (tampon)
- Lack of ability due to payment or procedures to send Jane Doe kits for processing at crime labs - may allow serial crimes/rapes to go unfound
- Some PD's submit every rape kit for DNA processing
  - What if the Jane Doe kit gets a "hit" from DNA?

## Senate Bill 77

- Some local PD's have already enacted and revised policies and procedures to address Jane Doe Examination storage and retention of kits
- Example: Hamilton PD / Cinci PD / Hamilton Co SO retains Jane Doe Examinations for a specified time frame

## Jane Doe Exam Details

- Patient must sign ANONYMOUS consent (must be informed about legal implications of kit not being submitted for testing)

## Jane Doe Exam Details

- ALL patient identifiers must be removed from every document  
*(great care must be taken to avoid potential disclosure of patient identity)*
- If crime lab opens kit with patient info, by law they must provide the patient name to the PD

## Jane Doe Exam Details

- SANEs must improvise using anon number assigned to patient as the signatures on documents given to LE
- SANEs must obtain patient's true signatures to remain on file with SANE of BC to assure they approved and consented to exam
- Simply refrain from providing ANY documents INSIDE the kit or to LE that have the true patient ID information on it

## Jane Doe Exam Details

- Usually low number of Jane Doe Exams per year
- Generally assoc with military base and high profile exams


## Jane Doe Exam Details

- Payroll/demographic form should be only document that has the patient's true identity
- 
- Enables SANE of BC to retain true identity of patient if they want to come forward

## Consent Form Anon

Anonymous Kit Consent for Patients 18 Years of Age or Older		
Ohio Department of Health Consent For Exam, Photographs, and Release of Evidence		
<b>PAYMENT/ADVOCACY (Initial both)</b>		
<p>_____ I understand that I will not be charged for the antibiotics and evidence collection exam. Any other medications and medical treatment including but not limited to x-rays and blood work will be billed to me, my insurance or another named party for payment.</p> <p>_____ I understand that I may have a support person or advocate of my choosing with me during all or part of the exam, including the assault history and genital exam.</p> <p>_____ I understand that the support person or a non-licensed crisis worker may be required by Ohio Law to disclose information that is shared during face-to-face crisis intervention during the forensic examination, if this information is required by a court order.</p>		
<b>MEDICAL FORENSIC EXAM/PHOTO DOCUMENTATION</b>		
<p>_____ I consent to the medical forensic exam and evidence collection. I understand that I can decline any portion of the exam or any portion of evidence collection process.</p> <p>_____ I consent to photo documentation which may include my genitals. I understand that I can decline any portion of photo documentation including photo documentation of my genitals.</p>		
<b>REPORTING</b>		
<p>_____ I understand the hospital is legally required to report sexual assaults to law enforcement. The sexual assault evidence collection kit and toxicology samples for drug-facilitated sexual assault will be given to law enforcement and may be tested at a crime lab.</p> <p>_____ I understand that law enforcement may not submit the sexual assault evidence kit and toxicology samples to a crime lab for testing and understand that this may jeopardize the integrity of samples or cause spoilage of toxicology samples or sexual assault evidence collection kit.</p> <p>_____ I understand some law enforcement agencies may only retain the sexual assault evidence kit or toxicology samples for a limited time and after that set time the sexual assault evidence kit or toxicology samples may be destroyed.</p> <p>_____ I request that my name and other identifying information NOT be released to law enforcement or placed on evidence items at this time. I request that a unique identification number be assigned to the evidence.</p> <p>_____ I understand that my medical records may be subpoenaed by the court for investigative purposes. I may be contacted by the hospital if this happens.</p> <p>_____ I understand that anonymous patients are not eligible for Victims of Crime (VOC) compensation which may cover medical expenses, counseling, lost wages, transportation and other incidental expenses not covered by otherwise covered.</p>		
Signature of <b>PATIENT</b> :	Date: _____	Time: _____
Signature of <b>WITNESS</b> :	Date: _____	Time: _____

# Payroll – Demographic Form



Case #  
All Page Case  
Primary Case  
Backup Case  
Holiday Case  
Backup Case

(PATIENT ID STICKER HERE)

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**EXAM INFORMATION:**

Location of Exam (Hospital): \_\_\_\_\_ SANE RN: \_\_\_\_\_

Date of Exam: \_\_\_\_\_ Time Called Out: \_\_\_\_\_ Arrival: \_\_\_\_\_ Case End: \_\_\_\_\_

MD Report to: \_\_\_\_\_ RN Report to: \_\_\_\_\_ Advocates: # \_\_\_\_\_ Bedside / Waiting Rm / None

DFSA Indicated: Yes / No      DFSA: Yes / No / Declined      Kit Given to Security: Y / N

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**PATIENT INFORMATION:**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M / F / T      Guardian Present: Y / N

Patient Phone #: \_\_\_\_\_ Patient Address: \_\_\_\_\_

SSN: \_\_\_\_\_ Student: Y / N      Location: \_\_\_\_\_

Hospital Acct Number: \_\_\_\_\_ Inmate: Y / N      Location: \_\_\_\_\_

Jane Doe ID: **20170918SKTR**      Nursing Home: Y / N      Location: \_\_\_\_\_

Disabilities: Physical / Mental / Intellectual / Visual / Hearing / Other: \_\_\_\_\_

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**REPORTED PERPETRATOR INFORMATION:**

Relationship to patient: Acquaintance / Spouse-Partner / Fellow Student / Caregiver / Family Member / Parent-Guardian / Unknown

Age: \_\_\_\_\_ Gender: M / F / Transgender / Unknown      Misc Notes: \_\_\_\_\_

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**ASSAULT INFORMATION:** *(dispatch can assist with appropriate law enforcement jurisdiction)*

Date of Assault: \_\_\_\_\_ Time of Assault: \_\_\_\_\_

City or County: \_\_\_\_\_ Location / Address of Assault: \_\_\_\_\_

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**MANDATORY REPORTING INFORMATION:** *(assault must be reported to dispatch unless officer is at bedside)*

Investigating Law Enforcement Agency: \_\_\_\_\_ At Bedside: Y / N


Officer/Dispatcher CRIME reported to: \_\_\_\_\_ Time: \_\_\_\_\_

Officer/Dispatcher KIT LOCATION reported to: \_\_\_\_\_ Time: \_\_\_\_\_

Other agency notified: CPS / APS / ODH Agency: \_\_\_\_\_ Time: \_\_\_\_\_

**NOTE: YOU SHOULD ALWAYS CONTACT COUNTY DISPATCH TO ASSURE PROPER PD JURISDICTION**  
CINCINNATI PD CASES: Kit location must be reported to PERSONAL CRIMES (513) 352-3342

# Anon Patient Handout



**Anonymous Forensic Examination Guide – (Form K)**

This form is to serve as an informational handout for an anonymous forensic examination that has been conducted in accordance with The Violence Against Women and Department of Justice Reauthorization Act of 2005 ("VAWA 2005"), 42 U.S.C. § 3796gg-4(d). The anonymous forensic examination was conducted by:

**SANE of Butler County, Inc.**  
7182 Liberty Centre Drive, Suite N  
West Chester, Ohio 45069  
(513) 889-5435

All biological samples that were collected during the sexual assault nurse examination have been identified with an anonymous identification system in accordance with The Violence Against Women and Department of Justice Reauthorization Act of 2005 ("VAWA 2005"), 42 U.S.C. § 3796gg-4(d). The anonymous identification number that has been assigned to your sexual assault kit is:

Jane Doe /Restricted Exam Identification Number

Date of Examination

Location of Examination

Law Enforcement Jurisdiction

Law Enforcement Phone Number

**If you Decide to Report:**

The samples that were collected during your forensic examination may be stored for a specified period that is determined by the law enforcement entity assuming custody of the sexual assault kit/samples. If you choose to cooperate with law enforcement to pursue criminal charges it is recommended that you take the following steps:

1. Contact the law enforcement entity where the reported assault occurred to inform them that you had an anonymous forensic examination completed. You will be asked to provide your Jane Doe Identification Number at that time along with the date, time and location of the examination.
2. You may also contact SANE of Butler County, Inc at (513) 889-5435 to identify the proper law enforcement entity that assumed custody of your forensic samples. Our organization will assist you in contacting the appropriate law enforcement agency.

<p style="text-align: center;"><b>Anonymous Kit Consent for Patients 18 Years of Age or Older</b></p> <p style="text-align: center;"><small>Ohio Department of Health Consent For Exam, Photographs, and Release of Evidence</small></p> <p><b>PAYMENT/ADVOCACY (Initial both)</b></p> <p>_____ I understand that I will not be charged for the antibiotics and evidence collection exam. Any other medications and medical treatment including but not limited to x-rays and blood work will be billed to me, my insurance or another named party for payment.</p> <p>_____ I understand that I may have a support person or advocate of my choosing with me during all or part of the exam, including the assault history and genital exam.</p> <p>_____ I understand that the support person or a non-licensed crisis worker may be required by Ohio Law to disclose information that is shared during face-to-face crisis intervention during the forensic examination, if this information is required by a court order.</p> <p><b>MEDICAL FORENSIC EXAM/PHOTO DOCUMENTATION</b></p> <p>_____ I consent to the medical forensic exam and evidence collection. I understand that I can decline any portion of the exam or any portion of evidence collection process.</p> <p>_____ I consent to photo documentation which may include my genitals. I understand that I can decline any portion of photo documentation including photo documentation of my genitals.</p> <p><b>REPORTING</b></p> <p>_____ I understand the hospital is legally required to report sexual assaults to law enforcement. The sexual assault evidence collection kit and toxicology samples for drug facilitated sexual assault will be given to law enforcement and may be tested at a crime lab.</p> <p>_____ I understand that law enforcement may not submit the sexual assault evidence kit and toxicology samples to a crime lab for testing and understand that this may jeopardize the integrity of samples or cause spoilage of toxicology samples or sexual assault evidence collection kit.</p> <p>_____ I understand some law enforcement agencies may only retain the sexual assault evidence kit or toxicology samples for a limited time and after that set time the sexual assault evidence kit or toxicology samples may be destroyed.</p> <p>_____ I request that my name and other identifying information NOT be released to law enforcement or placed on evidence items at this time. I request that a unique identification number be assigned to the evidence.</p> <p>_____ I understand that my medical records may be subpoenaed by the court for investigative purposes. I may be contacted by the hospital if this happens.</p> <p>_____ I understand that anonymous patients <b>are not eligible for Victims of Crime (VOC) compensation</b> which may cover medical expenses, counseling, lost wages, transportation and other incidental expenses not covered by otherwise covered.</p> <p>Signature of PATIENT: _____ Date: _____ Time: _____</p> <p>Signature of WITNESS: _____ Date: _____ Time: _____</p>	<p style="text-align: center;"><b>Ohio Department of Health Consent For Exam, Photographs, and Release of Evidence</b></p> <p><b>PAYMENT/BILLING OF TREATMENT</b></p> <p style="text-align: center;"><b>GENERAL CONSENT FORM - NOT ANON FORM</b></p> <p>_____ I understand that I will not be charged for the antibiotics and evidence collection exam. Any other medications and medical treatment including but not limited to x-rays and blood work will be billed to me, my insurance or another named party for payment.</p> <p><b>MEDICAL FORENSIC EXAM/EVIDENCE COLLECTION/PHOTO DOCUMENTATION</b></p> <p>_____ I consent to the medical forensic exam. I understand that I can decline any portion of the exam or any portion of evidence collection process. I understand my choice of treatment steps during the exam will be reassessed frequently.</p> <p>_____ I consent to the evidence collection during the forensic examination. I understand that I can decline any portion of the exam or any portion of evidence collection process. I understand my choice of treatment steps during the exam will be reassessed frequently.</p> <p>_____ I consent to photo documentation, which may include my genitals, body parts if injuries are present. I understand that I can decline any portion of photo documentation including photo documentation of my genitals.</p> <p>_____ I consent to the medical forensic exam and photographs to be used in future educational presentations for forensic examiners.</p> <p>_____ I consent to the release of all medical records and photographs to the appropriate law enforcement agency related to the sexual assault forensic examination.</p> <p><b>REPORTING</b></p> <p>_____ I understand the hospital is legally required to report sexual assaults to law enforcement. My name and contact information will be given to law enforcement unless I choose to decline my name and contact information to be given. I understand that the hospital is legally required to report all abuse or suspected abuse of patients 17 years of age or younger to the Department of Children Services. For patients 17 years or younger, the hospital is required to send a letter to the parent or legal guardian notifying them of the exam. The sexual assault evidence collection kit and toxicology samples for drug-facilitated sexual assault will be given to law enforcement and may be tested at a crime lab.</p> <p><b>Patients 18 years or older (Initial one)</b></p> <p>_____ I agree to speak to law enforcement. I understand that my name and contact information will be provided to law enforcement.</p> <p>_____ I <b>DO NOT</b> agree to speak with law enforcement at this time. My name and contact information will be given to law enforcement. I understand that law enforcement <b>may attempt to contact me</b>. I understand that I am not obligated to participate in the investigation of this crime, but that law enforcement may investigate it.</p> <p>Signature of PATIENT/GUARDIAN: _____ Date: _____ Time: _____</p> <p>Signature of SANE/WITNESS: _____ Date: _____ Time: _____</p>
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- ## Anon Summary
- Patient signs separate consent form (Jane Doe/Anon consent)
  - NO identifiers are on any document that goes inside the kit AND to LE
  - ID info on documents are replaced with the Jane Doe number you create during the exam
  - Prior to proceeding with Jane Doe exam you must contact on call admin PRIOR to proceeding (info is reviewed as a refresher with you)
  - Give patient the anon patient handout as a reference in the event they want to come forward to ID their kit
  - REAL demographic info is always placed on the payroll/demographic sheet (and NOT given to LE or inside the kit)

Questions?