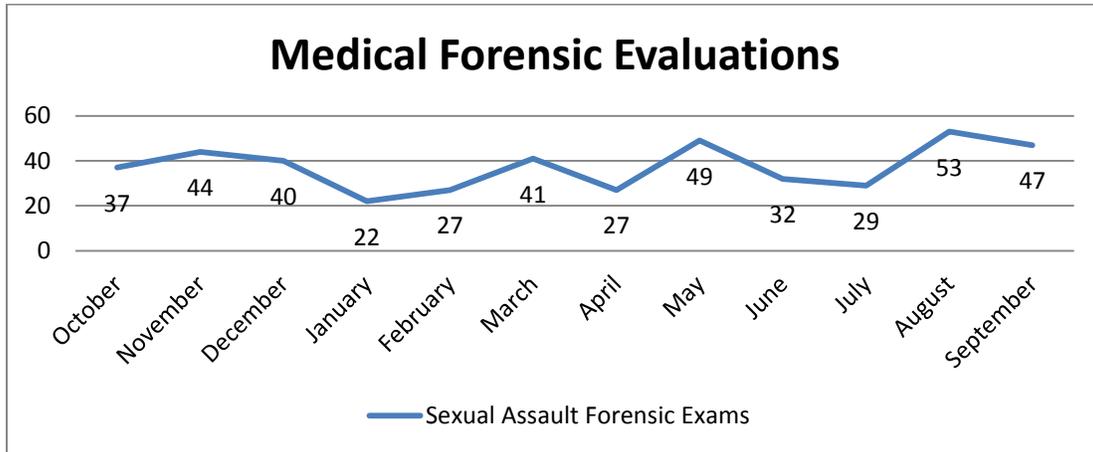


DC SANE Annual Report

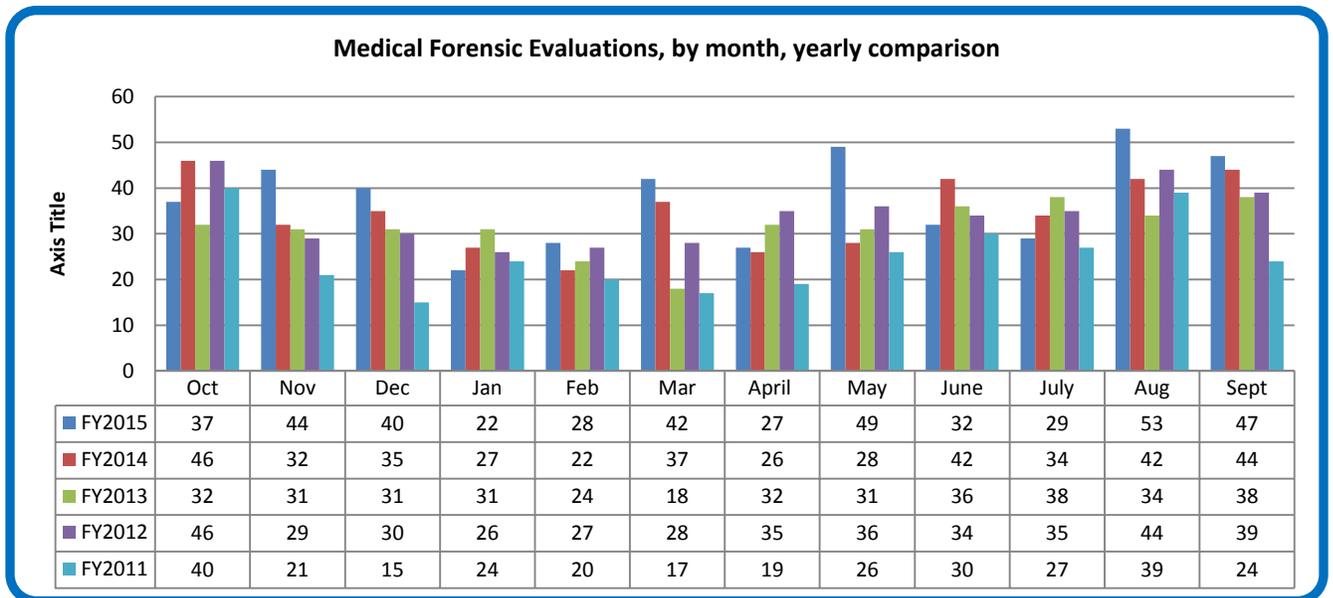
October 1, 2014 through September 30, 2015

Figure 1: DC FNE Medical Forensic Evaluations



The above chart represents only the medical forensic evaluations performed from October 1, 2014 through September 30, 2015, or Fiscal Year FY2015. For Fiscal Year 2015, there were a total of 450 cases.

Figure 2: DC FNE Medical Forensic Evaluations, by month, year-to-year comparison



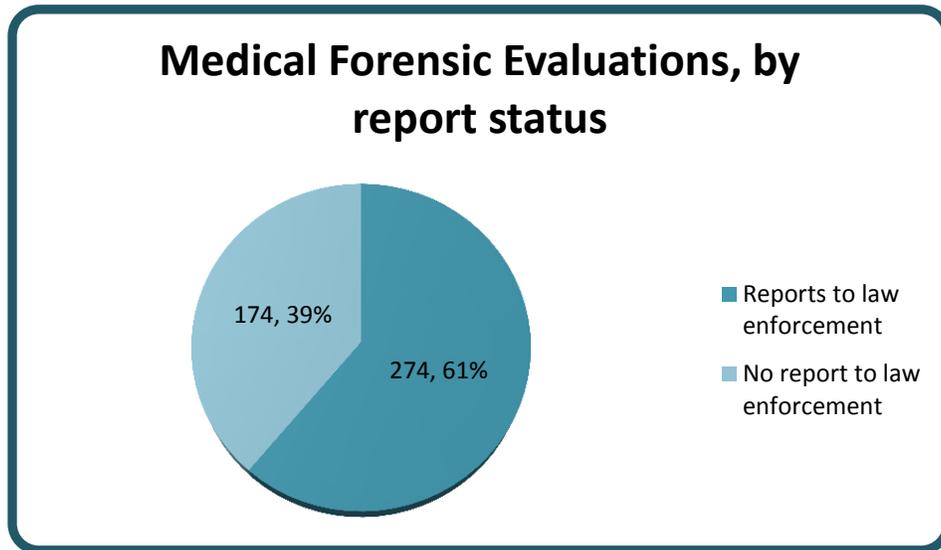


During Fiscal Year 2015, DCFNE conducted:

- 37 medical forensic evaluations in the month of October. The average number of evaluations performed in October is 40.
- 44 medical forensic evaluations in the month of November. The average number of evaluations performed in November is 31.
- 40 medical forensic evaluations in the month of December. The average number of evaluations performed in December is 30.
- 22 medical forensic evaluations in the month of January. The average number of evaluations performed in January is 26
- 28 medical forensic evaluations in the month of February. The average number of evaluations performed in February is 24.
- 42 medical forensic evaluations in the month of March. The average number of evaluations performed in March is 29.
- 27 medical forensic evaluations in the month of April. The average number of evaluations performed in April is 28.
- 49 medical forensic evaluations in the month of May. The average number of evaluations performed in May is 34.
- 32 medical forensic evaluations in the month of June. The average number of evaluations performed in June is 35.
- 29 medical forensic evaluations in the month of July. The average number of evaluations performed in July is 33.
- 53 medical forensic evaluations in the month of August. The average number of evaluations performed in August is 42.
- 47 medical forensic evaluations in the month of September. The average number of evaluations performed in September is 39.

In Fiscal Year 2015, DCFNE conducted 450 medical forensic evaluations. The average number of medical forensic evaluations conducted in previous years is 376. As compared to the average number of medical forensic evaluations over the past five years, there is a 19% overall increase in the number of patients evaluated. As compared to the number of medical forensic evaluations conducted in Fiscal Year 2014, there is an 8% increase.

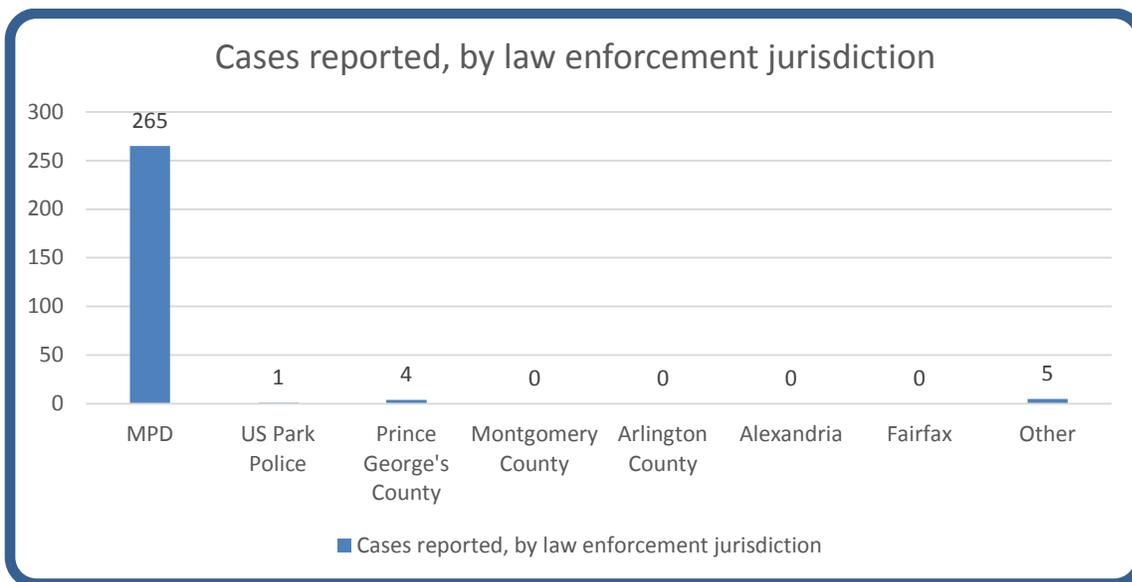
Figure 3: Medical Forensic Exams, by Report Status



During Fiscal Year 2015, approximately 61% of DC SANE cases have been reported to law enforcement and 39% of DC SANE cases were not reported to law enforcement.

During FY2014, approximately 68% of cases were reported to law enforcement and 32% were not reported to law enforcement.

Figure 4: Reported Sexual Assaults, by Law Enforcement Jurisdiction



In Fiscal Year 2015, the **Metropolitan Police Department** was the responding jurisdiction in all but 10 cases (96%).

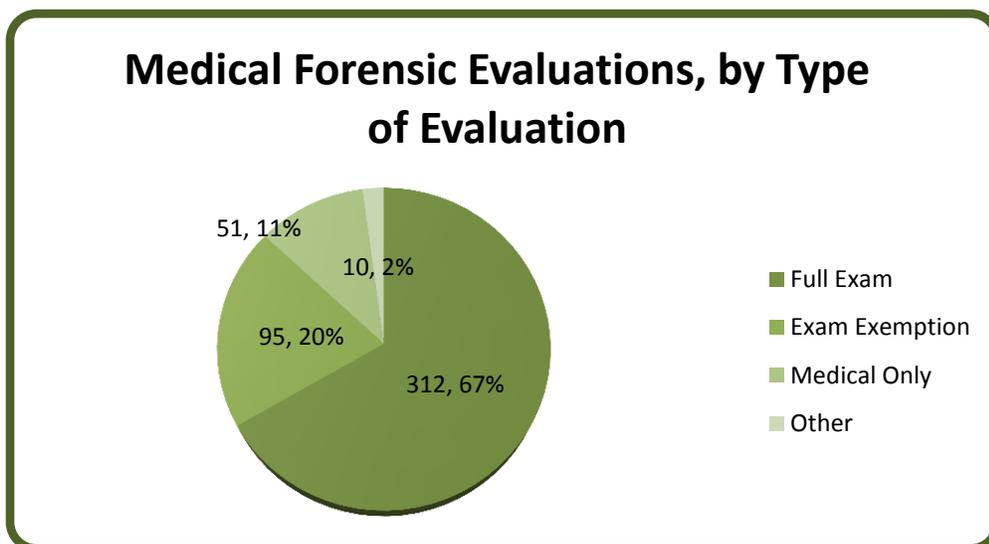
In Fiscal Year 2014, the **Metropolitan Police Department** was the responding jurisdiction in all but five cases (<2%). Baltimore City, the United States Park Police, and the Department of Veterans Affairs each responded to one case. The Prince George’s County Police Department responded to two cases.

Figure 5: Sexual Assault Medical Forensic Evaluations, by Exemption vs. Exam

In Fiscal Year 2015, approximately 67% of the cases evaluated by the DC SANE program resulted in a full Physical Evidence Recovery Kit (PERK). About 11% of all cases result in an exam exemption and approximately 20% of all cases resulted in a medical only exam.

A partial, or “medical-only” medical forensic evaluation occurs when the patient tells the forensic nurse that the patient does not want full evidence collection, but prefers only a medical and/or toxicological evaluation.

An exemption from any medical forensic evaluation occurs when the patient is either unable or unwilling to consent to any evaluation and/or the nurse determines, in consultation with the patient, that a medical forensic evaluation is not necessary.





The Office of Victim Services has provided funding for two forensic scientists to facilitate more efficient processing of Physical Evidence Recovery Kits (PERKs) and enabling the Department of Forensic Sciences to maintain compliance with the Sexual Assault Victims' Rights Amendment (SAVRAA) Act of 2013.

As part of that grant program, DFS provides a staff assistant to track the outcomes of the PERKs through the law enforcement and prosecutorial process.

The following chart represents the number of PERKs processed, with a full report, during the reporting quarter, the number of PERKs that resulted in crime scene evidence being uploaded into CODIS, the number of PERKs that resulted in charges being filed, and the number of CODIS uploads that resulted in a CODIS hit.

During the first quarter of Fiscal Year 2015, the average number of days to process a PERK was 51 days and the average cost of processing each PERK was \$764.

During the second quarter of Fiscal Year 2015, the average number of days to process a PERK was 96 days and the average cost of processing each PERK was \$1,001.

During the third quarter of Fiscal Year 2015, the average number of days to process a PERK was 113 days and the average cost of processing each PERK was unable to be determined. Due to a suspension in the analytical casework during this reporting period, all DNA analysis was performed by a fee-for-service outsourcing laboratory.

During the fourth quarter of Fiscal Year 2015, the average number of days to process a PERK was 79 days and the average cost of processing each PERK was unable to be determined. Due to a suspension in the analytical casework during this reporting period, all DNA analysis was performed by a fee-for-service outsourcing laboratory.

Three hundred eighteen (318) PERKs were submitted for testing to the Department of Forensic Sciences in Fiscal Year 2015. DFS completed the processing of 288 cases this Fiscal Year.¹

¹ Note that the number of PERKs in which processing was completed differs from the number of PERKs submitted to DFS in Fiscal Year 2015. That discrepancy is due to the fact that PERKs submitted in Fiscal Year 2014 were completed in Fiscal Year 2015; there is a natural lag time between when the PERK is submitted and when processing is completed.

Figure 6. Physical Evidence Recovery Kit, by PERK outcome

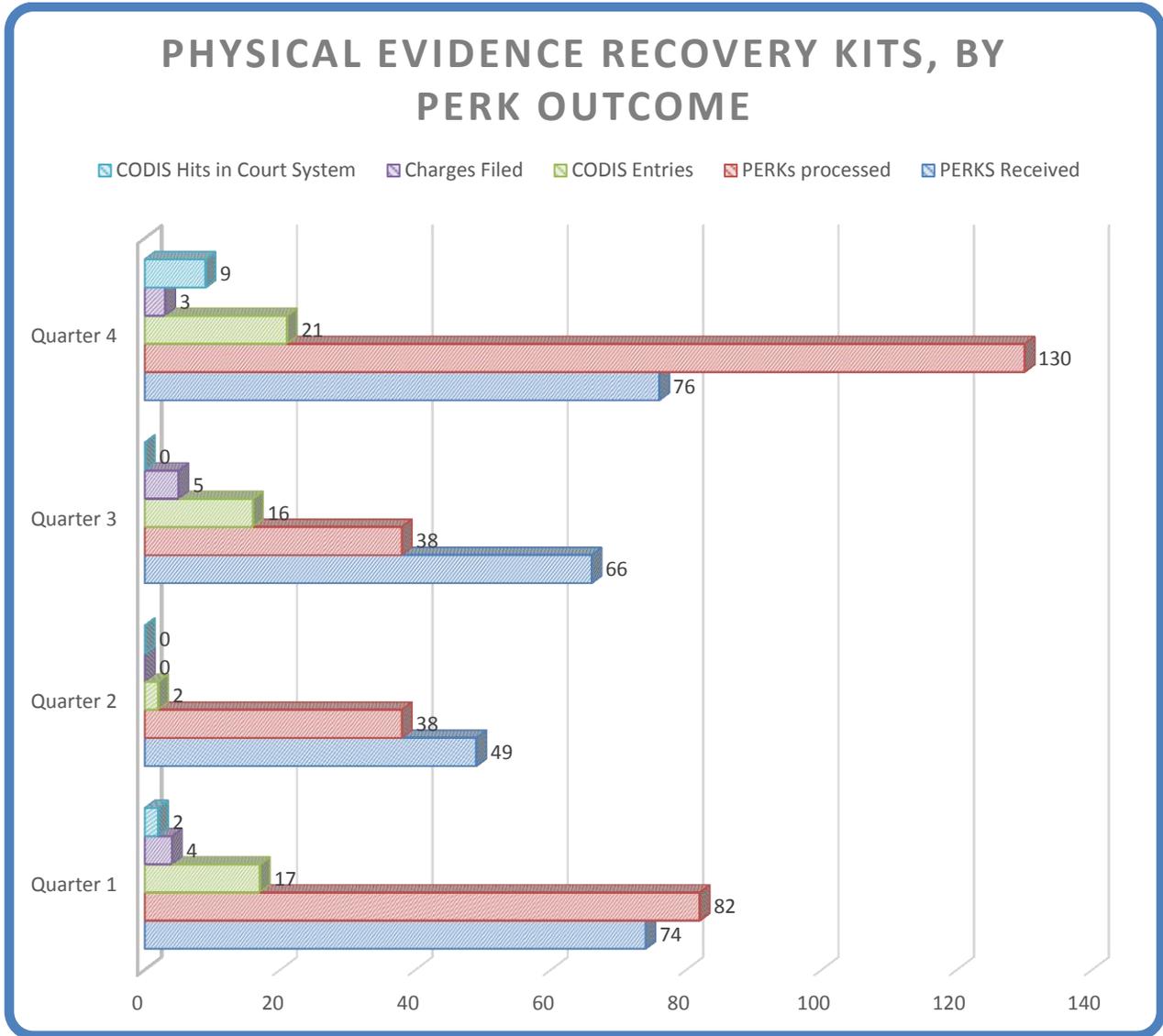
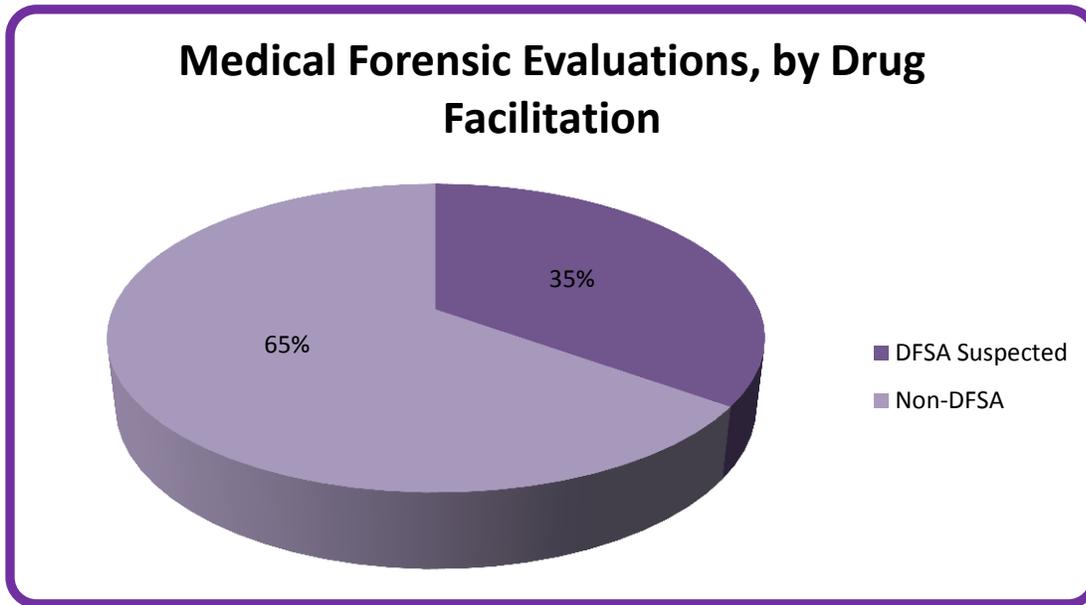


Figure 7. Sexual Assault Medical Forensic Evaluations, by Drug Facilitation Determination



In FY 2015, The split between DC SANE cases in which drug-facilitation is suspected and DC SANE cases that drug facilitation is not suspected is approximately 35% DFSA suspected and 65% DFSA not-suspected.

For FY 2014, the cases in which DFSA was suspected was 34% and the cases in which DFSA was not suspected was 66%.

Drug facilitation, for the purposes of the DC SANE program, is a clinical decision that is based on the forensic nurse’s assessment of the probability based on four clinical factors consistent with drug facilitation: whether the patient reports any voluntary drug or alcohol consumption, whether the patient reports a lapse of memory or a lapse of consciousness, whether the patient reports nausea or vomiting, or whether the patient reports a concern for being drugged without the patient’s knowledge. An affirmative answer to at least two of these factors will result in urine and blood samples drawn from the victim for toxicology screening.

The Office of Victim Services maintains the Toxicology Screening program with the Office of the Chief Medical Examiner. The program ensures that a full toxicology screening is completed for each patient who is flagged as a suspected drug facilitated sexual assault but who chooses not to report. Drug facilitated sexual assault can occur whether the victim is intoxicated voluntarily or involuntarily.

The average time between when OCME receives a specimen and when OCME produces a report for the specimen is **94 days**.

Figure 8. Non-Report Drug Facilitated Sexual Assault, by Specimens Collected and Reported

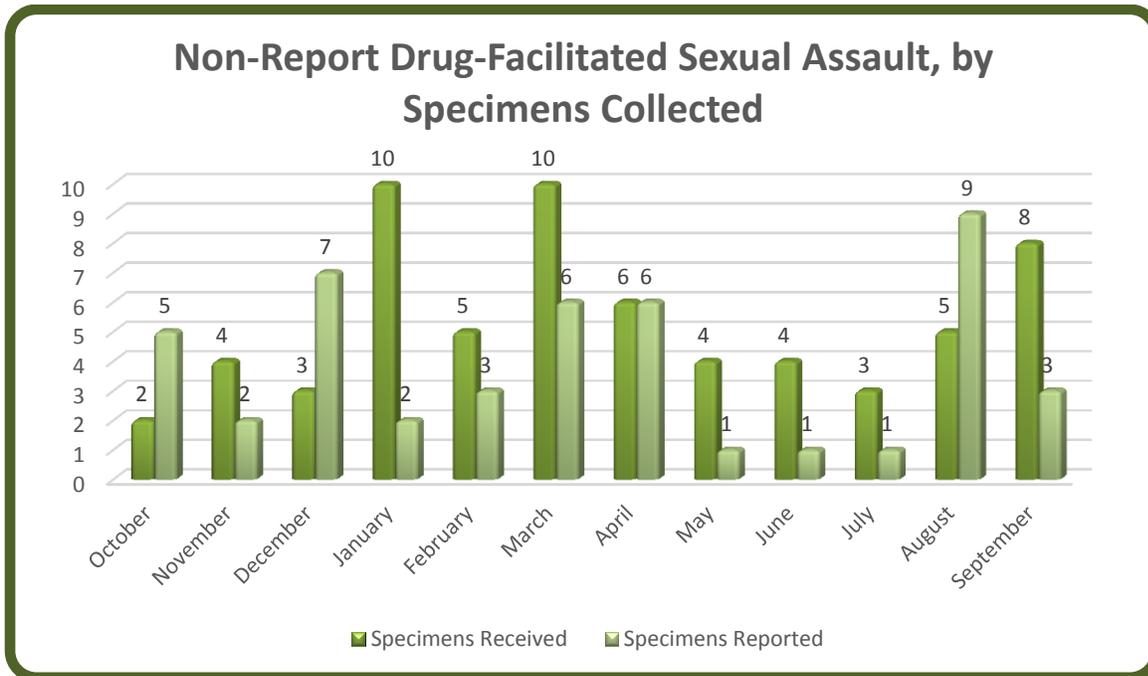
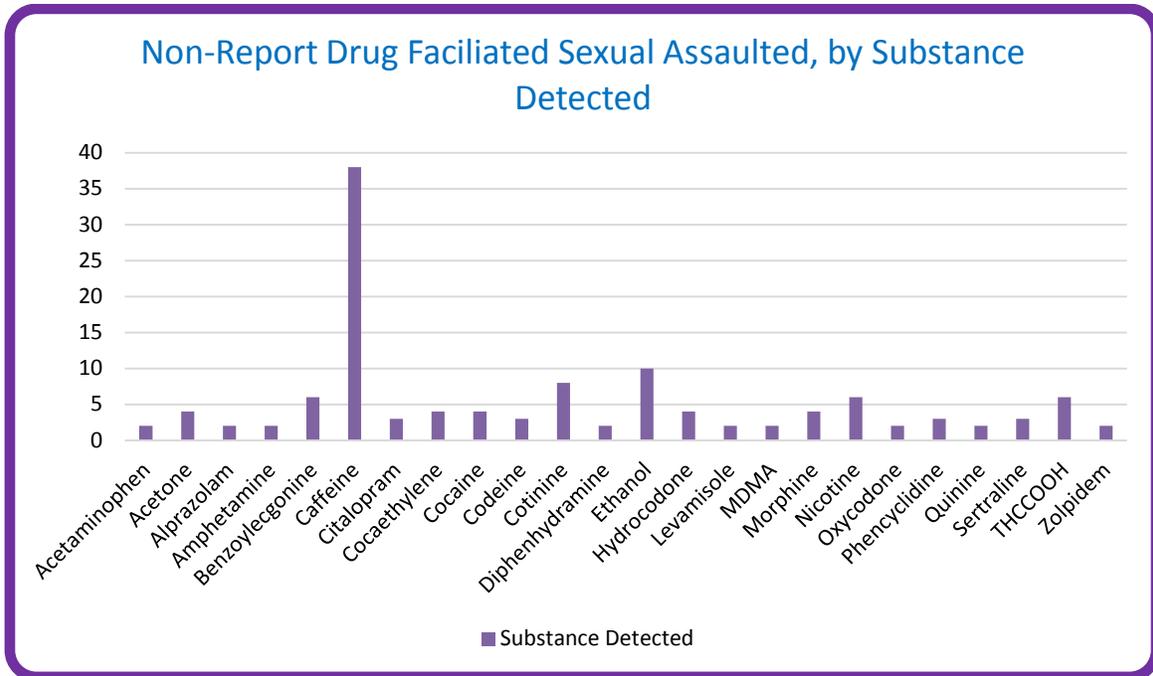


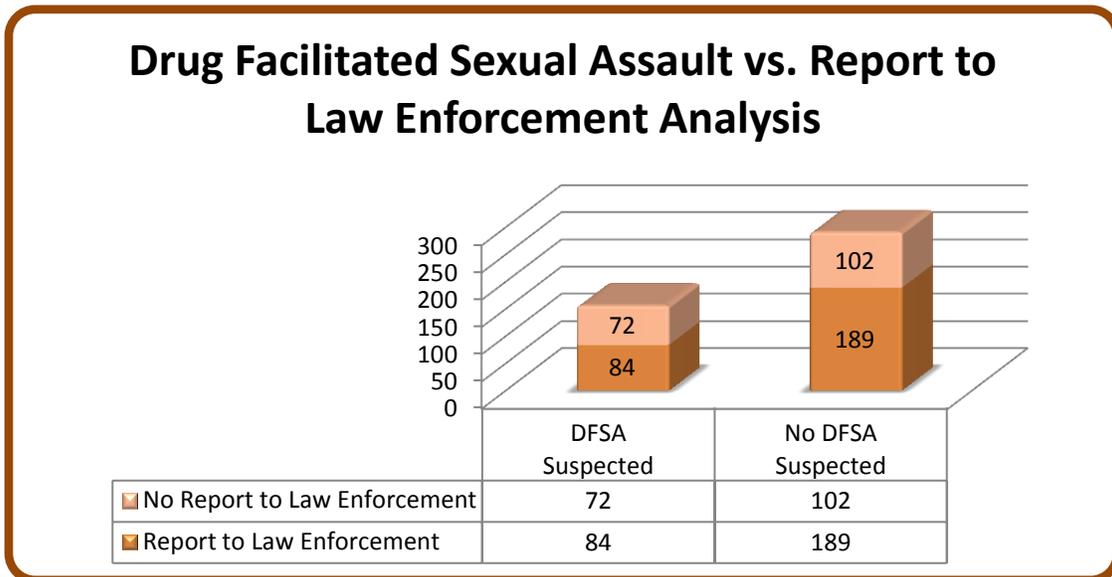
Figure 9. Non-Report Drug Facilitated Sexual Assault, by Substance Detected (Urine only)

***Due to the numbers of substances detected in urine, only those substances detected in more than one patient are included on the chart. A complete list of all substances is included below.*



A complete list of substances detected in patients in FY 15 is: Acetaminophen, Acetone, Alprazolam, Amphetamine, Benzoyllecgonine, Caffeine, Cetirizine, Citalopram, Chloroquine, Chloropheniramine, Clonazepam, Cocaethylene, Cocaine, Codeine, Cotinine, Desmethylcitalopram, Dihydrocodeine, Diphenhydramine, Doxylamine, Ecgonine, methyl, ester, Ethanol, Fexofenadine, Fluconazole, Hydrocodone, Hydromorphone, Levamisole, MDMA, Methamphetamine, Methocarbamol, Methylphenidate, Morphine, Naproxen, Nicotine, Norsertraline, Oxycodone, Oxymorphone, Phencyclidine, Phentermine, Pseudoephedrine, Quinine, Sertraline, THCCOOH, Venlafaxine, Zolpidem

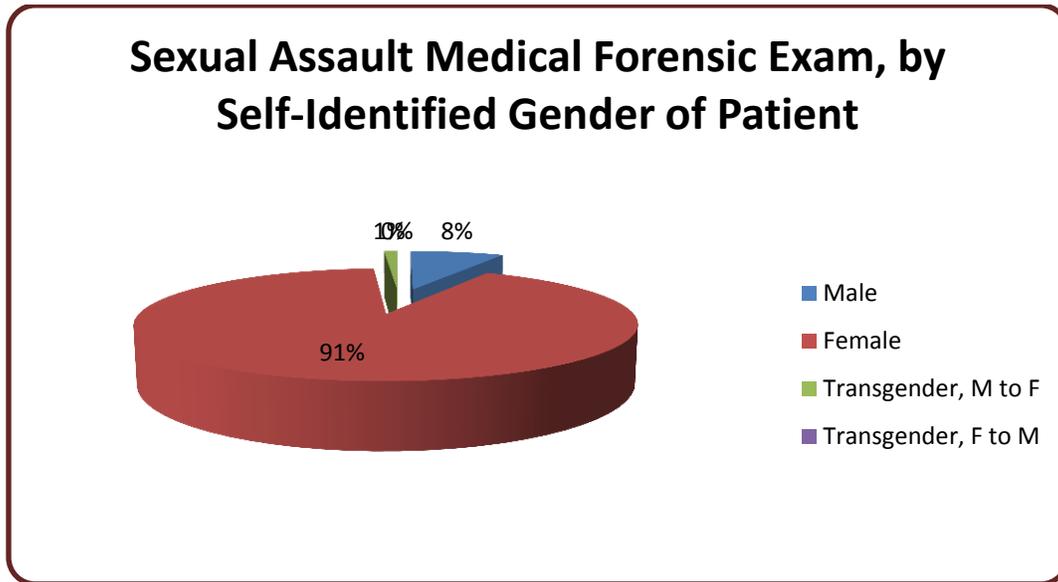
Figure 10. Drug Facilitated Sexual Assault vs. Report to Law Enforcement Analysis



In Fiscal Year 2015, for sexual assaults in which drug facilitated is suspected, 54% of the victims chose to report to law enforcement; the other 46% of victims chose not to report to law enforcement. For sexual assaults in which drug facilitation is not suspected, 65% of victims chose to report to law enforcement; 35% of victims chose not to report to law enforcement.

In Fiscal Year 2014, for sexual assaults in which drug facilitation is suspected, approximately 70% of cases in which DFSA was suspected was reported to law enforcement; 30% of cases in which DFSA was suspected was not reported to law enforcement. For cases in which DFSA was not suspected, approximately 68% report to law enforcement; 32% do not report to law enforcement.

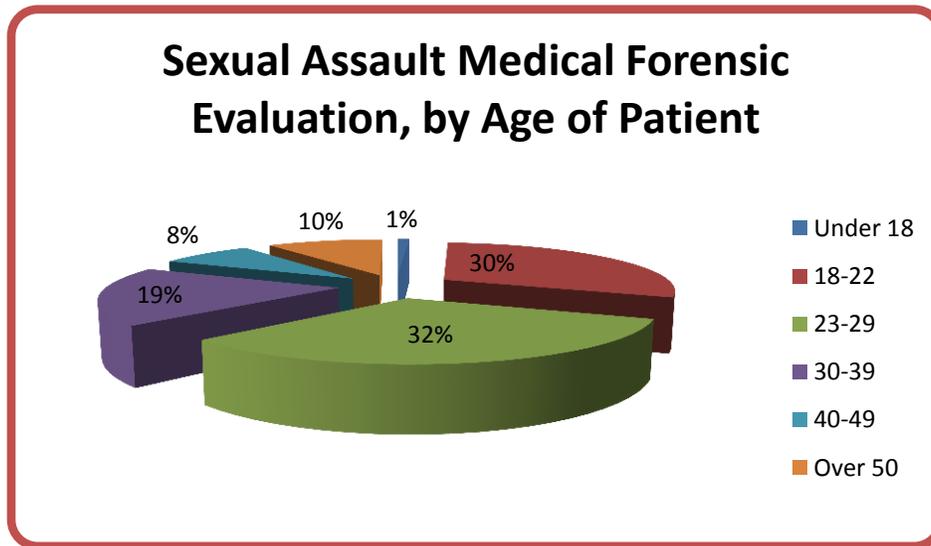
Figure 11. Sexual Assault Medical Forensic Evaluation, by Self-Identified Gender of Patient



In Fiscal Year 2015, approximately 91% of the patients of the DC SANE program identified as female. 8% of the patients identified as male. In Fiscal Year 2015, 1% of the patients identified as transgender; all transgender patients identified as male to female transgender.

In Fiscal Year 2014, approximately 90% of the patients of the DC SANE program identified as female; approximately 9% identified as male. Two patients identified as transgender to date during Fiscal Year 2014.

Figure 12: Sexual Assault Medical Forensic Evaluations, by Age of Patient



In Fiscal Year 2015, 37% of all patients evaluated by the DC SANE program were between the ages of 18-22. 29% of the patients evaluated were between the ages of 23 – 29.

In Fiscal Year 2014, the age range of the patients evaluated by the DC SANE program has been 17-77, with the most prevalent age range being 23-29 (32%). 29% of the patients evaluated by the DC SANE program are 18-22 years old.

Figure 13. Proportion of Patients from Colleges and Universities, by Month

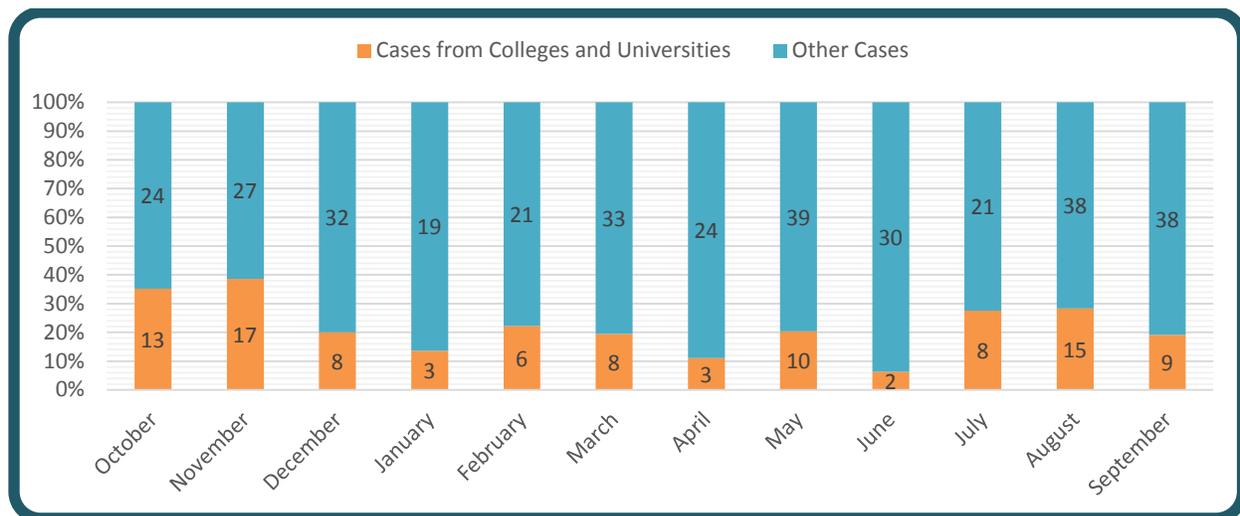


Figure 14. Sexual Assault Medical Forensic Evaluations, by College

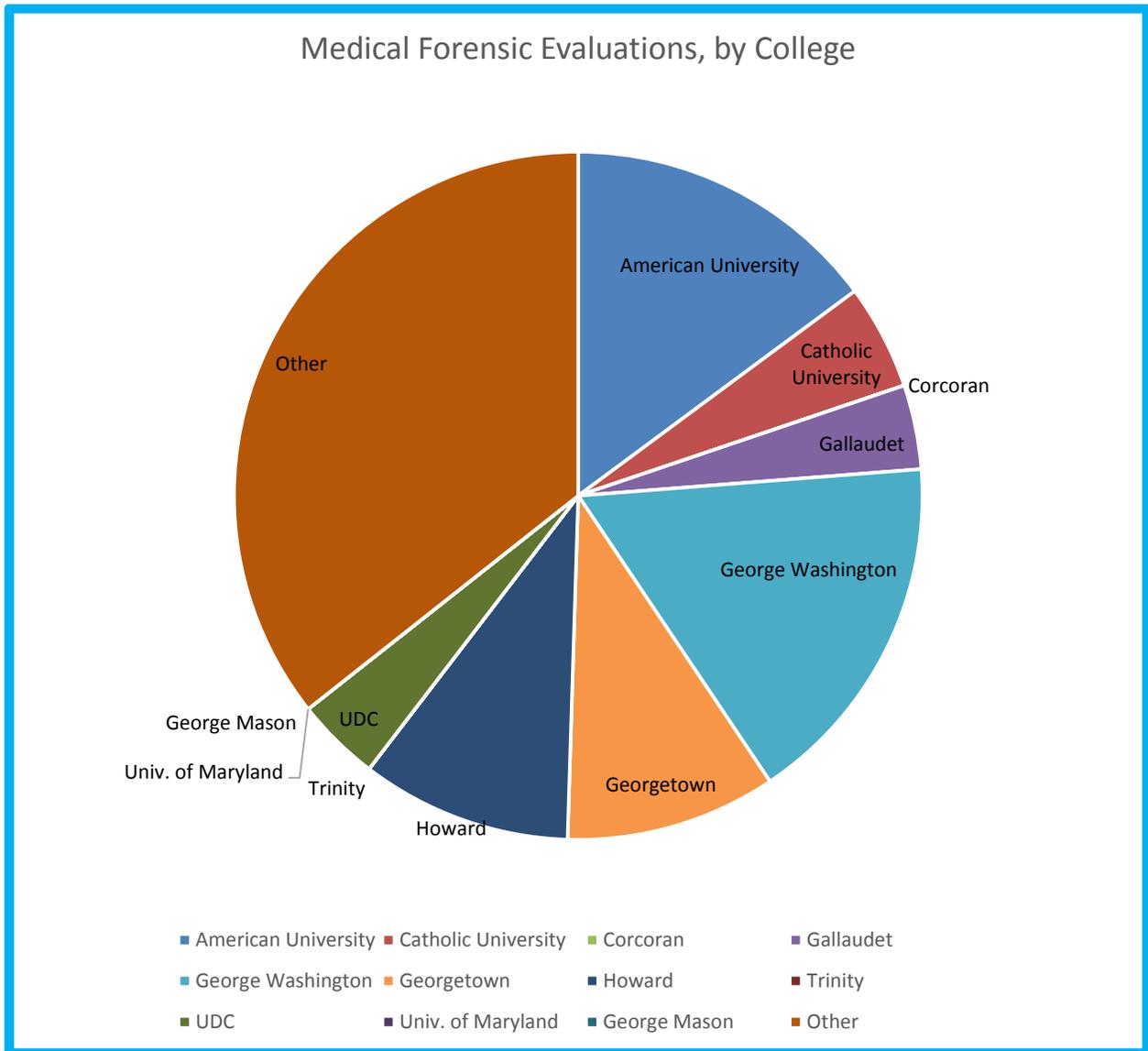
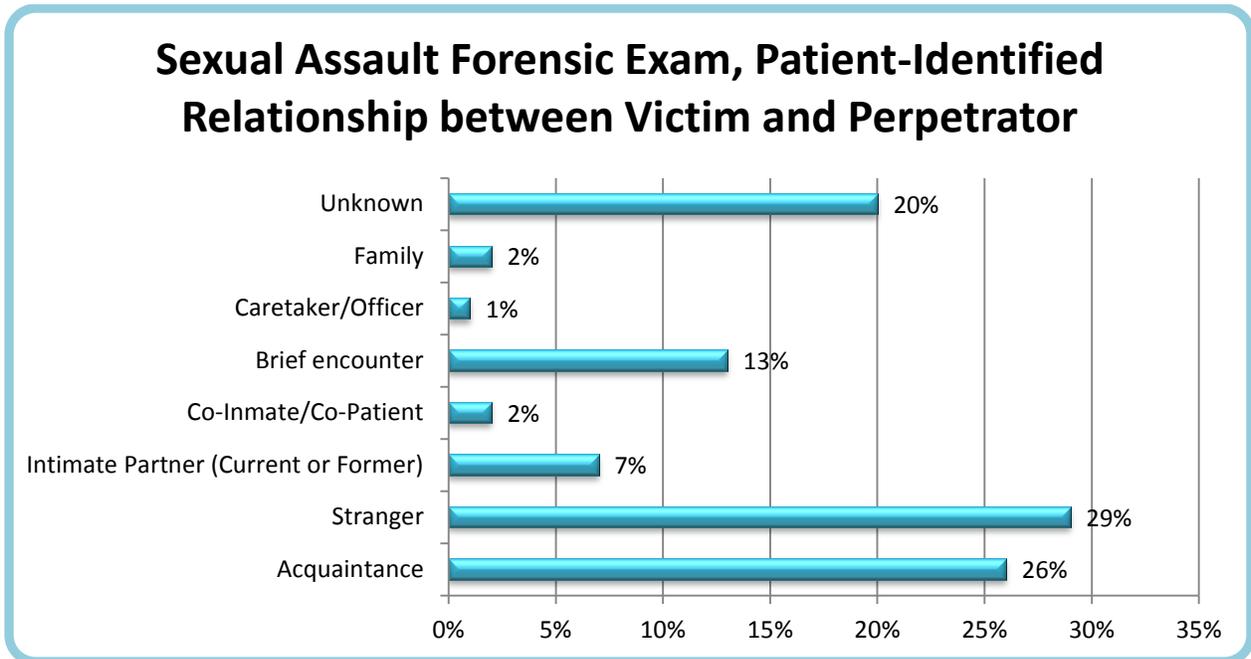
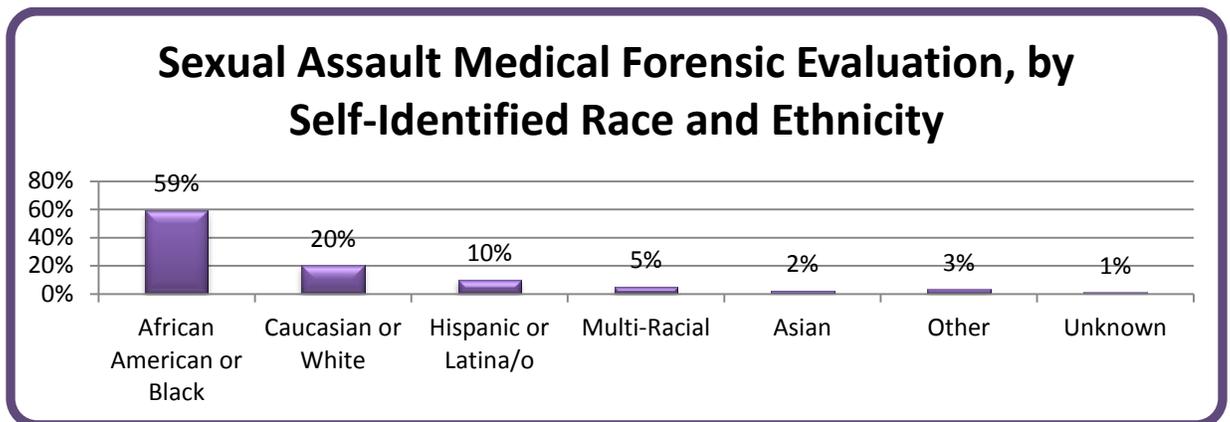


Figure 15. Sexual Assault Medical Forensic Evaluation, Patient-Identified Relationship between Victim and Perpetrator



In Fiscal Year 2015, the most prevalent relationship between the patient and the offender, as described by the patient, has been “stranger” (29%).

Figure 16. Sexual Assault Medical Forensic Evaluation, by Self-Identified Race and Ethnicity



In Fiscal Year 2015, the most prevalent self-identified category of race and ethnicity of the patients has been African-American or Black, which is unchanged from Fiscal Year 2014 or Fiscal Year 2013.

Figure 17. Sexual Assault Medical Forensic Evaluation, by Nurse

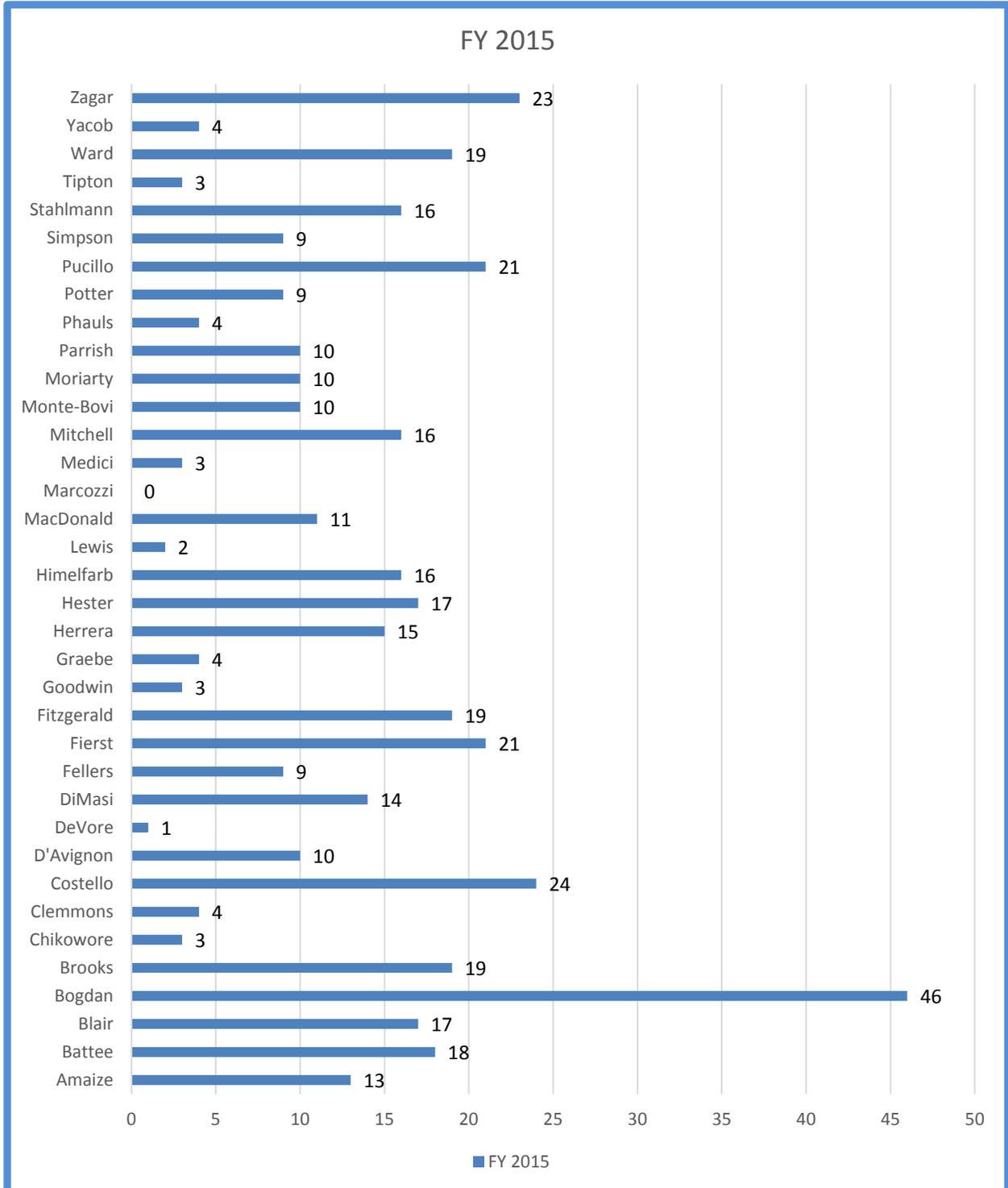


Figure 18. Sexual Assault Medical Forensic Exam, by hospital location

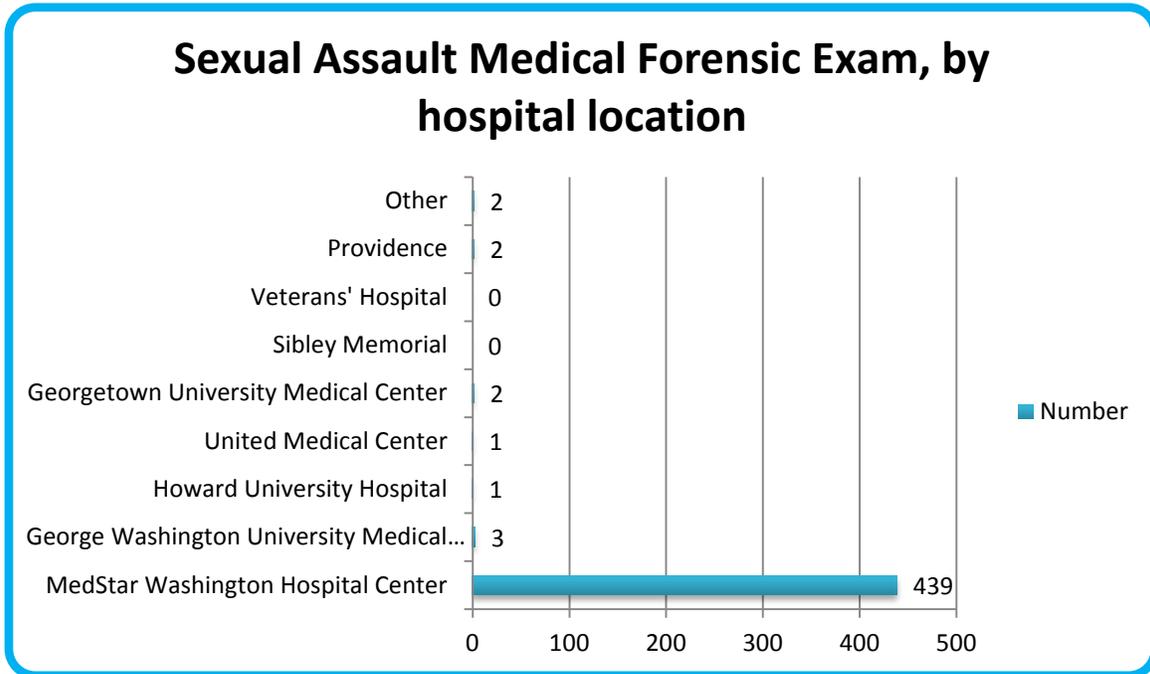
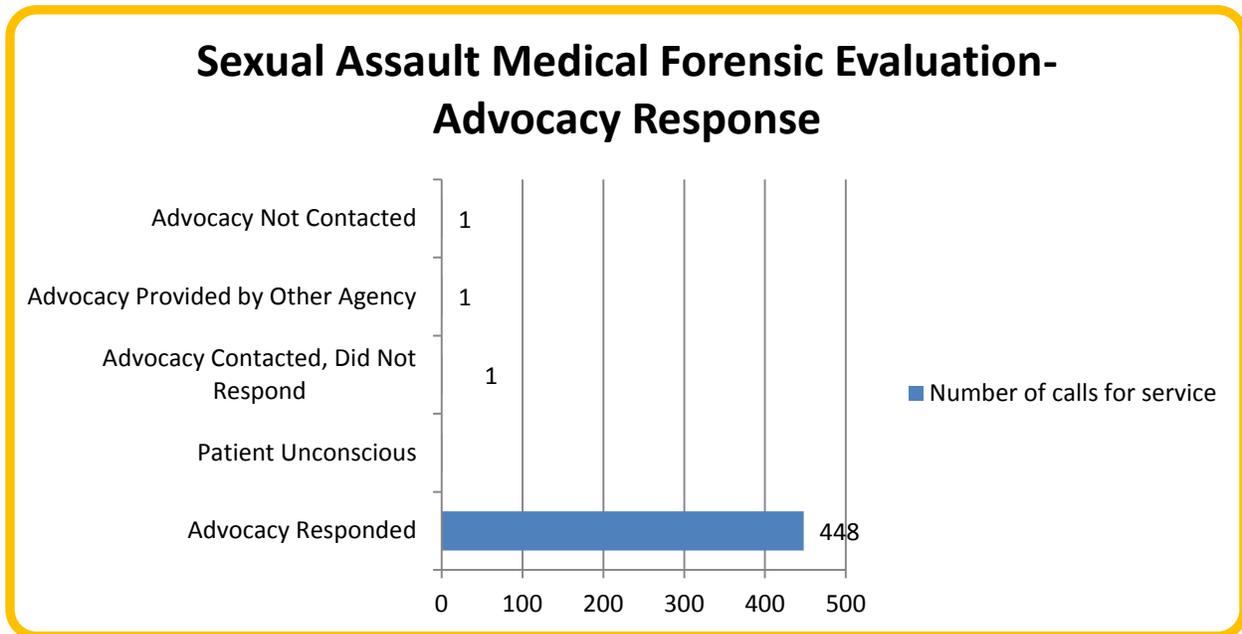
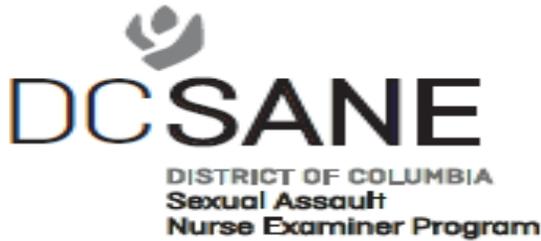


Figure 19. Sexual Assault Medical Forensic Evaluation-Advocacy Response



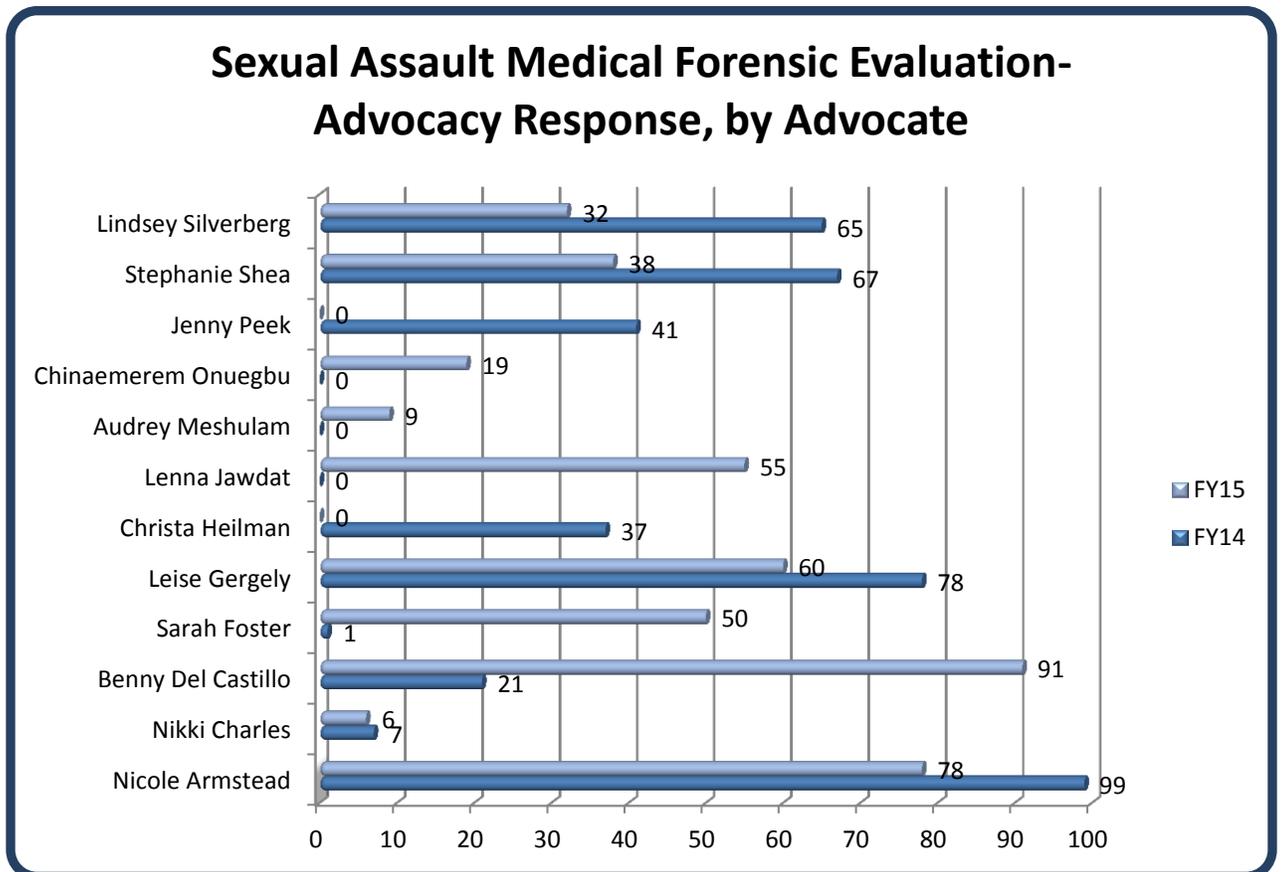


For Fiscal Year 2015, an advocate responded in every case except for four (4) cases. In one case, advocacy was not contacted. In one case, an organization other than NVRDC provided the advocacy response. In one case, the patient was not conscious. In the fourth case, advocacy did not respond.

For Fiscal Year 2014, an advocate responded to 412 calls for service (99%). In one (1) case, the patient was exempted at the hospital after being determined to not be a DC SANE case. In two (2) cases, the patient was unconscious and unresponsive throughout the exam; advocacy was not needed. In one (1) cases, advocacy did not respond due to the patient’s repeated use of the DC SANE program. When advocacy does not respond in these limited circumstances, case management is still offered to the patient.

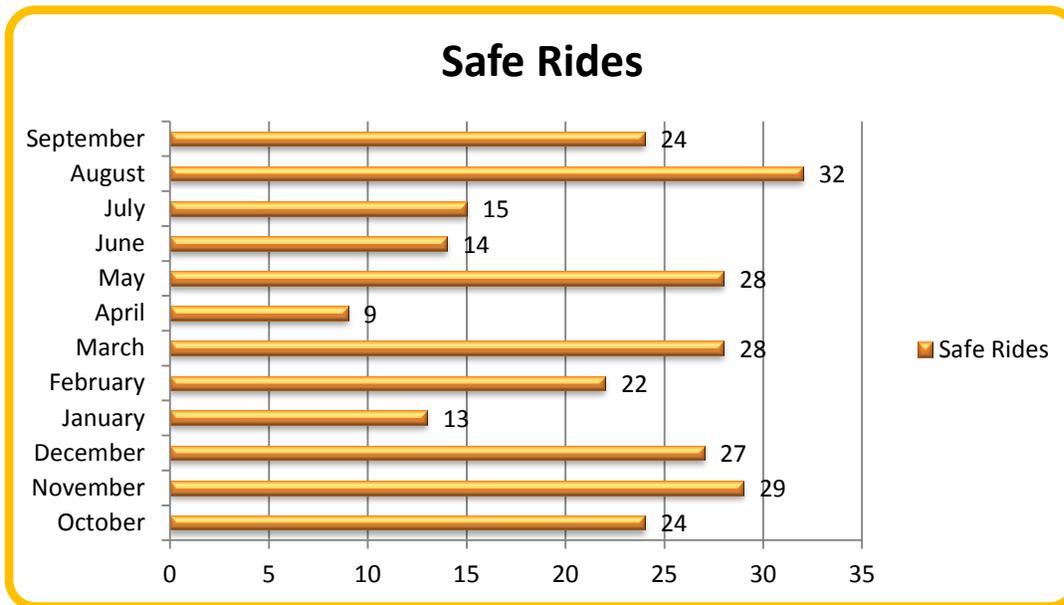
Note that the number of advocacy calls may differ from the number of evaluations performed due to the differentials in the shift times between advocates and nurses.

Figure 20. Sexual Assault Medical Forensic Evaluation-Advocacy Response, by Advocate



*NOTE: Advocate response numbers that are reported by NVRDC are calculated slightly differently than the DCFNE numbers. Therefore, the totals might be slightly different from the number of DCFNE evaluations performed. For example, if one patient comes into the hospital for an exam and is unable to have the exam due to inability to give consent, the DCFNE nurse on duty will “exempt” that patient. That will count as one DCFNE evaluation. If that same patient later becomes able to give consent, the DCFNE nurse on duty will perform the examination. That counts as a second evaluation. NVRDC provides a count of patients, or individual clients, served.

Figure 21. Safe Rides Provided

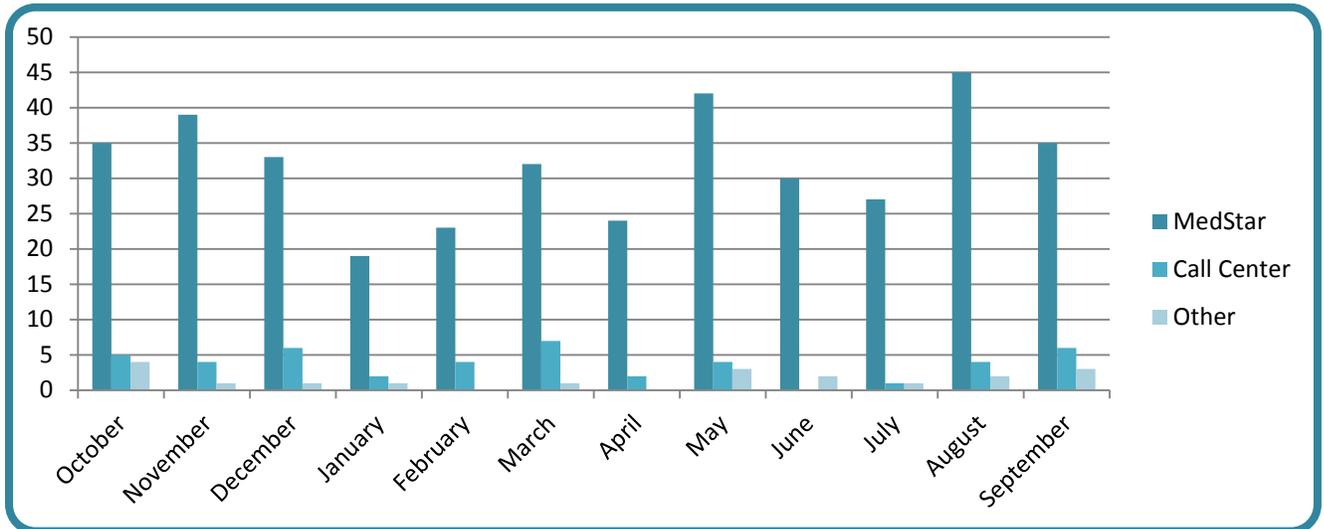


In FY 2015, the DC SANE program has provided 265 safe rides.

In FY 2014, the DC SANE program provided 226 safe rides throughout the year.

The number of “safe rides” provided refers to the number of rides that were provided through NVRDC for a victim that needed a ride to or from MedStar Washington Hospital Center. Currently, the contract to provide “safe rides” is through UBER.

Figure 22. Sexual Assault Nurse Examination Calls, by Source of Call



Thus far In Fiscal Year 2015, the DC SANE Call Center received and responded to 10% of all calls for service. 85% of the calls for service came through MedStar.

In Fiscal Year 2014, the DC SANE Call Center received and responded to 69 calls for service, or about 17% of the total SANE patient population.

Figure 23. Sexual Assault Nurse Examination Calls, by Source of Referral (how the victim accessed the program)

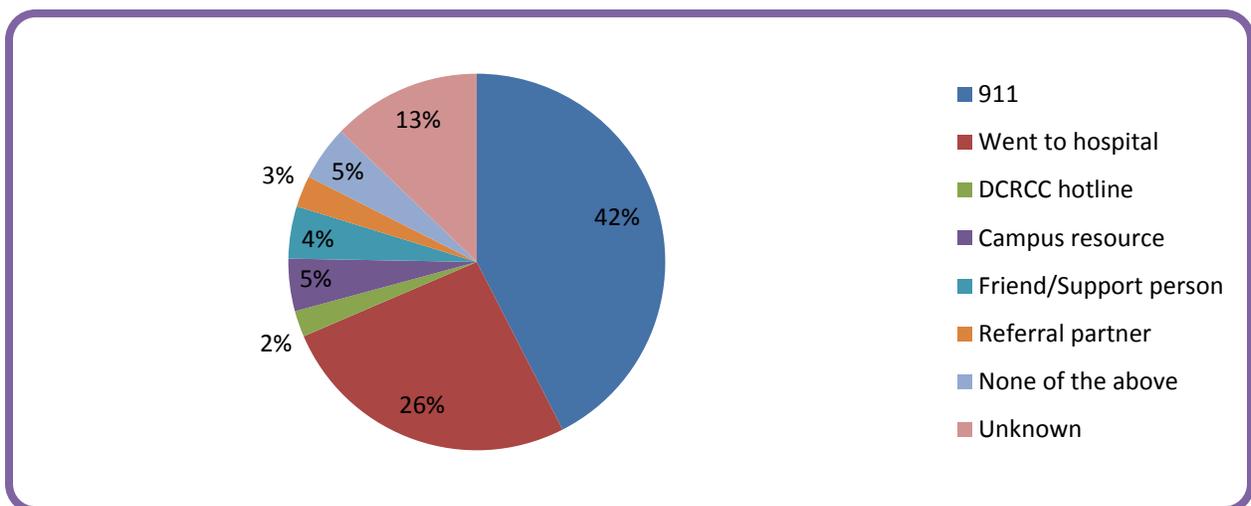
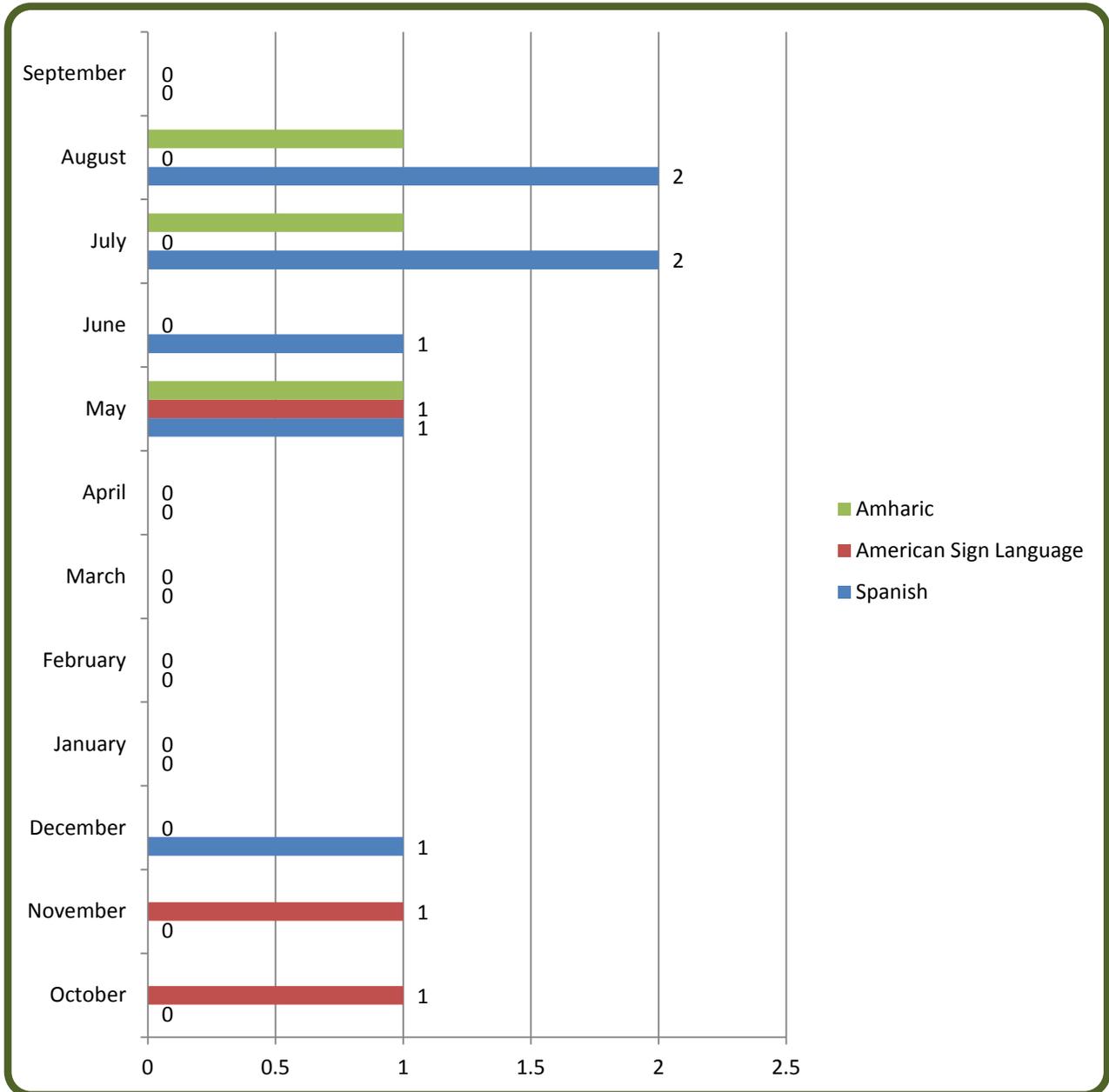


Figure 24. Interpretation Services Utilized



In Fiscal Year 2015, the DC SANE program utilized interpretation services a total of 10 times.

In FY 2014, the DC SANE program utilized interpretation services a total of 11 times.