



**County of San Diego
Health and Human Services Agency
Division of Emergency Medical Services**

County of San Diego

Sexual Assault Response Team

Systems Review Committee Report

Five Year Review

**County of San Diego
Board of Supervisors**

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MISSION STATEMENT

To promote social change that fosters a society responsive to victims/survivors, their families and our community that holds offenders accountable.

VALUES:

Culture & Community Support

We are committed to meeting the diverse needs of all members of our community.

Education

We are committed to educating ourselves and the community through multi-disciplinary training and adhering to current standards of professional practice.

Professionalism

We are committed to an objective state of the art knowledge based practice, continuing education, non judgmental and honest interaction with victims, and open, respectful communication with other professionals in the field.

Sensitivity

We are committed to recognizing the physical and emotional needs of the victims, providing gentle, and thorough acute and follow-up care.

Communication

We are committed to listening to one another's concerns, opinions and offering support through community education and resources.

VICTIM QUESTIONNAIRE

A confidential questionnaire, available in English and Spanish, was developed to elicit SART program feedback from victims/survivors of sexual assault. The questionnaire and a pre-stamped, pre-addressed envelope is given to the victim at the completion of the evidentiary examination. Responses are mailed directly to the County of San Diego, Emergency Medical Services, entered into a data base, and anonymously shared with SART program personnel. The questionnaires ask victims to rate the services provided by law enforcement personnel, forensic examiners, and advocates as excellent, good, fair, or poor. A majority of the victims rate the services as excellent. Additionally, there is space to provide written remarks for each agency. Below are a few comments:

- "The people that I dealt with today were absolutely amazing. I was more than impressed, as well as surprised, at how nice, understanding and comforting everyone was."
- "This has been one of the most difficult experiences I've ever been through. ... if more women who have experienced this knew what support efforts law enforcement provided, more would come forward. Keep up the great work and support."
- "The nurse was great, real understanding, sympathetic, and gentle."
- "It really did make everything easier to have the SART advocate there to help me through the whole experience."
- "The officer, the nurses, and the crisis counselor were all very helpful and understanding and so very caring about my needs."
- "I'm only 16 years old, and I was raped, and the police officers, detectives, and the nurse & advocate @ SART were very nice, comforting, and helpful. They made me feel a lot better! Thank you!"

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EXECUTIVE SUMMARY

In August of 1991 the San Diego County Board of Supervisors established the Sexual Assault Response Team (SART) model as the standard of care for victims of sexual assault in the County of San Diego. This action was implemented to rectify an identified fragmented, non-standardized response for sexual assault victims.

SART has two primary purposes; (1) to provide emotional support for the victims of sexual assault and (2) to ensure accurate evidence collection to promote the apprehension and prosecution of the perpetrators of this crime. SART utilizes a victim-sensitive, multi-disciplinary approach to guarantee achievement of these goals. The team consists of law enforcement personnel, skilled forensic examiners, and sexual assault victim advocates. Since the implementation of the SART model, the program has been strengthened by the active participation of district attorneys and crime lab personnel. Advocates, law enforcement, forensic examiners and victims interface with the District Attorney's Office to cultivate a seamless approach to the prosecution of suspects.

The SART program, initially conceived for adult civilian victims of sexual assault, has expanded to incorporate San Diego's child abuse centers and military personnel. The cooperative efforts of the many agencies involved has facilitated the standardization of countywide policies and procedures and has established a model that has gained regional and national recognition.

The Sexual Assault Response Team Systems Review Committee Report outlines achievements during the calendar years of 1995 - 1997. A few of these accomplishments are catalogued below:

- Acquaintance Rape Speaker's Bureau established in 1995 by San Diego Police Department Sex Crimes Unit to provide risk reduction education to the community. A partnership with the San Diego school system incorporates the education into high school curriculum
- Developed a countywide release of information system enabling the District Attorney Victim/Witness Assistance Program and all advocacy agencies to share information for the purpose of coordinating court accompaniment for the victim.
- Developed a Victim Questionnaire in English & Spanish to elicit feedback from victims who had been served by the SART process. Division of Emergency Medical Services developed a data base to house questionnaire responses.

- Revised the countywide data base to include additional relevant data elements. Included evidentiary examination information from the Center for Child Protection, Palomar Medical Center and the San Diego Naval Medical Center. Established a disk transfer process for adult SART centers to facilitate download of information into the countywide data base.

The Health & Human Services Agency, Division of Emergency Medical Services was charged with the responsibility of evidentiary examination data collection. Some important statistics for the period include:

- Two thousand one hundred eighty-five exams were conducted in adult SART facilities during calendar years 1993 - 1997.
- Ninety-six percent (96%) of the evidentiary exams conducted at adult SART facilities were for female victims (1993 - 1997).
- During 1993 - 1997, the San Diego Police Department authorized 46% of county exams at adult facilities, followed by the San Diego Sheriff's Department (20%), Oceanside PD (9.3%), Escondido P.D. (5%), Chula Vista PD (4%) and El Cajon PD (4%).
- A majority of exams (56%) at adult facilities were for females ages 18 - 29. This age group comprises 17% of the population which translates to a rate of 104 evidentiary exams per 100,000 females (1993 - 1997).
- The highest rate of evidentiary exams conducted at all adult and child SART facilities for years 1995 - 1997 was for the 15 - 19 year age group (210/100,000).
- At adult/adolescent SART facilities, fifty-seven percent (57%) of exams were authorized for White female sexual assault victims, 19.3% were for Black females, and 17.7% were for Hispanics (1995-1997).
- Exam rates for Black females 18 years and older were three times the White rate (1.43/100,000 vs 0.34/100,000). The Hispanic female examination rate was 0.43 per 100,000 female residents 18 years or older (1995 - 1997).
- Seventy percent (70%) of victims undergoing evidentiary examinations at adult SART facilities stated they knew the perpetrator (1996 & 1997).
- Positive visible physical findings were identified by forensic examiners in 88% of adult/adolescent evidentiary examinations (1996 & 1997).
- In a three year period, 1593 evidentiary exams were conducted at the two child abuse centers; Center for Child Protection at Children's Hospital & Health Center and Palomar Hospital (1995-1997).

- For selected sexual assault cases reported to the San Diego Police Department, and reviewed by the District Attorney's Office, there was a statistically significant increase ($p < 0.001$) in suspect charging from 30% in 1994 to 53% in 1996. This may suggest, that as the SART system matured, prosecution efforts were enhanced. Concurrent developments during this three year period, such as personnel and policy changes warrant further investigation.*
- Research was conducted on 1,228 sexual assault cases reported to the San Diego Police Department from 1994-1996. Evidentiary examinations were performed in 697 of these cases, and the Office of the District Attorney reviewed 257 of the cases with SART exams for prosecution. The percent of these cases in which the identified suspect was charged with a crime increased from 39% in 1994 to 61% in 1996. A number of factors may have contributed to this result including the implementation and maturation of the San Diego County Sexual Assault Response Team.*

* Lindsay, Suzanne P. "An Epidemiologic Study of the Influence of Victim Age and Relationship to the Suspect on the Results of Evidentiary Examinations and Law Enforcement Outcomes in 'cases of Reported Sexual Assault'". Doctoral dissertation, San Diego State University and the University of California at San Diego, June, 1998.

BACKGROUND

At the request of the Director of the Department of Health Services, The "Report on the Current Status of Sexual Assault Examinations in San Diego County" was presented to the Board of Supervisors in November 1990. The report described a fragmented system of care for sexual assault victims including inconsistent access, availability, timeliness and accuracy of evidentiary examination processes. To address these problems the San Diego Board of Supervisors and the Department of Health Services convened a multi-jurisdictional, multi-disciplinary task force. The task force was requested to investigate the extent and nature of issues impeding consistent and appropriate processes for incidents of sexual assault and to suggest avenues for improvement. In 1991, the Board of Supervisors accepted the recommendations of the task force to implement the Sexual Assault Response Team (SART) model for the San Diego community.

On November 6, 1990 (#42), the Board of Supervisors adopted a resolution authorizing the formation of a multi-jurisdictional SART task force for the purposes of:

planning and implementing a regional response to Sexual Assault Evidentiary Examinations, and

establishing a regional standard of practice addressing the timeliness and quality of examinations, access and availability, cost, prosecutability, accuracy and municipal concerns.

On August 13, 1991 the "Report of San Diego County Regional Sexual Assault Evidentiary Examination Task Force" was presented to the Board of Supervisors and the following task force recommendations were adopted:

Accept the San Diego County Regional Sexual Assault Evidentiary Task Force report in order to guide the planning and implementation of the regional response to the sexual assault evidentiary examinations process.

Establish the SART concept for the evidentiary examination as the standard of practice for San Diego County.

Direct the Chief Administrative Officer, through the Department of Health Services, to facilitate the coordination of a countywide SART program and work with the medical, law enforcement and advocacy groups to ensure continued system improvements and oversight to the SART process.

Direct the Chief Administrative Officer, through the Department of Health Services, to provide an annual report to the Board of Supervisors on the progress of the implementation of the countywide SART system.

On May 9, 1995 the first report of the SART Systems Review Committee was presented to the San Diego County Board of Supervisors.

This SART Systems Review Committee Report provides a description of the SART as it has evolved since inception, outlines accomplishments, future goals, and evidentiary examination data reflective of frequency, demographics, and system operations.

SAN DIEGO SART SYSTEM HISTORY & DESCRIPTION

HISTORY

Prior to the advent of the San Diego Sexual Assault Response Team (SART), evidence collection efforts and emotional support for the adult victims of this crime were inconsistent and fragmented. The evidentiary examination, commonly referred to as the "rape exam", was authorized by law enforcement agencies to collect information to assist in the prosecution of sexual assault perpetrators. Because the nature of the examination required that medical personnel conduct the procedure, law enforcement agencies contracted with Emergency Departments countywide to perform the exam. Before the implementation of SART, not all law enforcement agencies had such contracts and efforts to identify a hospital facility often resulted in delays. The exams were conducted in the public atmosphere of the Emergency Department and, because life-threatening patients had to take priority, the examination was often delayed or interrupted. The skill and accuracy of the physical and historical exam was dependent on the experience of the medical practitioner. Rarely were genital injuries photographed because the necessary equipment (a colposcope & camera) were unavailable in most emergency departments. Emotional support may have been provided by social workers at some Emergency Departments but with no assurance of follow-up.

Once the SART system was implemented law enforcement agencies developed contracts with designated hospitals committed to performing comprehensive examinations for sexual assault victims, using specially trained nurse forensic examiners and patient advocates available for emotional support of the victim. This team response helps victims of sexual assault avoid repetitive and unnecessary questioning and delays, provides emotional support for the victims, and assures correct and consistent gathering of evidence thus enhancing the apprehension and prosecution of perpetrators of the violent crime of rape.

CURRENT SART SYSTEM PROGRAM OPERATIONS

The focus of the SART system during the initial implementation was to ensure a coordinated response for civilian adult/adolescent victims of sexual assault. Efforts were focused in this area because at that time all child and a proportion of adolescent evidentiary examinations were conducted at two facilities, the Center for Child Protection at Children's Hospital & Health Center and Palomar Medical Center.

The last several years has witnessed increased SART community collaboration, not only between the adult SART participants, but also between professionals representing the child abuse facilities, the Office of the District Attorney, San Diego crime labs, and military programs. This extension of SART participation beyond the original model has resulted in a sharing of information, efforts to standardize treatment, intra-agency cross education, and coordination of services.

Currently all San Diego county law enforcement agencies have contracts with area hospitals to provide sexual assault evidentiary examinations (SAEE):

Adult exams (> 18 years) are conducted at VillaView Hospital or Pomerado Hospital.

Child exams (0 - 13 years) and most exams for developmentally delayed persons are conducted at the Center for Child Protection at Children's Hospital & Health Center or at the Child Abuse Unit at Palomar Hospital.

Adolescent exams (14 - 17 years) are conducted at one of the four facilities listed above, dependent on law enforcement contract.

The forensic examination is a legal procedure and, as ordered by Penal Code Section 13823.95, the financial responsibility of the law enforcement agency in whose jurisdiction the sexual assault occurs.

Adult Examination Facilities

When notified of a sexual assault, law enforcement interviews the victim, any available witnesses, and secures the crime scene. If law enforcement determines that forensic evidence may be retrievable and there are documentable injuries, and if the victim consents to undergo an evidentiary examination, the 24 hour on-call sexual assault forensic examiner (SAFE) and sexual assault victim advocate are paged to meet law enforcement and the victim at the hospital.

The forensic interview and examination are conducted by the forensic nurse specialist in a quiet room, separate from the public and busy atmosphere of the emergency department. San Diego SAFE's have all completed a special core curriculum course, providing didactic education and clinical experience in the examination, collection, and documentation of sexual assault forensic evidence. Examiners use a colposcope, which is a magnifying instrument to visualize skin and genital injuries. A camera is attached to the colposcope which provides photographic documentation of findings. Forensic practitioners provide education and prophylaxis for sexually transmitted diseases and emergency contraception when indicated.

The immediate availability of qualified clinicians to perform sexual assault evidentiary exams decreases the long waits previously experienced by sexual assault victims and enhances the prosecution of perpetrators. The SART system also enables law enforcement officers to return to the field in an expeditious manner.

The addition of the sexual assault victim advocate to the SART team recognizes the importance of psychological and emotional support for the victim. The sexual assault victim advocate is the person whose primary purpose is to provide emotional support throughout the process. In addition to providing this support at the time of the exam, advocates ensure that victims are informed about follow-up counseling services, the Victim/Witness Assistance Program, and community resources. They may also accompany the victim to interviews and court if needed. The primary agencies providing advocacy include:

- Center for Community Solutions (CCS)
- Escondido's EYE Counseling and Crises Services
- Oceanside's Women's Resource Center

Other volunteer agencies, including the Citizens Adversity Support Team (CAST), Crisis Intervention (CI), the Trauma Intervention Program (TIP), and the Sexual Assault Victim Intervention (SAVI) program provide immediate emotional and psychological support for victims when requested.

The District Attorney Victim/Witness Assistance Program also provides court accompaniment and assists victims with a variety of services including filing compensation claims for possible reimbursement of lost wages, and medical and counseling expenses.

Child Examination Facilities

The Center for Child Protection and Palomar Medical Center have comprehensive programs to assist in the detection and evaluation of child abuse and molestation. Their staff includes physicians, social workers and nurses.

At the request of law enforcement or Children's Services Bureau (CSB), a physician/nurse team is immediately available for acute assaults reported within 72 hours of the incident. A day time examination is scheduled for cases disclosed beyond 72 hours.

Every effort is made to eliminate unnecessary and repetitive interviews. At the request of law enforcement, specially trained evidentiary social workers are available to conduct videotaped interviews with child and adolescent victims. This service is also available for severely developmentally delayed adults.

SART SYSTEMS REVIEW COMMITTEE

The Sexual Assault Response Team (SART) Systems Review Committee was established by the Director of the Department of Health Services to address specific policies and procedures related to the implementation and operation of the SART program in San Diego.

The Committee is comprised of representatives from the adult/adolescent SART facilities of Pomerado and Villa View Community Hospital, the child/adolescent centers of the Center for Child Protection (CCP) and Palomar Medical Center, the San Diego Naval Medical Hospital, law enforcement agencies, advocacy programs, district attorneys and victim-witness personnel from the District Attorney's (DA's) Office, Crime Labs, Indian Health Council and the Health & Human Services Agency, Division of Emergency Medical Services.

The Systems Review Committee exemplifies how cooperation and collaboration can enhance outcomes of multi-disciplinary programs.

DATA COLLECTION EFFORTS

Prior to the SART program, basic questions regarding the number of evidentiary exams performed, law enforcement agency involvement, sexual assault victim demographics, and examination time sequence, were not centrally tracked. Currently all SART facilities provide SART system data to the Division of Emergency Medical Services for input to a central computerized data base. Data points were chosen to accomplish the following goals:

- Evaluate the strengths and weaknesses of the SART program
- Provide basic demographic victim information
- Track SART facility, law enforcement, and advocate agency participation
- Document physical injuries incurred as a result of sexual assault
- Improve the quality of the forensic exam
- Provide data for grant funding and clinical research on sexual assault victims
- Track and evaluate judicial outcome

SART SYSTEMS REVIEW COMMITTEE REPORT

This report provides evidentiary examination and program operation data, a summary of SART Systems Review Committee accomplishments and standardized procedures, and an outline of future SART program goals. Data for 1998 has been received from VillaView, Pomerado and Palomar Hospitals. However, because 1999 data is incomplete, it has not been analyzed and will be included in next year's report.

DATA SECTION FORMAT

Countywide data collection efforts were initiated in October 1992 for participating **adult SART facilities**. The data collection instrument was revised in 1994 and 1995 to capture information relevant to system changes and research interests. For this reason there are some tables that reflect data from 1992 - 1997, while other tables depict data for a two or three year period.

Complete data from the **child abuse centers** is only available for 1995 - 1997. Information is not analogous to adult data, but is comparable in many areas. When available and relevant, data from the adult and child facilities is combined in the data tables.

Most exams authorized by the Naval Criminal Investigative Services (NCIS) for years 1992 - 1997 were conducted at San Diego adult SART facilities. This information is incorporated into the adult SART data tables, while the data from the 24 exams done at the **Naval Medical Center San Diego** is not included in this report.

Section 1: Background and Participating Agencies

- Information is from **adult SART facilities**. Many data tables in this section reflect information for a five year period stratified by participating agencies. Descriptions of agencies are also provided.

Section 2: Frequency and Demographics at Adult Centers

- Information is from **adult SART facilities** and concentrates on basic demographics and rates per population.

Section 3: Examination Outcomes and Victim Perpetrator Relationships

- Information is from **adult SART facilities** and reflects SART system operations, examination findings and perpetrator relationships.

Section 4: Examination of Minors

- Information is from **adult and child SART facilities**. Data tables either reflect combination data or information from the child abuse centers only.

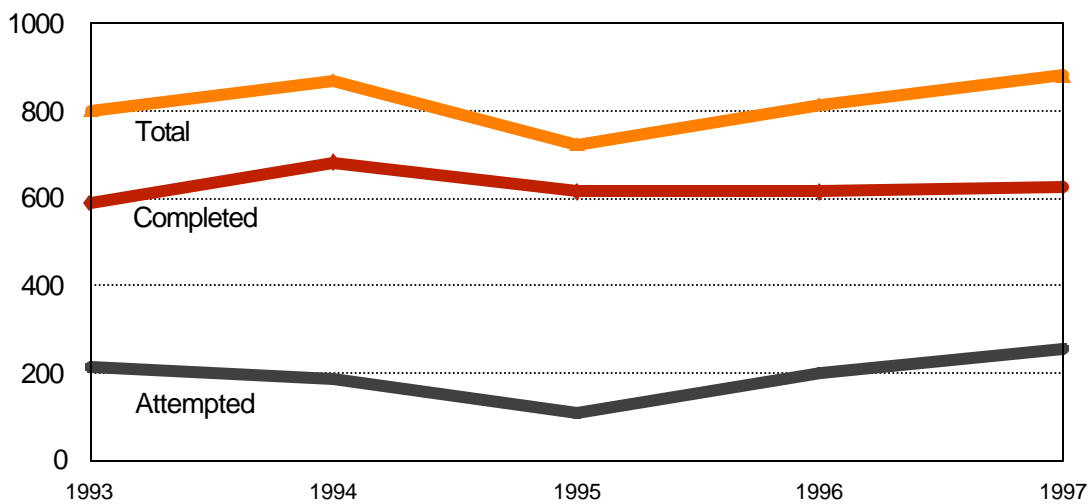
Section 1

Background and Participating Agencies

Rape in San Diego County: 1993-1997

The San Diego Association of Governments (SANDAG) reports rape statistics annually for the FBI's Uniform Crime Report (UCR). The UCR defines and limits "rape" to forcible, non-consenting carnal knowledge against females, and includes penal codes 261(a)(2). This includes rape against females of all ages, but excludes incidents of consensual sex with a minor (statutory rape). It also excludes non-forcible sexual assaults involving developmentally disabled persons and against victims who do not resist because of the influence of alcohol or drugs. Sexual assaults against males are reported separately in the FBI index assault category. For the years 1993 through 1997, SANDAG documented an annual average of 818 women who reported either attempted or completed rapes. For 1997, this corresponds to an incidence rate of 72 rapes for every 100,000 females. As the table below shows, rapes are reported as either attempted or completed.

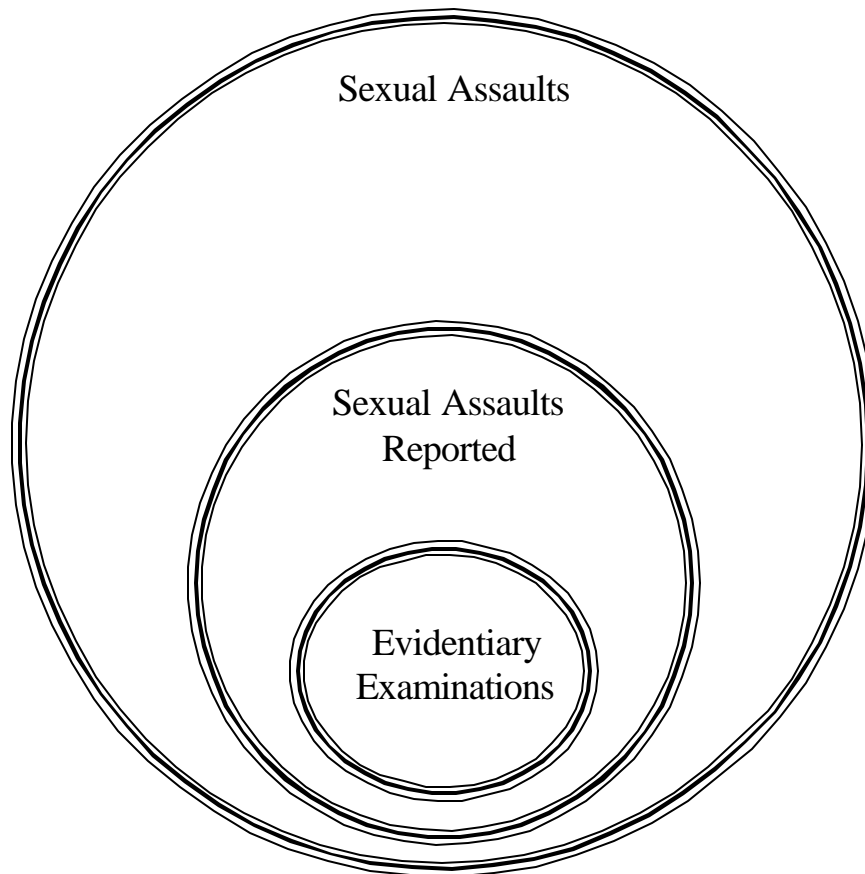
Reported Rapes of Females
San Diego County 1993 - 1997



Source: SANDAG: Crime in the San Diego Region, Annual Report, 1997

Sexual Assault Reporting

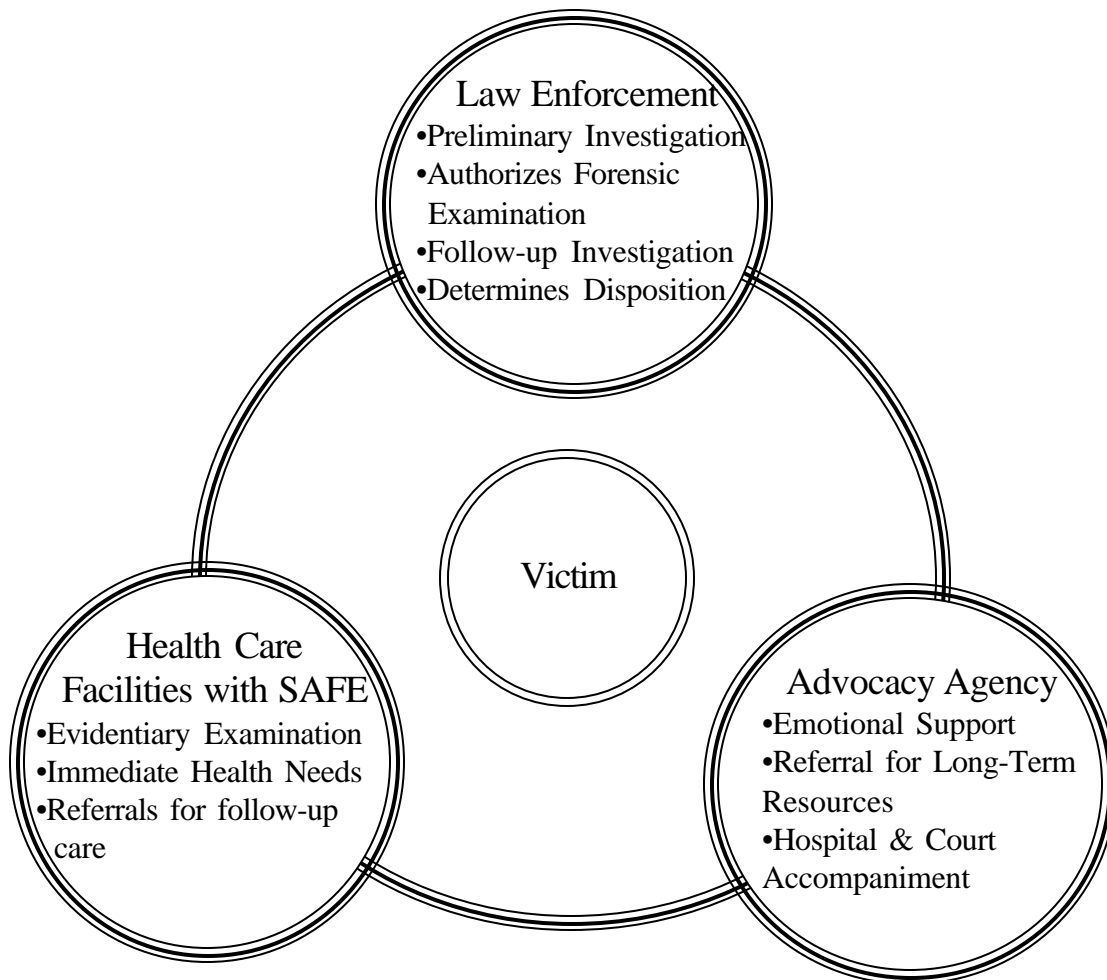
The total number of sexual assaults is unknown because only a proportion are reported to law enforcement authorities. In 1990, the FBI Uniform Crime Report documented 102,560 reported attempted or completed rapes against women and children. A National Women's Study conducted in the same year used probability sampling to estimate that 680,000 adult women were raped and 84% of these women did not report the crime. The number of reported assaults that receive evidentiary examinations may be further limited for a variety of reasons, including victim refusal or if evidence or documentation of injury would be unlikely to result from the examination (e.g., if too much time had passed since the assault).



SART Program

The San Diego County Sexual Assault Response Team (SART) initial response is comprised of three elements. The responding law enforcement agency conducts the investigation, authorizes the exam, and collects information for prosecution. Specially trained Sexual Assault Forensic Examiners (SAFEs) are located at regional health facilities, where they perform the evidentiary examination. Representatives of advocacy agencies are present to guide the victim through the process and to provide immediate and long term support.

Follow-up prosecution activities include the district attorney, and may involve testimony from law enforcement and health care personnel along with continuing support from the advocacy agency representatives.



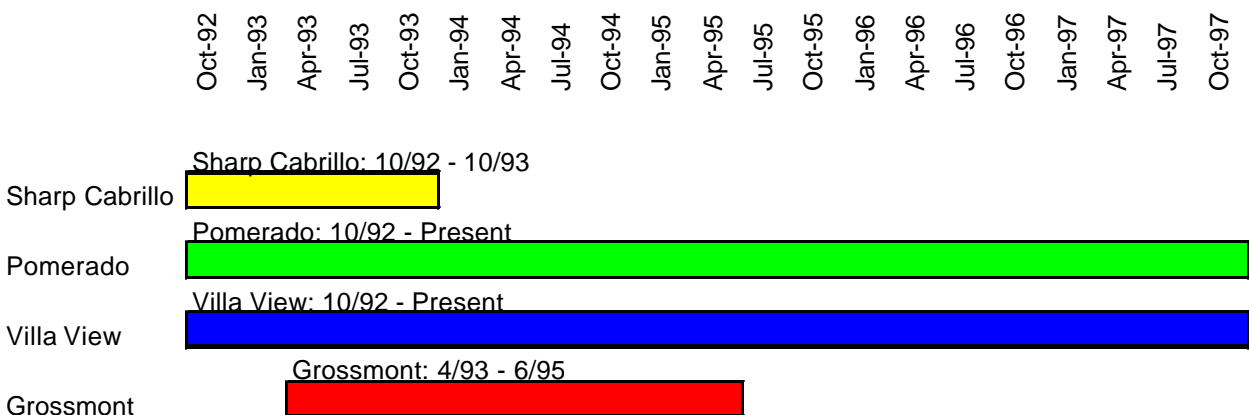
Adult SART Facilities

The SART program began in August 1991 and data collection started in October 1992. Statistical analysis presented in this report reflects full calendar years only and excludes data from the three months in 1992 (107 exams). For the period during which data is available, four separate hospitals have served as adult SART examination facilities. Two of these hospitals, Pomerado (north county) and Villa View (central region) have provided services from the outset of the program through the present time. Sharp Cabrillo Hospital, which began conducting examinations at the start of the SART program, discontinued the program in October 1993. Grossmont Hospital was a SART facility from April of 1993 through June of 1995.

Other facilities in San Diego County also perform sexual assault and child abuse examinations for specific population subgroups. The Center for Child Protection at Children's Hospital and Health Center and the child abuse unit at Palomar Medical Center contract with several law enforcement agencies to conduct examinations on all victims 13 years and younger. Additionally, some law enforcement agencies contract to have adolescents age 14 to 17 seen at these facilities. The military bases in the region use their own resources to investigate allegations of sexual assault occurring on military property and these exams are conducted at the San Diego Naval Medical Center.

Some of the data elements collected have changed since program implementation. This report will specify the time period covered for all statistics.

Data Collection Efforts



Source: San Diego County Adult SART Data

Evidentiary Exams by Facility and Year

Between January 1, 1993 and December 31, 1997, 2185 evidentiary exams were conducted at adult SART facilities. Overall, the number of exams performed at SART adult facilities increased by 20% during this five-year period.

Villa View Hospital conducted 1198 (55%) of the examinations during this time period, and had two forensic examiners on call 24 hours a day to address its high examination volume. Their high volume was due in part to a contract with the San Diego Police

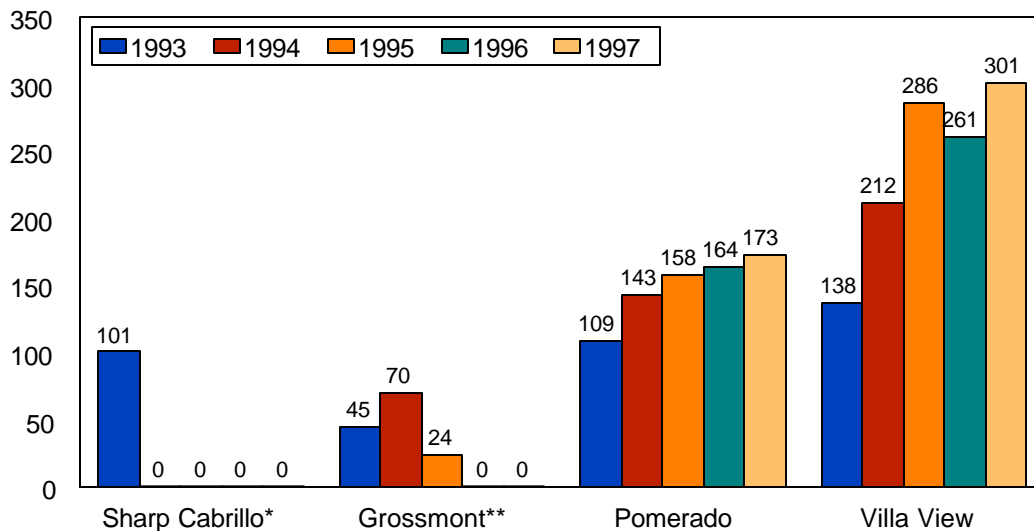
Department, which serves 44% of the county population. Pomerado Hospital, which serves the north county and parts of the east county region, conducted 747 exams (34%). Grossmont Hospital and Sharp Cabrillo Hospital both conducted evidentiary examinations in the past but discontinued SART services due to low volume.

Number of Exams by Year and Percent Change

	Number	Percent Change
1993	393	--
1994	425	8%
1995	468	10%
1996	425	-9%
1997	474	12%
Total	2185	21%

Source: San Diego Adult SART Data, 1993 - 1997

Number of Evidentiary Exams by SART Facility and Year of Exam



*Conducted evidentiary exams October 1992 - October 1993

**Conducted evidentiary exams April 1993 - June 1995

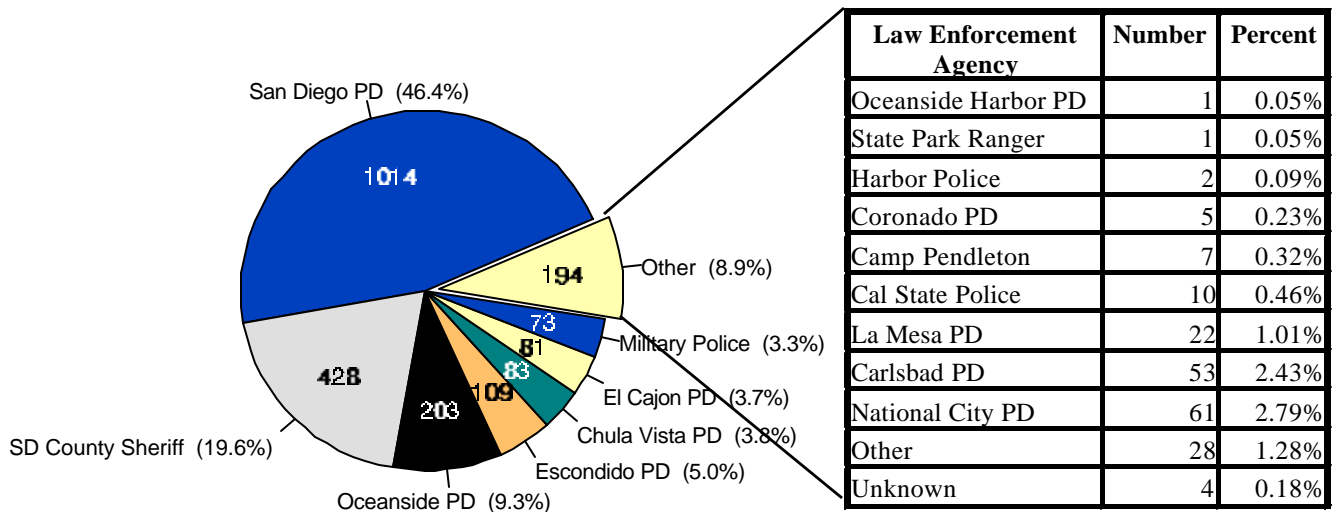
N=2185

Source: San Diego County Adult SART Data: 1993 - 1997

Authorizing Law Enforcement Agency by Report Period

The responding law enforcement agency is responsible for authorizing the examination and transporting the victim to the SART facility. Since the examination is conducted for the purpose of collecting evidence, the authorizing law enforcement agency is also responsible for cost reimbursement. The San Diego Police Department, whose jurisdiction encompasses 44 percent of the county population, authorized 46 percent of SART examinations during the five-year period from 1993-1997. Oceanside, with 5.5 percent of the population, had 9.0 percent of SART cases. The contributions of the other major cities were as follows: Escondido (4.4% of population), 5.0%; Chula Vista (5.7% of population), 3.8%; El Cajon (3.4% of population), 3.7%. The San Diego County Sheriff, which patrols the county's unincorporated regions and holds contracts with several cities (29.3% of population), authorized twenty percent of SART cases.

Authorizing Law Enforcement Agency



N=2185
 Source: San Diego Adult SART Data, 1993 - 1997

Advocacy Agencies

The sexual assault victim advocate's primary purpose is to provide emotional support throughout the SART process. In addition, advocates ensure that victims are informed about follow-up counseling services, the Victim/Witness Assistance Program, and community resources. If requested, they are present during law enforcement and attorney interviews and provide court accompaniment. During 1996/1997, the Office of Criminal Justice Planning (OCJP) sponsored several advocacy service providers. The majority of services were provided by the Center for

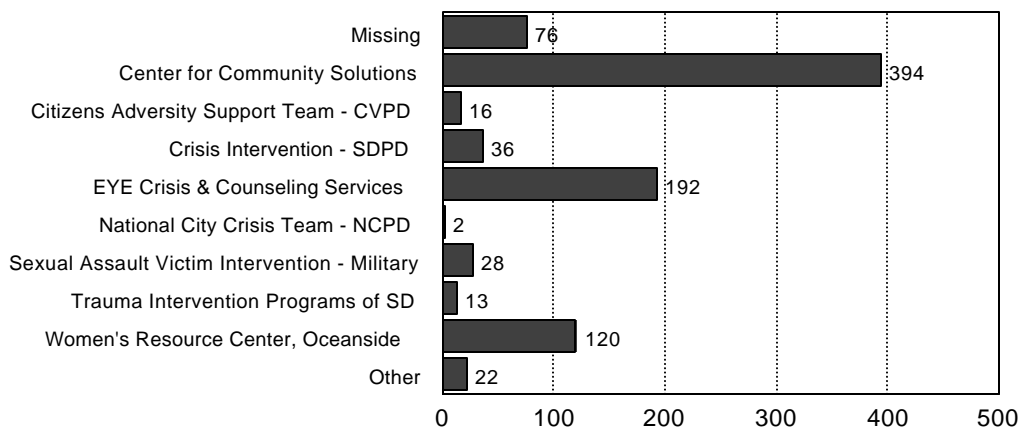
Community Solutions (CCS), EYE Crisis & Counseling Services, and the Women's Resource Center in Oceanside (WRC). As shown in the accompanying table and chart, CCS, which provided services exclusively to Villa View Hospital, performed 44% of advocacy services during the time for which this information is available. EYE and WRC accounted for 35% of advocacy services, serving Pomerado Hospital. In addition to the OCJP funded agencies, several community-based and law enforcement-affiliated volunteer programs offer first line support for sexual assault victims. The District Attorney Victim/Witness Assistance Program offers comprehensive services to crime victims. Advocates are located throughout the county. Services may include: crisis intervention, community resource referrals, assistance with filing Victims of Crime Compensation Claims, and information about the criminal justice system. D.A. victim advocates are also available to intercede on behalf of victims with family and friends as well as law enforcement officers and prosecutors.

Advocacy Agencies by SART Facility, 1996 - 1997

Agency	Pomerado	Villa View	Total
Blank	11	65	76
CCS	0	394	394
CAST	0	16	16
CI	0	36	36
EYE	192	0	192
NCCT	0	2	2
SAVI	9	19	28
TIP	0	13	13
WRC	120	0	120
Other	5	17	22
Total	337	562	899

Source: San Diego Adult SART Data: 1996 - 1997

**Advocacy Agency by SART Facility
1996 - 1997**



N=899

Source: San Diego Adult SART Data: 1996-1997

Military Sexual Assault Procedures

The military has a large presence in San Diego and their personnel have participated in SART activities since the beginning of the San Diego program. Divergent military structure and policy requires a sexual assault model slightly different from San Diego SART procedures. The primary dissimilarity is the need for the military to provide training for medical personnel to ensure forensic skills are available in foreign bases and on naval vessels. Initially Emergency Department and obstetric/gynecological residents were trained to conduct evidentiary exams for adult sexual assault victims. After two years it was decided that this was not meeting the needs of victims or law enforcement because of the competing time commitments of the medical residents. Currently, specially trained Navy examiners conduct the evidentiary examinations at Naval Medical Center San Diego and provide forensic education to the medical residents. Sexual assaults committed on military bases fall under the jurisdiction of the Naval Criminal Investigative Services (NCIS) and authorized examinations are conducted at the Naval Medical Center San Diego. Sexual assaults of military personnel or dependents in San Diego proper (non-military bases) are authorized by the law enforcement agency in the jurisdiction where the assault occurred. These examinations may be conducted at San Diego SART facilities or Naval Medical Center San Diego. Patient support is provided by advocates from the Sexual Assault Victim Intervention (SAVI) program.

A strong collaborative relationship between military personnel and the representatives from the San Diego sexual assault community has helped promote an effective sexual assault military program. A brief summary of their program in San Diego follows.

- A sexual assault program is established at the Naval Medical Center San Diego (1994).
- The navy expands their program to include colposcopic exams for on-base and military dependent-children. (1995).
- The adult sexual assault naval program is temporarily discontinued (1996) and NCIS authorized exams are conducted at San Diego adult SART facilities.
- San Diego forensic examiners provide education for SAVI regarding the evidentiary process used in adult facilities (1996).
- San Diego advocates work with SAVI to establish a procedure for military advocates to provide victim assistance when exams are done at adult SART facilities. This process is important to help familiarize the victim with the military's sexual assault procedures (1996).
- The San Diego SART model is presented to the Navy Surgeon General for use in the establishment of their multidisciplinary sexual assault program (1996).
- The Navy implements a training program for sexual assault examiners and investigators.
- Military forensic examiners observe and train at San Diego adult SART facilities to increase experience (1997).
- The SART program is re-established at the Naval Medical Center San Diego (1998).

Section 2

Frequency and Demographics at Adult Centers

Month of SART Exam

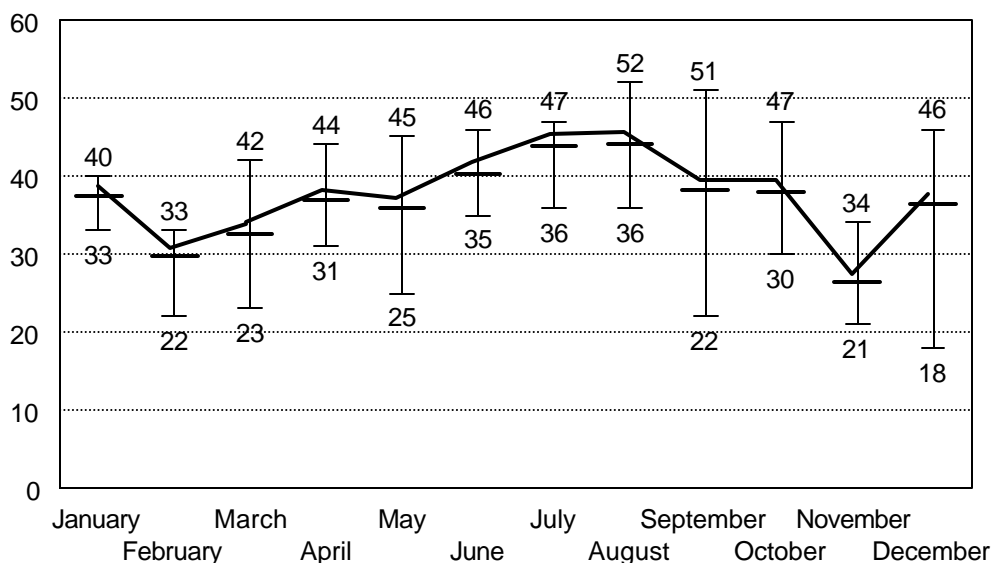
The following graph demonstrates the number of SART exams by month and year. The line shows the mean number of exams for each month. These data show a seasonal variation, with July and August experiencing the highest mean numbers of exams for the time period, and November seeing the fewest examinations on average.

Number of SART Exams by Month, 1993 – 1997

Month of Exam	5 Year Mean	5 Year Total
January	37	186
February	30	149
March	33	163
April	36	181
May	36	179
June	40	199
July	44	218
August	44	218
September	38	191
October	38	189
November	26	131
December	36	181
Total	437	2185

Source: San Diego Adult SART Data: 1993 - 1997

SART Exams by Month
 Minimum, Maximum, Mean
 1993 - 1997

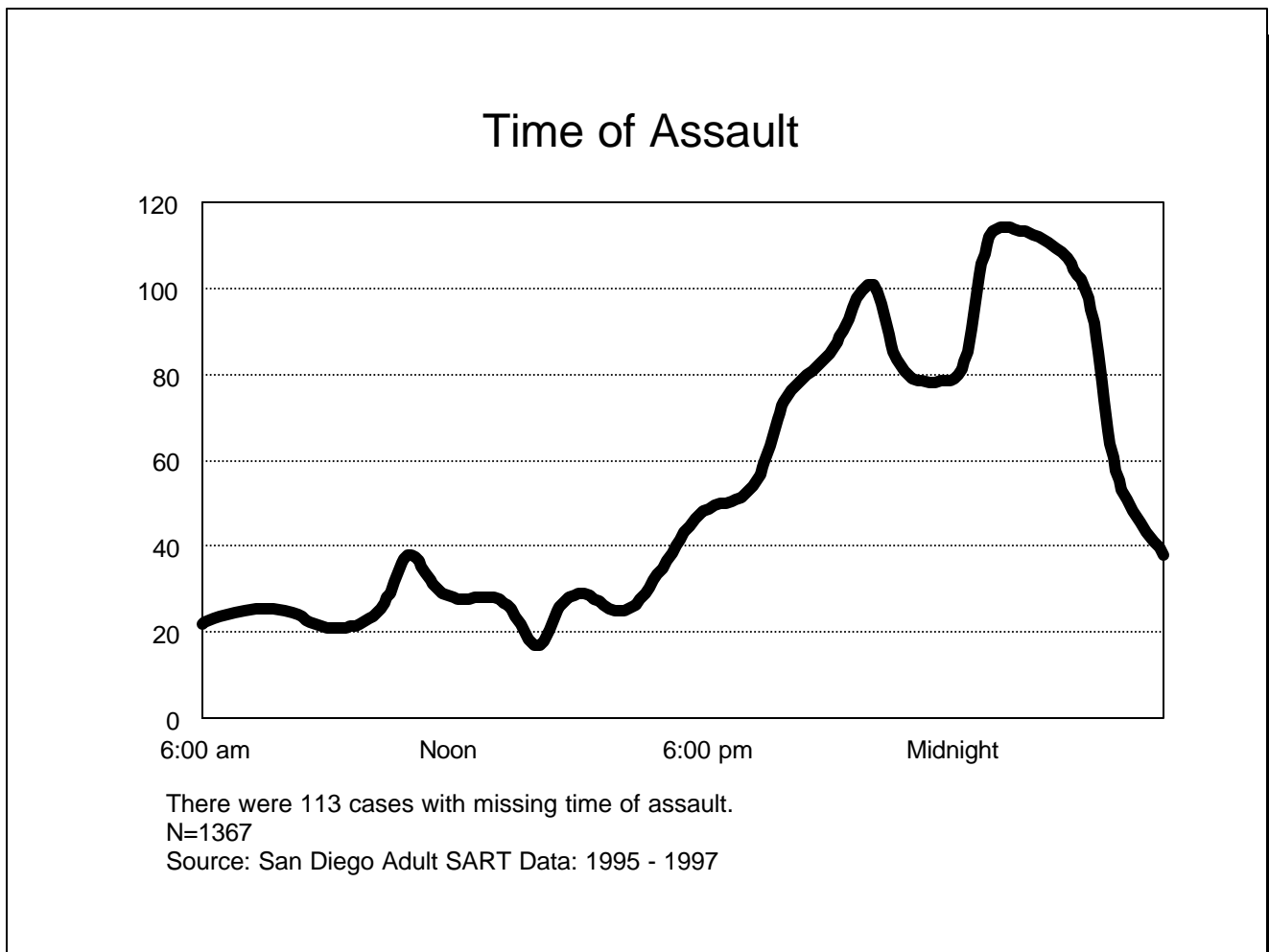


N=2185

Source: San Diego Adult SART data, 1993 - 1997

Time of Assault

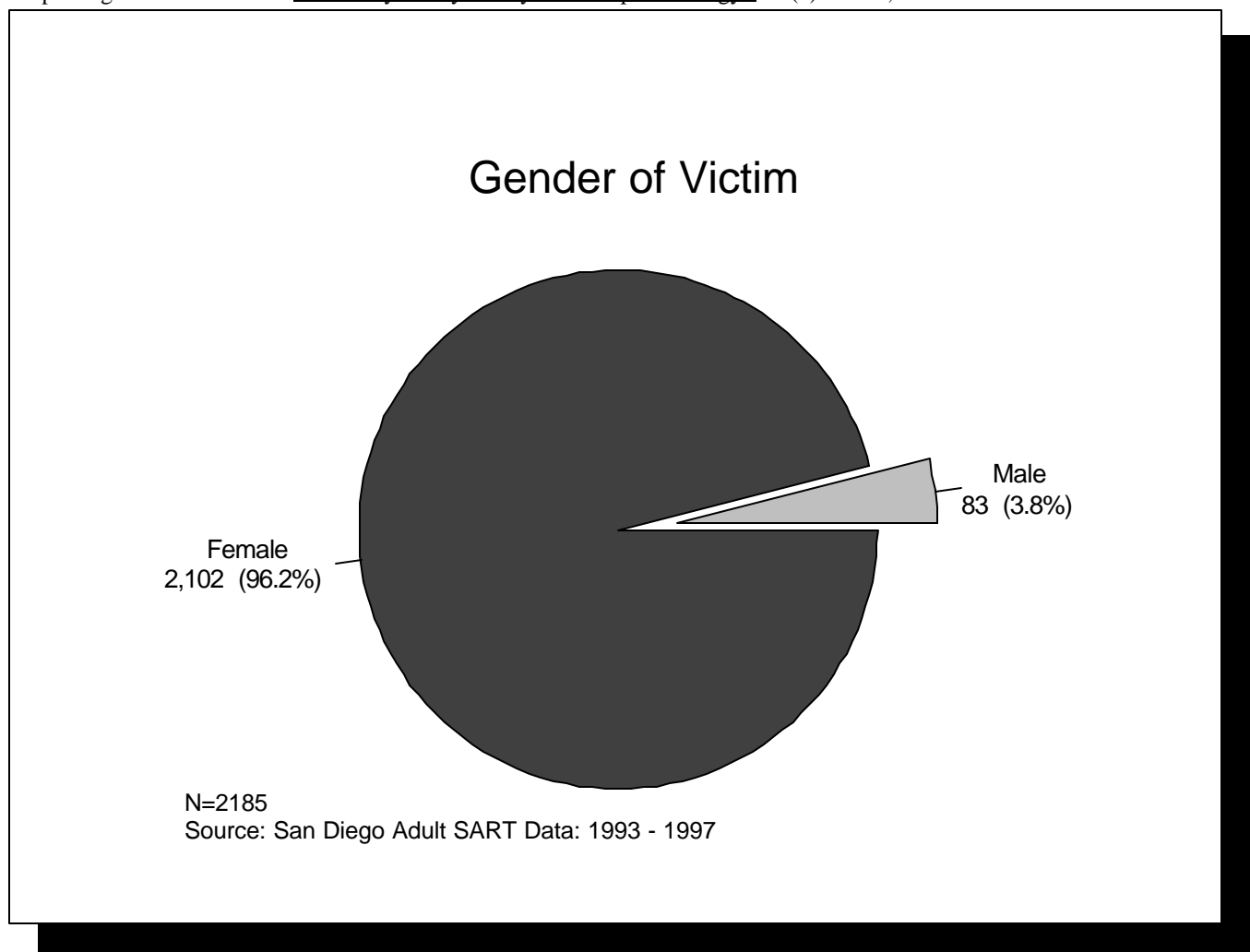
Time of day is a strong factor in the occurrence of sexual assaults. For the period from 1995 through 1997, 71% of the assaults occurred during the twelve-hour time interval from 6 p.m. to 6 a.m. with peak incidence from 1:00 to 3:00 a.m.



Victim Gender

While nearly all (96%) of the evidentiary examinations performed are on female victims, SART facilities and advocate agencies have made a concerted effort to have appropriate services available for males as well. It is extremely important that the needs of male victims be actively addressed, for two reasons. First, it has been suggested that because the stigma of sexual assault is even greater for male victims than for females, they are far less likely to report an assault. Second, research has found that adolescent male victims are much more likely to act out their frustration through suicide attempts, violence, and substance abuse¹. Intervention, therefore, is crucial in this group in order to interrupt the cycle of victims becoming abusers.

1. Darves-Bornoz J.M., Choquet M., Ledoux S., Gasquet I., Manfredi R. Gender Differences in Symptoms of Adolescents Reporting Sexual Assault. *Social Psychiatry & Psychiatric Epidemiology*, 33 (3): 111-7, 1998 March.



Age of Female Victims

Despite comprising only 23% of the total adult female population, victims between 18 and 29 years make up 62% of adult evidentiary examinations in SART facilities for a rate of almost 104 per 100,000.

Many law enforcement agencies contract with the Center for Child Protection and Palomar Hospital to conduct exams for victims less than 18 years of age. For this reason, the number of exams conducted at adult SART facilities for the 0-17 age group are not included in the rate calculations.

Examinations by Age for Adult Female Victims

Age Group	Number of Exams	Percent of Exams	Annual Rate Per 100,000 Females
18-29	1175	62.4%	103.5
30-39	461	24.5%	39.5
40-49	172	9.1%	18.8
50+	70	3.7%	4.2
Unknown	6	<1%	**
Total 18+	1884	100%	38.6

*Female victims only

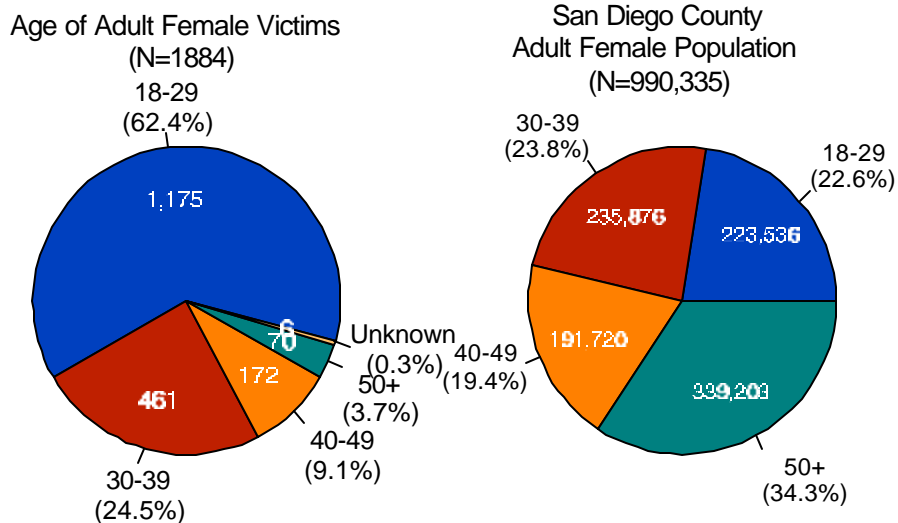
**Rates not calculated

Source: San Diego Adult SART Data, 1993 – 1997

Population Estimates for San Diego County, July 1995,

From SANDAG, 2020 Regionwide Forecast

**Victims vs. Population by Age
San Diego County, 1993 - 1997**



Source: San Diego Adult SART Data: Females, 1993 - 1997
Population Estimates, July 1, 1996, SANDAG

Race/Ethnicity of Victims

Beginning in July 1994 additional data points were collected in the countywide SART database. These include race/ethnicity, the general relationship of the perpetrator to the victim and whether the forensic examination disclosed positive visible physical findings consistent with the history of sexual assault.

Expressing race/ethnicity-specific data in terms of rates allows a much more meaningful comparison of different population groups than would be possible by examining raw numerical data by itself. For example, many more examinations were performed for White female sexual assault victims than for Blacks (660 versus 225 exams from 1995 through 1997). However, since the Black population was so much smaller, the rate among Black women was calculated to be more than three times higher than that for Whites (1.43 compared to 0.34 per 1,000). Keep in mind that this data should not be used to draw conclusions about rates of sexual assaults, since it is limited to those assault victims who reported and received evidentiary examinations.

**Number and Rate of Female Evidentiary Exams by Race/Ethnicity
(Rate per 1,000 Females)**

Race/Ethnicity	San Diego County Female Population*	Number of Exams*	Rate
White	653,116	660 (56.6%)	0.34
Black	52,568	225 (19.3%)	1.43
Hispanic	161,127	206 (17.7%)	0.43
Asian/Other	93,524	70 (6.0%)	0.25
Unknown	--	5 (<1%)	**
Total	990,335	1166	0.39

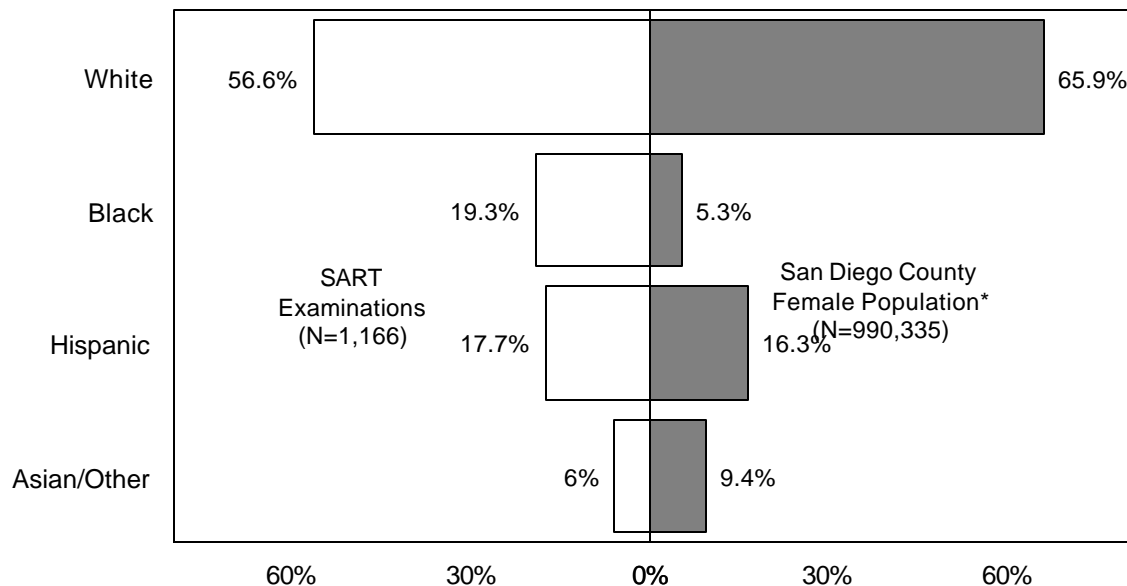
*Females 18 years of age and older

**Rates not calculated on five or fewer incidents

Source: San Diego Adult SART Data; 1995 – 1997;

Population Estimates, January 1, 1996, SANDAG

Percent of Exams for Females by Race/Ethnicity Compared to San Diego County Population 18 and Older



Source: San Diego Adult SART Data: 1995 - 1997,

*Population Estimates: San Diego Association of Governments (SANDAG) Females 18 years and older, July 1, 1996

**Rate of Examinations by Race/Ethnicity and Age Group
San Diego County Adult SART Facilities
Adult Females, 1995-1997**

Age Group	White		Black		Hispanic		Asian/Other		Total	
	Number	Rate*	Number	Rate	Number	Rate	Number	Rate	Number	Rate
18-29	391	1.08	129	2.63	153	0.82	40	0.55	713	1.07
30-39	166	0.38	73	1.58	37	0.24	18	0.25	294	0.42
40-49	69	0.18	14	0.50	10	0.10	10	0.18	103	0.18
50+	33	0.04	8	0.23	5	0.04	2	0.02	48	0.05
Total	659	0.34	224	1.42	205	0.36	70	0.25	1158	0.39

*Rate per 1,000

Note: Total excludes 6 victims with unknown race/ethnicity and 3 with unknown age group

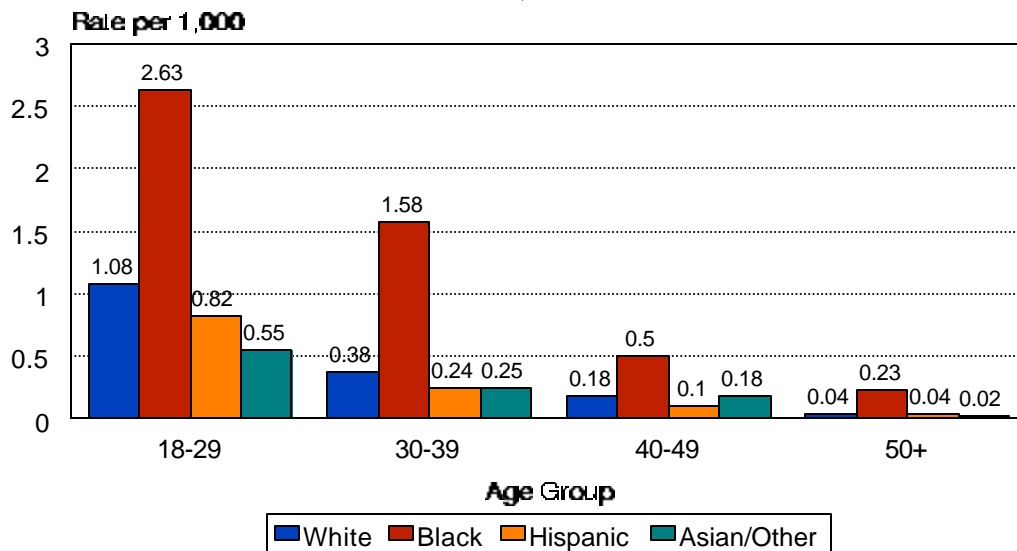
Source: San Diego County Adult SART Data, 1995-1997

Rates calculated from SANDAG population estimates for July 1, 1996

Rates of examination among Black women were more than twice the rates of all other racial/ethnic groups for every age group 18 years and older. Rates across racial/ethnic groups declined with advancing age. It is noteworthy that while the examination rate decreased for every race/ethnic as they got older, the Black rates for each successive age group remained higher than the next younger group for all others.

Incomplete data is available for the 14 to 17 year olds since many of them are examined at the child abuse centers. There were a total of 143 victims in this age group examined at the adult SART facilities, of whom 82 (57%) were White, 10 (7%) were Black, 36 (25%) were Hispanic, and 14 (10%) were in the Asian/Other category.

**Rate* of Examinations by Race/Ethnicity and Age Group
Female Victims, 1995 - 1997**



*Rate per 1,000

N=1158

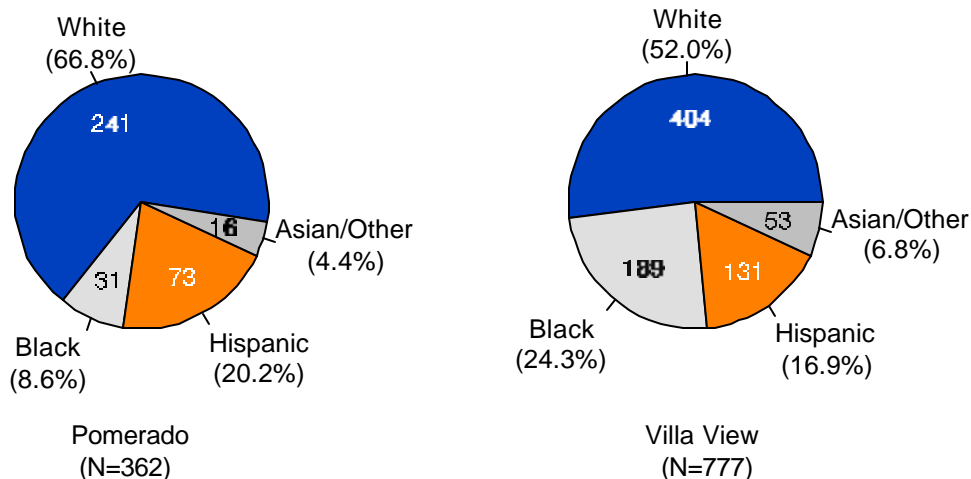
Source: San Diego County SART Data, 1995 - 1997

Rates calculated from SANDAG population estimates for July 1, 1996

Race/Ethnicity by Facility

The distribution of race/ethnicity by treating facility is shown below for the years 1995-1997. Villa View Hospital, located in the southern and more urban section of the county, sees a higher proportion of minority victims than Pomerado Hospital, which is located in more of a suburban setting. Grossmont Hospital (not shown) performed 20 adult examinations during this time period, of which 6 (30%) were minorities. Over half (57%) of the sexual assault victims brought to adult SART facilities were White, 17.9% were Black, and 18.6% were Hispanic. Villa View Hospital's proportions are influenced by the high percentage of Black female victims seen at their facility. As previously documented, Black women in San Diego County have a higher rate of evidentiary examinations than any other race/ethnicity population.

Number of Exams by Hospital and Race/Ethnicity



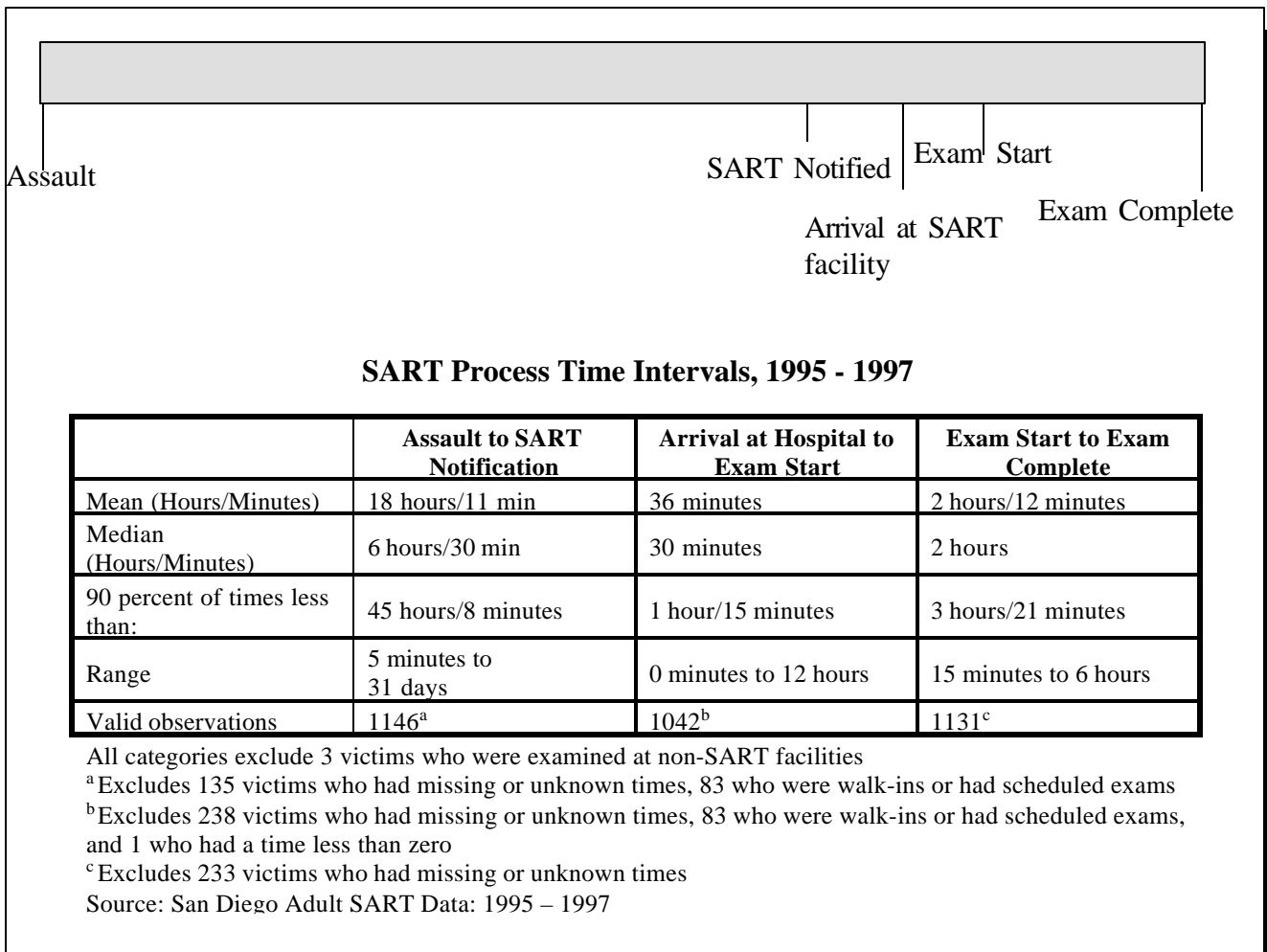
Note: Does not include 5 cases with unknown race/ethnicity
 Source: San Diego Adult SART Data: 1995 - 1997

Section 3

Examination Outcomes and Victim-Perpetrator Relationships At Adult Centers

How Long Does It Take?

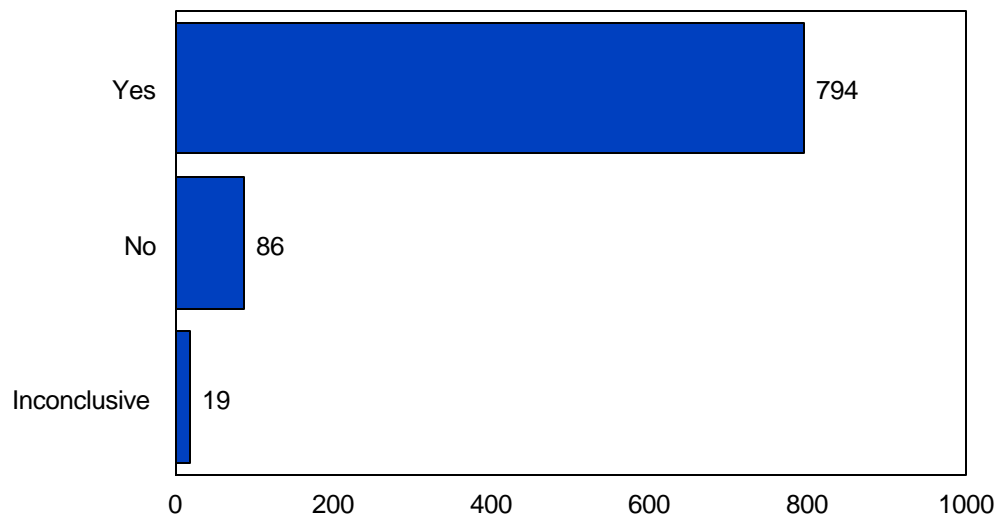
Time is a crucial factor in attending to the victim's needs as well as in ensuring that useful evidence will be obtained. Typically, the period between assault and the time that the incident is reported to SART takes the longest (median = 6 1/2 hours). This is primarily due to the victim's decision of when to report the sexual assault, but times also vary dependent on law enforcement's need to investigate the incident and secure the crime scene. Once the victim arrives at a SART facility, the examination begins within 30 minutes for half of all victims, and the examination is completed in approximately two hours, on average. This is a vast improvement over previous anecdotal reports of total exam times of up to nine hours once the victim reaches the facility. Certain sexual assault cases are excluded from the time data runs because they are not an accurate reflection of SART system operations. In some instances assault victims report directly to the SART facility (walk-ins) without contacting law enforcement. Because law enforcement must be notified and investigate before the exam is authorized these cases skew the time data. Similarly excluded are late disclosures, which are primarily cases of sexual assault of adolescents, developmentally delayed or elderly patients with dementia. Finally, some victims have such serious physical injuries that they must be admitted to a trauma center and have exams as in-patients in non-SART facilities.



Positive Visible Physical Findings

"Positive visible physical findings" identified at the time of the examination may include anything from presence of semen to external bodily injuries. The distinction of "visible" physical findings is important because biological evidence such as semen and blood, and trace evidence such as hair, debris, and fibers, will be analyzed by the crime lab which may identify additional corroborating evidence. Eighty-eight percent (88%) of cases (794) examined at the SART facilities during 1996 and 1997 showed positive visible physical findings. Another 19 cases (2%) were inconclusive and 86 (10%) demonstrated no positive visible physical findings.

Positive Visible Physical Findings* at Adult SART Facilities



*Injuries or visible evidence identified by SAFE

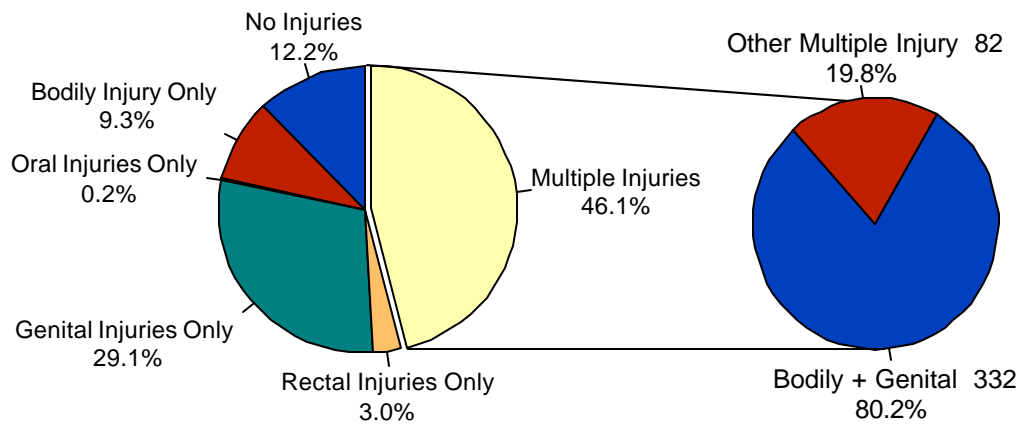
N=899

Source: San Diego County Adult SART Data: 1996 - 1997

Types of Injuries

With the implementation of the SART system, forensic examiners employed the colposcope, a magnifying instrument, and a camera to visualize and permanently document genital injuries. Forensic examiners documented genital, rectal, oral, and/or external bodily injuries in 789 (88%) of the victims seen in calendar years 1996 and 1997. Overall, genital injuries were present in 634 (71%) of all examined victims. Bodily injuries were evident in 457 (51%) of those examined. Of the 46% of victims presenting with multiple injuries, 80% had injuries to both the body and genitalia.

Type of Injuries



N=899

Source: San Diego County Adult SART Data: 1996 - 1997

Positive Visible Physical Findings by Time Since Assault

Positive visible physical findings documented by the forensic examiner include the presence of semen and genital, oral, and external body injuries. This table shows the presence of positive physical findings as they correlate to the time interval from assault to SART notified. There is a steady decrease in the proportion of examinations with positive visible physical findings as the time since assault increases (91% positive when examined within 24 hours, decreasing to 71% among those examined 5 or more days following the assault).

The forensic quality of an exam has been considered to be most productive if it is conducted within 72 hours of the sexual assault. Eighty-five percent of San Diego authorized exams occurred during this time period. In instances of excessive physicality, positive visible findings may still be present and available as evidence.

The lack of visible physical findings does not indicate that a sexual assault did not occur.

Evidentiary Examinations with Positive Visible Physical Findings

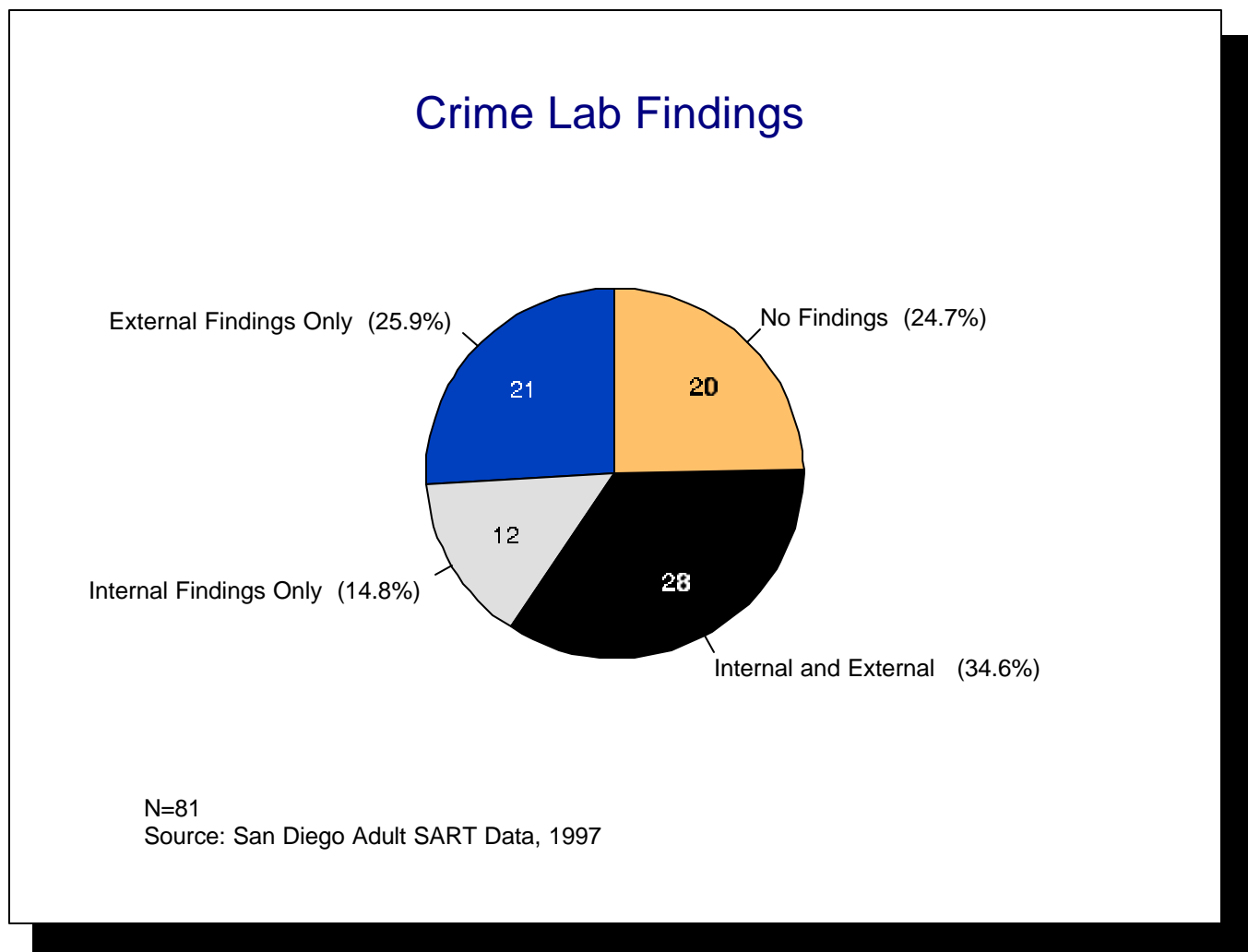
Positive Findings	Assault to SART Notification (in Days)														Total	
	Less than 1		1		2		3		4		5 or more		Unknown/ Missing			
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Yes	558	91	75	88	38	83	15	79	4	80	10	71	94	79	794	88
No	42	7	10	12	6	13	4	21	1	20	4	29	19	16	86	10
Inconclusive	11	2	0	0	2	4	0	0	0	0	0	0	6	5	19	2
Total	611	100	85	100	46	100	19	100	5	100	14	100	119	100	899	100

Source: San Diego Adult SART Data: 1996 - 1997

Crime Lab Findings

Crime Labs provide a crucial service to law enforcement and district attorneys in corroborating the sexual assault history. The San Diego Police Department (SDPD) Crime lab reviews evidence for its police department. The San Diego Sheriff Office (SDSO) Crime Lab investigates cases for all other law enforcement agencies with the exception of the Naval Criminal Investigative Services, which has its own lab.

In 1997 SDSO authorized 102 evidentiary examinations. Of these the SDSO Crime lab was able to match 88 (86%) of the cases in their crime lab log. Eighty one (81) had the Sexual Assault Evidence Kit and/or other physical evidence examined for semen and/or saliva. The evidence found in the Evidence Kit is referred to as Internal Findings, while items such as bedding, clothing, and condoms are referred to as External findings. Overall, semen and/or saliva was detected in 69% (61/88) of cases examined.

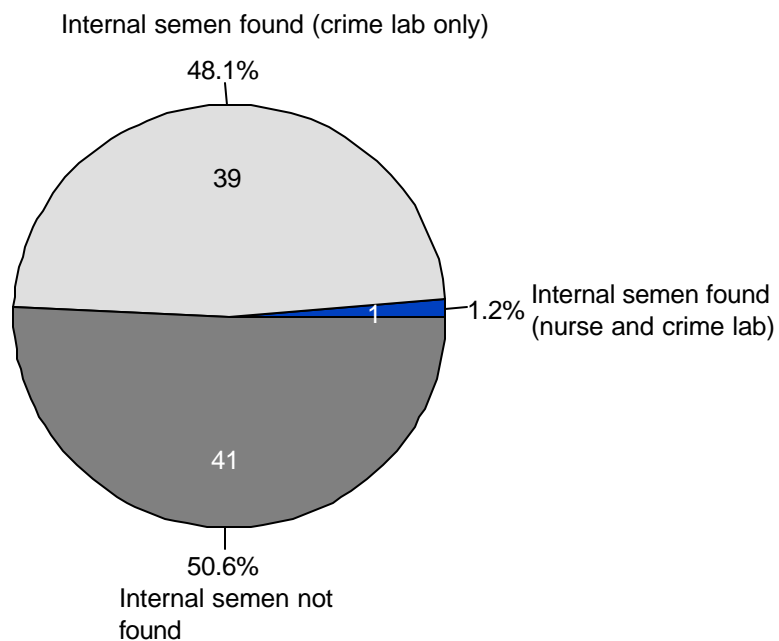


Crime Lab Results vs. Nurse Forensic Examiner Results

The Office of Criminal Justice Planning (OCJP) suggests that sexual assault forensic examiners do a wet mount to look for sperm in vaginal fluid specimens. To determine the value of this procedure nurse forensic examiner findings were compared to Crime Lab findings. The San Diego Sheriff's Office (SDSO) Crime Lab identified semen in 40 of the Evidence Kits. Of these exams, the forensic examiner identified sperm in one case, representing a 2.5% (1/40) return for the examiner's effort. The wet mount procedure must be done during the examination process which increases the exam time for the victim suggesting its benefit should be weighed against its value. An additional consideration for this procedure is that in some small California municipalities, law enforcement may use the lack of forensic findings to conclude there is no evidence. This may impact the investigation and the final outcome of the case. San Diego's statistics indicate that nurse examiner sperm findings may be misleading almost 98% of the time.

San Diego SART may revisit the value of having nurse forensic examiners check for internal sperm. However, because sperm may maintain viability for 10 - 12 hours post ejaculation, there may be instances when the identification of motile sperm may be important to help determine the time of the assault. Guidelines will be established to suggest when sperm motility may be important for prosecution, for instance in homicide-related sexual assaults. San Diego's suggestions will be forwarded to OCJP for consideration in statewide procedures.

Crime Lab vs. Forensic Examiner: Internal Semen Results



N=81
Source: San Diego Adult SART Data, 1997

Perpetrator Relationship

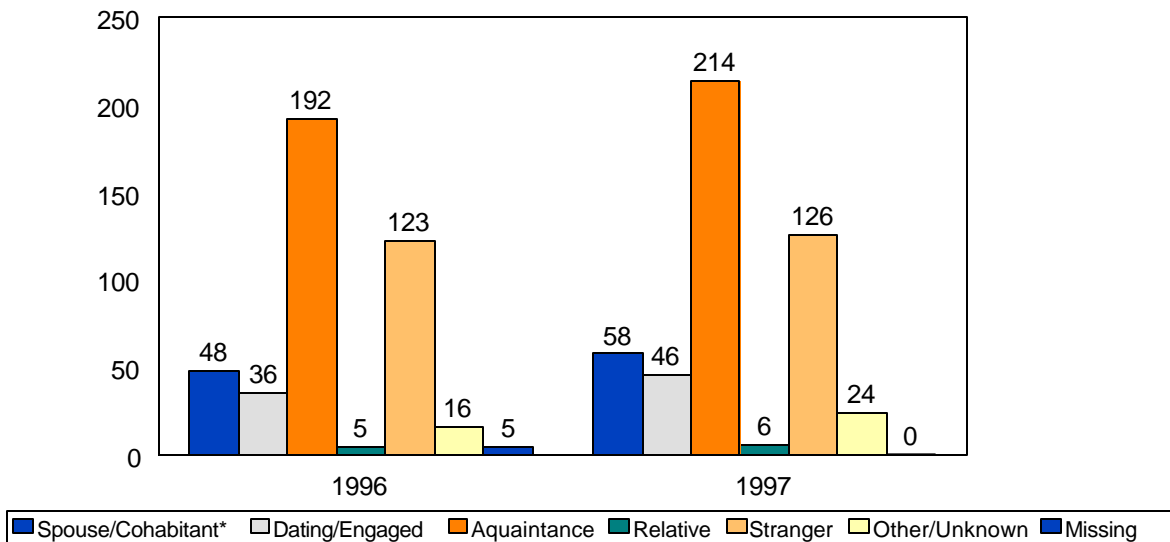
Perpetrator information has been collected since 1996. During calendar years 1996 and 1997, 106 victims receiving examinations had been assaulted by persons with whom they were either married or had lived together at some time. Another 79 were assaulted by somebody they were dating, 406 were assaulted by an acquaintance and 253 by a stranger. A number of victims were assaulted by multiple attackers (n=116). When this was the case, perpetrator status was coded according to the assailant with the closest relationship to the victim. For example, in the case of a victim being attacked by an acquaintance and a stranger, perpetrator status was coded as "acquaintance."

Perpetrator Status by Reporting Period

	1996	1997	Total
Spouse	21	20	41
Ex-spouse	4	6	10
Cohabitant	9	22	31
Ex-cohabitant	14	10	24
Fiance	1	2	3
Dating relationship	35	44	79
Relative	5	6	11
Acquaintance	192	214	406
Stranger	123	126	249
Other	4	7	11
Unknown	12	17	29
Missing/blank	5		5
Total	425	474	899

Source: San Diego County Adult SART Data: 1996 - 1997

Perpetrator Relationship



*includes ex-spouse/ex-cohabitant

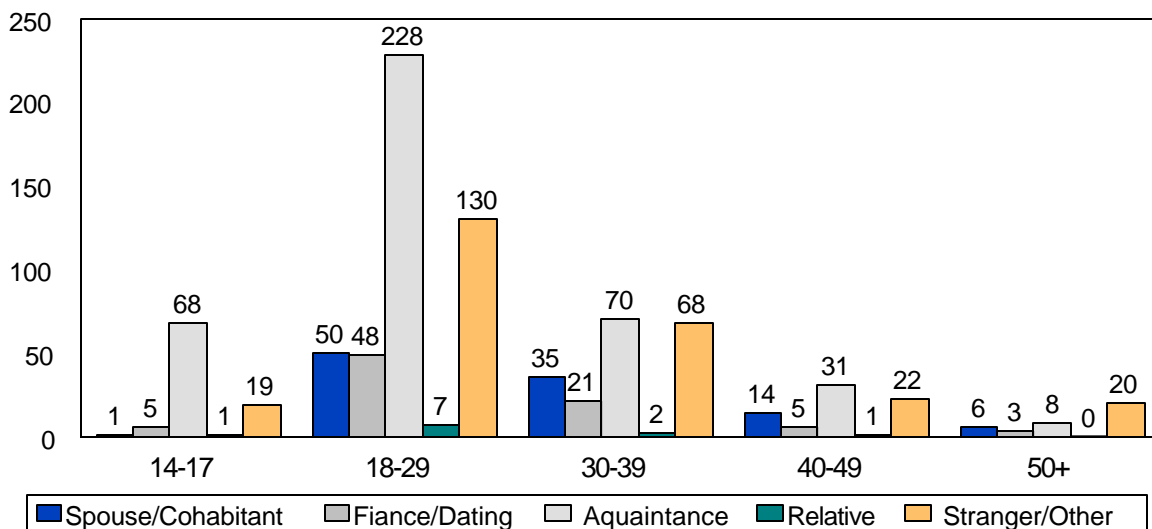
N=899

Source: San Diego County Adult SART Data: 1996 - 1997

Perpetrator Relationship by Victim Age

Before age 30, acquaintances were the most common category of assailant, accounting for almost half (45%) of assaults among examined victims. As victims get older, the proportion assaulted by close associates (spouses, cohabitants, dating relationships) and strangers gets larger while casual acquaintances play a lesser part in sexual assaults. Victims over 50 were as likely to be assaulted by a stranger as by somebody they knew.

Perpetrator Relationship by Victim Age



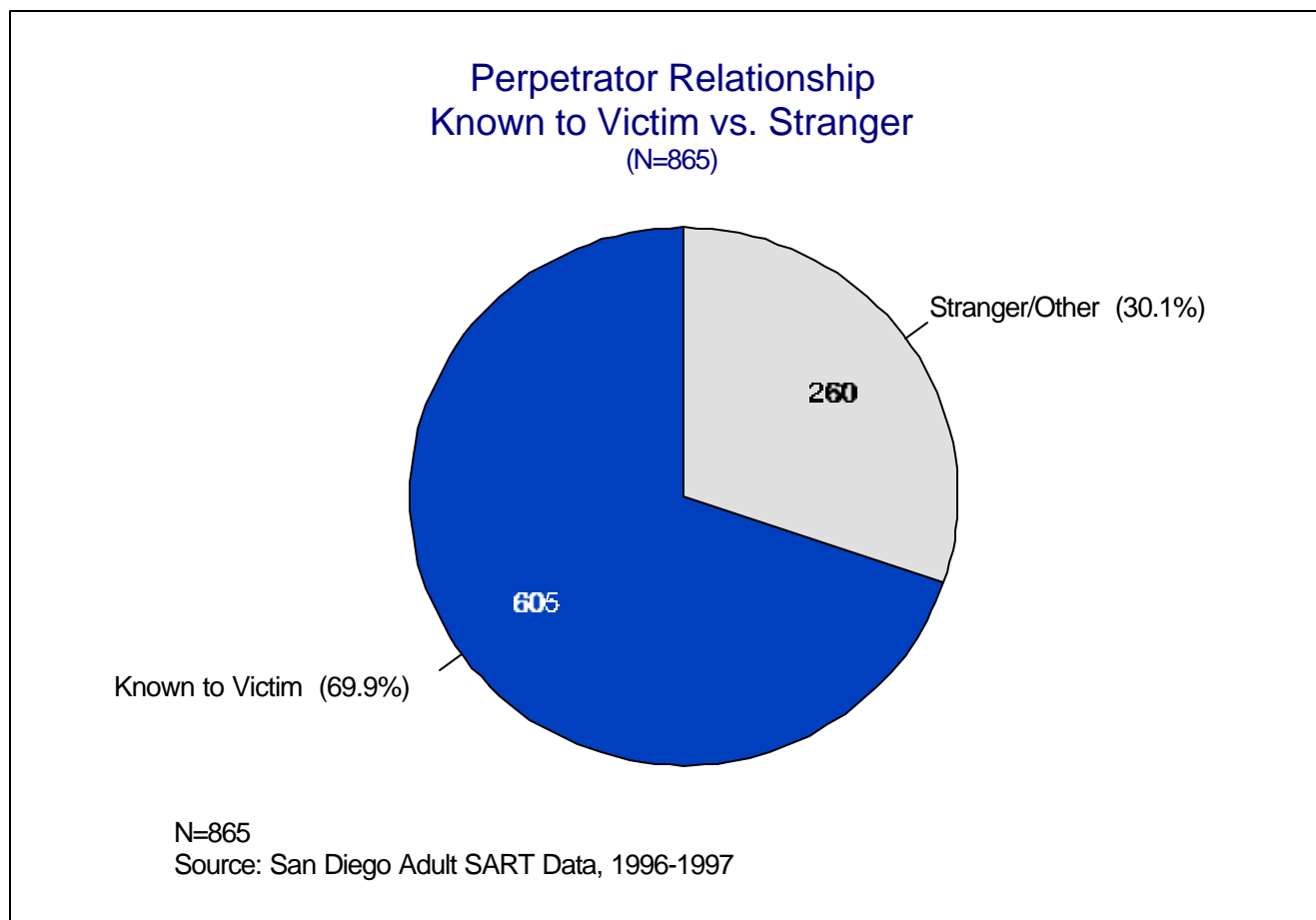
Note: Perpetrator relationship was unknown or missing for 34 victims, age was unknown for one victim, and one victim was under 14 years of age.

N=863

Source: San Diego County Adult SART Data: 1996 - 1997

Perpetrator Relationship: Known to Victim vs. Stranger

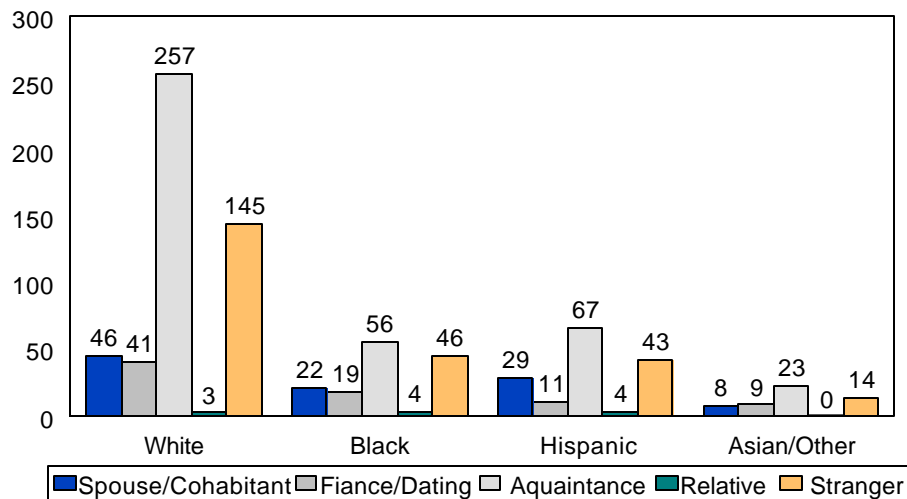
An overwhelming 70% of the perpetrators are known to the victim which presents challenges to law enforcement personnel and district attorneys prosecuting the cases. Prior to DNA testing perpetrators often denied participation in the sexual assault. Now, because DNA can prove perpetrator involvement, the case argument often involves the issue of consensual vs. non-consensual sex.



Perpetrator Relationship by Victim Race/Ethnicity

Across racial and ethnic groups, perpetrators were known to victims in close to 70% of cases. The proportion of assaults perpetrated by acquaintances was highest among White victims (48% compared with 38% for all other racial/ethnic groups).

Perpetrator Relationship by Victim Race/Ethnicity



N=847

Source: San Diego County Adult SART Data: 1996 - 1997

Section 4

Examinations of Minors

Age and Gender Countywide, 1995 - 1997

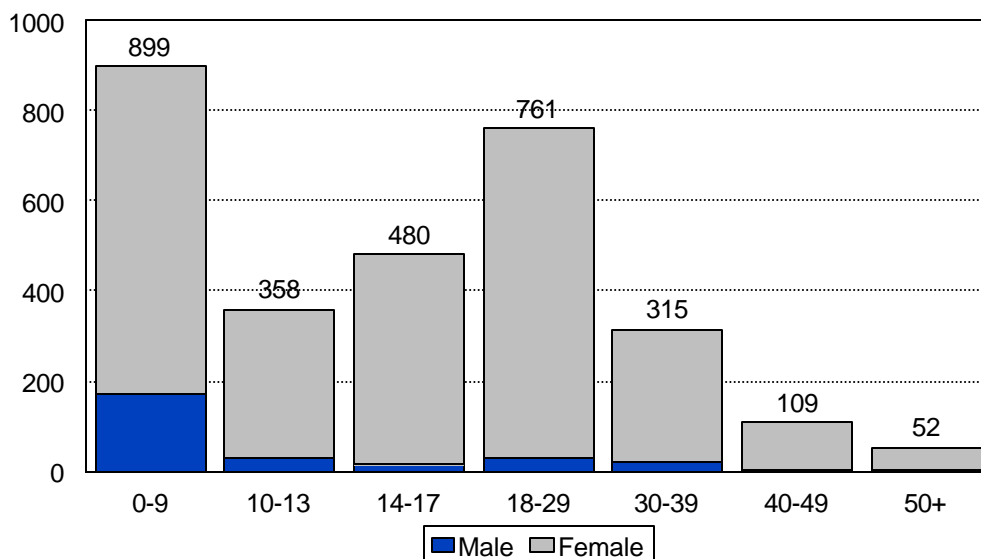
For years 1995 - 1997 all adult and child/adolescent examining facilities provided evidentiary examination information to the countywide database. The information on this page collates gender and frequency statistics. As seen in the accompanying graph and table, 42% of evidentiary exams conducted were for children less than 14 years of age. Although only 9% of evidentiary examinations were conducted for male victims, 74% of male exams were in the 0 to 13 year age group.

Gender Distribution by Age Group, 1995 - 1997

Age Group (Years)	Male	Female	Total
0-9	170 (63.2%)	729 (26.9%)	899 (30.2%)
10-13	29 (10.8%)	329 (12.1%)	358 (12.0%)
14-17	14 (5.2%)	466 (17.2%)	480 (16.1%)
18-29	29 (10.8%)	732 (27.0%)	761 (25.6%)
30-39	20 (7.4%)	295 (10.9%)	315 (10.6%)
40-49	4 (1.5%)	105 (3.9%)	109 (3.7%)
50+	3 (1.1%)	49 (1.8%)	52 (1.7%)
Unknown	(0.0%)	3 (0.1%)	3 (0.1%)
Total	269 (100%)	2708 (100%)	2977 (100%)

Source: San Diego County SART Data: 1995 - 1997

Gender of Victims Receiving Evidentiary Examinations by Age, 1995 - 1997



3 victims had unknown age

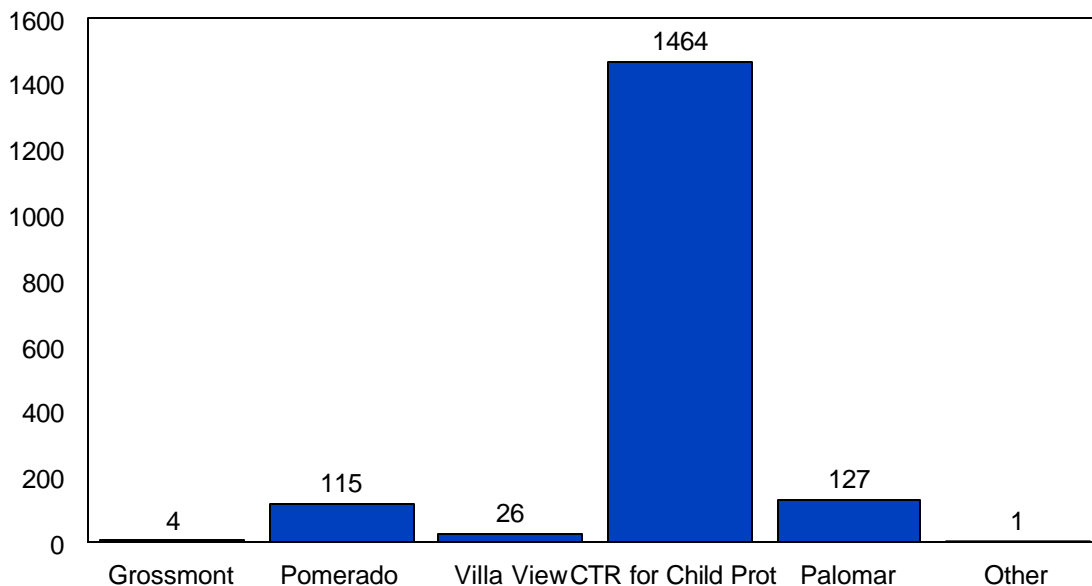
N=2974

Source: San Diego County SART Data: 1995 - 1997

Examinations by Facility

Since adult data was reviewed in previous tables, this section will focus on countywide juvenile findings for the three-year period of 1995 through 1997. Sexual assaults on children pose unique challenges, not only legally, but also physically and emotionally. Appropriate investigation and treatment requires a facility with special medical and support services. The Center for Child Protection (CCP), located at Children's Hospital and Health Center, and the Child Abuse Unit at Palomar Hospital provide specialized care for young abuse victims. CCP conducted 84% of the evidentiary examinations on children younger than 18 during this time period.

**Examinations of Victims Under 18 by Facility,
1995 - 1997**

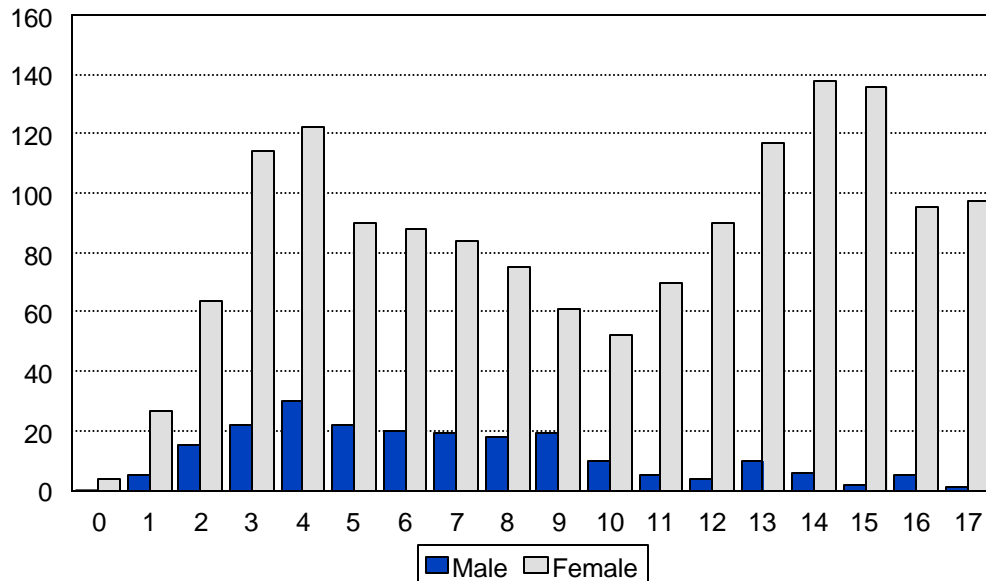


Source: San Diego County SART Database: 1995 - 1997
N=1737

Age and Gender

The graph below shows the age distribution of victims under the age of 18 who received evidentiary examinations in San Diego County from 1995 through 1997. Females show two distinct peaks in incidence, around ages three and four and ages 13 through 15. Males in the youngest age groups (through age 9) were more than twice as likely as males 10 years and older to have received an examination.

Evidentiary Examinations of Victims Under 18 by Age, 1995 - 1997



Source: San Diego County SART Data: 1995 - 1997
N=1737

Age and Gender: Rates

SANDAG population figures are sorted in five year age groups which cuts across the legal adult age of 18. For this reason, rates include 18 and 19 year old victims. Rates are significantly higher for females in all age groups and rates increase with increasing age. Evidentiary examination rates for males are highest in the two youngest age categories (0-4 and 5-9), but unlike females the rate decreases in the older age groups.

**Number and Rate of Evidentiary Examinations
by Age and Gender through Age 19
1995 – 1997**

	Male	Rate*	Female	Rate	Total	Rate
0-4	72	20.22	331	96.34	403	57.60
5-9	98	30.88	398	134.69	496	80.94
10-14	35	12.71	467	178.93	502	93.60
15-19	15	5.54	526	210.00	541	103.83
Total	220	18.04	1722	149.67	1942	81.94

*Rates per 100,000

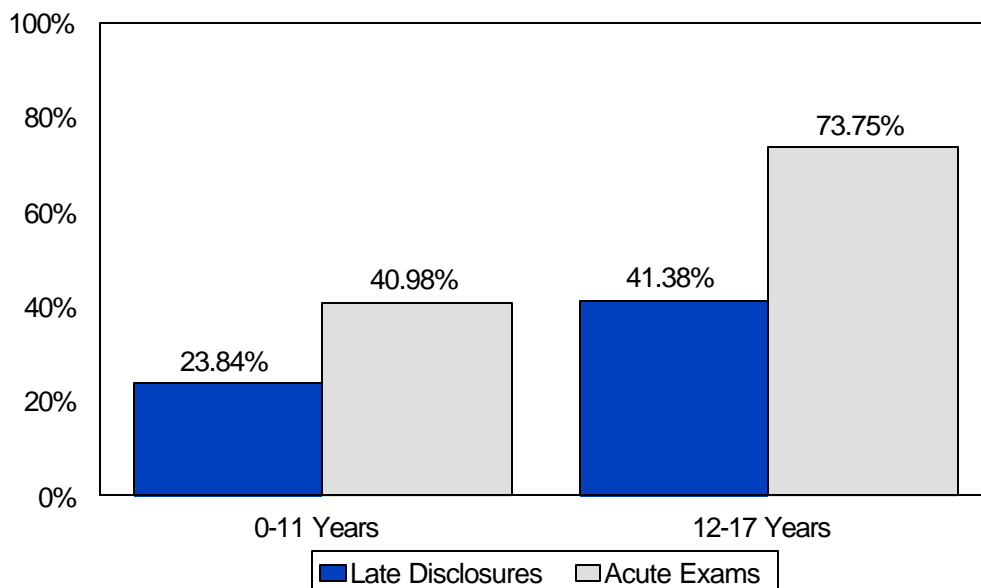
Source: San Diego County SART database: 1995 – 1997

Rates calculated from SANDAG population estimates for January 1996

Positive Visible Physical Findings

Reports of sexual assault in children may not occur immediately after the assault. These delayed reports are referred to as late disclosures. At the Center for Child Protection and Palomar Hospital, the majority of exams are done more than 72 hours after the incident, and may in fact be conducted months or years after the assault. In these cases complete healing of genital injuries may have already occurred by the time they are seen, leading to a lower number of positive findings. However, in pre-pubertal children prior penetrating trauma does sometimes heal in a way which can be clearly identified as abnormal. For the comparison shown below, 12 years was arbitrarily chosen as the demarcation for puberty.

Positive Visible Physical Findings* 1995 - 1997



*Injuries or visible physical evidence identified by forensic examiners

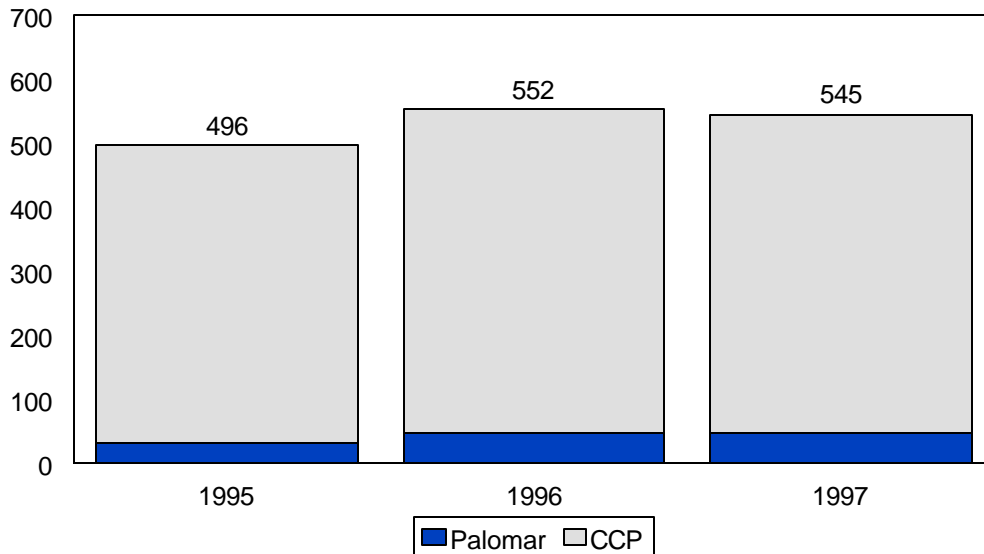
N=1737

Source: San Diego County SART Data: 1995 - 1997

Examinations at Juvenile Facilities

As shown below, the number of exams performed annually at Palomar Hospital increased by 48% from 1995 to 1997. The reason for this increase is unclear. Possible explanations could include an increase in the actual number of assaults, an increase in reporting to law enforcement and/or an increase in law enforcement authorization. The number of examinations conducted at CCP do not fluctuate widely from year to year.

**Evidentiary Examinations:
CCP and Palomar Hospital, 1995 - 1997***

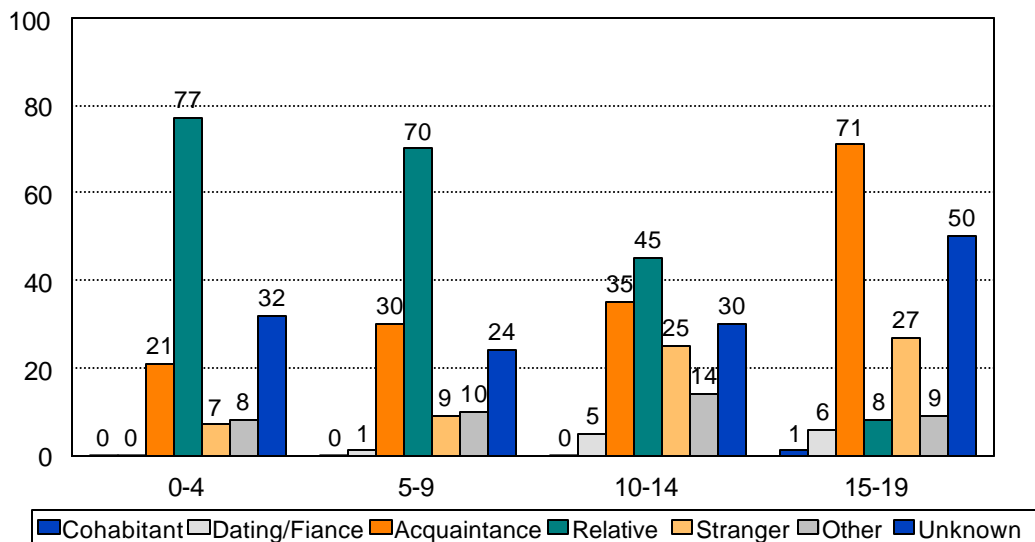


*Excludes 9 exams for developmentally delayed adults
N=1593
Source: San Diego County SART Database: 1995 - 1997

Perpetrator Relationship

Perpetrator relationship information from CCP is only available for 1995. Therefore the table below reflects countywide information for one year. While the majority of adult sexual assault victims know their attackers, young children are unique in that they are most likely to be assaulted by a relative (53% of victims 0-4, 49% of victims ages 5-9). This carries special legal ramifications, including potential custodial issues. As children grow into adolescence, the proportion of assaults perpetrated by acquaintances and strangers increases, while the percentage assaulted by relatives goes down. Thirty-three percent (200/615) of sexual assault for victims between the ages of 0 - 19 were committed by a relative or a parent's significant other. Fathers and step fathers were responsible for 45% of these crimes. The "other" relative category includes brothers, uncles, and grandfathers. All of the 200 relatives were male with the exception of one female cousin.

**Perpetrator Relationship by Victim Age
CCP and Palomar Hospital, 1995**



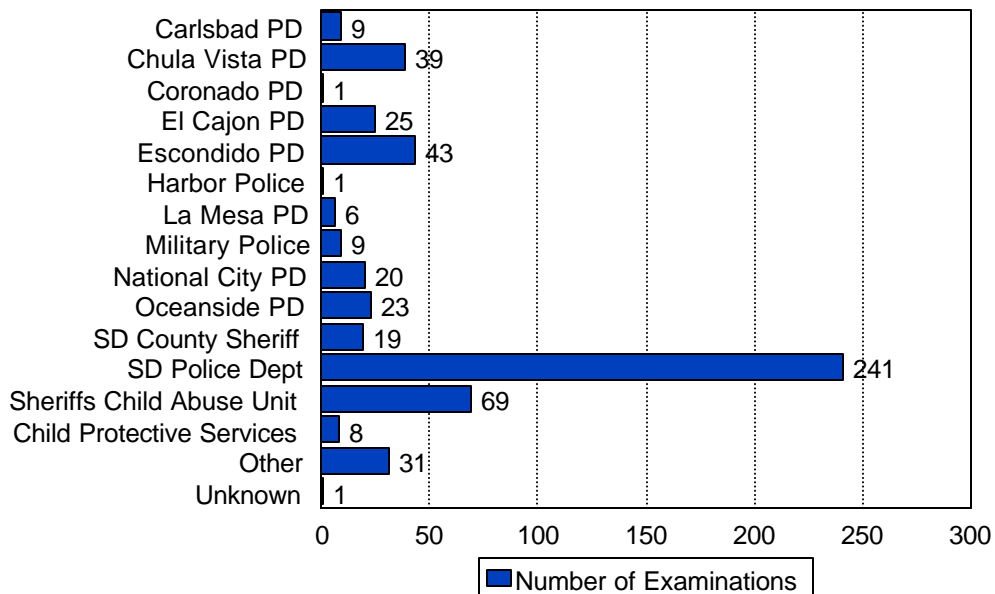
N=615

Source: San Diego County SART Data: 1995

Authorizing Law Enforcement Agency

The data on this page reflects the authorizing law enforcement agencies for young victims seen at CCP and Palomar Hospital. As with adults, the San Diego Police Department was the major authorizing agency for young victims (44% of referrals). Agencies with a special focus on children (Child Protective Services, Sheriff's Child Abuse Unit) were responsible for 14% of referrals.

Authorizing Law Enforcement Agency for Victims
Under the Age of 18
CCP and Palomar Hospital, 1995



N=545

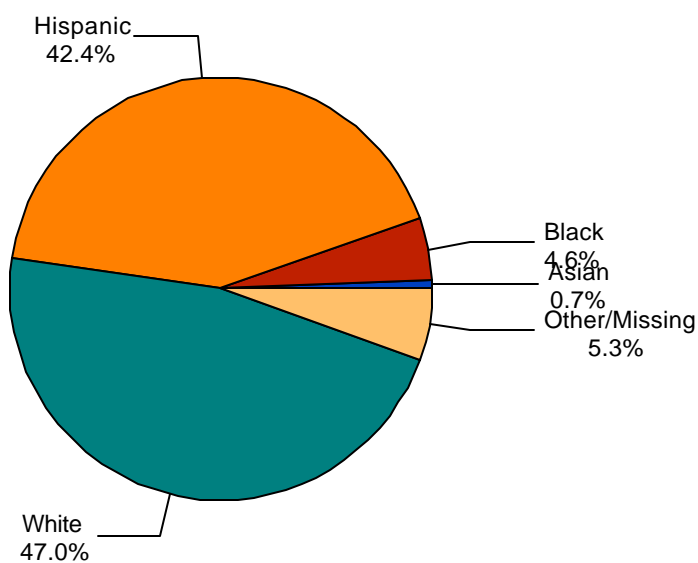
Source: San Diego County SART Database: 1995

Victim Race/Ethnicity: Palomar Hospital

Certain child evidentiary examination data is only available from Palomar Hospital for all years. The next four pages provide race/ethnicity, authorizing law enforcement agencies, and perpetrator relationship for victims examined at Palomar.

The pie chart below indicates that almost 90% of the exams were conducted for Whites and Hispanics, and the White percentage was slightly higher than the Hispanic volume (47% vs. 42.4%). The ethnic distribution of victims examined at Palomar Hospital was strongly influenced by the local population make-up, which is predominantly White (65%) and Hispanic (29%), with a much smaller proportion of Blacks (2%) and Asians/Others (4%).

Victim Race/Ethnicity: Palomar Hospital, 1994 - 1997*

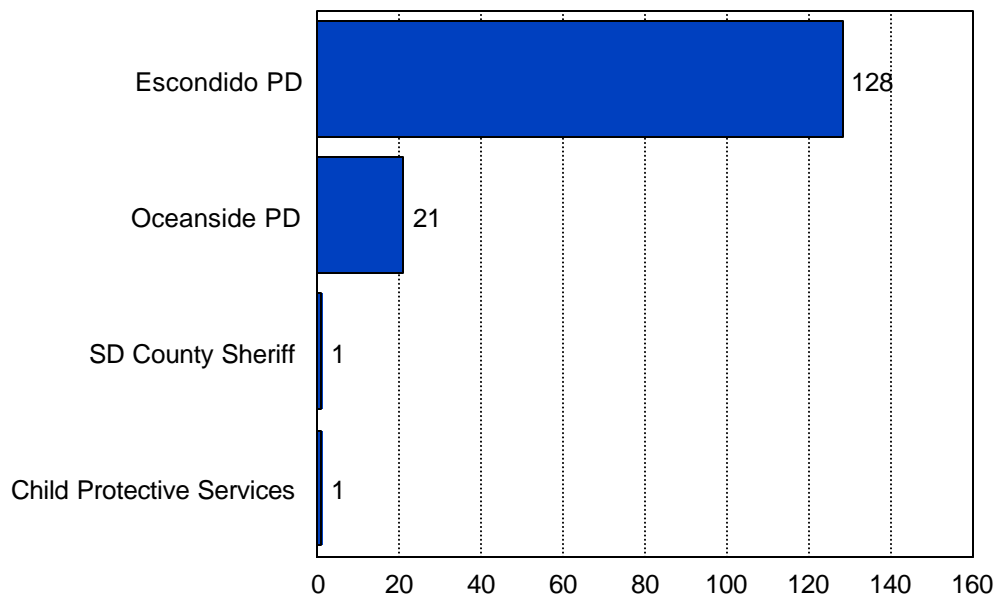


*Excludes 3 exams performed for developmentally delayed adults
N=151
Source: San Diego County SART Database: 1994 - 1997

Authorizing Law Enforcement Agency: Palomar Hospital

Escondido Police Department authorized 85% of the exams conducted at Palomar Hospital. Only three other agencies have a contractual relationship with Palomar, which is partially due to geographics considerations.

Authorizing Law Enforcement Agency:
Palomar Hospital, 1994 - 1997*



*Excludes 3 exams for developmentally delayed adults

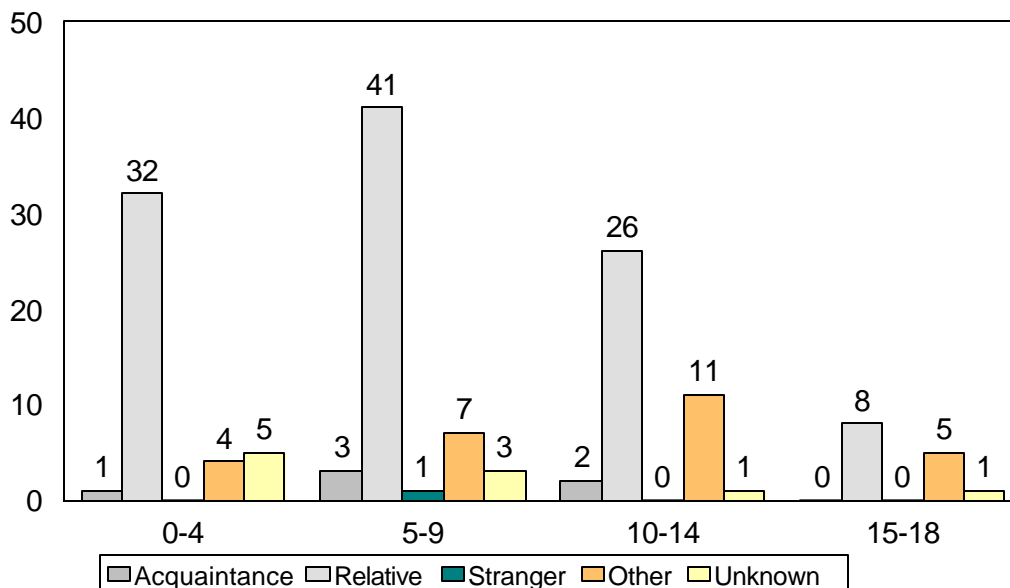
N=151

Source: San Diego County SART Database: 1994 - 1997

Perpetrator Relationship by Age of Victim: Palomar Hospital

An even higher proportion of the victims examined at Palomar Hospital were assaulted by relatives (69%) than shown in the overall breakdown by age group. It is uncertain whether this is because of differences in other characteristics such as race/ethnicity, place of residence, or a systematic difference in referrals from law enforcement agencies.

**Perpetrator Relationship by Victim Age:
Palomar Hospital, 1994 - 1997***



*Excludes 3 exams for developmentally delayed adults
 N=151
 Source: San Diego County Adult SART Data: 1994 - 1997

ACCOMPLISHMENTS 1995-1997

PREVENTION

- Acquaintance Rape Speaker's Bureau established in 1995 by San Diego Police Department Sex Crimes Unit to provide risk reduction education to the community. A partnership with the San Diego school system incorporates the education into high school curriculum.
- Sponsored a Public Service Announcement the San Diego Sheriff's Department Rohypnol ("date rape" drug).
- Sponsored a local campaign of the California Coalition Against Sexual Assault "This is Not an Invitation to Rape Me".
- Sponsored public relations campaign with local news stations by local advocate agency.

POLICY/PROCEDURE STANDARDIZATION

- Developed countywide law enforcement guidelines for the authorization of evidentiary examinations in sexual assault cases.
- Developed a Confidentiality Statement for non-OCJP volunteer agencies.
- Established guidelines for SART facilities which outlined circumstances for release of the OCJP form to agencies other than law enforcement.
- Implemented procedures for releasing colposcopic evidence to the defense.
- Implemented compensation guidelines for forensic examiner's expert witness testimony (Special Directive 97-02).
- Instituted a process to obtain an Affidavit for Search Warrant to be used for unconscious sexual assault victims who cannot consent to an evidentiary examination.
- Standardized several medical protocols including:
 - Standards of Practice for Forensic Examiners
 - Procurement of Hair Samples
 - Toluidine Blue Utilization
 - Anorectal Examination Guidelines
 - Medication Prophylaxis for sexually transmitted diseases (STD) and Emergency Contraception

- Developed a countywide release of information system enabling the District Attorney Victim/Witness Assistance Program and all advocacy agencies to share information for the purpose of coordinating court accompaniment for the victim.
- Implemented a process addressing the requirements of PC 679.04 which states a victim may have an advocate &/or other support person present during all interview processes.
- Developed procedure for the Preservation of Fetal Tissue for Paternity Testing without destruction of DNA.

EDUCATION

- Sponsored annual conferences for the training of local, national and international forensic examiners, organized by the Pomerado SART Program.
- Produced and distributed SART program educational video, coordinated by San Diego Police Department.
- Navy sponsored training for civilian and military nurse and physician assistant forensic examiners, physicians, Naval Criminal Investigative Services personnel and advocacy representatives.
- Discussed confidentiality issues and format for a countywide peer review process.
- Implemented monthly peer review sessions for forensic examiners, law enforcement and advocates at the Pomerado SART facility.
- Provided SART evidentiary examination educational forums for prosecutors in the District Attorney's Office.
- Revised and reprinted SART Resource Pamphlet, a booklet providing explanation of the SART program and SART resource agencies. The pamphlet has been reprinted by various agencies throughout the existence of the SART program.
- Provided SART program education for Emergency Department personnel via Domestic Violence education forums.
- Established 16 hour class for primary law enforcement responders. Sponsored by a San Diego Sheriff's Department grant in collaboration with the Center for Child Protection. (CCP).
- Established in-service training on sexual assault investigation, drug facilitated sexual assault, and laws pertaining to sexual assault.

- Expanded basic recruit sexual assault training from four hours to ten hours into the San Diego Regional Academy curriculum.
- Presented educational forums by the San Diego Sexual Assault Forensic Examiners for Camp Pendleton advocates regarding the evidentiary examination process.
- Established a process to incorporate military advocates in the SART team in those instances when military evidentiary exams are conducted at VillaView and Pomerado hospitals.
- Formulated guidelines for testing for the presence of Rohypnol (commonly referred to as the "date rape drug"). Distributed information regarding a process to access free drug testing services.
- San Diego Sheriff' Department sponsored Rohypnol training.

OUTREACH/COLLABORATION

- Collaborated with Alpine Sheriff personnel and Native American (Sycuan) organization to assist victims of sexual assault.
- Encouraged membership in the California Sexual Assault Investigators Association (CSAIA). As a result, attendance and presentations at local meetings by forensic examiners, advocates, and researchers, and law enforcement is augmented.
- The Center for Child Protection received a three-year, \$700,000 grant from the Office of Criminal Justice Planning (OCJP) as the Southern California Medical Training Center (SCMTC) for sexual assault, child abuse, domestic violence, and elder abuse. The sexual assault domain chief of the SCMTC is an active member of the SART Systems Review Committee and several committee members sit on the Advisory Board.
- Developed a Victim Questionnaire in English & Spanish to elicit feedback from victims who had been served by the SART process. Division of Emergency Medical Services developed a data base to house questionnaire responses.
- Outreach to the lesbian and gay community included training for lesbian and gay advocates at the Center for Child Protection, participation in community lesbian and gay fairs, and an invitation to a representative from the Lesbian and Gay Center to speak at the Systems Review Committee.
- Sponsored SART fund raisers to raise funds for the support of programs for victims of sexual assault. Recognized community participants who had contributed to the sexual assault program.

- Pomerado Hospital SART developed a law enforcement questionnaire to elicit suggestions for sexual assault program improvement.
- Collaborated with the San Diego County Commission on the Status of Women. The Commission sponsored a forum, "Issues Concerning Violence Against Women". A portion of proceeds is used to distribute the SART Video.
- Activated outreach with the International Association of Forensic Nurses to establish education standards for evidentiary examiners.
- Pomerado forensic examiners presented the San Diego SART model at a national meeting of the American Academy of Forensic Science in Nashville.
- Provided the San Diego SART model to the Navy Surgeon General for use in the establishment of their multi-disciplinary process.

EXPANSION

- Community block grant awarded to VillaView Hospital in the amount of \$102,000.
- Revised the countywide data base to include additional relevant data elements. Included evidentiary examination information from the Center for Child Protection, Palomar Medical Center and the San Diego Naval Medical Center. Established a disk transfer process for adult SART centers to facilitate download of information into the countywide data base.
- Restructured the SART Systems Review Committee to facilitate in-depth and timely project completion.
- Established a Center for Community Solutions satellite facility in La Mesa.
- Navy program was expanded to include colposcopic examinations for on-base and dependent children.
- Affiliated with a San Diego State University doctoral candidate to conduct research exploring physical findings in adolescent and adult evidentiary examinations and linkage of this information with crime lab data and judicial outcome.

SART SYSTEMS REVIEW COMMITTEE GOALS

- Develop and implement additional sexual assault prevention programs for the San Diego community.
- Endorse and promote legislation which will provide confidentiality for multi-hospital medical peer review proceedings in cases of sexual assault.
- Develop a standardized countywide Evidentiary Examination Collection Kit.
- Collaborate with the District Attorney's Office to provide successful linkage of judicial outcome data with evidentiary examination data for all adult cases of sexual assault.
- Implement cross-training and expand the Acquaintance Rape Speaker's Bureau to Native American organizations to encourage sexual assault reporting and to increase cultural awareness.

**SART SYSTEMS REVIEW COMMITTEE
PAST and PRESENT PARTICIPANTS
1995 - 2000***

Center for Child Protection at Children's Hospital & Health Center

Marilyn Kaufhold, M.D.
Susan Horowitz, M.D.

Center for Community Solutions

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Maylin Daly
Robii Dodge
Lisa Morris
Shelley Anderson
Liza Boyer
Kay Buck - Chair 1998
Deborah Dawson
Daniel Esparza
Melanie Jaramillo
Linda Wong Kerberg
Lizely Madrigal
Betty White - Chair

Chula Vista Police Department

Steve Fobes
Laura Coulson
Don Hunter
Ron Lederle
John McAvenia
Kevin Pike
Emerald Randolph - Citizens Adversity Support Team (C.A.S.T.)

Commission on the Status of Women

Gloria Harris, M.D.

* **Boldface type indicates current members**

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J. Dawn Lloyd
Sharon Pacyna, RN
Tisa Blount
Brenda Dunn
Gwen Jones
Melody Rodriguez (In memorium)

County of San Diego, Office of the District Attorney

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Kristin K. Anton
Jennifer Gianera
Dave Lattuca
Robert Phillips
James Pippin
Stacy Running
Joan Stein
Robert Sullivan
Lisa Weinreb

County of San Diego, Office of the District Attorney, Victim/ Witness Assistance Program

Marianne Gallagher
Dee Fuller, Chair 1997

Community Representatives

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Darlene Duncan, RN

Coronado Police Department

Robert Kline

Crime Laboratories

Connie Milton - San Diego Sheriff's Department
Patrick O'Donnell, Ph.D. - San Diego Police Dept., Forensic Sciences Unit

El Cajon Police Department

Jim Cunningham
Harry Hicks
Brian Zmijewski

Escondido Police Department

Leonard Geise
Barbara Ray
Mark Wrisley

EYE Crisis and Counseling Services

Lorraine Brealey
Antoinette Fallon
Barbara Body
Arlene Cawthorne

Grossmont Community Hospital SART

Diane Henderson, R.N.
Shirley Odom

Indian Health Council

Disiree M. Barry
Jim Hornsby

La Mesa Police Department

Joyce Juhl
David Lachapelle

Military Agencies

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Jennifer Morris, Sexual Assault Victim Intervention (SAVI) Program
Susan Rist, R.N., Naval Medical Center San Diego SART
Barbara Campbell, R.N.
Margaret Cuellar, Sexual Assault Victim Intervention (SAVI) Program
Shirley Godwin - SART Miramar NAS
Marcia Webster, Navy Family Service Center

* **Boldface type indicates current members**

Military Agencies (Cont.)

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Helen Metzger, Sexual Assault Victim Intervention (SAVI) Program
Lisa Seligman, NAS North Island
Arthur Spafford, Jr., Naval Criminal Investigative Services (NCIS)

Sally Wilson, Naval Criminal Investigative Services (NCIS)
Traci Williams – Naval Training Center

National City Police Department – Crimes of Violence Unit

Jim Dunn

Oceanside Police Department

Sheila Hancock
Rick Sing

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Beverly Miller
Alexei Prohoroff
Patty Seneski
Mary Spencer, M.D.
Margaret Whelan, Chair 1993

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Michele Bustamante
Ron Cottingham
Mary Helmen
Lisa Miller
Roy Shaffer
Donna Perone
Steve Perone
Victoria Reden
James Seim

San Diego Police Department, Crisis Intervention Program

Anna Knuth

San Diego Police Department, Sex Crimes Unit

Joanne Archambault, Chair 1995
Bill Edwards
Mark Foreman, Chair 2000
John Bailey
Jim Evans
Sharon McNair
Joseph Molinowski
Rick O'Hanlon

Trauma Intervention Programs of San Diego

Kim Higgins
Carol Purcell

UCSD Medical Center - Division of Adolescent Medicine

Joyce Adams, M.D.

UCSD Student Safety

Nancy Wahlig

Veterans Administration

Leslie Satz

VillaView Community Hospital

Claire Nelli, R.N.
Amor Hernandez, R.N.
Debbie Kilgore, R.N.
Jessyca Laing

Women's Resource Center

Sandy Broce
Lorine Lloyd
Adele Griffin
Mary Sheeney
Glenna Smith
Donna Williams

* **Boldface type indicates current members**

