



**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**

**County of San Diego
Board of Supervisors**

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April 2003

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, nonjudgmental 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 are given to the victim at the completion of the evidentiary examination. Responses are mailed directly to the County of San Diego, Division of Emergency Medical Services, entered into a database, 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. Additionally, there is space to provide written comments for each agency. A majority of the victims rate the services as excellent. Below are a few comments:

- ? “Thank you for helping me through the worst crisis of my life.”

- ? “It is so valuable to have a program like this, it helped me in so many ways.”

- ? “My words can’t show my appreciation and gratitude for ... the SART Program.”

- ? “I felt very comfortable and secure with the nurse examiner. She was extremely gentle and kind. I really couldn’t have had a better more caring person.”

- ? The advocate “was great. I had no idea of what was about to happen and she explained everything. Plus she provided her hand for me to hold! I am so thankful she was there.”

- “The police officers were all very informative and caring, they did an excellent job. Especially Officer ..., he was very concerned about my safety and well being and very caring. I don’t think they could have done anything better.”

Acknowledgments

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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 have facilitated the standardization of countywide policies and procedures and have established a model that has gained regional and national recognition.

The Sexual Assault Response Team Systems Review Committee Report outlines the achievements during the calendar years of 2000 – 2001. A few of these accomplishments are listed below:

- Produced the "SART Standards of Practice" which reflect the values and priorities of the professionals involved with victims of sexual assault.
- Encouraged and recognized the establishment of a Sexual Assault Unit in the Superior Court Division of the District Attorney's office.
- Developed the "Authorization for Release of Records and Information" Form which allows advocates to obtain and/or release information agreed upon by the client to others involved in the client's case. This allows for more efficient coordination of care and adheres to issues of confidentiality.
- Developed several addendum to the Office of Criminal Justice Planning (OCJP) forms to facilitate forensic documentation and enhance investigation. These documents are specific to drug-facilitated sexual assault, strangulation, and clothing evidence.
- Affiliated with a National University Forensic Science Master's candidate to conduct research exploring factors influencing the decision to analyze evidentiary findings at the San Diego Police Department Crime Lab (thesis published 2000).

San Diego SART Report

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

- Three thousand eight hundred eighty-seven (3,887) exams were conducted in adult SART facilities during calendar years 1993 – 2001.
- Ninety-six percent (96%) of the evidentiary exams conducted at adult SART facilities were for female victims (1993 – 2001).
- During 1993 – 2001, the San Diego Police Department authorized 47% of county exams at adult facilities, followed by the San Diego County Sheriff's Department (20%), Oceanside P.D. (8%), Escondido P.D. (6%), and Chula Vista P.D. (4%).
- A majority of adult exams were for females ages 18 – 29. This age group comprises 21% of the total adult female population which translates to an examination rate of 107.1 per 100,000 females (2000– 2001).
- The highest rate of evidentiary exams conducted for females at all adult and child SART facilities for years 2000-2001 was for the 14 – 17 year age group (213.6/100,000).
- Evidentiary exams for males in years 2000-2001 had the highest rate in the 5 – 9 age group (28.5/100,000) at all adult and child SART facilities.
- Exam rates for Black females 18 years and older were over twice the White rate (81.3/100,000 vs. 34.4/100,000). The Hispanic female examination rate was 36.2 per 100,000 for female residents 18 years older. (2000 – 2001).
- Sixty-six percent of victims undergoing evidentiary examinations at adult SART facilities stated they knew the perpetrator (2000 – 2001).
- Positive visible physical findings were identified by forensic examiners in 80% of adult/adolescent evidentiary examinations (2000 – 2001).

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.

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 Report

San Diego SART System History and Current Operations

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, 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 patients with life-threatening conditions 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 Chadwick Center (formerly Center for Child Protection) at Children's Hospital & Health Center and Palomar Medical Center.

The last several years have 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.

San Diego SART Report

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

- Adult exams (\geq 18 years) are conducted at University Community Medical Center (UCMC), formerly Villa View Community Hospital, or Palomar and Pomerado Hospitals.
- Child exams (0 - 13 years) and most exams for developmentally delayed persons are conducted at the Chadwick Center (formerly 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 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 Crisis 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 Chadwick Center (formerly CCP) 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 daytime 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 University Community Medical Center (UCMC), the child/adolescent centers of the Chadwick Center (formerly CCP) and Palomar Health Center, the San Diego Naval Medical Center, law enforcement agencies, advocacy programs, district attorneys and victim-witness personnel from the District Attorney's (DA's) Office, Crime

San Diego SART Report

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 database. 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 2000 and 2001 has been analyzed and is included in this report.

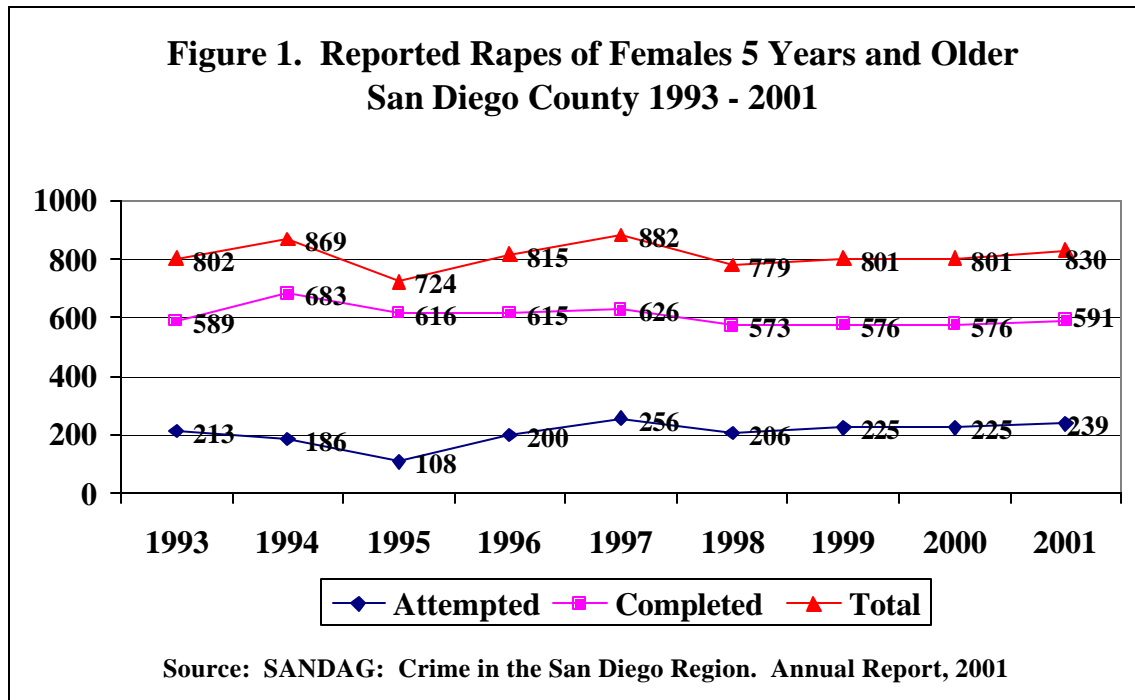
Data Overview

Examinations of Adults

1993 - 2001

Rape in San Diego County: 1993 – 2001

San Diego law enforcement agencies report specific crimes to the FBI through the Uniform Crime Reporting (UCR) Program. Law enforcement agencies also provide this crime data to the San Diego Association of Governments (SANDAG). The UCR, and therefore SANDAG, defines and limits "rape" to forcible, non-consenting carnal knowledge against females, and includes penal codes 261(a)(2). This includes rape against females age 5 years and older, 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 2001, SANDAG documented an annual average of 811 women who reported either attempted or completed rapes. For 2001, this corresponds to an incidence rate of 61 rapes for every 100,000 female ages 5 years and over.

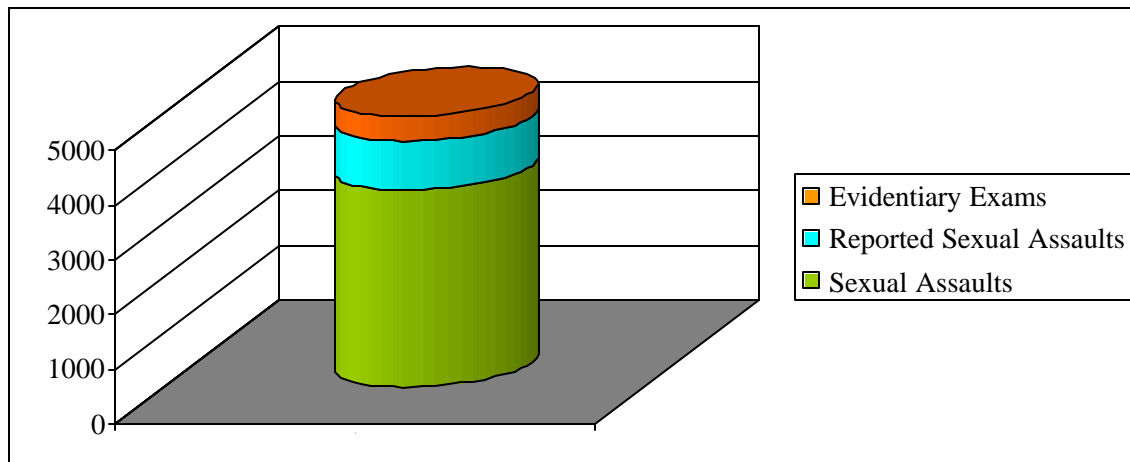


Sexual Assault Reporting

The total number of rapes is unknown because only a proportion is reported to law enforcement authorities. On a national basis, the 2000 FBI Uniform Crime Report (UCR) documented 90,186 attempted or completed rapes against women and children, an increase of 0.9% from the previous year. This represents 62.7 rapes per 100,000 female population. The UCR includes forcible rapes (not sexual assaults) against women of all ages. Also in 2000, the Bureau of Justice Statistics, National Crime Victimization Survey (NCVS) identified 260,960 rapes, attempted rapes, or sexual assaults, a decrease of 31.9% from the previous year. The NCVS documents rapes and sexual assault for women and men 12 years and older. The National Crime Victimization Survey also published that rape or sexual assault was the least often reported violent crime to law enforcement (28%). The number of reported assaults that receive evidentiary examinations are also 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).

If the same ratios held true for San Diego County, only 1 in 4 rapes would have been reported. Based on the female population of San Diego County, there would have been an estimated 3,600 rapes of which 900 were reported and only half of these would have received evidentiary examinations.

Figure 2. Estimated Proportion of Sexual Assaults, Reported Sexual Assaults and Evidentiary Examinations to Females in San Diego County

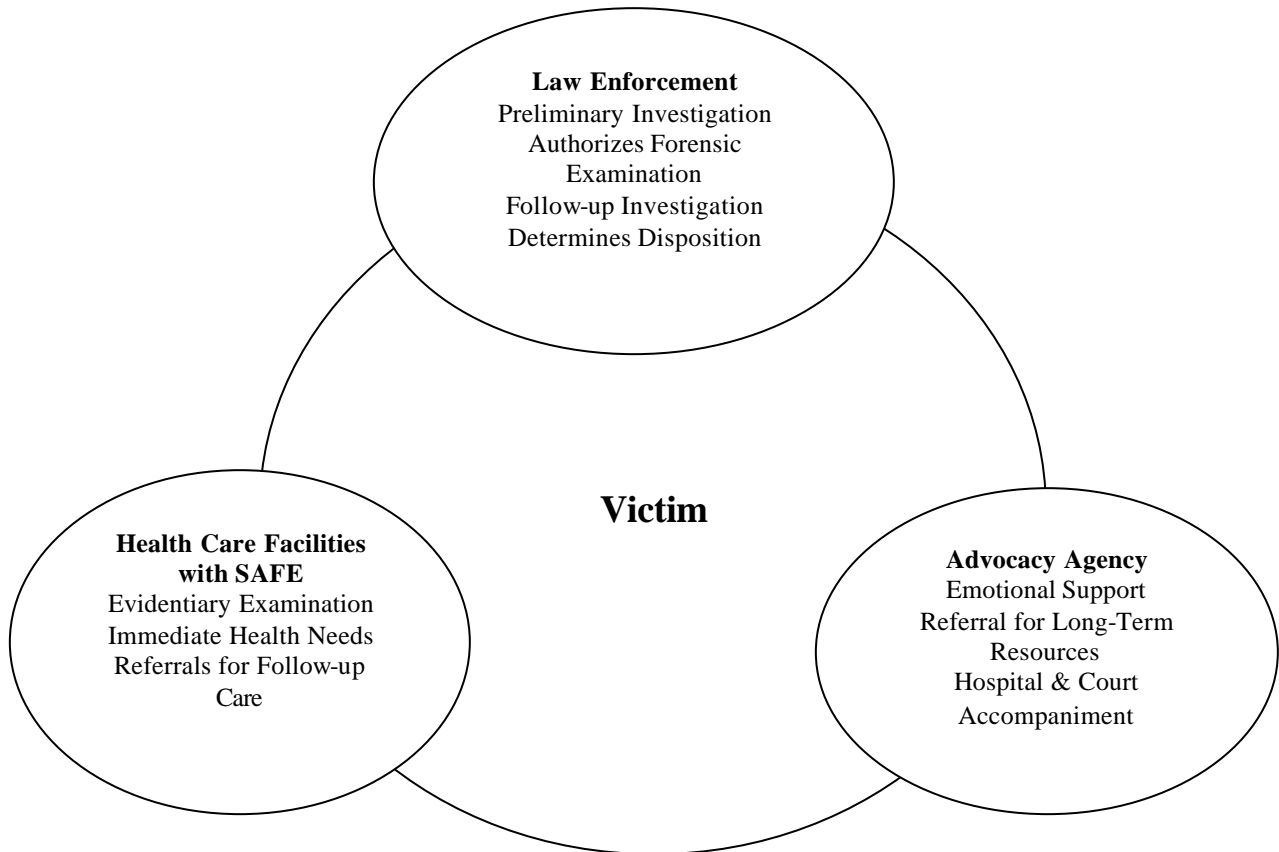


SART Program

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.

Figure 3. SART Program Components

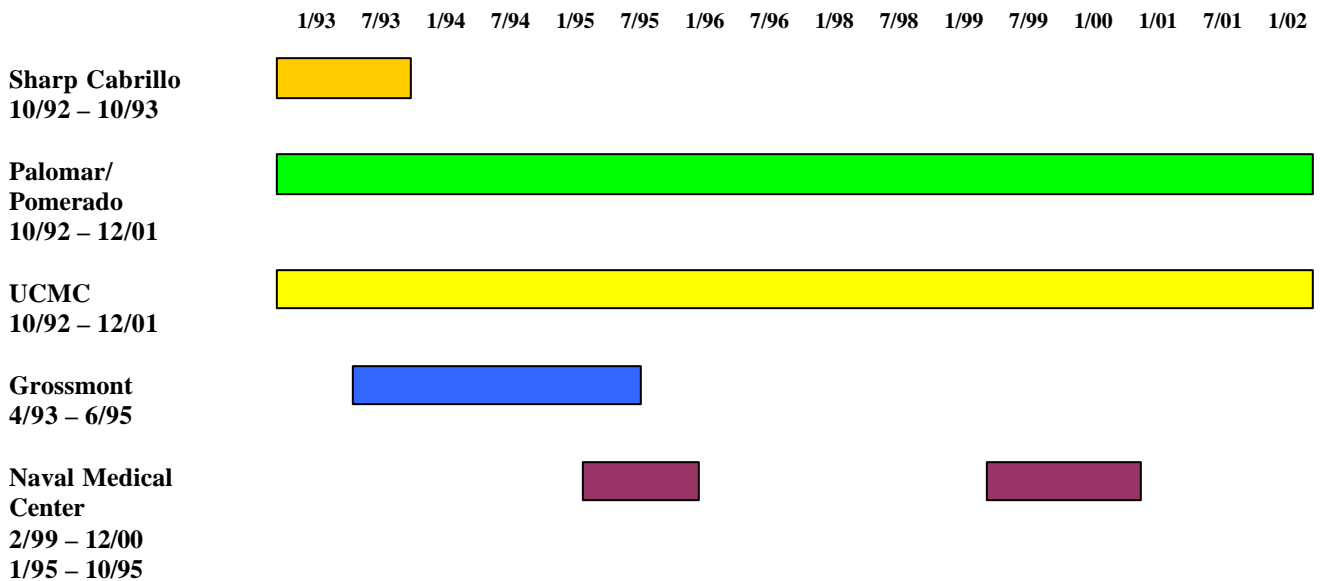


Adult SART Facilities

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, six separate hospitals have served as adult SART examination facilities. Two of these hospitals, Pomerado (north county) and UCMC (central region) have provided services from the beginning 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. The Naval Medical Center San Diego conducted exams at their facility in 1995, 1999, and 2000.

Other facilities in San Diego County also perform sexual assault and child abuse examinations for specific population subgroups. The Chadwick Center (formerly CCP) 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.

Figure 4. Data Collection Efforts



Source: San Diego County Adult SART Data

Evidentiary Exams by Facility and Year

Between January 1, 1993 and December 31, 2001 3,887 evidentiary exams were conducted at adult SART facilities. Overall, the number of exams performed at SART adult facilities increased by 13% during this nine-year period.

UCMC conducted 2263 (58%) of the examinations during this time period. 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 1125 exams (29%). In 1999 Pomerado expanded its services by offering an examination site adjacent to Palomar Hospital. This added site provides convenience for victims and law enforcement personnel who live and work in the Escondido area. Grossmont Hospital and Sharp Cabrillo Hospital both conducted evidentiary examinations in the past but discontinued SART services due to low volume. Naval Medical Center San Diego established its evidentiary examination program in 1999, however discontinued services in 2000.

Figure 5. Number of Exams by SART Facility and Year of Exam

Year	Sharp Cabrillo	Grossmont	Pomerado	Palomar	UCMC	Naval Medical Center	Total	% Change
1993	101	45	109	0	138	0	393	--
1994	0	70	143	0	212	0	425	8.14%
1995	0	24	158	0	286	13	481	13.18%
1996	0	0	164	0	261	0	425	11.64%
1997	0	0	173	0	301	0	474	11.53%
1998	0	0	143	0	271	0	414	-12.66%
1999	0	0	56	70	218	15	359	-13.29%
2000	0	0	41	132	283	15	471	31.20%
2001	0	0	138	14	293	0	445	-5.52%
Total	101	139	1125	216	2263	43	3887	13.23%

Source: San Diego County Adult SART Data, 1993 – 2001: All exams conducted at adult SART facilities

The majority of victims seen at adult SART facilities were female, 95.68%. Adult males make up less than 5% of victims. Males have a larger percentage of all evidentiary examinations as young children. Data on children is included in the Examinations of Juveniles section of this report.

Figure 6. Gender of Victim

	Number	Percent
Female	3719	95.68%
Male	168	4.32%
Total	3887	100%

Source: San Diego County Adult SART Data, 1993 – 2001: All exams conducted at adult 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. Almost eighty-two percent (81.6%) of cases examined at the SART facilities between 1996 and 2001 showed positive visible physical findings. Eleven and a half percent (11.5%) demonstrated no positive visible physical findings. Almost seven percent (6.9%) of examinations were inconclusive.

**Figure 7. Positive Visible Physical Findings* at Adult SART Facilities
1996 – 2001**

	Number	Percent
Yes	2111	81.6%
No	298	11.5%
Inconclusive	178	6.9%
Total	2587	100%

*Injuries or visible evidence identified by SAFE

Note: Visible Physical Findings were unknown for 1 victim.

Source: San Diego County Adult SART Data, 1996-2001: All exams conducted at adult SART facilities

Authorizing Law Enforcement Agency

The responding law enforcement agency is responsible for investigating the crime, 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% of the county population, authorized 46.8% of SART examinations during the nine-year period from 1993-2001. The San Diego County Sheriff, which patrols the county's unincorporated regions and holds contracts with several cities (29.2% of population), authorized 19.8% of SART cases. Oceanside, with 5.5% of the population, had 8.5% of SART cases. The contributions of the other major cities were as follows: Escondido (4.4% of population), 5.5%; Chula Vista (5.7% of population), 4.1%; El Cajon (3.4% of population), 3.3%.

Figure 8. Authorizing Law Enforcement Agency: 1993 – 2001

Agency	Number	Percent
Cal State Police	19	0.49%
Camp Pendleton	8	0.21%
Carlsbad PD	86	2.21%
Chula Vista PD	159	4.09%
Coronado PD	11	0.28%
El Cajon PD	127	3.27%
Escondido PD	214	5.51%
Harbor Police	6	0.15%
La Mesa PD	45	1.16%
Military Police	129	3.32%
National City PD	99	2.55%
Oceanside Harbor PD	2	0.05%
Oceanside PD	330	8.49%
Other	51	1.31%
SD County Sheriff	770	19.81%
SD Police Dept	1819	46.80%
State Park Ranger	1	0.03%
Unknown	11	0.28%
Total	3887	100.00%

Source: San Diego County Adult SART Data, 1993 – 2001: All exams conducted at adult SART facilities
Population estimates for San Diego County, July 1997, from SANDAG, 2020 Regionwide Forecast

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.

The majority of services were provided by the Center for Community Solutions (CCS), EYE Crisis & Counseling Services, and the Women's Resource Center (WRC) in Oceanside. As shown in the accompanying table and chart, CCS, which provided services primarily to UCMC Hospital, performed 51% of advocacy services during the time for which this information is available. EYE and WRC accounted for 34% of advocacy services, serving Pomerado and Palomar Hospitals.

Several community-based and law enforcement-affiliated volunteer programs offer first line support for sexual assault victims. The law enforcement volunteer services are especially beneficial during those instances when securing complex crime scenes takes a protracted period of time. The volunteers respond to the scene and provide support until the victim is transported to the SART facility.

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.

Figure 9. Advocacy Agency by SART Facility: 1996 – 2001

	Naval Medical Center	Palomar	Pomerado	UCMC	Total
Center for Community Solutions	0	0	5	1305	1310
Citizen Adversity Support Team (CVPD)	0	0	0	48	48
Crisis Intervention (SDPD)	0	0	0	52	52
EYE Crisis & Counseling Services	0	103	428	0	531
National City Crisis Team (NCPD)	0	0	0	2	2
Sexual Assault Victim Intervention	19	1	13	41	74
Trauma Intervention Program	0	0	0	13	13
Women's Resource Center	0	103	239	0	342
Other	0	2	6	23	31
Unknown	11	7	24	143	185
Total	30	216	715	1627	2588

Source: San Diego County Adult SART Data, 1996 – 2001: All exams conducted at adult SART facilities

Perpetrator Relationship

Perpetrator relationship to adult victims was available for 1996-2001. Among adults who received evidentiary examinations, 67% of perpetrators were known to the victim whereas only 26% of perpetrators were strangers. The “other” category includes relationships such as fellow inmates or nursing home caretakers.

Figure 10. Perpetrator Relationship: 1996 – 2001

	Number	Percent
Spouse	134	5.18%
Ex-spouse	20	0.77%
Cohabitant	84	3.25%
Ex-cohabitant	52	2.01%
Fiancé	6	0.23%
Dating*	219	8.46%
Relative	38	1.47%
Acquaintance	1168	45.13%
Stranger	672	25.97%
Other	58	2.24%
Unknown	132	5.10%
Missing/Blank	5	0.19%
Total	2588	100.00%

*Includes present and former dating relationship

Source: San Diego County Adult (18 years and older) SART Data, 1996-2001: all exams conducted at adult SART facilities

Adult Female Victims

There are too few evidentiary examinations of adult males to calculate meaningful rates of examinations. Therefore the following tables refer to adult females only. The overall rate of examinations for adult females was 36.32 per 100,000 population per year. There is an inverse relationship between age group and rate of examinations. In other words, as age increases, the rate of examinations decreases.

Figure 11. Adult Female Victims: Examinations by Age, 1993-2001 Annualized

Age Group	Number of Exams	Percent of Exams	Annual Rate per 100,000
18-29	2046	61.7%	100.87
30-39	783	23.6%	36.20
40-49	350	10.6%	8.35
50+	131	3.9%	4.15
Unknown	7	0.2%	**
Total 18+	3317	100%	36.32

**Rates not calculated

Source: San Diego County Adult (18 years and older) SART Data, 1993-2001: Females examined at adult SART facilities

Population estimates for San Diego County, July 1997, from SANDAG, 2020 Regionwide Forecast

Race/ethnicity data was available for 1995 through 2001 and used to calculate annualized rates of adult female evidentiary examinations by age group and race/ethnicity. The highest rates within each racial/ethnic group are in the youngest age groups. Blacks have rates two to four times as high as other groups.

Figure 12. Number and Rate of Female Evidentiary Exams per 100,000 by Race/Ethnicity, 1995-2001 Annualized

Age Group	White		Black		Hispanic		Asian/Other		Total	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
18-29	901	107.45	236	206.25	348	76.25	99	55.05	1584	99.67
30-39	343	33.77	123	109.93	104	26.63	45	24.46	615	36.13
40-49	198	20.59	29	39.71	34	12.97	20	14.45	281	8.54
50+	77	4.08	11	12.61	15	4.42	6	2.73	109	4.30
Total 18+	1519	32.29	399	103.22	501	34.59	170	23.55	2589	35.65

*Rate per 100,000 female population

Source: San Diego County Adult (18 years and older) SART Data, 1995-2001: Females examined at adult SART facilities

Population estimates for San Diego County, July 1998, from SANDAG, 2020 Regionwide Forecast

The San Diego Military Program

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. Therefore the system was altered so that specially trained Navy examiners conducted the evidentiary examinations at Naval Medical Center San Diego and provided 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 (1999-2000). Patient support is provided by advocates from the Sexual Assault Victim Intervention (SAVI) program or by community based advocate programs.

A strong collaborative relationship between military personnel and the representatives from the San Diego sexual assault community has helped promote an effective 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).

San Diego SART Report

- The SART program is re-established at the Naval Medical Center San Diego (1999).
- The adult sexual assault naval program is temporarily discontinued (7/00) and NCIS authorized use of other SART facilities.

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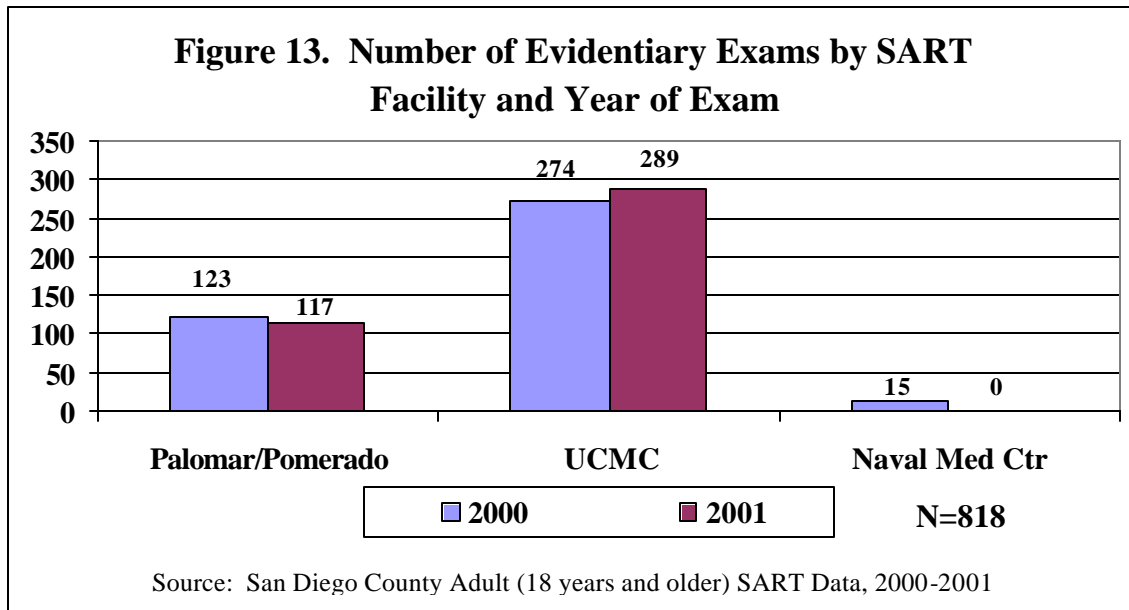
Examinations of Adults 18 Years and Older

2000-2001

Evidentiary Examinations of Adult Victims by Facility and Year

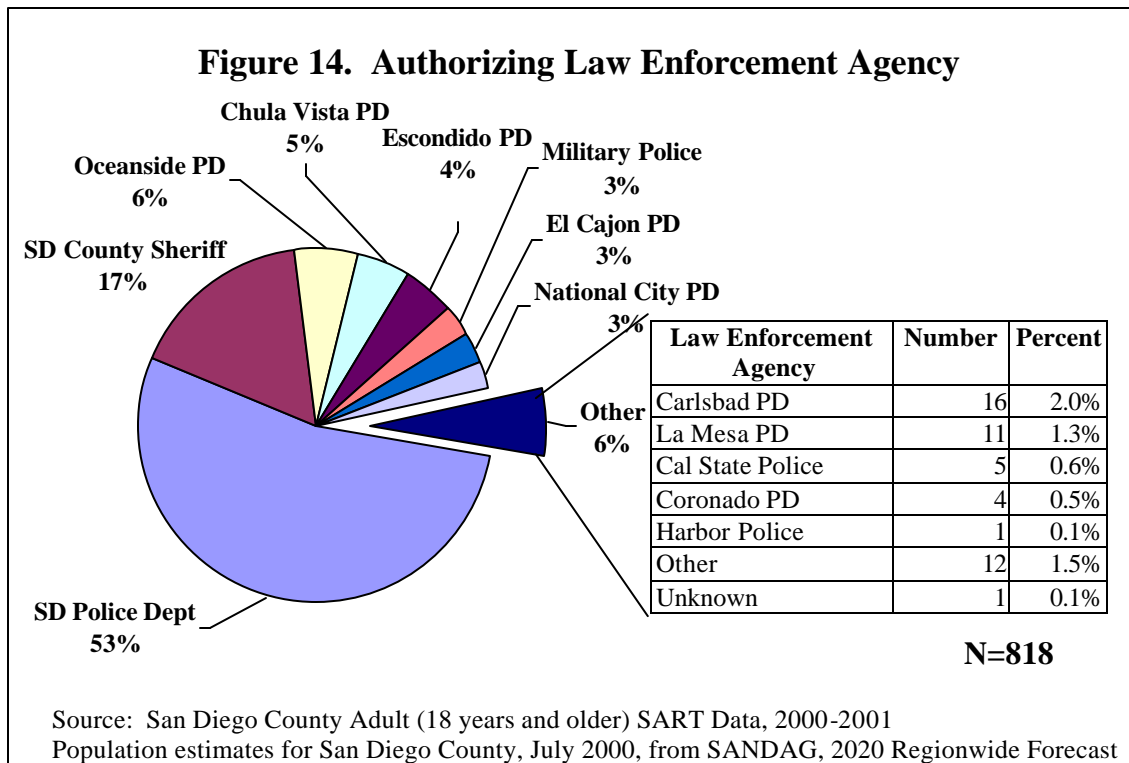
During the time period 2000 through 2001, there were 818 evidentiary examinations for victims 18 years and older conducted at SART facilities. There were 412 examinations conducted in 2000. In 2001, the number of examinations decreased to 406, a 1% decrease. Additionally, there were 98 exams done for adolescents (ages 13-17) at these facilities.

UCMC conducted 563 (69%) of the examinations during this time period, and had two forensic examiners on call 24 hours a day to address its high volume. The high volume was due in part to a contract with the San Diego Police Department, which serves 44% of the county population. Palomar/Pomerado Health Care, which serves the north county and parts of the east county region, conducted 240 exams (29%). Naval Medical Center San Diego began contributing data in 1999, however, discontinued in 2000.



Authorizing Law Enforcement Agency

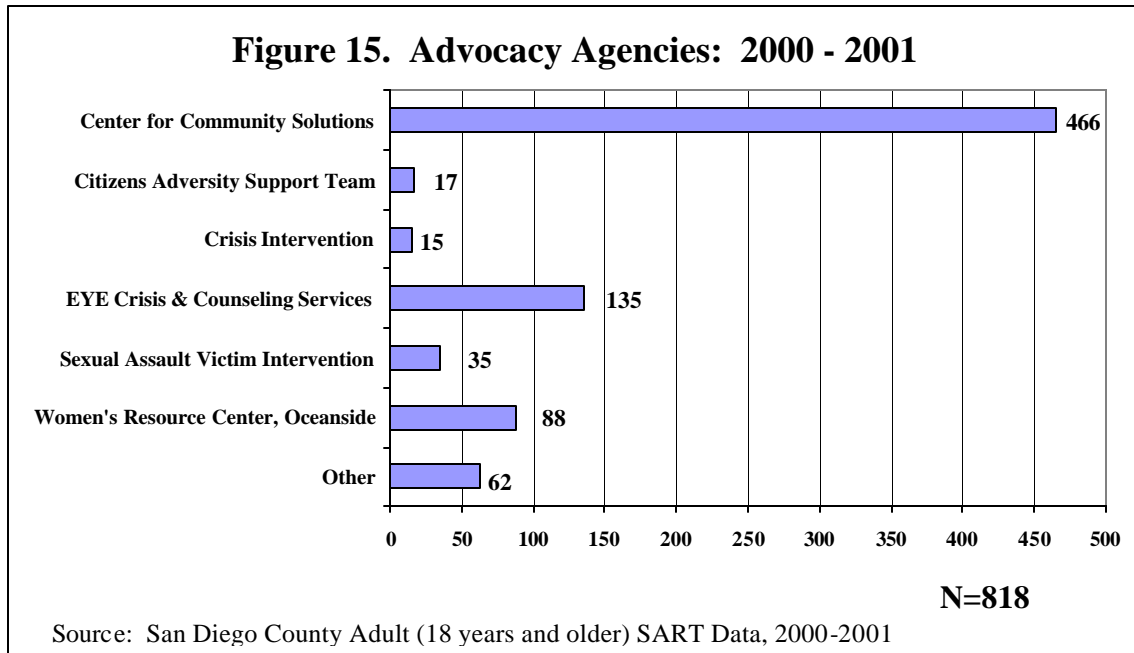
The responding law enforcement agency is responsible for authorizing the examination and transporting the victim to the SART facility. Since the examination is conducted for the purpose of collecting evidence, the authorizing law enforcement agency is also responsible for cost reimbursement. The San Diego Police Department, whose jurisdiction encompasses 44% of the county population, authorized 53% of SART adult examinations during the period from 2000-2001. The San Diego County Sheriff, which patrols the county's unincorporated regions and holds contracts with several cities (29.2% of population), authorized 17% of SART cases. Oceanside, with 5.5% of the population, had 6.0% of SART cases. The contributions of the other major cities were as follows: Escondido (4.4% of population), 4.0%; Chula Vista (6.0% of population), 5.0%; El Cajon (3.3% of population), 3.0%.



Advocacy Agencies

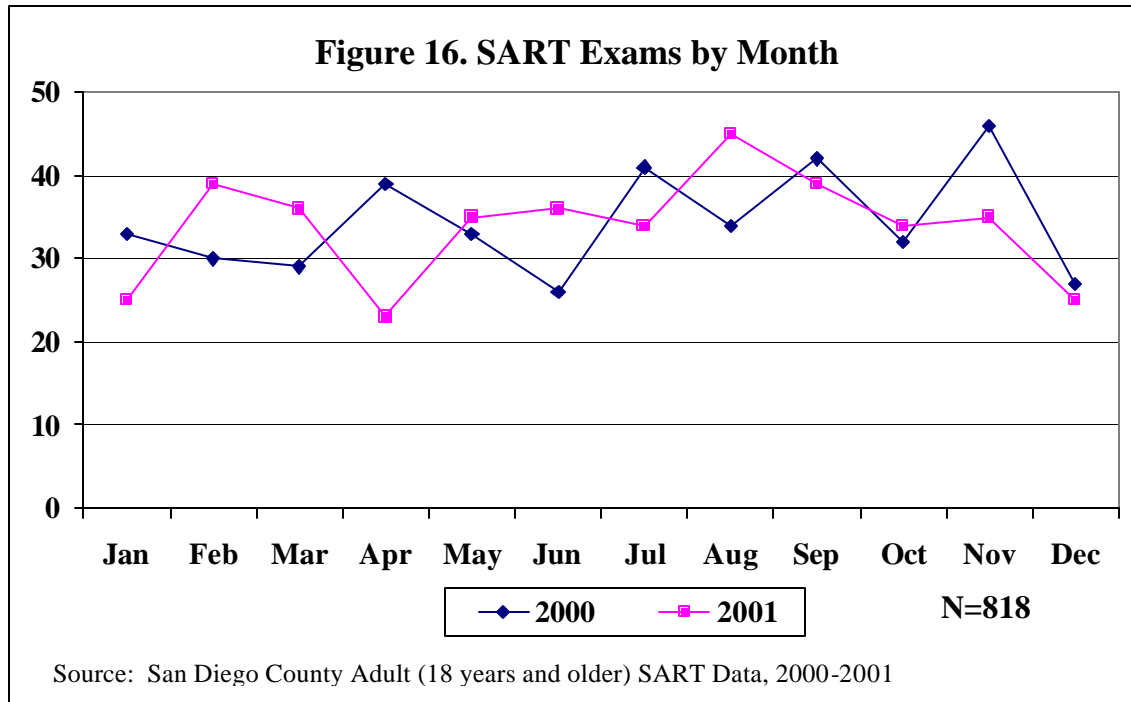
The sexual assault victim advocate's primary purpose is to provide emotional support throughout the SART process. In addition, advocates ensure that victims are informed about follow-up counseling services, the Victim/Witness Assistance Program, and community resources. If requested, they are present during law enforcement and attorney interviews and provide court accompaniment.

The majority of services were provided by the Center for Community Solutions (CCS), EYE Crisis & Counseling Services, and the Women's Resource Center (WRC) in Oceanside. CCS, which provided services to UCMC, performed 57% of advocacy services during 2000-2001. EYE and WRC accounted for 27% of advocacy services, serving Palomar/Pomerado SART. Several community-based and law enforcement-affiliated volunteer programs also offer first line support for sexual assault victims.



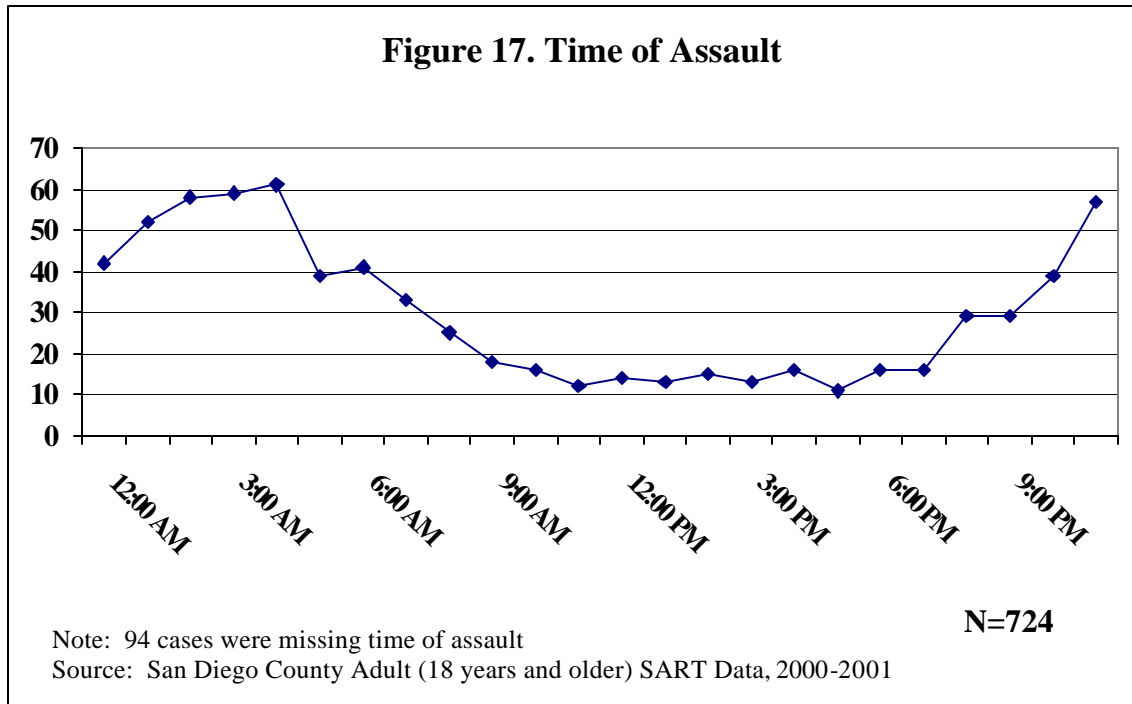
Month of SART Exam

The following graph illustrates the number of SART exams by month and year. In 2000 there were peaks in April, July, September and November. The November peak was followed by a sharp decline in December. After a peak in August, the last four months of 2001 showed a steady decline in the number of exams. The fewest exams were conducted in April 2001 and the most in November 2000.



Time of Assault

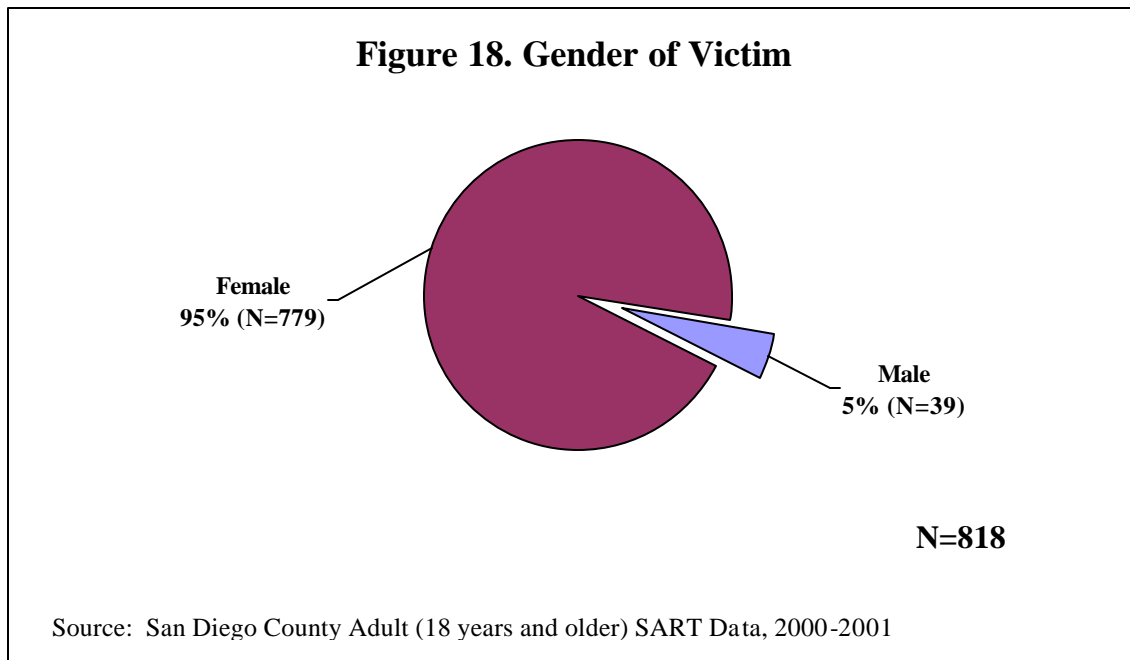
Time of day is a strong factor in the occurrence of adult sexual assaults. For the period from 2000 through 2001, 78% of the assaults occurred during the twelve-hour time interval between 8 p.m. and 8 a.m., with peak incidence at 4:00 a.m.



Victim Gender

While nearly all (95%) of the evidentiary examinations performed were for female victims, SART facilities and advocate agencies have made a concerted effort to have appropriate services available for males as well. In previous years, females accounted for 96% of examinations. It is extremely important that the needs of male victims be actively addressed. 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.

Research has shown that adolescent male victims of sexual assault are much more likely to act out their frustration through suicide attempts, violence, and substance abuse. Intervention, therefore, is crucial in this group in order to interrupt the cycle of victims becoming abusers.



Age of Female Victims

Despite comprising only 21% of the total adult female population, victims between 18 and 29 years made up 63% of adult evidentiary examinations in SART facilities, for a rate of 107 per 100,000 per year. Victims in the 18-29 year old age group had a rate of evidentiary examinations that is more than three times that of the next highest group, the 30-39 year olds.

The 30-39 year olds are the only age group whose percentage of examinations (21%) mirrored its percentage in the population (23%). Older age groups had much lower rates of examinations than would be expected based on their percentage of the adult female population.

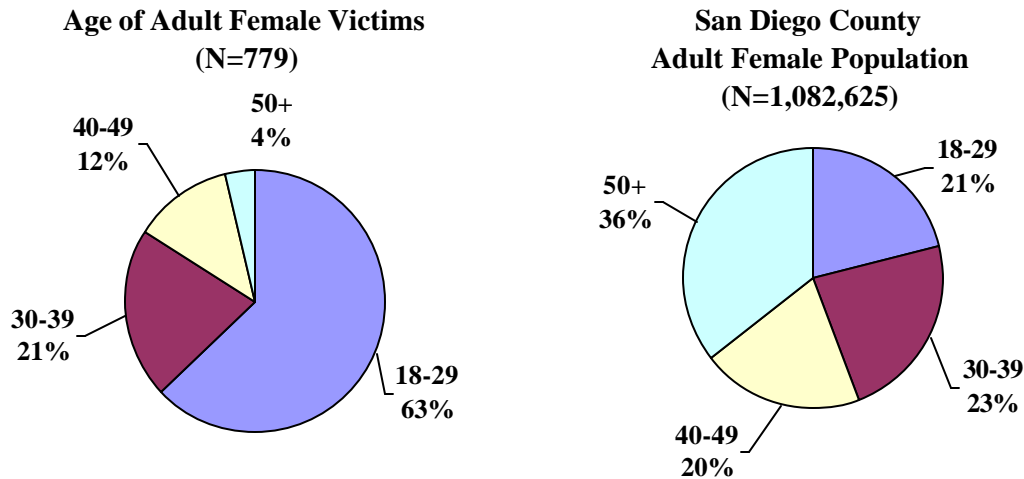
Meaningful rates for males could not be calculated due to the low number of adult male exams by age group.

Figure 19. Examinations by Age for Adult Female Victims

Age Group	Number of Exams	Percent of Exams	Annual Rate Per 100,000 Females
18-29	489	62.77%	107.10
30-39	165	21.18%	33.06
40-49	97	12.45%	22.07
50+	28	3.60%	3.64
Total	779	100.00%	35.98

Source: San Diego County Adult (18 years and older) SART Data, 2000 – 2001
 Population estimates SANDAG 2020 Regionwide Forecast, July 2000

Figure 20. Victims vs. Population by Age San Diego County, 2000 - 2001



Source: San Diego County Adult (18 years and older) SART Data: Females, 2000 – 2001
 Population Estimates: SANDAG 2020 Regionwide Forecast, July 2000

Race/Ethnicity of Victims

Expressing race/ethnicity-specific data in terms of rates allows a much more meaningful comparison of different population groups than is possible by examining raw numerical data by itself.

Rates of examination among Black women were more than twice the rates of all other racial/ethnic groups.

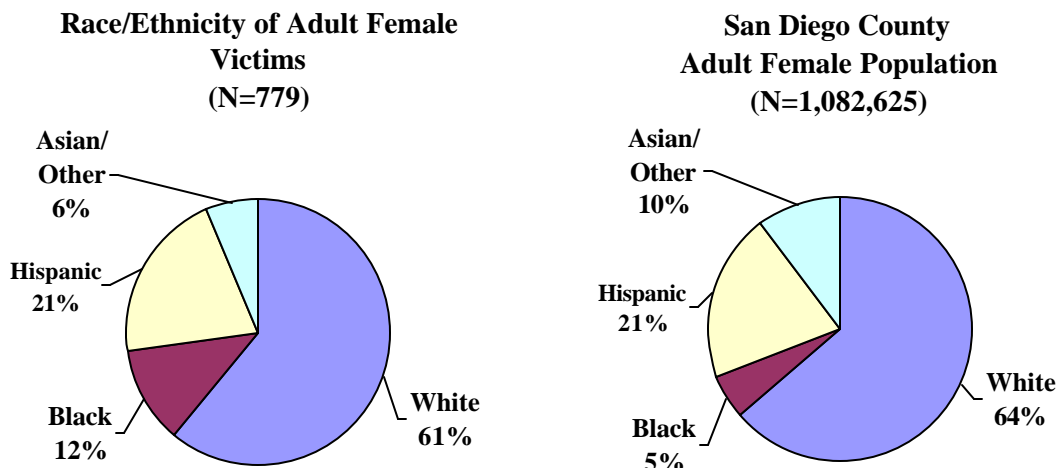
Many more examinations were performed for White female sexual assault victims than for Blacks (474 versus 94 exams). However, since the Black population was so much smaller, the rate among Black women was calculated to be more than twice that of Whites (81.29 per 100,000 compared to 34.36 per 100,000). This data should not be used to draw conclusions about rates of sexual assaults, since it is limited to those assault victims who received examinations.

Figure 21. Examinations by Race/Ethnicity for Adult Female Victims

Race/Ethnicity	Number of Exams	Percent of Exams	Annual Rate Per 100,000 Females
White	474	60.80%	34.36
Black	94	12.10%	81.29
Hispanic	161	20.70%	36.15
Asian/Other	50	6.40%	22.25
Total	779	100.00%	35.98

Source: San Diego County Adult (18 years and older) SART Data, 2000 – 2001
Population estimates SANDAG 2020 Regionwide Forecast, July 2000

Figure 22. Victims vs. Population by Race/Ethnicity San Diego County, 2000 - 2001



Source: San Diego County Adult (18 years and older) SART Data: Females, 2000 – 2001
Population Estimates: SANDAG 2020 Regionwide Forecast, July 2000

Rate of Examinations by Race/Ethnicity and Age

Rates across racial/ethnic groups declined with advancing age. It is noteworthy that while the examination rate decreased for every race/ethnicity as they got older, the Black rates for each age group, except '50+' remained higher than all other groups.

Figure 23. Rate of Examinations at Adult SART Facilities by Race/Ethnicity and Age Group of Adult Females, 2000 – 2001

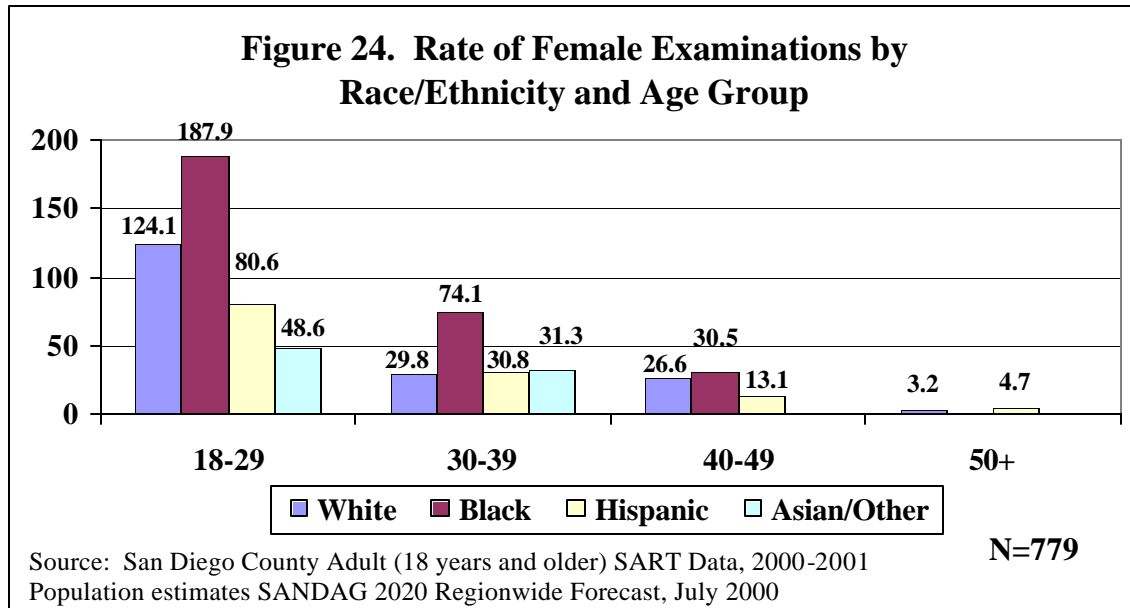
Age Group	White		Black		Hispanic		Asian/Other		Total	
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*
18-29	293	124.12	62	187.92	108	80.59	26	48.57	489	107.10
30-39	86	29.76	24	74.11	37	30.79	18	31.30	165	33.06
40-49	77	26.57	7	30.54	11	13.13	2	**	97	22.07
50+	18	3.19	1	**	5	4.65	4	**	28	3.64
Total 18+	474	34.36	94	81.29	161	36.15	50	22.25	779	35.98

*Rate per 100,000 female population

**Rates not calculated on fewer than 5 observations

Source: San Diego County Adult (18 years and older) SART Data, 2000 – 2001

Population estimates SANDAG 2020 Regionwide Forecast, July 2000

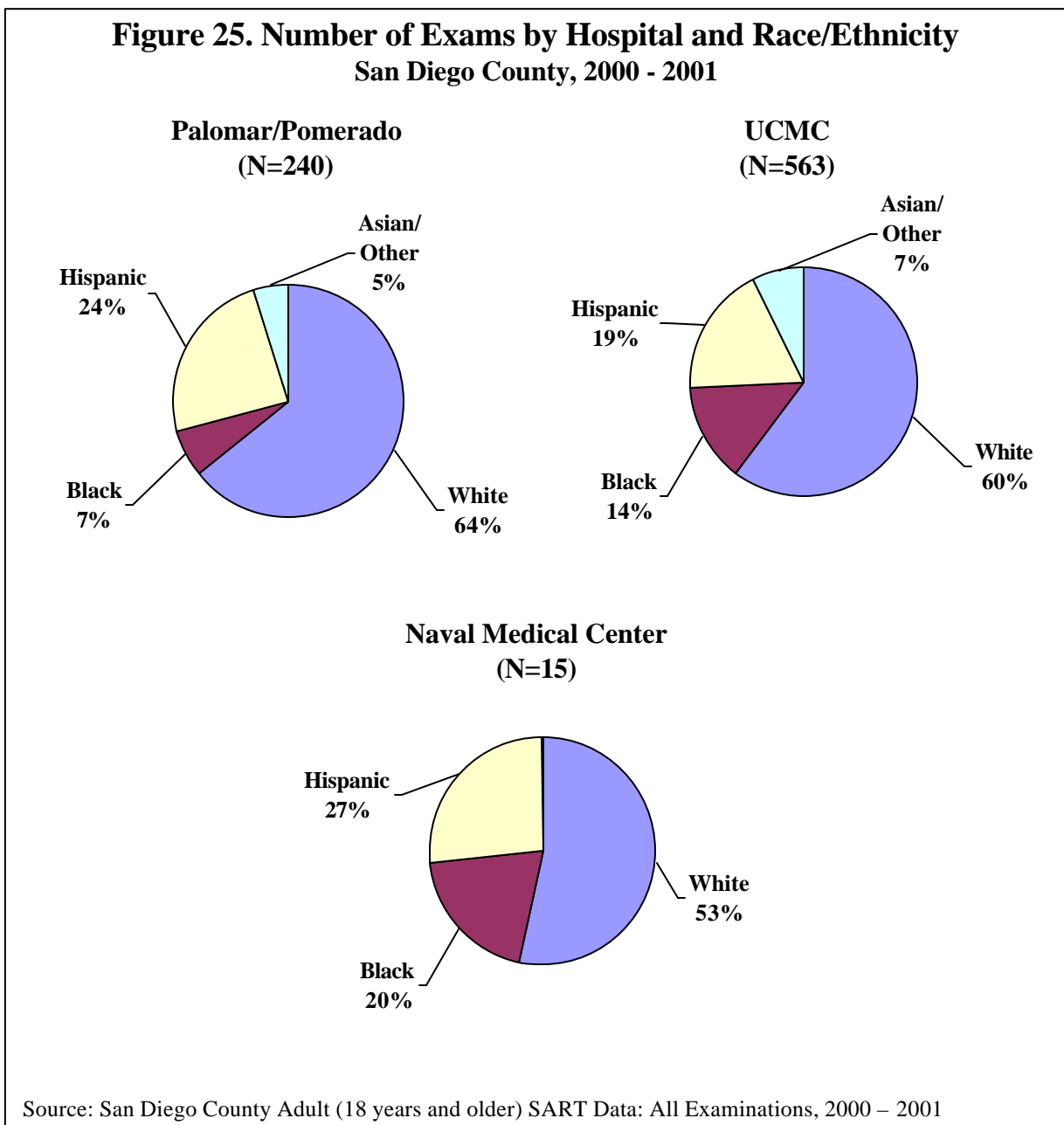


Race/Ethnicity by Facility

The distribution of race/ethnicity by treating facility is shown below for the years 2000-2001. UCMC, located in the southern and more urban section of the county, sees a higher proportion of minority victims than Palomar/Pomerado SART facilities, which are located in a more suburban setting in North County.

Over half (60%) of the sexual assault victims brought UCMC were White, 14% were Black, and 19% were Hispanic.

Of the victims seen at Palomar and Pomerado Hospitals 64% were White, 24% were Hispanic but only 7% were Black.



Time Intervals

Time is a crucial factor in attending to the victim's needs as well as in ensuring that useful evidence can be obtained. Typically, the period between assault and the time that the incident is reported to SART takes the longest (median = 8 hours 5 minutes). This is primarily due to the victim's decision of when to report the sexual assault. 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 one hour and 45 minutes, on average. This is a vast improvement over previous anecdotal reports of up to nine hours from the time the victim reported the assault to exam completion.

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.

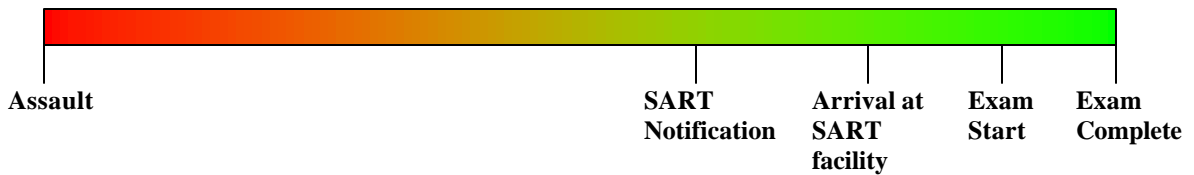


Figure 26. SART Process Time Intervals, 2000 – 2001

	Assault to SART Notification	Arrival at Hospital to Exam Start	Exam Start to Exam Complete
Valid Observations	709	803	816
Missing*	109	15	2
Mean	20 Hours, 16 Minutes	41 Minutes	1 Hour, 55 Minutes
Median	8 Hours, 5 Minutes	30 Minutes	1 Hour, 45 Minutes

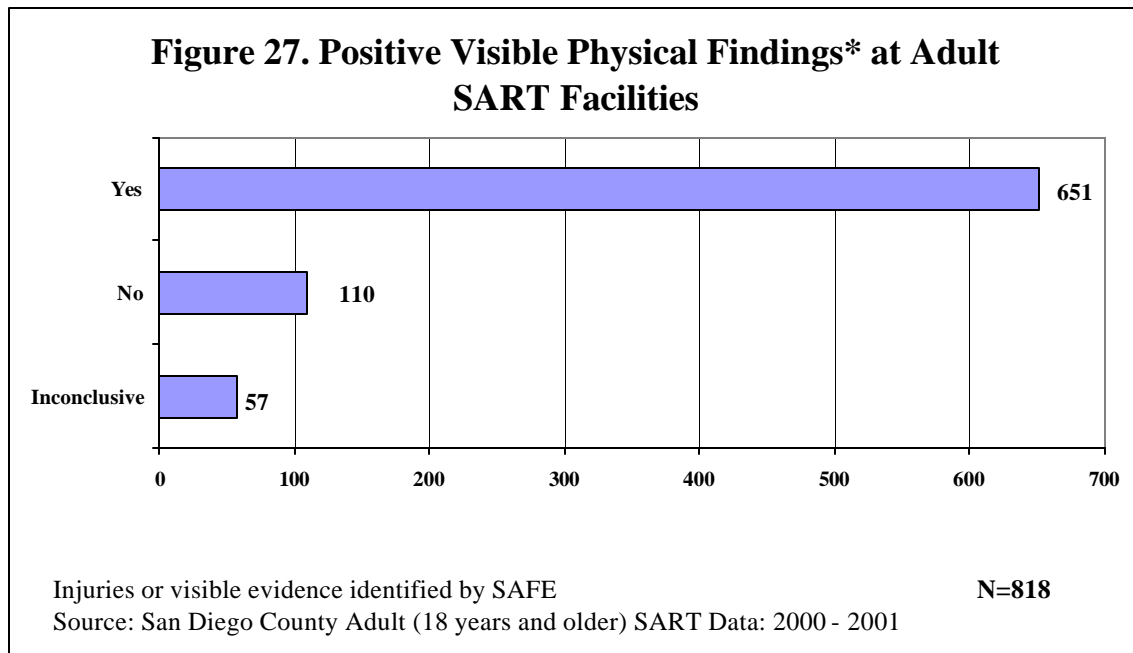
*Missing or invalid times

Note: Includes victims 18 years and older examined at adult SART facilities

Source: San Diego County Adult (18 years and older) SART Data, 2000 - 2001

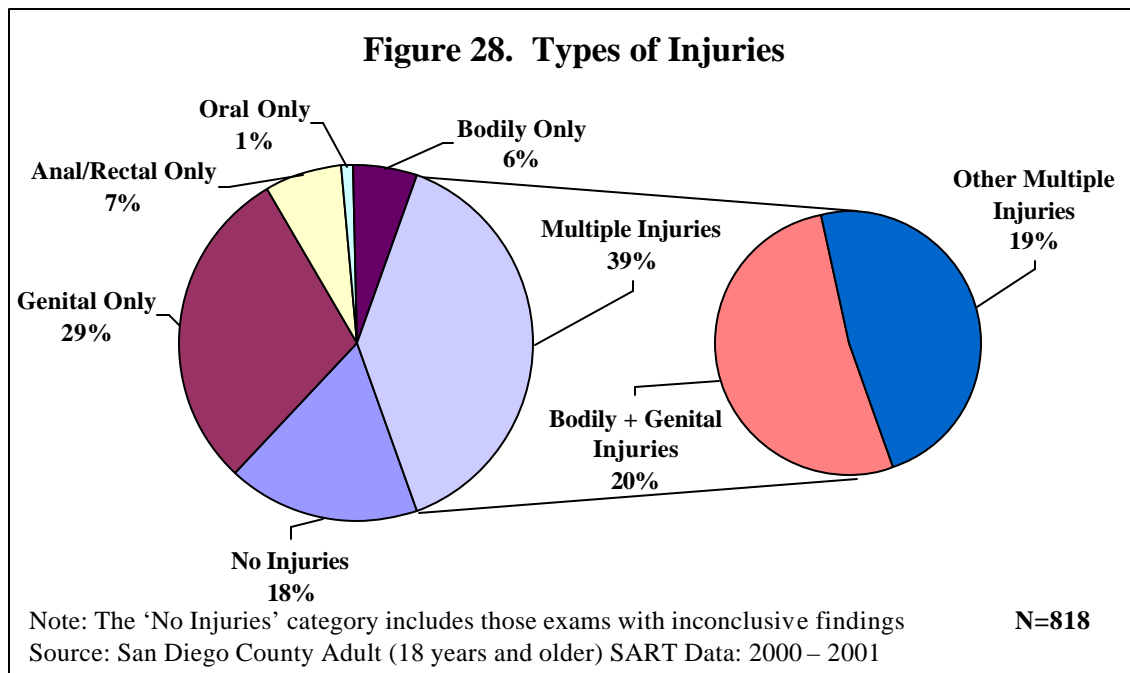
Positive Visible Physical Findings

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, can be analyzed by the crime lab which may identify additional corroborating evidence. Eighty percent (80%) of cases (651) examined at the SART facilities during 2000 and 2001 showed positive visible physical findings. Another 57 cases (7%) were inconclusive and 110 (13%) demonstrated no positive visible physical findings.



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 674 (82%) of the victims seen during 2000 and 2001. Genital injuries alone were present in 242 victims (29%) and in combination with bodily injuries in 167 (20%) of all examined victims. Anal/rectal injuries were present in 58 (7%) of victims. Bodily injuries alone were evident in 46 (6%) of those examined. Of the 39% of victims presenting with multiple injuries, more than half (167 out of 319) had injuries to both the body and genitalia.



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 notification. There is a general trend showing a decreasing proportion of examinations with positive visible physical findings as the time since assault increases (80.5% positive when examined within 24 hours, decreasing to 70% among those examined 5 or more days following the assault). The exception to this trend is at 3 and 4 days when 100% of the 7 and 3 examinations performed yielded positive physical findings.

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

Figure 29. Evidentiary Examinations with Positive Visible Physical Findings

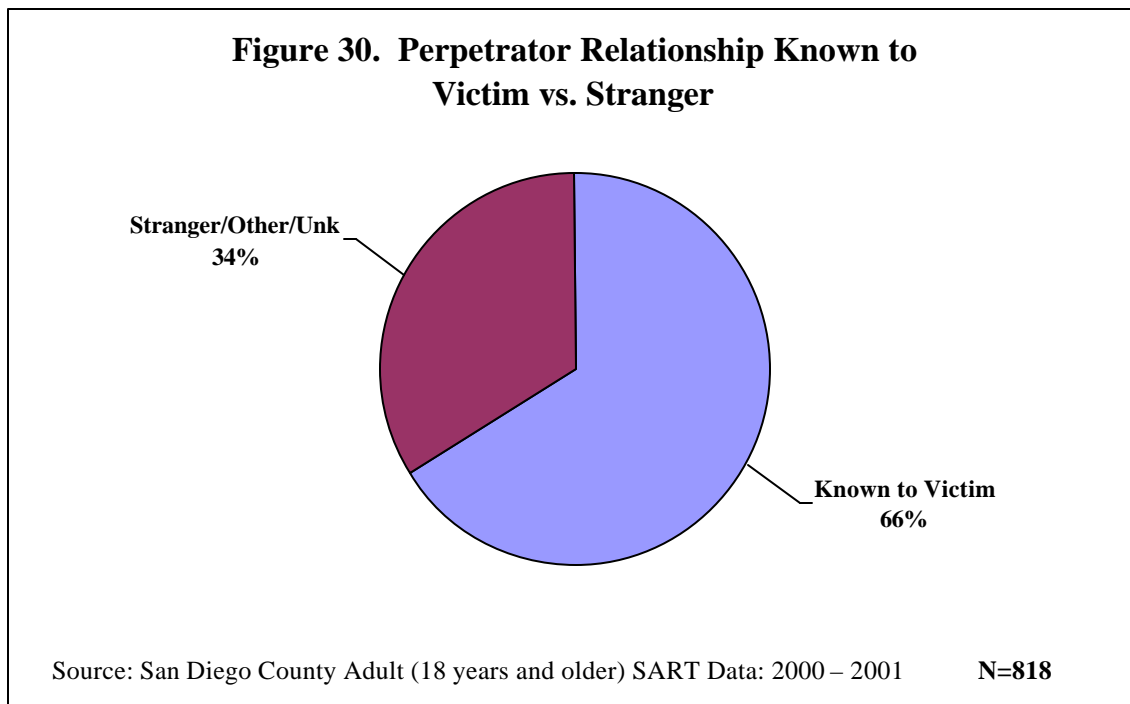
Positive Physical Findings	Time from Assault to SART Notification														Total	
	Less than 24 Hrs		1 day		2 days		3 days		4 days		5 or more days		Unknown/Missing			
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Yes	454	80.5	72	75.0	21	72.4	7	100	3	100	7	70.0	87	79.8	651	79.6
No	73	12.9	13	13.5	6	20.7	0	0.0	0	0.0	2	20.0	16	14.7	110	13.4
Inconclusive	37	6.6	11	11.5	2	6.9	0	0.0	0	0.0	1	10.0	6	5.5	57	7.0
Unknown	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	564	100	96	100	29	100	7	100	3	100	10	100	109	100	818	100

Source: San Diego County Adult (18 years and older) SART Data: 2000 - 2001

Perpetrator Relationship: Known to Victim vs. Stranger

San Diego data indicates that two-thirds of the victims who received evidentiary examinations knew their perpetrators. This is in contrast to the prevailing belief that victims are primarily attacked by strangers.

Both types of assaults, non-stranger and stranger, present challenges to law enforcement personnel and district attorneys prosecuting the cases. In non-stranger assaults the defense often centers on the issue of whether there was consensual vs. non-consensual sex. In stranger assaults identifying the perpetrator is the challenge. However, increased DNA testing and the establishment of a centralized DNA database has been very helpful in apprehending the perpetrators in stranger assaults. Now with the advancement of DNA technology, defendants in the stranger assault cases are also claiming a consensual consent defense because they have no other defense option available.



Perpetrator Relationship

During 2000 and 2001, 99 victims receiving examinations had been assaulted by persons with whom they were either married or had lived together at some time. 55 were assaulted by someone they were dating or had dated, 377 were assaulted by an acquaintance and 206 were assaulted by a stranger.

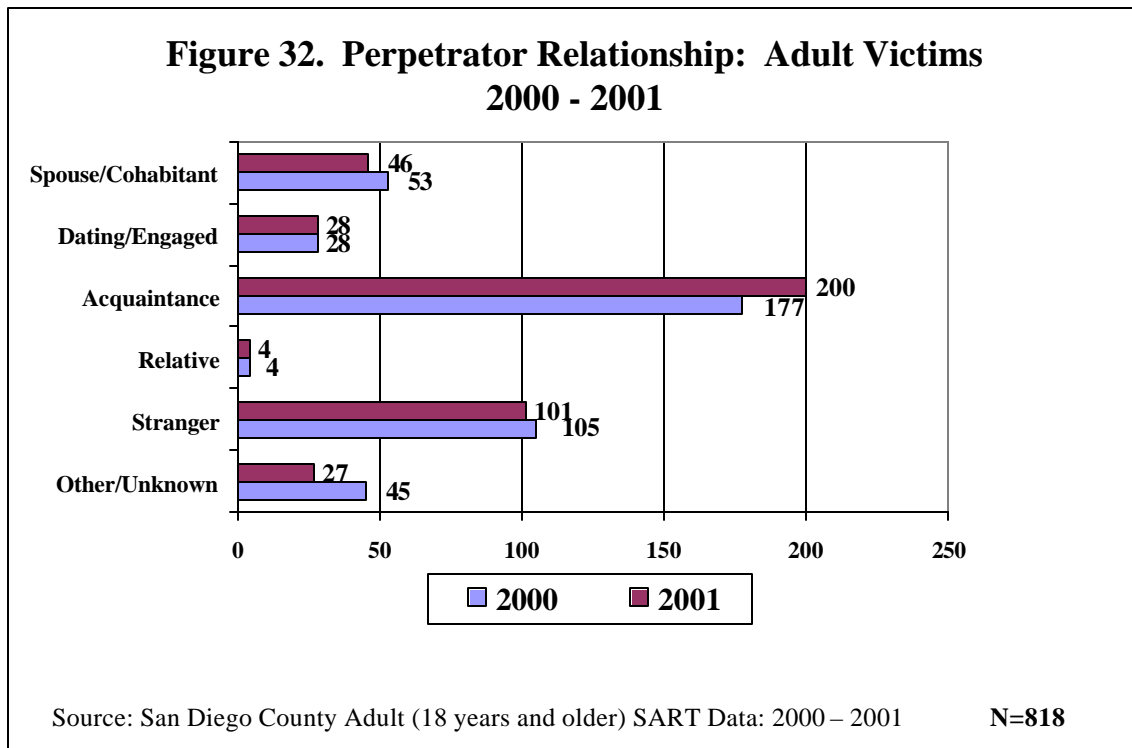
A number of victims were assaulted by multiple attackers. When this was the case, perpetrator status was coded according to the assailant with the closest relationship to the victim.

While most relationship categories decreased or remained the same between 2000 and 2001, acquaintance increased appreciably as did spouse.

Figure 31. Perpetrator Status by Reporting Period

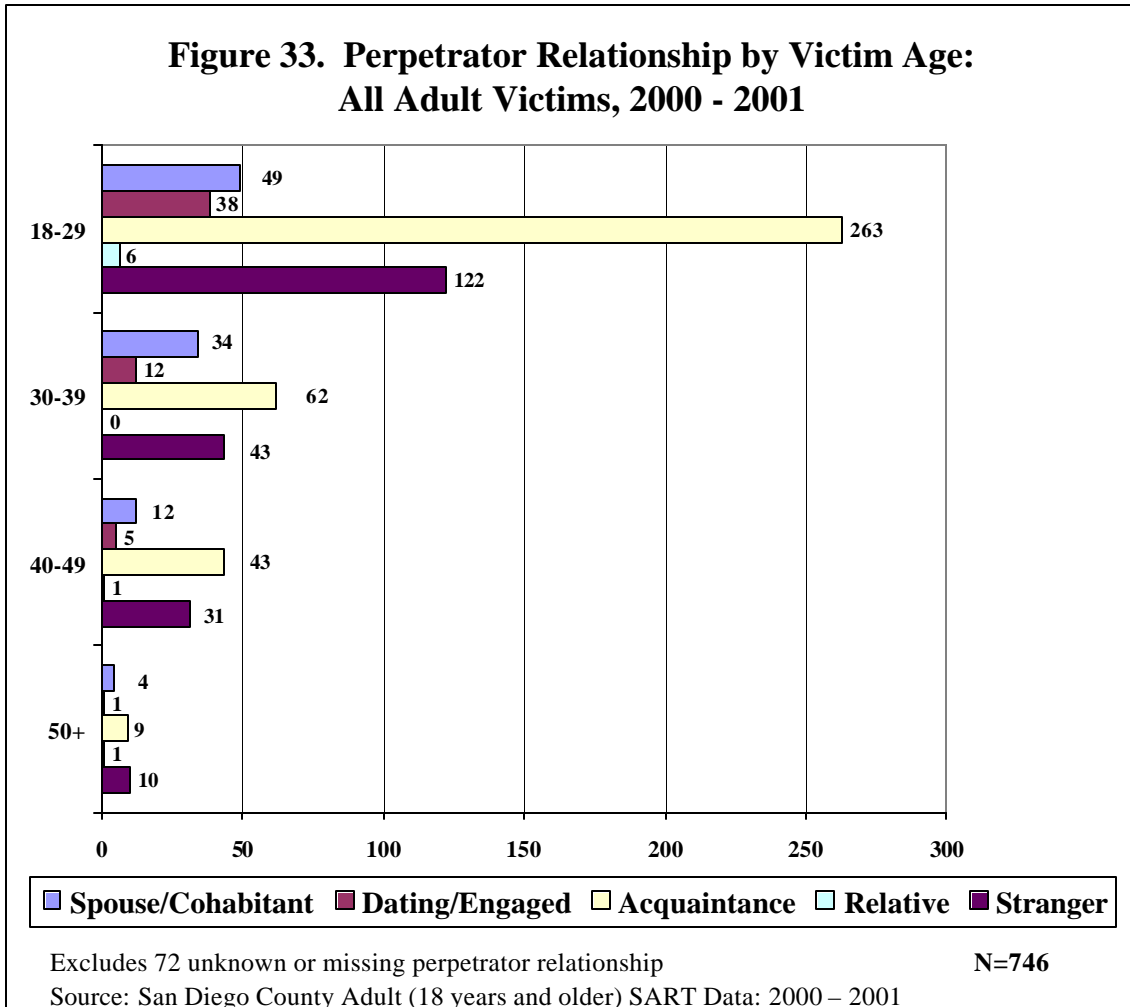
Perpetrator Status	2000	2001	Total
Spouse	21	26	47
Ex-spouse	5	3	8
Cohabitant	18	11	29
Ex-cohabitant	9	6	15
Fiancé	0	1	1
Dating	12	10	22
Ex-dating	16	17	33
Acquaintance	177	200	377
Relative	4	4	8
Stranger	105	101	206
Other	12	6	18
Unknown	33	21	54
Total	412	406	818

Source: San Diego County Adult (18 years and older) SART Data: 2000-2001



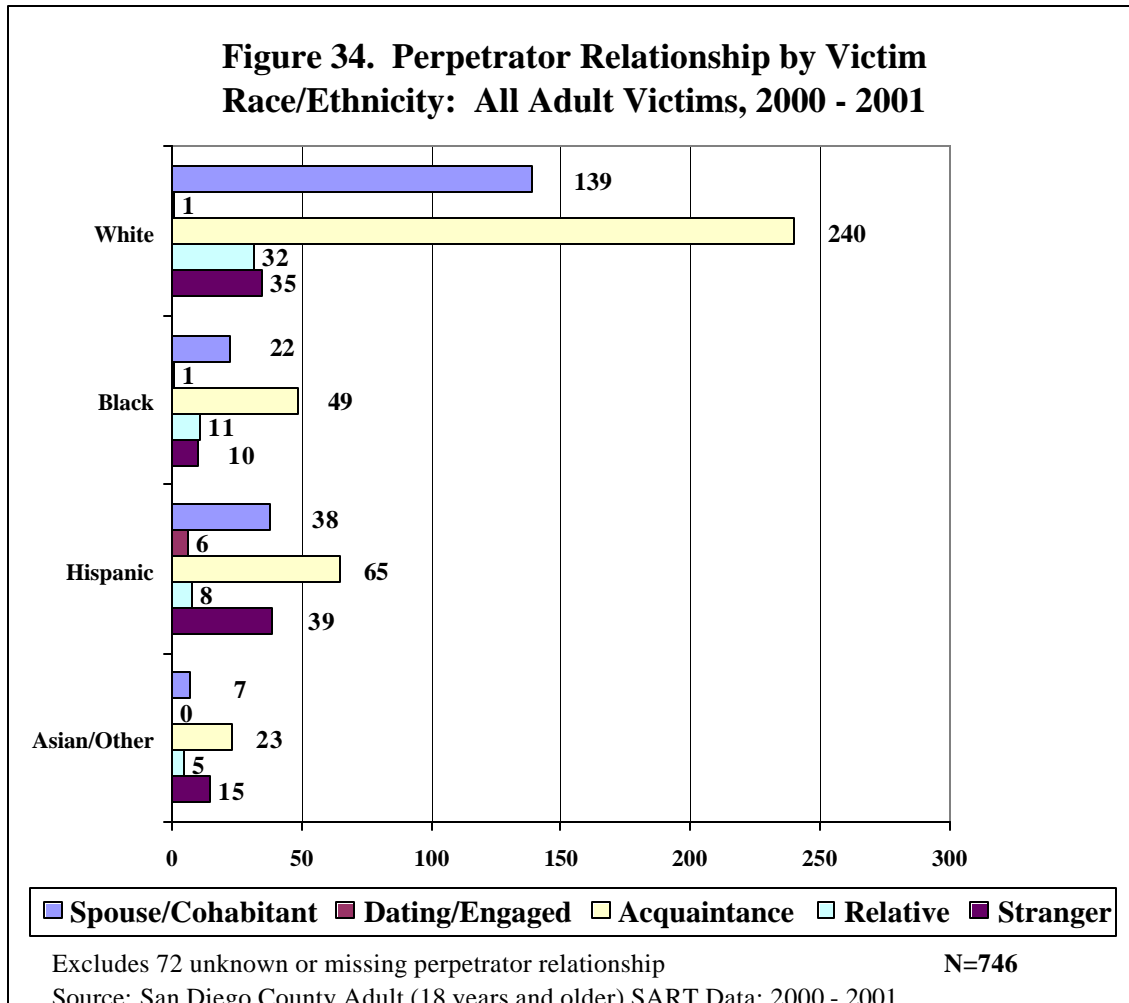
Perpetrator Relationship by Victim Age

For the 18-29 year age group, acquaintances were the most common category of perpetrator, accounting for over half (55%) of assaults among examined victims. As victims age increases, the proportion assaulted by strangers increases. Victims over 50 are one and a half times more likely to be assaulted by a stranger than by someone known to them (10 strangers compared to 15 non-strangers).



Perpetrator Relationship by Victim Race/Ethnicity

Different patterns of perpetrator relationship appear across racial and ethnic groups. White victims are most likely to be assaulted by an acquaintance (53.7%) or a stranger (31.1%) and much less likely to be assaulted by a spouse/cohabitant (7.8%). Black victims are most likely to be assaulted by an acquaintance (52.7%), also followed by a stranger (23.7%), and more likely than Whites to be assaulted by a spouse or cohabitant (10.8%). While Hispanics are more likely to be assaulted by an acquaintance (41.7%), they are just as likely to be assaulted by a spouse/cohabitant (25.0%) as a stranger (24.4%). Asian victims are most likely to be assaulted by an acquaintance (46.0%) followed by a spouse/cohabitant (30.0%) and are also likely to be assaulted by a stranger (14.0%).



San Diego SART Report

Examinations of Juveniles Under 18 Years

2000-2001

Age and Gender

For years 2000-2001, all adult and child/adolescent examining facilities provided evidentiary examination information to the countywide database. As seen in the accompanying graph and table, evidentiary examinations vary by gender and age.

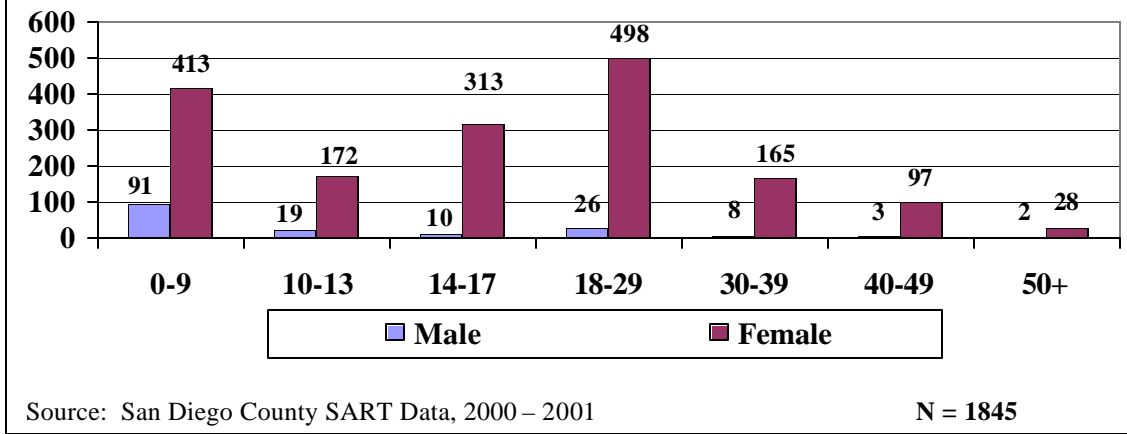
Figure 35. Gender Distribution by Age Group, 2000 – 2001

Age Group	Male	Female	Total
0-9	91 (57.23%)	413 (24.50%)	504 (27.32%)
10-13	19 (11.95%)	172 (10.21%)	191 (10.35%)
14-17	10 (6.29%)	313 (18.56%)	323 (17.50%)
Adults 18+	39 (24.53%)	788* (46.74%)	827 (44.82%)
Total	159 (100.00%)	1686 (100.00%)	1845 (100.00%)

*Includes 9 victims over 17 years of age who are considered protected adults
 Source: San Diego County SART Data: 2000 – 2001

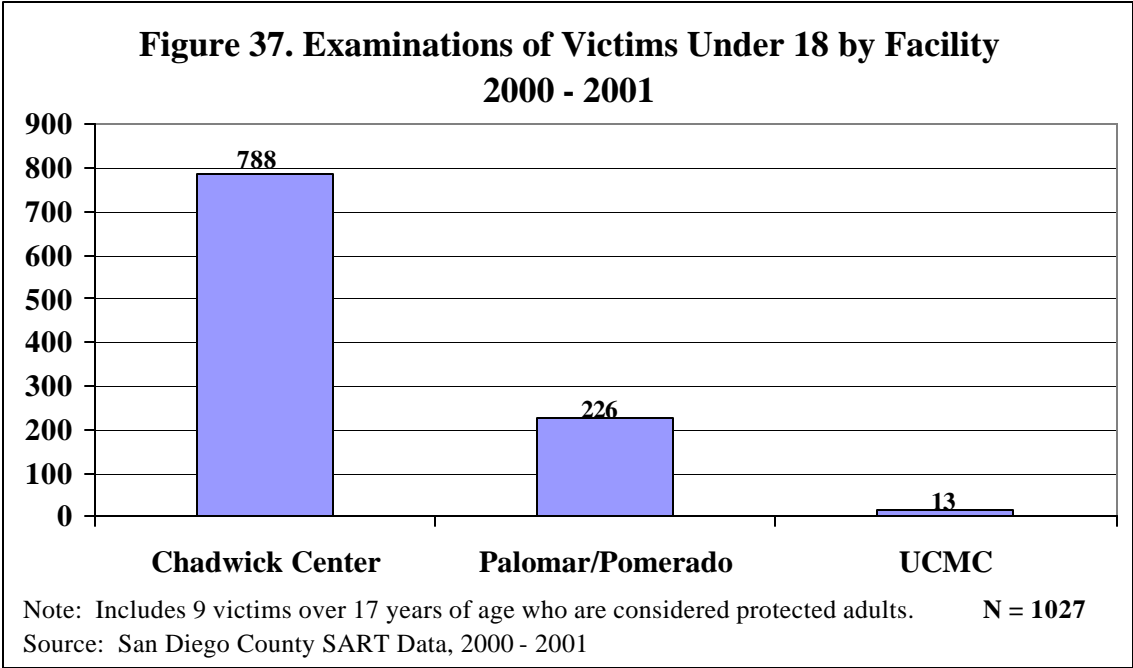
Fifty-seven percent (57.23%) of male examinations were conducted for those under the age of ten. Approximately 76% of male examinations were for minors. Among females, 25% of examinations were for victims under age ten and approximately 53% were for victims under age 18. The male to female ratio for victims under age 18 who received examinations is 1 to 7, compared to a 1 to 20 ratio for victims 18 years and older.

Figure 36. Gender of Victims Receiving Evidentiary Examinations by Age 2000 - 2001



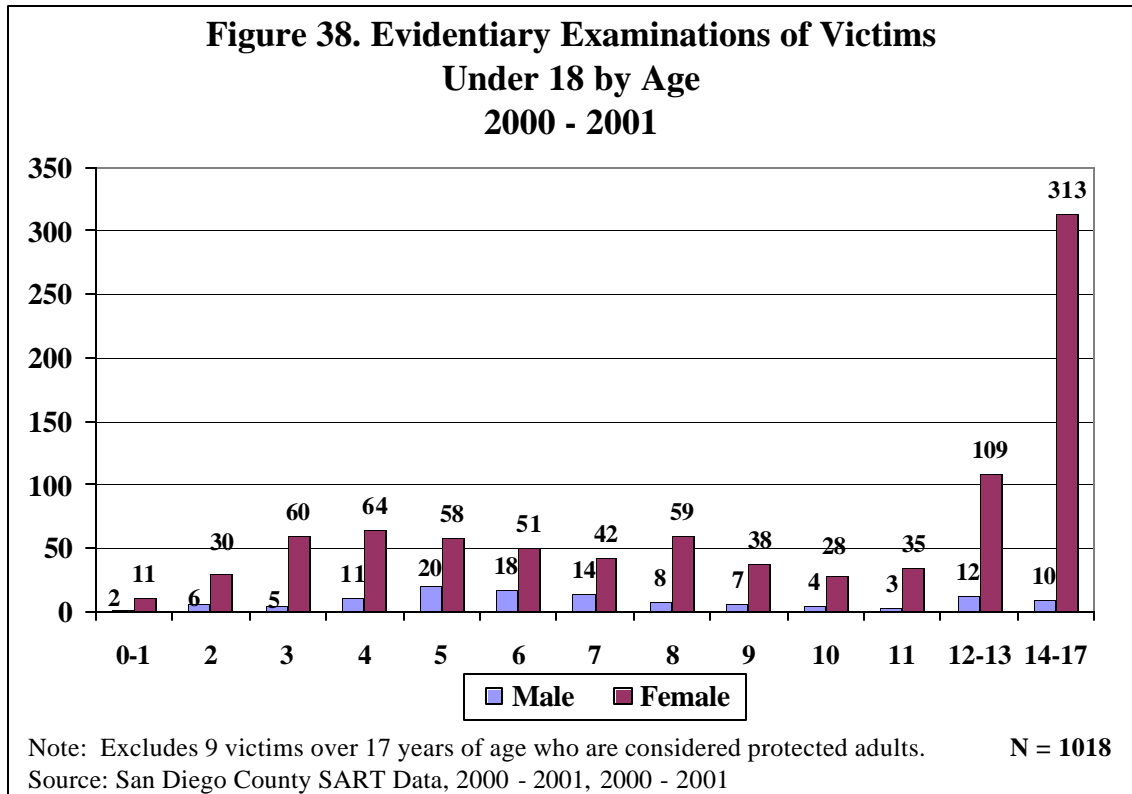
Examinations by Facility

Sexual assaults of 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 Chadwick Center (formerly CCP) located at Children’s Hospital and Health Center, and the Child Abuse Unit at Palomar Hospital provide specialized care for young abuse victims. Chadwick Center conducted 76.7% of the evidentiary examinations on children under the age of 18. Palomar Hospital conducted 22% of these examinations during 2000-2001.



Age and Gender

The graph below shows the age and gender distributions of victims under the age of 18 who received evidentiary examinations from 2000 through 2001. The incidence of examinations for females under the age of 12 displays three distinct peaks, at ages three, four and eight. The incidence of examinations for young males peaks at age five and then gradually decreases as age increases. The evidentiary exams are lowest among 0-1, 10 and 11 year old males.



Age and Gender: Rates

Rates are calculated to allow for the meaningful comparison of the occurrence of an event between different size populations. The following table shows the rates of evidentiary examinations per year by age group and gender per 100,000 population. 5 to 9 year old males had a rate of exams almost three times higher than those under 5 or over 10 years old.

The highest rate of evidentiary examinations occurred to young females ages 14-17 at 213.61/100,000. Overall, the rate of evidentiary examinations for young females was at least four times that of their young male counterparts. The most striking contrast was in the 14-17 year age group, where the rate of evidentiary exams for young females was 33 times greater than that of young males. Overall young boys receive far fewer exams than young girls (15.09 vs. 117.71).

**Figure 39. Number and Rate* of Evidentiary Examinations by Age and Gender through Age 17
2000 – 2001**

	Male	Rate*	Female	Rate*	Total	Rate*
0-4	24	10.42	165	74.63	189	41.88
5-9	67	28.53	248	109.45	315	68.27
10-13	19	10.81	172	101.96	191	55.45
14-17	10	6.47	313	213.61	323	107.26
Total	120	15.09	898	117.71	1018	65.33

*Annual Rates per 100,000

Note: Excludes the 9 victims over 17 years of age who are considered protected adults

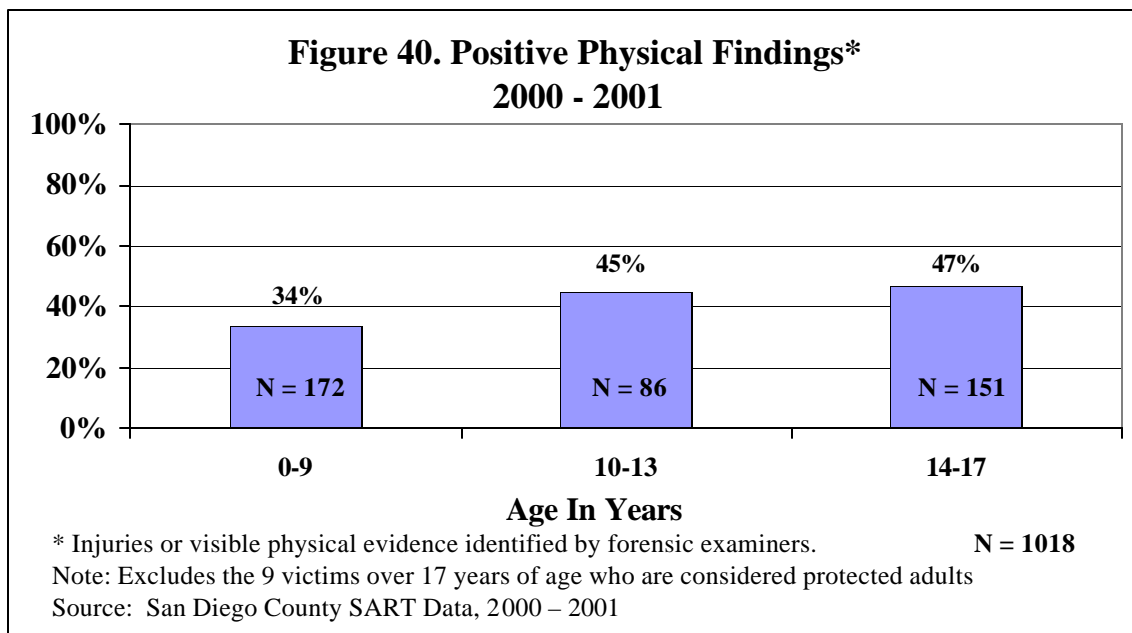
Source: San Diego County SART Data: 2000 – 2001

Population estimates SANDAG 2020 Regionwide Forecast, July 2000

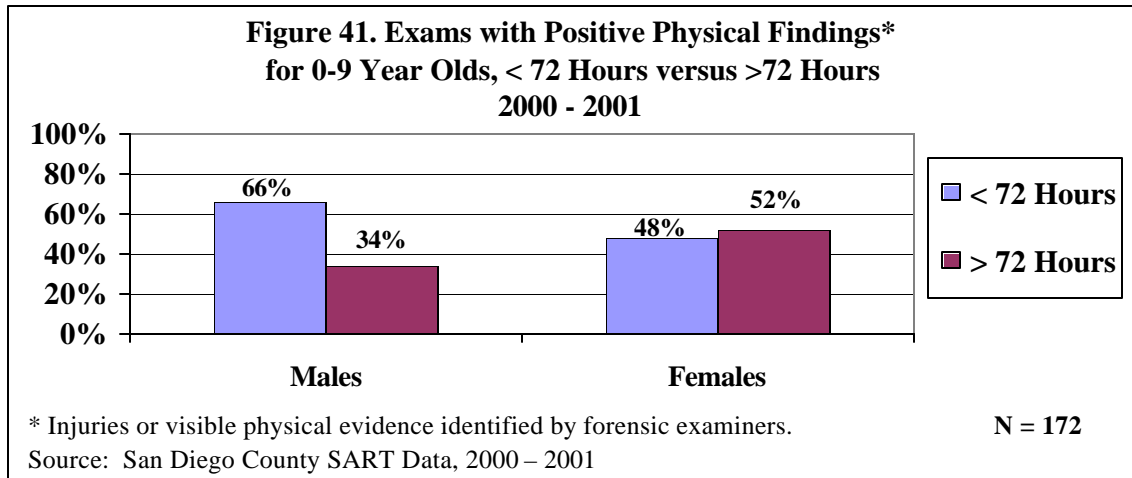
Positive Visible Physical Findings

Reports of sexual assault in children may not occur immediately after the assault. In fact, the majority of examinations are conducted more than 72 hours after the assault, sometimes months or years later. In these cases complete healing of genital injuries may have already occurred by the time of the examination leading to a lower percentage of positive findings. In prepubertal children prior penetrating trauma does sometimes heal in a way, which can be clearly identified as abnormal.

As shown below, only 34% (172 of 502) of evidentiary examinations of children under age ten showed positive visible physical findings. This percentage increases to 45% (86 of 191) among 10-13 year olds and 47% (151 of 323) among 14-17 year olds.

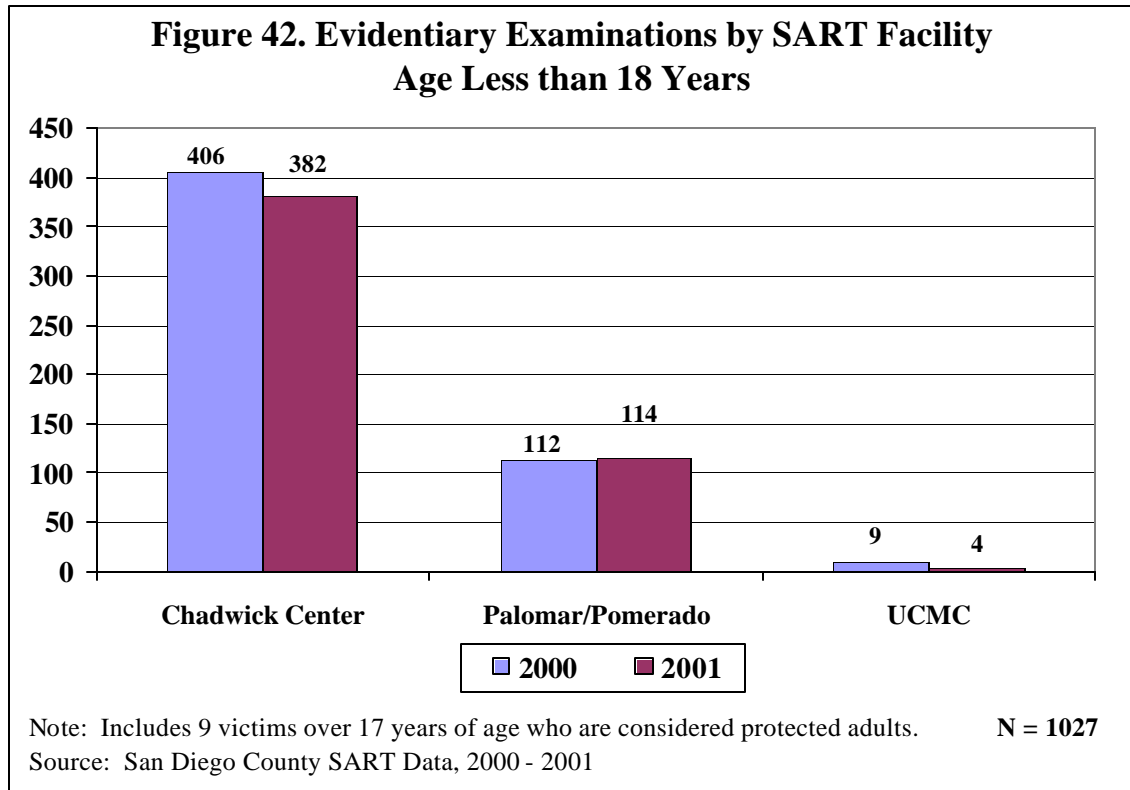


Contrary to females, in males 0-9 years of age, two thirds of the exams with positive physical findings are performed within 72 hours.



Examinations at Juvenile Facilities

Chadwick Center and UCMC showed a decrease in the number of examinations conducted between 2000 and 2001, while there was a slight increase in the number of examinations conducted at Palomar/Pomerado Hospital. Overall there was a decrease of 5% in the number of evidentiary examinations conducted on children under age 18. The number of examinations of children under age 18 has remained relatively stable since collection of this data began in 1995.



In addition to criminal investigation, cases involving sexual abuse or assault of minors are reported to the County of San Diego Health and Human Services Agency, Children’s Services Bureau (Child Protective Services) according to the California Child Abuse Reporting Law (P.C 11166). Investigations by law enforcement are, whenever possible, coordinated with the investigation that is carried out by Child Protective Services to ensure the safety of the child’s home and community environment. Child Protective Services is a major part of the multidisciplinary teams that review minors’ cases.

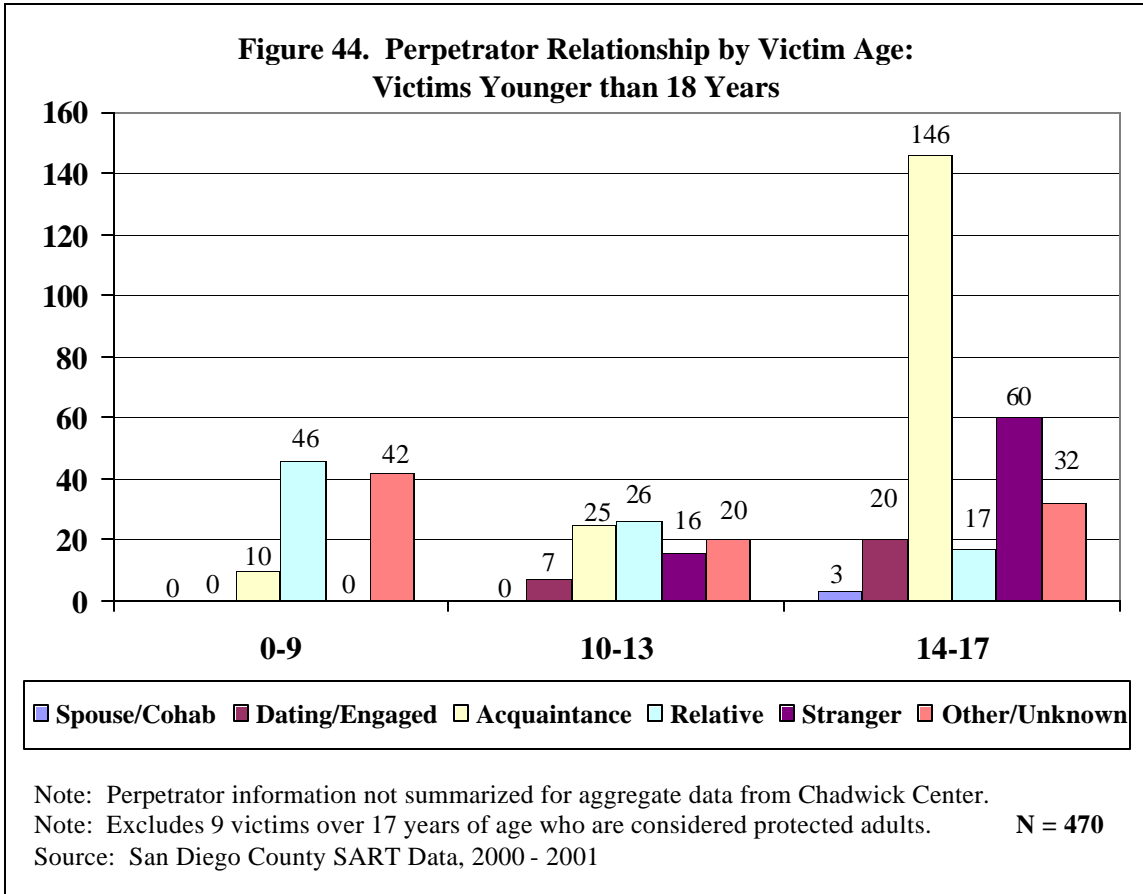
Figure 43. Child Abuse Cases Reported to Child Protective Services

Year	Total # Cases reported to CPS – all categories of child abuse	Number (%) of sexual abuse/assault involving minors
1997-1998	94,756	9,476 (10%)
1998-1999	88,514	9,736 (11%)
2000-2001	90,493	9,049 (10%)

Perpetrator Relationship

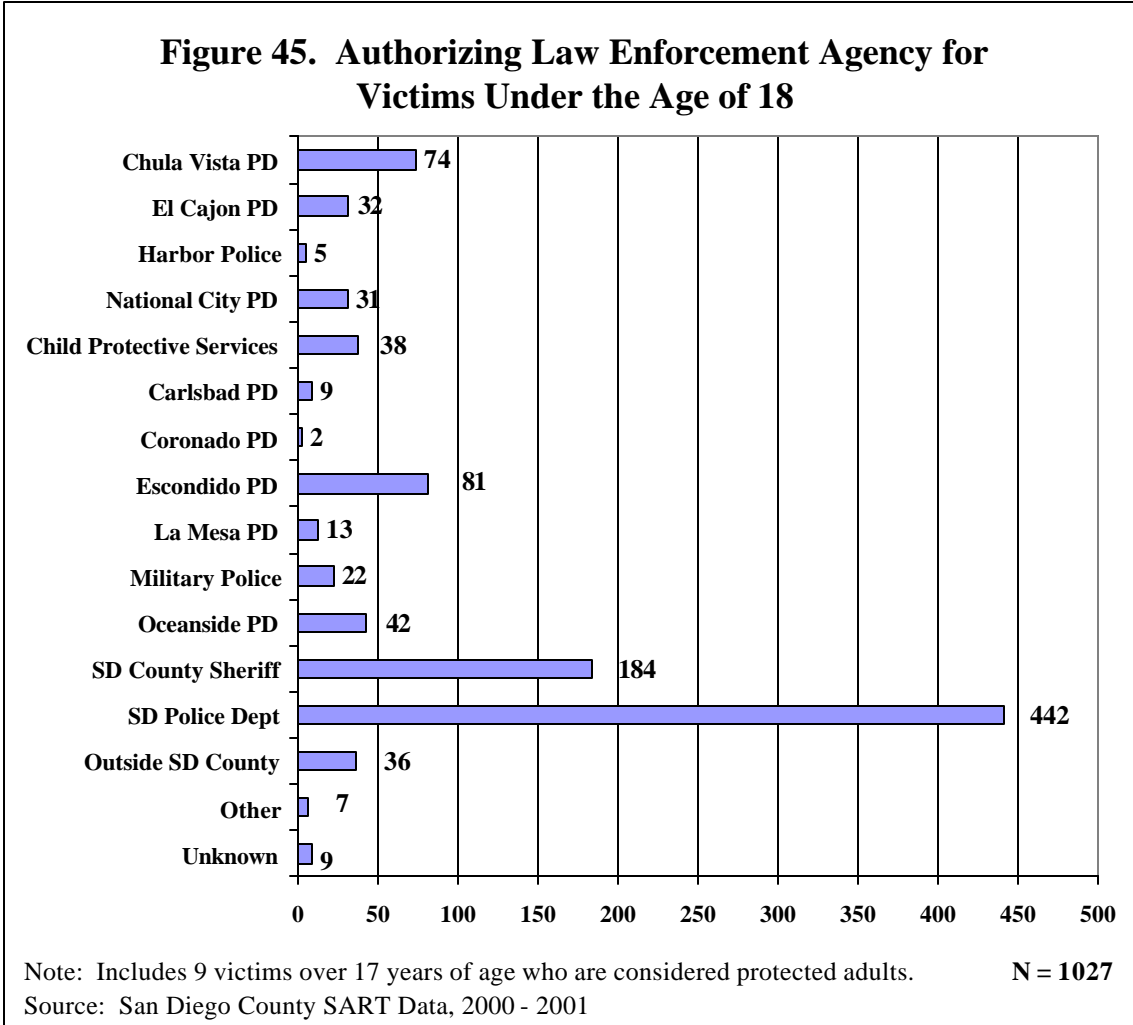
The relationship of the perpetrator to the victim in sexual assault of children displays a different pattern than with adult victims. While most adult victims know their attackers, young children are more likely to be related to their attackers. This carries special legal ramifications, including potential custodial issues.

As shown in the following graph almost half of victims under age ten were assaulted by relatives. As the age of the child victim increases so does the percentage of assaults by acquaintances and strangers. Children in the 10-13 year old age group were just as likely to be assaulted by an acquaintance as they were a relative. Children in the 14-17 year old age group were almost nine times more likely assaulted by an acquaintance as opposed to a relative. Stranger assaults are the second most frequent relationship in this age group. Please note that this graph excludes information on 548 victims seen at the Chadwick Center because this information was not available in a compatible format.



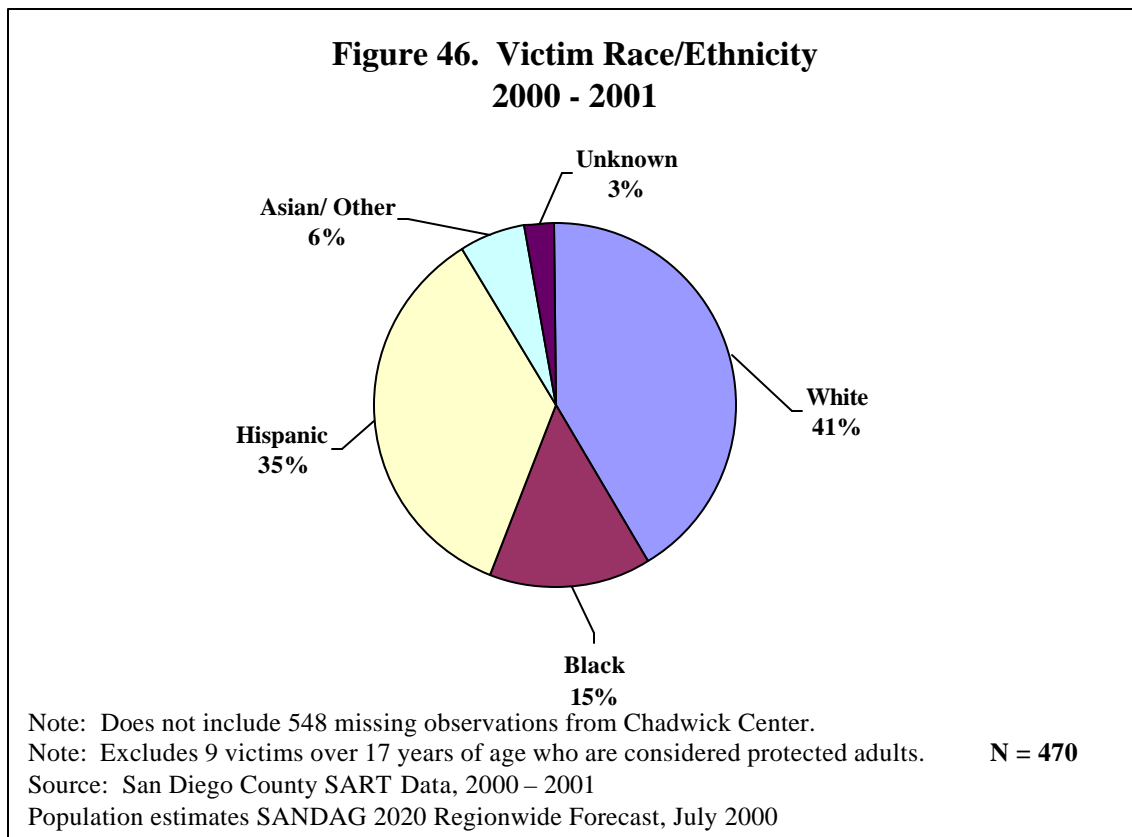
Authorizing Law Enforcement Agency

The following graph displays the authorizing law enforcement agency for victims under age 18, when known. Similarly to adult statistics, San Diego Police Department was the most frequent authorizing agency with more than twice as many referrals as the next most frequent authorizing agency, the San Diego County Sheriff’s Department.



Victim Race/Ethnicity

Information on the race/ethnicity of victims was very limited and only available for approximately forty-six percent of the cases. Where available, the race/ethnicity distribution for sexual assault victims was somewhat similar to that of the County population for children under age 18. The exception being Black children who were victims about three times as often as expected based on their percentage in the population (15% of exams compared to 6% of population). Hispanics were about equal at 35% of exams and 38% of population. Both Asians and Whites were underrepresented in examinations by 5%. However, these figures should be interpreted with caution given the low percentage of all child examinations that they represent.



ACCOMPLISHMENTS 2000 - 2001

POLICY/PROCEDURE STANDARDIZATION

Produced the “SART Standards of Practice” which reflect the values and priorities of the professionals involved with victims of sexual assault. The Standards provide direction for professional practice and a framework for evaluation of that practice.

Finalized the SART Systems Review Committee Bylaws to standardize committee processes and activities.

Established a San Diego SART Manual which catalogues hard copies of SART policies, procedures, forms, and activities.

Designed a “Drug-Facilitated Sexual Assault 96-hour Drug History Addendum” to the Office of Criminal Justice Planning (OCJP) 923 Form to document drug-related history and to ensure appropriate toxicology specimens are requested.

Developed a “Clothing Documentation Addendum” to the Office of Criminal Justice Planning (OCJP) 923 Form to facilitate forensic documentation and to assist law enforcement with their investigation and crime lab requests.

Developed a “Strangulation Addendum” to the Office of Criminal Justice Planning (OCJP) 923 Form to document strangulation-related injuries. The form was developed using documentation from Dr. George McClane and Gael B. Strack.

Formulated a forensic examiner protocol for dental flossing of victims in cases of oral copulation or biting by the victim.

San Diego Police Department (SDPD) produced two forensic science forms to assist with accurate and appropriate evidence analysis. The forms are “Forensic Sciences – Preliminary Rape Case Information” and “Forensic Sciences – Lab Services Request Form”.

San Diego Police Department created the “Instruction for Collection of Reference Mouth Swabs” form to assist with forensic evidence collection.

Developed the "Authorization for Release of Records and Information" Form which allows advocates to obtain and/or release information agreed upon by the client regarding his or her case to others involved in the client's case such as law enforcement, legal, and social service agencies. This allows for more efficient coordination of care and adheres to issues of confidentiality.

San Diego SART Report

OUTREACH/COLLABORATION

Collaborated with Stu Segall Productions to produce a Public Service Announcement to promote public awareness of sexual assault and the San Diego SART System. Stu Segall Productions provide their services at no cost to SART.

Emphasized the availability of the San Diego Police Department – Volunteer Police Interpreters Program (VPIP). These volunteers provide translation services in over 30 languages, which frees the advocates to concentrate on their professional responsibilities. Services are available to other agencies.

Graciously accepted over \$3000 from the sponsors of Eve Ensler’s award-winning play, the “Vagina Monologues”. The money was used to provide clothing, bedding, bus and cab vouchers to the victims of sexual assault, as well as printing of educational materials.

Supported and promoted the California Coalition Against Sexual Assault’s (CALCASA) campaign, “Speak Out Against Sexual Violence”.

Provided support, in the form of sponsorship, to the Men’s Leadership Forum, whose goal is to create a forum of leaders to discuss men and their involvement in anti-violence against women.

Sponsored Annual SART Fundraiser Dinners to generate money to finance activities beneficial to sexual assault victims and other support programs. Dinners also provided a forum to recognize individuals from the community who had contributed to the sexual assault program.

Specific agencies/individuals sponsored fundraising events to support sexual assault program activities and to raise money to support victims needs.

Center for Community Solutions Annual Benefit in April, Sexual Assault Awareness Month.

Mr. Daly organized a “3 on 3 Hoop Tournament” with over 80 participants.

EDUCATION

Sponsored a five-day training course for medical personnel, investigators, and advocates interested in developing professional roles as interdisciplinary team members of SART, organized by Palomar-Pomerado Health Care.

Published several articles in national journals/publications:

“Snip vs Pluck” in Sexual Assault Report, May/June 2000, Sgt. Archambault.

“Overcoming a Consent Defense to Sexual Assault” in Journal of Emergency Nursing, April 2001, Sgt. Archambault & Diana Faugno.

“DNA Analysis and SART Programs Integral to Sexual Assault Cases” in Journal of Legal Nurse Consulting, July 2001, Diana Faugno.

“Adolescent Sexual Assault: Documentation of Acute Injuries Using Photocolposcopy” in Journal of Pediatric Adolescent Gynecology, 2001, Joyce A. Adams, Barbara Girardin, Diana Faugno.

Opened the San Diego Police Department Sex Crimes Unit Academy Menu Classes to non-law enforcement personnel. These classes serve to improve the coordinated response to sexual assault.

Presented lectures to the SART community and to the California Sexual Assault Investigator’s Association (CSAIA) including:

“Evidence Assessment, Interpretation and Case Impact”, by Sgt. Joanne Archambault, SDPD Sex Crimes.

“An Inside Look at the American Indian: Violence and Intervention in their World”, by Germaine Omish-Guachena, Health Services Department of the Indian Health Council.

“Unfounded/False Allegations”, by Sgt. Joanne Archambault, San Diego Police Department Sex Crimes Unit.

Participated in and co-sponsored a three-day “Partners in Peace Conference”. This multi-disciplinary conference was primarily sponsored by the Commander, Navy Region Southwest, the Family Advocacy Center and Navy Fleet and Family Support Center, the San Diego Domestic Violence Council, the San Diego Child Abuse Coordinating Council.

Affiliated with a National University Forensic Science Master’s candidate to conduct research exploring factors influencing the decision to analyze evidentiary findings at the San Diego Police Department Crime Lab (thesis published 2000).

Coordination of a three day “National Domestic Violence & Sexual Assault Conference” by SDPD Sgt. Joanne Archambault and SDPD Ret. Sgt. Anne O’Dell. The conference attendance exceeded 500 and San Diego SART members were speakers for several sessions.

Continued the District Attorney/Forensic Examiner /Law Enforcement Cross-Training Program through the DA’s Office to enhance the investigation and prosecution of sexual assault cases.

San Diego SART Report

Continued to provide presentations to prehospital and Emergency Department personnel regarding expeditious and clinically sound treatment and/or transfer of sexual assault victims.

Revised and reprinted the SART Resource Pamphlet, a booklet providing an explanation of the SART program and SART resource agencies. The pamphlet has been reprinted by various agencies throughout the existence of the SART Program.

Translated and published the SART Resource Pamphlet into Spanish.

PREVENTION

Developed a sexual assault risk prevention public awareness campaign. Coordinated by San Diego Police Department Vice in conjunction with Alcohol Beverage Control, Food and Beverage Association, and advocacy agencies.

Continued to provide input and support to the District Attorney's Public Awareness Campaign, "Rape is Rape". The educational campaign focuses on Acquaintance and Drug/Alcohol Facilitated Rape, targeting college students.

Continued to support and participate in the San Diego Police Department Sexual Assault Speaker's Bureau. The Speaker's Bureau goal is to present information about sexual assault and rape emphasizing awareness and prevention. The primary audience is San Diego City School students but the bureau will also provide lectures to college students and community organizations.

EXPANSION

Encouraged and recognized the establishment of a Sexual Assault Unit in the Superior Court Division of the District Attorney's office. This unit specializes in the prosecution of sexual assault cases and is comprised of prosecutors who are familiar with all aspects of sexual assault cases including evidence collection, issues of consent vs. non-consent, and sexual assault-related research and case law.

Developed a formal process to apply for membership in the SART Systems Review Committee for those individuals not associated with the current member agencies.

Agencies and individuals actively participated in a sex offender management grant awarded to the County of San Diego Probation Department. The two year grant focuses on monitoring, treatment and education of sex offenders.

SART SYSTEMS REVIEW COMMITTEE GOALS

- Develop an education pamphlet for victims of sexual assault explaining how to interact/respond to questions from the media.
- Explore alternate avenues for fundraising in order to provide monies for expenses incurred by victims of sexual assault and to offset costs for county sexual assault programs.
- Revise the countywide Evidentiary Examination Data Collection Form to incorporate information from the updated Office of Criminal Justice Planning state-required forms (923 and 925).
- Provide an educational forum on issues of drug-facilitated sexual assault.
- Explore additional venues to provide sexual assault education to the public and develop presentations for these audiences.
- Explore a process by which forensic examiners may be able to participate in evidence collection with the Medical Examiner's Office in instances of sexual assault homicides.
- Develop a database for the Confidential Victim Questionnaire responses and distribute results to the SART agencies. Analyze the responses to improve victim services.

**SART Systems Review Committee
Past and Present Participants
1993 - 2002**

Center for Community Solutions

Imelda Buncab – Chair 2001

Maylin Daly

Blanca Fuentes

Tracy Johnson

Carissa Murphy

Lanette Robles

Verna Griffin -Tabor

Shelley Anderson

Liza Boyer

Kay Buck - Chair 1998

Deborah Dawson

Robii Dodge

Daniel Esparza

Jessica Gould

Melanie Jaramillo

Linda Wong Kerberg

Lizely Madrigal

Lisa Morris

Betty White – Chair

Chadwick Center at Children’s Hospital & Health Center

Marilyn Kaufhold, M.D.

Susan Horowitz, M.D.

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.

County of San Diego, Division of Emergency Medical Services

Sharon Pacyna, RN, MPH
Barbara Byous
Tisa Blount
Brenda Dunn
Gwen Jones
J. Dawn Lloyd
Melody Rodriguez
Merle Rupp

County of San Diego, Office of the District Attorney

Cathy Stephenson - Chair 1999
Kristin K. Anton
Brenda Daly
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 Program

Julie Bolton
Marianne Gallagher
Vivien Isom
Linda Pena
Dee Fuller - Chair 1997

Community Representatives

Robii Dodge
Marge Kleinsmith – S.D. Unified School District
Auxie Zuniga
Darlene Duncan, RN
Suzanne Lindsay, Ph.D.

Coronado Police Department

Robert Kline

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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

(Reorganized in 2002 to Center for Community Solutions – North)

Lupe Calzada
Antoinette Fallon
Barbara Boody
Lorraine Brealey
Arlene Cawthorne
Kimberly Smith-Buchanan
Sally Stevenson
Shelby Wanger

Grossmont Community Hospital SART

Diane Henderson, R.N.
Shirley Odom

Harbor/UCLA Medical Center

Timothy Errera

Indian Health Council

Germaine Omish-Guachena
Disiree M. Barry
Jim Hornsby

La Mesa Police Department

Joyce Juhl
David Lachapelle

Lesbian and Gay Men's Community Center

Joanne Miller

Military Agencies

Alison Admire, Sexual Assault Victim Intervention (SAVI) Program
Susan Horowitz, M.D., Naval Medical Center San Diego SART
Karyn Bingham, Sexual Assault Victim Intervention (SAVI) Program
Barbara Campbell, R.N.
Margaret Cuellar, Sexual Assault Victim Intervention (SAVI) Program
Kathleen Dully, M.D., Naval Medical Center San Diego SART
Shirley Godwin – SART Miramar NAS
Sharon Merkel, Sexual Assault Victim Intervention (SAVI) Program
Helen Metzger, Sexual Assault Victim Intervention (SAVI) Program
Jennifer Morris, Sexual Assault Victim Intervention (SAVI) Program
Susan Rist, R.N., Naval Medical Center San Diego SART
Lisa Seligman, NAS North Island
Arthur Spafford, Jr., Naval Criminal Investigative Services (NCIS)
Marcia Webster, Navy Family Service Center
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

Palomar - Pomerado Health Care SART & Child Abuse

Diana Faugno, RN – Chair 2002
Beverly Miller
Alexei Prohoroff
Patty Seneski
Mary Spencer, M.D.

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Margaret Whelan, RN - Chair 1993

San Diego Sheriff's Department

Emalee A. Bowles
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

Steve Cross

Mark Foreman - Chair 2000

John Bailey

Bill Edwards

Jim Evans

Sharon McNair

Joseph Molinowski

Rick O'Hanlon

Bill Stetson

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

Veteran's Administration

Leslie Satz

**VillaView Community Hospital
(Currently University Community Medical Center)**

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

Women's Resource Center

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