Florida Sexual Assault Response Team Advisory Committee

Recommendations 2012
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The Sexual Assault Response Team (SART) Advisory Committee is a statewide group coordinated by the Florida Council Against Sexual Violence and comprised of representatives from a broad range of disciplines whose work brings them into contact with rape victims. The committee works to assess and improve Florida’s response to victims of sexual violence at the state and local levels. In developing the recommendations and tools in this document, the members worked diligently to balance the needs of victims with the complex requirements of the criminal justice system.

The following recommendations and resources are intended to communicate best practices among communities, provide responders with specific information about the various needs of different populations of sexual assault survivors, and offer guidance in tackling gray areas. The SART Advisory Committee’s work addresses five distinct areas: implementing requirements of the 2011 Walk in Their Shoes Act; assessing the effectiveness of the SART Advisory Committee’s 2010 and 2011 recommendations; responding to domestic minor sex trafficking; creating fact sheets on sexual assault statistics, male survivors and the incidence of false reports of rape; and updating the guidelines for storing and tracking evidence collected from non-reporting victims.

The underlying theme in all of the recommendations and resources is building the capacity of individual agencies and SARTs to address the diverse needs of sexual assault survivors. Florida’s communities have come a long way in establishing protocols for responding to victims and collectively working out problems when they arise. The goal of this document is to give communities tools to enhance and broaden this work.

The Florida Council Against Sexual Violence commends the hard work and dedication of the SART Advisory Committee members. On their behalf we encourage policy makers and community leaders to enact these recommendations and share these resources in order to provide victims of sexual violence the response they deserve and the services they need to overcome the trauma of rape.

Jennifer Dritt, LCSW (LA)
Executive Director, Florida Council Against Sexual Violence
Executive Summary

The recommendations and resources are divided into five areas related to improving the response to sexual assault victims in Florida. The following synopsis outlines the outcomes of the committee’s work.

**Walk in Their Shoes Act Recommendations**

The SART Advisory Committee examined the requirements of the 2011 Walk in Their Shoes Act which allows victims of sexual battery to make a statement as to the accuracy of the final law enforcement report. The SART Advisory Committee provides recommendations for communities to implement the changes in a way that respects the victim’s input and preserves the integrity of the criminal justice case.

**Assessing the Effectiveness of the 2010 and 2011 Recommendations**

A subcommittee conducted two surveys to assess the dissemination and implementation of the 2010 and 2011 SART Advisory Committee recommendations. The first survey targeted the 30 certified rape crisis centers and 10 college and university victim advocate/counseling programs. The second focused on law enforcement evidence storage personnel.

Based on the findings of the two surveys, the SART Advisory Committee recommends that rape crisis programs continue pursuing protocol development to provide forensic exams to non-reporting victims, continue working to develop SARTs in counties that lack them, coordinate multidisciplinary cross-training annually, and include information on their websites about services for non-reporting victims.

**Domestic Minor Sex Trafficking**

The SART Advisory Committee developed content for a new webpage dedicated to issues of domestic minor sex trafficking (DMST). The webpage is now available at http://www.fcasv.org/child-sexual-abuse/domestic-minor-sex-trafficking and includes facts and statistics about DMST and links to resources and services in Florida. The webpage also includes special information sections focusing on faith-based community members, youth organizations, teachers, school resource officers and health care providers.

In addition to the webpage, The SART Advisory Committee recommends the creation of a DMST screening tool for social services agencies and the designing of a web-based training for law enforcement officers.
Fact Sheets on Sexual Violence

The SART Advisory Committee created three fact sheets for rape crisis programs to use as quick references on statistics of sexual assault in the United States, the needs of male victims of sexual violence, and the low incidence of false reporting of sexual assault. (See Appendix C.)

Guidelines for Forensic Examinations for Sexual Assault Victims Not Reporting to Law Enforcement

The SART Advisory Committee reviewed the Guidelines for Forensic Examinations for Sexual Assault Victims Not Reporting to Law Enforcement originally released in 2007. The committee has updated the Guidelines to account for changes in best practices for evidence storage.
A subcommittee of the SART Advisory Committee examined the requirements of the Walk in Their Shoes Act which allows victims of sexual battery to make a statement as to the accuracy of the final law enforcement report. The act, which became law in July 2011, was sponsored by Representative Chris Dorworth (R-Heathrow) and Senator Mike Fasano (R-Port Richey). The SART Advisory Committee provides recommendations below for communities to implement the changes in a way that respects the victim’s input and preserves the integrity of the criminal justice case.

**Florida Statute:**

**794.052 Sexual battery; notification of victim’s rights and services.**

(1) A law enforcement officer who investigates an alleged sexual battery shall:

(a) Assist the victim in obtaining medical treatment, if medical treatment is necessary as a result of the alleged incident, a forensic examination, and advocacy and crisis-intervention services from a certified rape crisis center and provide or arrange for transportation to the appropriate facility.

(b) Advise the victim that he or she may contact a certified rape crisis center from which the victim may receive services.

(c) Prior to submitting a final report, permit the victim to review the final report and provide a statement as to the accuracy of the final report. [emphasis added].

(2) The law enforcement officer shall give the victim immediate notice of the legal rights and remedies available to a victim on a standard form developed and distributed by the Florida Council Against Sexual Violence in conjunction with the Florida Department of Law Enforcement. The notice must include the resource listing, including telephone number, for the area certified rape crisis center as designated by the Florida Council Against Sexual Violence.

**Recommendations**

The SART Advisory Committee makes the following recommendations for implementing Florida Statute 794.052 (1)(c):

- The initial report of an alleged sexual battery should not be considered the “final report” as it relates to the Walk in Their Shoes Act, and the investigating police officer is not required to permit the victim to review the report
or obtain a statement as to its accuracy; however, if the victim insists, then the police officer should allow them to do so. Police officers conducting the initial investigation of an alleged sexual battery should complete and submit their report following their agencies current reporting procedures.

For the purposes of the Walk in Their Shoes Act, the final report shall be the report drafted by the sex crimes detective investigating the case that indicates the final disposition of the case (for example, suspect arrested, exceptionally cleared, etc.).

- After the sex crimes detective completes the investigation and has drafted the final report, the detective shall advise the victim of her or his right to review the report and to make a statement as to its accuracy prior to submitting it for the supervisor's approval. If the victim's review cannot be accomplished in a timely manner, the detective shall submit the final report for supervisory approval indicating such notice and accommodate the review by the victim at a later date.

- After the review of the final report is completed, whether that review takes place in a timely manner or at later time, the detective shall complete a supplement report indicating that the victim reviewed the final report and the victim either:
  - Agreed that the final report is accurate, or;
  - Did not agree that the final report was accurate.

- In no event shall the detective alter the content of his or her final report based on the victim's review. The results of the victim's review shall be documented in a separate supplement report to be filed after the final version of the report has been submitted and approved by the detective's supervisor.

- If the victim declines to review the report, the detective shall note in the narrative of the final report that the victim was given the opportunity to review the report but declined. The final report shall then be submitted for supervisory approval.

- Detectives should not solicit a written statement from the victim regarding the accuracy of the final report. However, if the victim imparts information during the review of the report that is materially different from the information included in the final report, that information should be documented in the supplement report and forwarded to the prosecutor handling the case.
A subcommittee conducted two surveys to assess the dissemination and implementation of the 2010 and 2011 SART Advisory Committee recommendations. The first survey targeted the 30 certified rape crisis centers and 10 college and university victim advocate/counseling programs. The second focused on law enforcement evidence storage personnel attending the Property and Evidence Association of Florida (PEAF).

The subcommittee also developed a map of the rape crisis services provided by county. See Appendix A.

**Survey of Certified Rape Crisis Programs and University and College Victim Advocate/Counseling Programs**

An electronic survey was sent to the 30 certified rape crisis centers and 10 college and university victim advocate/counseling programs asking about their local SARTs and whether the programs and SARTs had read or implemented the 2010 and 2011 recommendations. 22 certified rape crisis programs and four university programs responded.

**Summary of Findings**

1. Of the responses, 88% have developed a protocol for forensic medical exams and evidence collection storage for all reporting AND non-reporting victims in their communities and an additional 6% are in the process of creating a protocol. The other 6% have not developed protocols.

2. 92% of rape crisis centers actively participate in local SARTs.

3. In the past 12 months, approximately 58% of rape crisis programs have held or attended sexual battery specific training that covered the role of the prosecutor, forensic examiner, law enforcement and advocate.

4. Only 35% of rape crisis programs and college and university victim advocacy programs have information about non-reporting victim services on their websites.

5. 38% of responding rape crisis programs have encountered problems with a hospital or law enforcement agency in allowing rape victims to receive forensic exams up to 120 hours after the rape occurs.

**Survey of Property and Evidence Association of Florida**

A paper survey was provided to the attending members of the Property and Evidence Association of Florida (PEAF) at their February 2012 conference. The members of this association are comprised of evidence technicians from various law enforcement agencies around the state. The purpose of the survey was to address whether or not the
Statewide SART Advisory Committee presentation provided at the 2011 PEAF conference regarding non-reporting victim evidence collection and storage was effective and how each agency was dealing with this subject. 47 respondents in total turned in a survey, though many left sections blank. The following analysis below is based on the responses provided.

**Summary of Findings**

1. The majority of respondents indicated the SART Advisory Committee information presented in 2011 assisted them in preparing for handling non-reporting victims’ evidence.

2. There was some difficulty noted in accommodating/storage of these kits; approximately one third of respondents stated that dry storage and refrigeration space was an issue at their agency.

3. Most all respondents reported that law enforcement agencies were responsible for the kit storage with one respondent indicating the medical facility held the kits.

4. Survey results indicate that the length of time kits are stored varies widely across the state. Many of the respondents reported that they were unsure of how long the kits were stored or left the answer blank. Of those respondents that did answer the question, the most common responses for the time that kits are stored ranged from indefinitely to a period of 1-4 years. A smaller percentage of respondents reported that their agencies keep them for only 90 days.

5. Most agencies use a medical number to identify the kits, but several also indicated that there was some form of victim information on the outer package, although it is unknown what type of information.

6. None of the respondents indicated any problems with the Uniform Crime Reports (UCR) due to the storing and tracking non-reporting victims’ evidence, and five noted that their agency uses “information only” type reports as a way to avoid such problems.

7. Few respondents indicated how many kits they stored over the past year; most of the answers were left blank for this section. The committee suspects that the respondents may not have answered the question because they did not have the information available at that time. Of those who did answer the question, some stated they had stored no kits and the others reported storing between one and 15. None of the respondents indicated that any of the non-reporting victims decided to change their reporting status and release the evidence to be analyzed.
8. Of note in the survey is that a large number of respondents marked “unsure” as an answer to questions or left them blank, suggesting their agencies rarely deal with non-reporting kits or that information about storing and tracking non-reporting victims’ kits has not been well communicated with personnel working in evidence storage.

Recommendations

The SART Advisory Committee makes the following recommendations regarding implementation of the 2010 and 2011 recommendations:

▸ Rape crisis programs should continue pursuing protocol development in their communities such that 100% of counties will have established forensic medical exam and evidence collection storage protocols for reporting AND non-reporting victims by year 2014.

▸ Rape crisis programs should continue working with their communities to develop SARTs such that 100% of all rape crisis programs will actively participate in SARTs by year 2014.

▸ Rape crisis programs should coordinate multidisciplinary cross-training in their communities regarding roles, changes to sexual battery related Florida statutes and modifications to local practices. The committee believes the trainings will not only provide essential information but will enhance individual and inter-agency working relationships. Gretchen Casey, Victim Services Director of the 8th Judicial Circuit has developed such training and is willing to share it and serve as a resource for other counties. She can be contacted at caseyg@sao8.org or 352-337-6174.

▸ All rape crisis service providers should include information on their websites about the forensic medical exam and other follow up services for non-reporting victims.
An example of a reader friendly website description of services from Crisis Center of Tampa Bay is:

Sexual Assault Services offers forensic medical exams, at no cost to the individual, for victims of sexual battery in Hillsborough County. The exam includes both medical and support services with follow-up needs addressed. Exams are performed in a safe, confidential location.

**What You Should Know**

- Exams are given to any individual ages 13 and up, both male and female.

- All exams must be performed within 120 hours post-assault.

- Victims are encouraged to report the crime to law enforcement, but are not required to report in order to receive these services.

- Services are offered 24 hours a day, 7 days a week, 365 days a year.

- Preventative medications offered are provided at every exam at no cost to the patient.

- The Florida Council Against Sexual Violence should follow up with rape crisis programs to determine what the obstacles are, such as shortage of staff or need for responder training, to performing forensic medical exams up to 120 hours post assault.

- Rape crisis programs and SARTs should determine all the individuals in each agency that have a role in the collecting, storing or tracking of evidence for non-reporting victims. They should work to ensure that each individual knows the protocol and can also provide input regarding problems or challenges in implementing the protocol.
Domestic Minor Sex Trafficking
Subcommittee Recommendations

A subcommittee of the SART Advisory Committee focused on domestic minor sex trafficking (DMST) because of the prevalence of the problem in Florida and out of concern for the many victims and advocates seeking assistance in finding resources and services.

The subcommittee worked to develop content for a new webpage dedicated to issues of DMST. The webpage was developed and is now available at: http://www.fcasv.org/child-sexual-abuse/domestic-minor-sex-trafficking.

This webpage includes information on the definition of DMST, information about the Trafficking Victims Protection Act of 2000, facts and statistics about DMST and links to resources and services in Florida. In addition to these links, the subcommittee created special information sections focusing on faith-based community members, youth organizations, teachers, school resource officers and health care providers. The special information sections provide indicators of trafficking as well as how individuals from these groups might be able to assist a victim of DMST.

Recommendations

► The SART Advisory Committee recommends supporting a social services agency screening tool (like that which has been developed and is currently being piloted in Broward County) that includes trafficking indicator questions on intake forms so that individuals who may have been a victim of DMST can be recognized and receive services.

► The SART Advisory Committee recommends the Florida Council Against Sexual Violence add a section on DMST to the sexual assault nurse examiner training it conducts.

► The SART Advisory Committee recommends FCASV work with the Florida Department of Law Enforcement to develop a DMST web-based training for law enforcement officers.
A subcommittee of the SART Advisory Committee reviewed the Guidelines for Forensic Examinations for Sexual Assault Victims Not Reporting to Law Enforcement originally released in 2007. The committee has updated the Guidelines to account for changes in best practices for evidence storage.

On the first page of the Guidelines under Recommendations, the recommendation that all swabs and biological evidence be dried “quickly” was changed to dried “thoroughly,” as evidence could degrade if dried too quickly.

In the Guidelines under section IV. Storage and Transportation of Sexual Assault Forensic Evidence (SAFE) Kits and Other Evidence, subsection A(i), a change was made to specify that only SAFE kits containing liquid blood need to be refrigerated, otherwise they should at minimum be stored in a climate controlled secure environment.

See Appendix B to read the full Guidelines.
Florida Colleges and Universities with Victim Services Programs

1. Florida Agricultural and Mechanical University
2. Florida Atlantic University
3. Florida International University
4. Florida State University
5. New College of Florida
6. University of Central Florida
7. University of Florida
8. University of North Florida
9. University of South Florida
10. University of West Florida
11. University of Miami
12. University of Tampa
13. Stetson University
14. Bethune - Cookman University
15. Rollins College
16. Lynn University
Guidelines for Forensic Examinations for Sexual Assault Victims
Not Reporting to Law Enforcement

History

In 2007, the Florida legislature made several important changes to chapter 960, the victims' rights statute, to improve the treatment of victims of sexual battery. These changes were necessary in order to continue to receive federal grant funding for law enforcement programs, victim advocacy services, and enhanced prosecution through the reauthorized Violence Against Women Act (VAWA) 2005. In addition to several other provisions, VAWA 2005 required states to certify that victims of sexual battery are not required to report to law enforcement in order for victim compensation to pay for the forensic medical examination.

In order to address implementation issues, identify best practices, and support communities implementing the new statutory requirements, the Florida Council Against Sexual Violence convened a statewide workgroup comprised of prosecutors, law enforcement professionals, victim advocates, forensic examination and medical providers, and crime lab professionals.

Recommendations

The workgroup developed these recommendations with the belief that communities ought to provide forensic examinations to non-reporting victims within the same timeframe and to the same standards as those provided to victims who immediately report to law enforcement. These recommendations are also reflective of the following principles:

- All victims are entitled to voluntary, confidential services;
- All victims are entitled to advocacy; and
- All victims are entitled to complete information regarding their rights.

It is recommended that all hospitals and forensic exam facilities use the 2007 Florida Office of the Attorney General sexual assault protocols as a minimum standard for conducting the forensic exam. It is of particular importance for preserving DNA that the examiner ensures all swabs and other biological evidence are thoroughly and completely dried at room temperature before being packaged and stored.

These recommended guidelines do not displace or supersede any reporting, consent, or treatment requirements applicable to minor victims under Florida law; e.g., F.S. 39.201 (mandatory reporting of child abuse, abandonment, of neglect of a minor); F.S. 743.0645 (consent to medical treatment of minor); F.S. 394.4784 (consent to counseling for minor).

Sexual Assault Response Teams (SARTs)

It is recommended that the SART in each Florida county use these guidelines as the basis for their own local
policies and procedures for providing forensic exams to sexual assault victims choosing not to immediately involve law enforcement. It will require all responders and agencies working collaboratively to carry out the exams and preserve the evidence in the most effective and victim-centered way.

If the county does not already have a SART, implementing policies and procedures to provide forensic exams for all victims whether or not they immediately report to law enforcement is an important reason to establish a SART. A SART is a multidisciplinary group made up, at a minimum, of representatives from local law enforcement agencies, the state attorney’s office, the local certified rape crisis center, FDLE or the local crime lab, local colleges and universities and the medical facilities performing the forensic exams. Establishing a SART can help improve relationships and coordinate the community’s response to all sexual assault victims.

There is no one way to organize a SART. Every team will have a different way of starting up and working together depending on the participating agencies and individual members and the available community resources. A team may start out informally to address one specific issue, such as providing forensic exams for non-reporting victims, and decide to formalize itself later with interagency agreements and system wide written protocols.

A first step in creating a SART is identifying one or more influential leaders to bring everyone together. The state attorney, sheriff, police chief, a judge, or another local elected official working collaboratively with the certified rape crisis program director is often an effective SART development partnership.

The goal of the initial meeting may be to discuss how the changes to Florida law regarding collecting forensic exams for non-reporting victims affect every agency. How can everyone work in collaboration to make this happen? Who will store the evidence? How will victim confidentiality be maintained until or unless she or he decides to file a police report? Who will track the kits and match them with victims? The meeting attendees can use the Guidelines to implement the changes and assign roles. Follow up meetings will help agencies determine how the new procedures are working and what needs more fine tuning.

Through the process of determining responsibilities and carrying out the Guidelines, the individuals will gain valuable experience working together in a team format to accomplish a goal. Members may find they better understand each agency’s role and have built stronger professional relationships with one another. At this point the individual agencies may decide to formalize their team as a SART to address other concerns that have come to light as a result of this process and to generally improve the community response to victims of sexual assault.
The team could invite someone who participates in an established SART in another part of the state to a meeting to talk about how their SART functions, and the benefits and challenges of serving on a SART.

A next step is to set goals for the SART. Solidifying goals will help keep the group going when things get more complex later on, bringing the focus back to what the team hoped to accomplish when it started. Another useful task is requesting that each agency bring current data on the number and types of sexual assault cases they see at their agencies. This will help the group determine baseline measures and track outcomes. Some SARTs decide the best way to carry out their duties consistently is to write a multidisciplinary sexual assault response protocol outlining how responders will interact with both reporting and non-reporting survivors, as well as with other members of the team.

Many teams find it valuable to ask each agency to sign an interagency agreement committing to participate regularly in SART meetings and to work towards accomplishing the team’s goals. Each agency would pledge to send a representative with decision making authority to each meeting and to send the same person, for continuity purposes, as much as practicable. If the team decides to write a protocol, the interagency agreement would include that each agency will train all new and existing personnel on the new protocol and standards. SARTs then review the protocols yearly and make changes as necessary.

There are many successful SART development models for communities to use when creating multidisciplinary response teams to promote consistent, victim-centered responses and improve public safety. For technical assistance on establishing or enhancing a county’s SART or for a SART Toolkit, contact the Florida Council Against Sexual Violence at 888-965-7273.

**Guidelines**

**I. Definitions**

a. *Forensic exam facility* - an independent or free standing facility or program that performs forensic exams and is not operated by a hospital emergency room or emergency department

b. *Hospital* - any licensed facility which provides emergency room services

c. *Secure storage area* - a locked location with limited and recorded access

d. *Sexual assault forensic evidence (SAFE) kit* - kit for collecting evidence from victim’s body

e. *Toxicology kit* - kit for collecting forensic samples of blood and urine
f. **Victim** - a person seeking a forensic exam

**II. Engaging Certified Rape Crisis Program Victim Advocate**

A. When a sexual assault victim arrives at a hospital or forensic exam facility requesting a forensic exam, the hospital or forensic exam facility shall immediately call the certified rape crisis program and other appropriate victim services.

**III. Tracking SAFE Kits and Toxicology Kits**

A. If the victim chooses not to report the assault to law enforcement at the time of the exam, the following protocol should be followed.

i. The hospital or forensic exam facility shall collect the SAFE kit and any toxicology kit and maintain records in a manner that protects the identity of the victim.

ii. The hospital or forensic exam facility shall label the SAFE kit and any toxicology kit with the patient’s identity/medical record number.

iii. The name of the victim shall not be recorded on the outside packaging of the SAFE kit or any toxicology kit.

iv. The responding victim advocate shall record the patient’s name and track the patient’s identity/medical record number.

v. If the victim later chooses to file a report with law enforcement, the victim must sign a release authorizing the certified rape crisis program or hospital or forensic exam facility to make the patient’s identity/medical record number available to law enforcement. The certified rape crisis program or hospital or forensic exam facility shall not release the patient’s identity/medical record number without the victim’s consent.

B. The hospital or forensic exam facility shall provide information to the victim that includes:

i. patient’s identity/medical record number;

ii. date of the exam;

iii. name of the law enforcement agency or forensic exam facility holding the SAFE kit, toxicology kit and any other evidence;

iv. name and contact information of the hospital or forensic exam facility where exam was conducted;

v. name and contact information of the local certified rape crisis program and other appropriate victim services;
vi. length of time evidence will be stored in the absence of a law enforcement report after which time the evidence may be destroyed; and

vii. information regarding how the victim should proceed if she or he decides to report the offense.

**IV. Storage and Transportation of Sexual Assault Forensic Evidence (SAFE) Kits and Other Evidence**

A. The law enforcement agency or forensic exam facility storing the evidence shall:

i. store SAFE kits containing liquid blood and toxicology kits under refrigeration in a secure storage area. At minimum, SAFE kits not containing liquid blood must be stored in a climate controlled secure environment;

ii. store clothing in sealed evidence bags in a secured storage area at room temperature; and

iii. as a minimum standard store evidence for 90 days; as a best practice store evidence for 15 months or longer.

B. Guidelines for maintaining chain of custody and long-term storage of evidence at a law enforcement agency:

i. One law enforcement agency within the designated area served by the hospital or forensic exam facility shall be responsible for long-term storage of the evidence.

ii. The hospital or forensic exam facility shall contact law enforcement to collect the completed kits.

iii. The hospital or forensic exam facility conducting the forensic exam shall maintain control of any kits until a representative from the law enforcement agency arrives to collect it.

iv. Law enforcement shall provide a receipt for any evidence collected which shall indicate the date, time and manner of pick-up.

v. The law enforcement agency shall directly transport the evidence to the secure evidence storage room, logging the date and time of its arrival.

C. Guidelines for maintaining chain of custody and long-term storage of evidence at a forensic exam facility:

i. Upon finishing the exam the forensic exam facility shall immediately lock the evidence in the secure storage area.

D. Hospital emergency rooms and emergency departments shall not hold completed SAFE kits, toxicology kits, or other evidence for long-term storage.
Appendix C: Fact Sheets

PDFs of Fact Sheets can be found at www.fcasv.org.
Fact Sheet: Sexual Assault Statistics

Prevalence
According to the National Intimate Partner and Sexual Violence Survey, 2010*(1):

Women:
• 1,266,000 women in Florida have been raped at some point in their lives. That’s 17% or 1 in 6 women in Florida.
• 41.8% of women, or 3,111,000, in Florida have been victimized by sexual violence other than rape.
• 79.6% of female victims who have experienced one or more completed rape experienced the first rape before the age of 25; 42.2% were under 18 at the time of the first completed rape.

Men:
• 20.4% of men, or 1,437,000 men, in Florida have been victimized by sexual violence other than rape.
• More than one quarter (27.8%) of male victims who have experienced at least one completed rape experienced the first rape when they were 10 years of age or younger.

*For this survey, rape is defined as completed forced penetration, attempted forced penetration, or alcohol/drug facilitated forced penetration. “Sexual violence other than rape” means unwanted sexual contact short of penetration, and unwanted, coerced penetration.

Reporting Rates
The National Women’s Study Replication, funded by the National Institute of Justice, in 2005 found that nationally only 18% of forcible rapes are reported to law enforcement.(2)
The study found only 10% of drug and alcohol facilitated rapes are reported. (2)

Women and Men with Disabilities
A study of women with mobility and both mobility and cognitive disabilities found participants experienced approximately twice the rate of lifetime sexual and physical abuse as generally reported for women without disabilities. (3)

A Massachusetts study found that the prevalence of lifetime sexual violence victimization was 13.9% among men with disabilities versus 3.7% among men without disabilities. (4)

Military
According to Department of Defense statistics gathered by the Service Women’s Action Network (SWAN)(5):
• 3,158 military sexual assaults were reported in fiscal year 2010, a decrease of 2% from fiscal year 2009. Only about a quarter of these sexual assaults occurred during deployment to a combat zone.
• While sexual assaults are notoriously under reported, this problem is exacerbated in military settings. The Department of Defense estimates that only 13.5% of survivors report the assault, and that in 2010 alone, over 19,000 sexual assaults occurred in the military.

Young Victims of Violence
Multiple studies and research over the past twenty years continue to confirm that childhood sexual abuse puts children at significant risk for a wide range of medical, psychological, behavioral, and sexual disorders that can persist into and throughout adulthood. (6)
The 2009 National Survey of Children’s Exposure to Violence, found:

- 6.1% of all children surveyed had been sexually victimized in the past year and nearly 1 in 10 (9.8%) over their lifetimes.

- Adolescents ages 14-17 were by far the most likely to be sexually victimized; nearly one in six (16.3%) was sexually victimized in the past year.

- More than one in four adolescents (27.3%) had been sexually victimized during their lifetimes most commonly by flashing/exposure by a peer, sexual harassment and sexual assault.

References


Fact Sheet: Male Victims of Sexual Violence

• Men and boys can be victims of sexual violence as children, teens or as adults.

• The sexual abuse of boys has nothing to do with an abuser’s or victim’s sexual orientation.

• Most perpetrators of male sexual assault are men, and they rape both gay and straight men or boys because rape is an act of violence, not of sexual desire.

• Girls and women can sexually abuse boys. The boys are not “lucky,” but exploited and harmed.

• Most boys who are sexually abused will not go on to sexually abuse others. (1)

• Some men are assaulted by a stranger, or a group of strangers, while others may be assaulted by someone they know.

• Some attackers use weapons, physical force, or the threat of force to gain the upper hand. Others may use blackmail or their position of authority to threaten someone into submission.

• No matter how it occurs, sexual violence is a violation of a man’s body and his free will and it can have lasting emotional consequences. (2)

Prevalence

• In a 2005 study conducted by the U.S. Centers for Disease Control, on San Diego Kaiser Permanente HMO members, 16% of males reported they were sexually abused by the age of 18. For this study sexual abuse is defined as unwanted sexual contact involving force, threats, or a large age difference between the child and the other person. (3)

• In Florida, 20.4% of men, or 1,437,000 men, have been victimized by sexual violence other than rape. (4)

• More than one quarter (27.8%) of male victims who have experienced at least one completed rape experienced the first rape when they were 10 years of age or younger. (4)

• According to the US Department of Justice, in 2010 8% of rapes or sexual assaults involved a male victim. (5)

Effects Of Sexual Violence

Male survivors of sexual violence may experience a wide variety of effects of the abuse, including:

• Difficulty trusting others

• Strong, negative emotions and difficulty managing them

• Relationship problems with friends, coworkers and significant others

• Sexual issues, including fear of sexual intimacy, difficulties performing sexually and sudden feelings of shame or guilt

• Concern about their own sexual identity

• Withdrawal from interpersonal contact and a sense of isolation

• Engaging in high risk behaviors, or drug or alcohol abuse

• Stress-induced reactions such as problems sleeping, being easily startled, or being unable to relax

• Confusion about their own sense of masculinity
Help And Resources
Men and boys can heal from sexual violence, regain control over their emotions and their lives and enjoy meaningful relationships with friends and loved ones. Below are resources that can guide male survivors and people who care about them in their paths to healing.

**Florida Council Against Sexual Violence:** the state coalition of rape crisis centers’ site lists rape crisis services in each Florida county where men and boys can get help. ([fcasv.org](http://fcasv.org))

**MaleSurvivor:** provides resources and support for men who were sexually victimized as children, adolescents, or adults. ([MaleSurvivor.org](http://MaleSurvivor.org))

**Safe4athletes:** an organization with a mission to advocate for athlete welfare where every athlete is provided a safe and positive environment free of sexual abuse, bullying and harassment. ([safe4athletes.org](http://safe4athletes.org))

**1in6:** offers a wealth of information and resources on its website, including an online help line and a lending library, for men who have experienced unwanted or abusive childhood sexual experiences and those who care about them. ([1in6.org](http://1in6.org))

### References


Fact Sheet: False Reporting Of Rape

What is False Reporting?
According to the International Association of Chiefs of Police, a false report is an allegation of rape that evidence proves did not occur:

“The determination that a report of sexual assault is false can be made only if the evidence establishes that no crime was committed or attempted. This determination can be made only after a thorough investigation. This should not be confused with an investigation that fails to prove a sexual assault occurred. In that case the investigation would be labeled unsubstantiated. The determination that a report is false must be supported by evidence that the assault did not happen. (italics in original). (1)

Prevalence of False Reporting
A comprehensive analysis of the research studies on false allegations of sexual assault conducted with adequate methodology indicates that the prevalence of false reporting is between 2% and 10%.

What Are Not Indicators of a False Report?
Societal beliefs about “real rape” sometimes cause responders to question victims’ credibility if factors are present that go against how we think “real” victims would act. The following factors should not be assumed to contribute to the likelihood of false reporting:

- Delayed report by days, weeks or even years
- Lack of physical injury or DNA evidence
- No weapon was used
- Victim is young, homeless or has a mental illness
- Victim used drugs or alcohol at the time of the attack
- Victim knows the perpetrator
- Victim was believed to be working in prostitution at the time of the assault
- Victim was engaged in other “risky” behavior at the time of the assault
- Lack of cooperation by the victim

In reality, the above factors are actually typical of sexual assault and the response to it by victims.

What if Part of the Report Is False?
Sometimes investigators may find that some of the information victims provide is exaggerated, omitted, inconsistent with other statements or untrue. There are a variety of reasons why this may be the case, but unless the investigation proves that no crime was committed or attempted, it still cannot be deemed a false report.

Reasons victims may exaggerate, omit or alter the account of the assault:

- The victim may omit what they consider embarrassing details such as oral or anal penetration.
- The victim’s memories may be disorganized and inconsistent due to psychological trauma of the assault, or memories may be impaired from drug or alcohol use.
- The victim may omit details such as drug or alcohol use or illegal behavior if they think they will be blamed for the assault.
The victim may alter their account or leave out information because of their immigration status and fear of authorities or reprisal by the perpetrator.

The victim may exaggerate details of a rape to make it sound more “believable” to responders, such as saying there was a weapon when there wasn’t or saying there was no prior sexual relationship when there was.

**How to Overcome the Challenges**

There are a number of techniques investigators and prosecutors can use to get the most accurate account from victims, avoid inconsistencies and gain victim cooperation.

- Minimize the number of interviews with victims to avoid differing accounts. When possible, use the same law enforcement and prosecutorial personnel throughout the case and make sure follow up interviews are to gather new information rather than review previous information.

- Develop a trusting rapport with the victim that makes them feel safe to divulge unflattering information or even their own illegal activities related to the assault.

- Corroborate the details of the victim’s account of events, highlighting the accuracy of other facts of the case.

**What to Do in the Case of an Actual False Report**

While the incidence is low, investigators may encounter cases at some point where the crime has been fabricated, and no assault was attempted or committed. These false reports are frustrating to responders and can influence how they and the public will view future victims.

Prosecutors and investigators should only act upon the suspicion of a false report if these concerns are very serious and are based on the evidence uncovered in the investigation. Wrongly accusing a victim of a false report can have devastating consequences.

It is recommended that the tone of any challenge be supportive and based on the information provided by the victim.

In some cases, a false report is a cry for help by someone with grave emotional or personal issues, and it is important to connect them with appropriate mental health or social services.

There are legitimate reasons to prosecute someone for a false report. However, such a prosecution will likely be remembered by future victims who fear they won’t be believed and by future jurors who use it as justification for their beliefs that all rape reports are false.

**References**


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