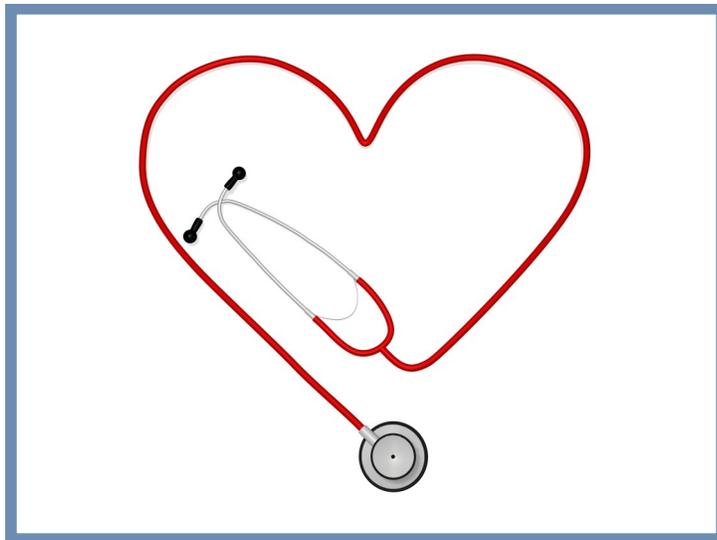
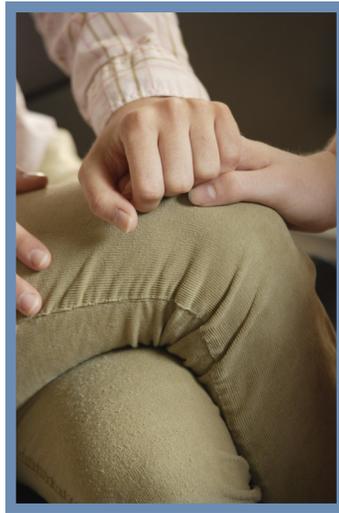


SAN DIEGO COUNTY SEXUAL ASSAULT RESPONSE TEAM SYSTEMS REVIEW COMMITTEE REPORT 2008 - 2011

HEALTH AND HUMAN
SERVICES AGENCY



November 2012



PUBLIC HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

SAN DIEGO COUNTY SART REPORT



SAN DIEGO COUNTY *SEXUAL ASSAULT RESPONSE TEAM* *SYSTEMS REVIEW COMMITTEE REPORT*

County of San Diego
Health and Human Services Agency
Public Health Services
Emergency Medical Services

November 2012

SAN DIEGO COUNTY SART REPORT

We acknowledge the contributions of the following Emergency Medical Services branch staff members and volunteers for their work in the preparation of this report:

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SAN DIEGO COUNTY SART REPORT



Live Well, San Diego!

Healthy, Safe and Thriving Communities



Live Well, San Diego! is an initiative that embodies a countywide effort to achieve the County vision for healthy, safe and thriving communities. This is a 10-year plan to advance the health and overall well-being of the entire region. *Live Well, San Diego!* is being built with community involvement in a phased approach. The first phase – Building Better Health – was adopted by the Board of Supervisors on July 13, 2010, and implementation is ongoing and continuous. The second phase – Living Safely – was adopted by the Board of Supervisors on October 9, 2012, and the third phase is in the design stages.

The three phases that encompass the pillars of *Live Well, San Diego!*:

- **Building Better Health** – focuses on improving the health of residents and supporting healthy choices.
- **Living Safely** – focuses on the Agency's role in ensuring families are connected to services and vulnerable residents are protected from further harm.
- **Promoting Thriving Families** – focuses on the Agency's role in helping families become stable and independent.

Key Strategies for *Live Well, San Diego!*

Each pillar has four strategies upon which our goals and objectives will be built. These strategies are:

- **Building a Better Service Delivery System** – maximizing quality and eliminating waste in our services.
- **Supporting Positive Choices** – providing information and tools so that residents can take charge of their well-being.
- **Pursuing Policy and Environmental Changes** – making it easier for people to engage in and adopt positive behaviors.
- **Improving the Culture from Within** – recognizing the importance of the workforce in making and promoting positive choices.

The entire initiative is built on a foundation of operational excellence. The County serves the entire San Diego population, with a focus on at-risk and high-need populations. These are defined as:

- **General Population:** The 3.1 million San Diego County residents who may benefit from a more coordinated and comprehensive prevention approach.
- **At-Risk Population:** Those we will engage with early, proven interventions to stop problems from developing or escalating.
- **High-Need Population:** Those already in the County system who will benefit from assistance to stabilize and achieve self-reliance.



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Mission Statement

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

VALUES:

Culture & Community Support

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

Education

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

Professionalism

We are committed to an objective, state-of-the-art, knowledge-based practice, continuing education, 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.

SAN DIEGO COUNTY SART REPORT

Executive Summary

In August of 1991, the County of San Diego Board of Supervisors established the Sexual Assault Response Team (SART) model as the standard of care for victims of sexual assault in San Diego County.

Prior to the advent of the San Diego SART evidence collection efforts and emotional support for the adult victims of this crime were inconsistent and fragmented. The medical-legal 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. Emotional support may have been provided by nurses or social workers at some emergency departments, but there was no assurance of follow-up. The SART model was adopted to address these inconsistencies as well as other identified issues.

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, multidisciplinary 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.



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The SART program, initially conceived for adult civilian victims of sexual assault, has expanded to incorporate San Diego's child abuse centers. 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 and remain an active participant in the program.

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.

Overview of Current SART System

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

Currently all San Diego county law enforcement agencies have agreements with SART facilities to provide sexual assault medical-legal examinations:

Adult exams (≥ 18 years) are conducted at Palomar-Pomerado Forensic Health Services and Independent Forensic Services.

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

Adolescent exams (14 - 17 years) are

conducted at one of the three 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 representatives respond to initial reports; work to enhance victims' safety; obtain a preliminary statement from the victim, to determine if a crime occurred; evaluate whether a forensic examination is warranted; and provide transportation to/from the exam site, as needed. If law enforcement determines that forensic evidence may be retrievable and if the victim consents to undergo a medical-legal 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 designated facility.

The forensic interview and examination are conducted by the forensic nurse specialist in the most private and confidential setting possible. 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 medical-legal exams decreases the long waits previously ex-

SAN DIEGO COUNTY SART REPORT

perienced 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.

Sexual assaults committed on military bases fall under the jurisdiction of the Naval Criminal Investigative Services (NCIS) or Criminal Investigation Division (CID). Sexual assault examinations 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.

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 Assistance Program, and community resources. They may also accompany the victim to interviews and court proceedings, if needed. The primary agencies providing advocacy include:

- ◆ Center for Community Solutions (CCS) with branches in Pacific Beach, La Mesa and Escondido.
- ◆ 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 Assistance Program also provides court accompaniment and assists victims with a variety of services including filing compensation claims for possi-

ble reimbursement of lost wages, as well as medical and counseling expenses.

Child Examination Facilities

The Chadwick Center at Rady Children's Hospital San Diego 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 Child Welfare Services (CWS), 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 county 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 Palomar-Pomerado Forensic Services and Independent Forensic Services, the child/adolescent centers of the Chadwick Center and Palomar Health Center, the Naval Medical Center San Diego, law enforcement agencies, advocacy programs, district attorneys and victim-assistance personnel from the District Attorney's (DA's) Office, Crime Labs, Indian Health Council and the County of San Diego Health & Human Services Agency, Public Health Services, Emergency Medical Services

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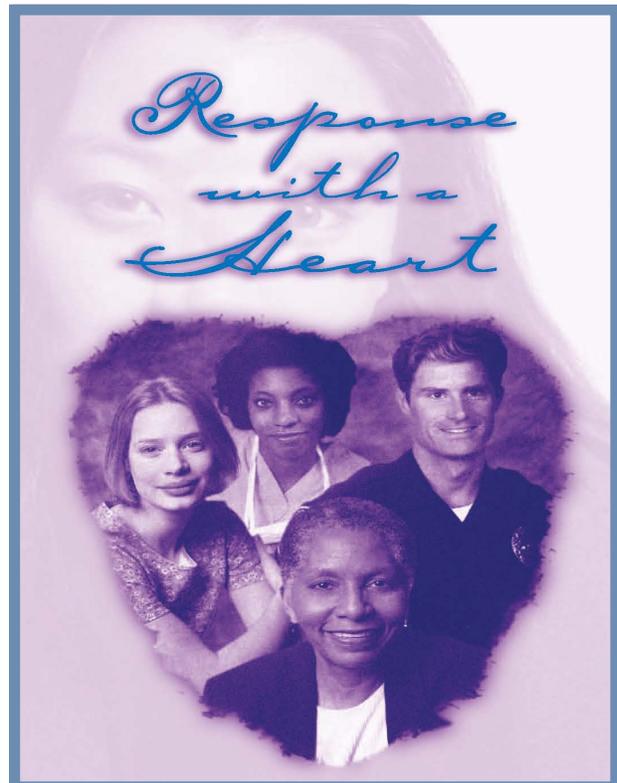
branch (EMS). The Systems Review Committee exemplifies how cooperation and collaboration can enhance outcomes of multi-disciplinary programs.

Data Collection

Currently SART facilities provide system data to EMS 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
- ◆ Provide data for grant funding and clinical research on sexual assault victims
- ◆ Track and evaluate judicial outcome

A confidential questionnaire, available in English and Spanish, is used to elicit SART program feedback from survivors of sexual assault to improve the quality of the forensic exam. 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 EMS, 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.

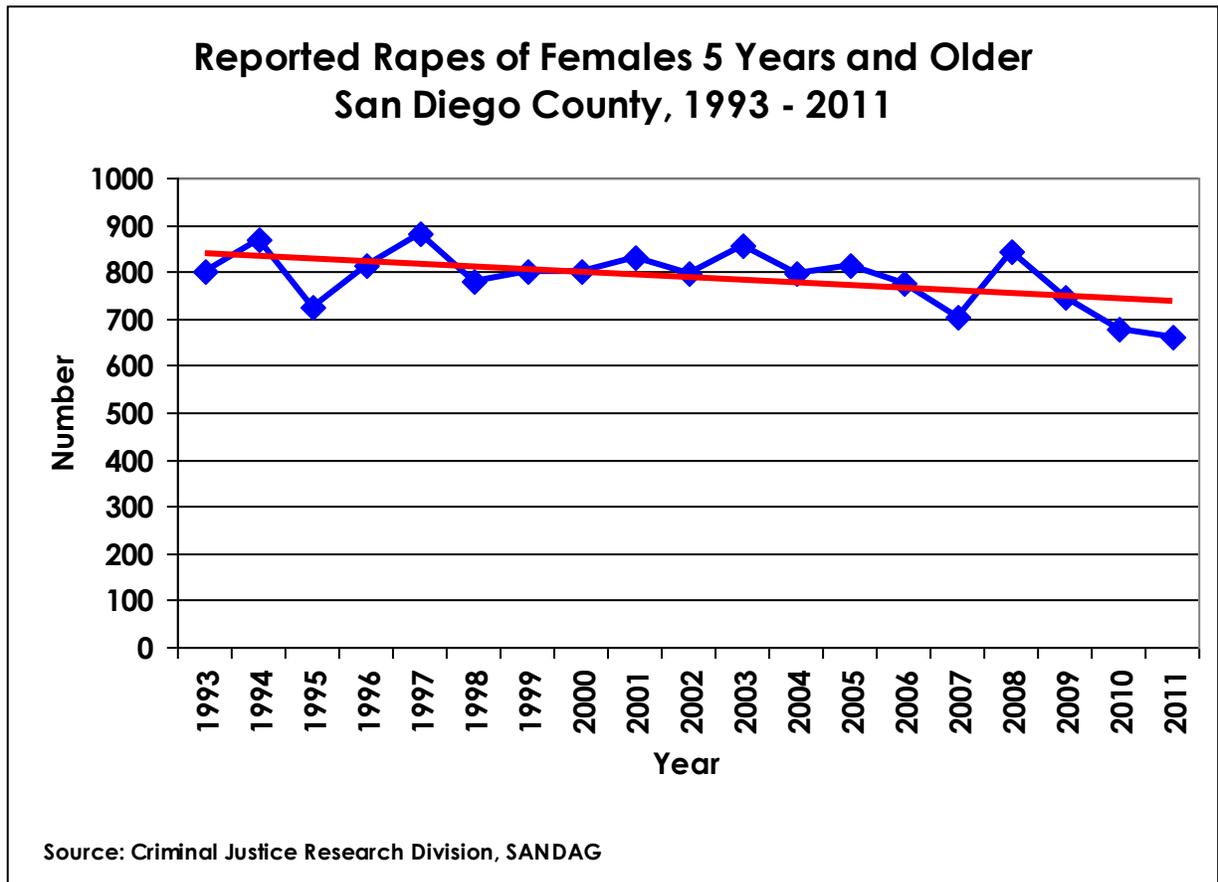


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Rape in San Diego County

San Diego law enforcement agencies report specific crimes to the FBI through the Uniform Crime Reporting (UCR) Program. Forcible rape, as defined in the Uniform Crime Reporting (UCR) Program, is the carnal knowledge of a female forcibly and against her will. Assaults and attempts to commit rape by force or threat of force are also included; however, statutory rape (without force) and other sex offenses are excluded. 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 attacks on males are reported separately in the FBI index assault category.

Law enforcement agencies also provide sexual assault data to the San Diego Association of Governments (SANDAG). Data reported to and analyzed by SANDAG differs from the UCR data in several areas and is useful for tracking sexual assault incidents in our region. For the years 1993 through 2011, SANDAG documented an annual average of 767 rapes and the number of documented rapes may be trending fewer over that timeframe.



SART Systems Review Committee Report

The County of San Diego Health and Human Services Agency, Public Health Services Emergency Medical Services branch (EMS) was charged with the responsibility of medical-legal examination data collection. Some important statistics of examinations conducted from 2008 to 2011 include:

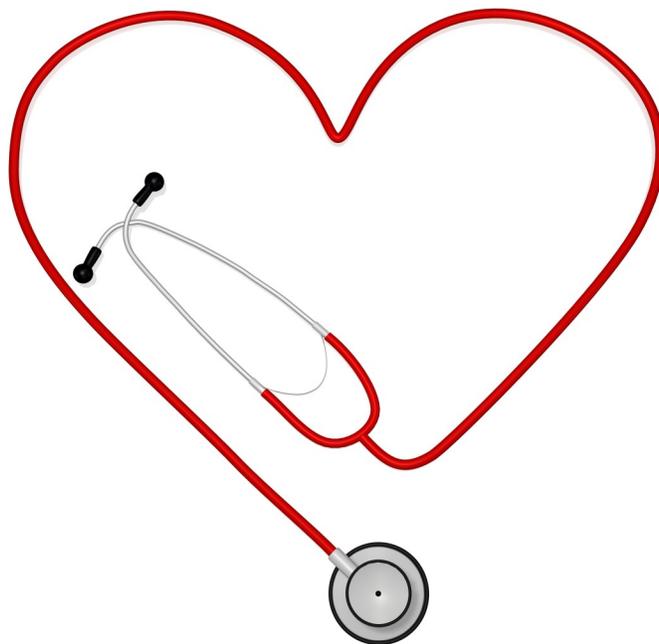
- ◆ One thousand seven hundred thirty four (1,734) examinations were conducted for adults at SART facilities during the calendar years of 2008 to 2011.
- ◆ Ninety-five percent (95%) of the medical-legal exams conducted at adult SART facilities were for female victims.
- ◆ During 2008 - 2011, the San Diego Police Department (P.D.) authorized 49% of county exams at adult facilities, followed by the San Diego County Sheriff's Department (21%), Oceanside P.D. (6%), Naval Criminal Investigative Service (5%), and Chula Vista P.D. (4%)
- ◆ A majority of adult exams were for females ages 18 – 29. This age group comprises 24% of the total adult female population but 69% of exams, which translates to an examination rate of 99 per 100,000 females.
- ◆ The exam rate for black females 18 years and older was more than twice the rate for white victims (88/100,000 vs. 36/100,000). The Hispanic female examination rate was 32 per 100,000 for female residents 18 years and older.
- ◆ More than two-thirds (71%) of victims undergoing medical-legal examinations at adult SART facilities stated they knew the perpetrator.
- ◆ Sixteen percent (16%) of assaults on 18 to 29 year olds and 18% of assaults on white victims were perpetrated by somebody that the victim had known for less than 24 hours.
- ◆ Forensic examiners identified positive visible physical findings in 88% of adult medical-legal examinations.
- ◆ Nine hundred sixteen examinations were conducted for juveniles younger than 18 years, either at SART facilities or at the Chadwick Center at Rady Children's Hospital.
- ◆ Eight percent (8%) of juvenile exams were for boys.
- ◆ Two-thirds (67%) of juvenile exams were performed on those aged 13 to 17 years.

CHAPTER

1

SAN DIEGO COUNTY
SART REPORT

Examinations of Adults 18 Years and Older 2008 - 2011

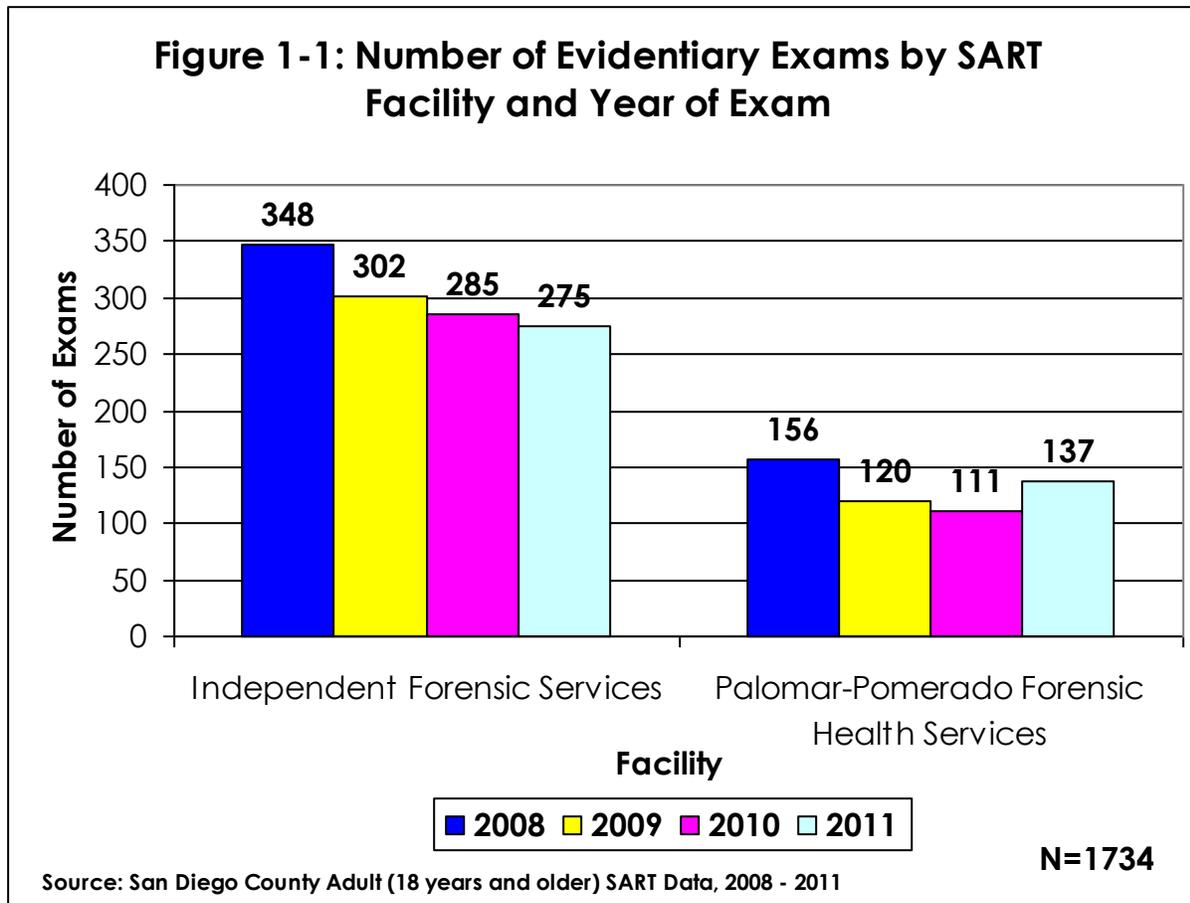


SAN DIEGO COUNTY SART REPORT

Evidentiary Examinations of Adult Victims by Facility and Year

From January 1, 2008 through December 31, 2011, there were 1,734 evidentiary examinations for victims 18 years and older conducted at SART facilities. Annually, there were 504 examinations conducted in 2008, 422 in 2009, 396 in 2010, and 412 in 2011. From 2008 to 2011, there was an 18.3% reduction in evidentiary exams. Additionally, there were 191 exams done for adolescents (ages 13-17) at these facilities during this two year period.

Independent Forensic Services (IFS), a non-hospital based business venture, conducted 1,210 (70%) of the examinations from 2008 to 2011. The high volume was due in part to a contract with the San Diego Police Department, which serves 43% of the county population. Palomar-Pomerado Forensic Health Services (, which serves the north county and parts of the east county region, conducted 524 exams (30%).

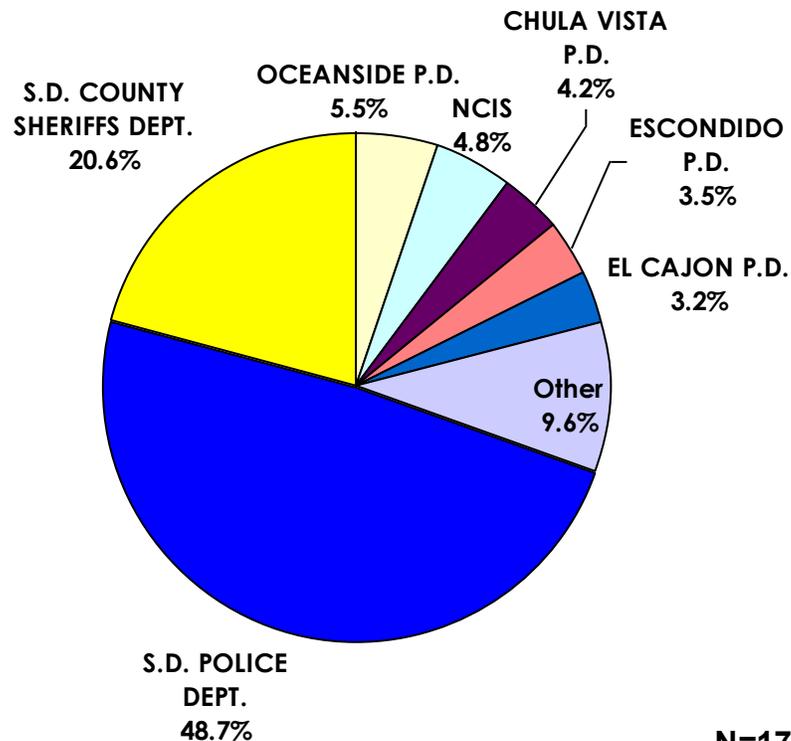


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Authorizing Law Enforcement Agency: Adult Victims

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 43% of the county population in YYYY, authorized 48.7% of SART adult examinations from 2008 - 2011. The San Diego County Sheriff, which patrols the county's unincorporated regions and holds contracts with several cities (15.6% of population), authorized 20.6% of SART cases. Oceanside, with 5.7% of the population, had 5.5% of SART cases. The contributions of the other jurisdictions were as follows: Escondido (4.6% of population), 3.5%; Chula Vista (7.4% of population), 4.2%; and El Cajon (3.1% of population), 3.2%. In addition, the Naval Criminal Investigative Service (NCIS) authorized 4.8% of SART cases.

Figure 1-2: Authorizing Law Enforcement Agency: 2008 - 2011



N=1734

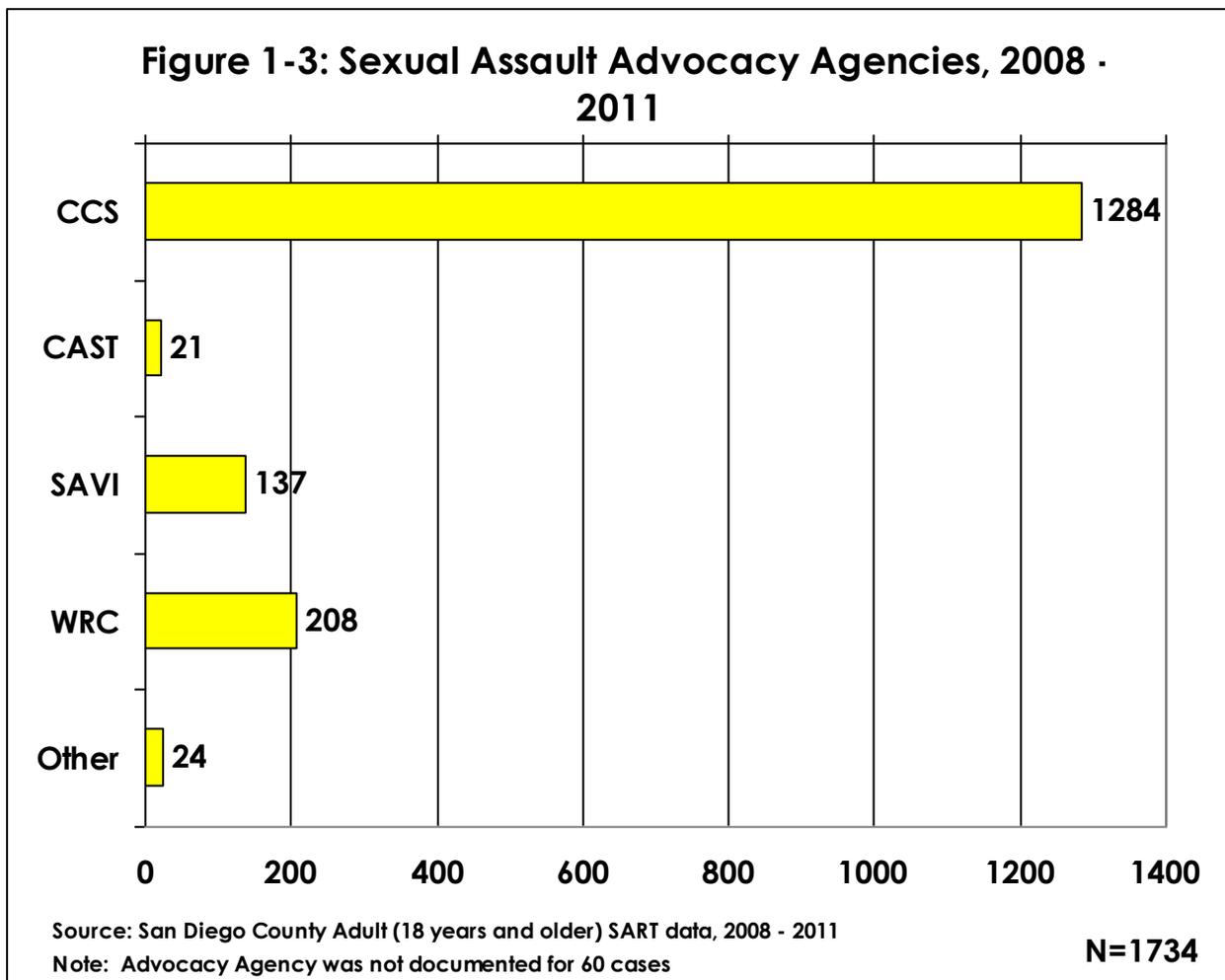
Source: San Diego County Adult (18 years and older) SART Data, 2008 - 2011

SAN DIEGO COUNTY SART REPORT

Advocacy Agencies: Adult Victims

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 District Attorney's Office Victim Assistance Program, and community resources. If requested, they are present during law enforcement and attorney interviews and provide court accompaniment.

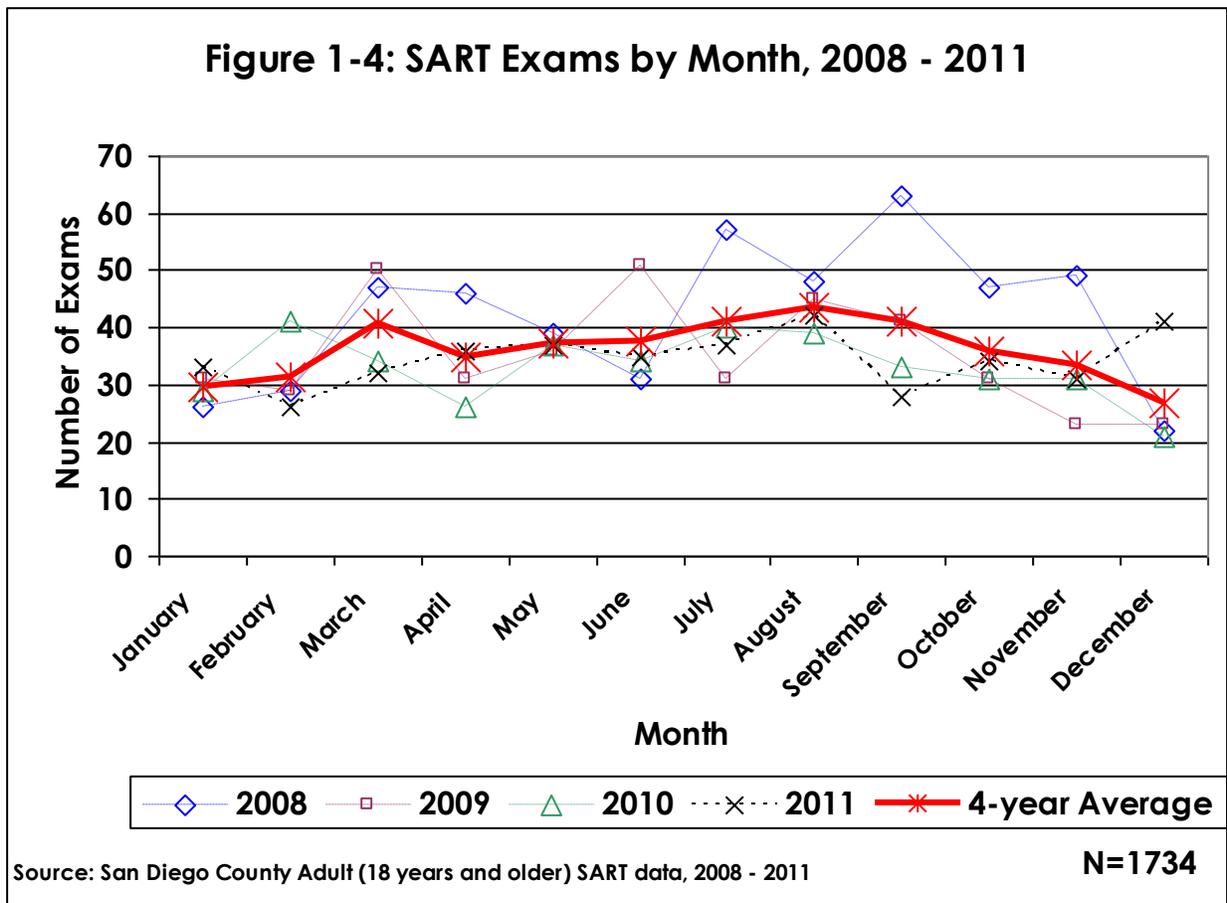
The majority of services were provided by the Center for Community Solutions (CCS), which performed 74.0% of advocacy services from 2008 and 2011. The Women's Resource Center (WRC) accounted for 12.0% of advocacy services, serving Palomar-Pomerado SART. Other advocacy agencies included the Sexual Assault Victim Intervention Program (SAVI; 7.9%), and the Coalition to Abolish Slavery and Trafficking (CAST; 1.2%), and several other community-based and law enforcement-affiliated volunteer programs.



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Month of SART Exam: Adult Victims

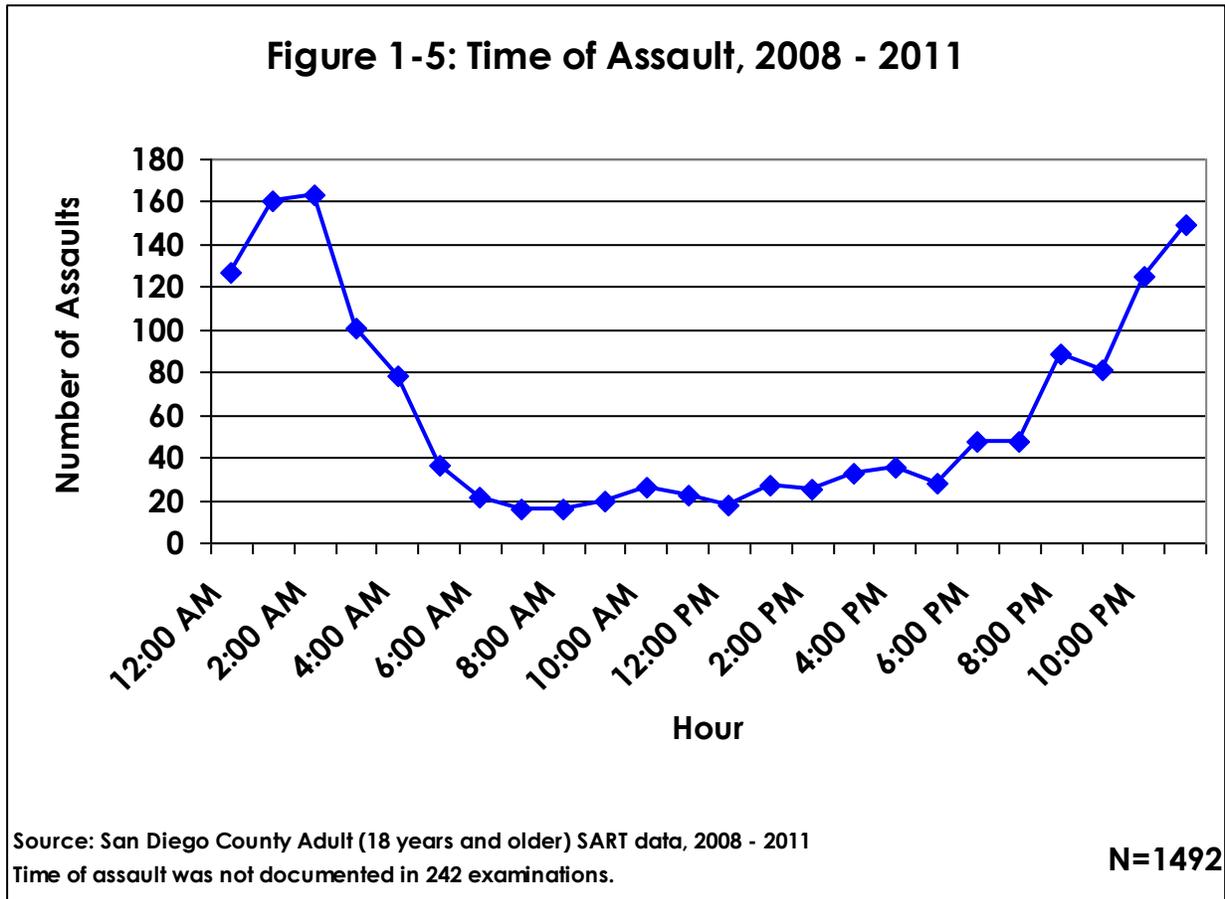
The following graph illustrates the number of SART exams by month and year. It also includes the 4-year average for each month. This average indicates that the most SART exams were done in August (average of 43.5 per year), while the least were done in December (26.75 per year).



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Time of Assault: Adult Victims

Time of day is a strong factor in the occurrence of adult sexual assaults. For the years from 2008 through 2011, 55% of the assaults with a known time of assault occurred between 10 p.m. and 4 a.m., with peak incidence from 1:00 to 3:00 a.m.

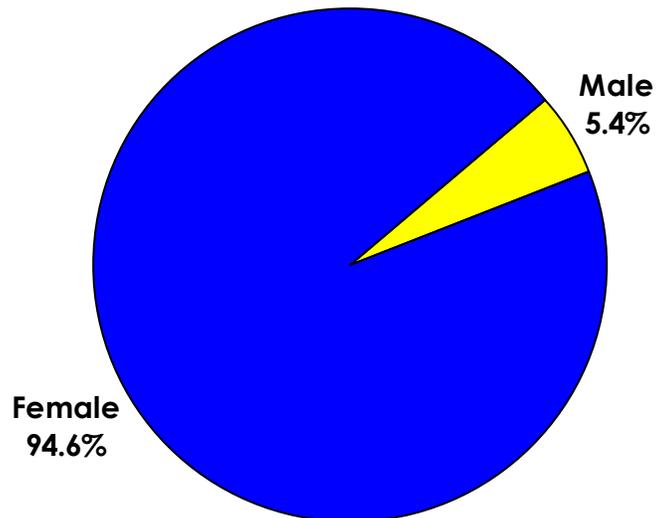


Victim Gender: Adult Victims

While the majority (93.9%) 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. 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.

Figure 1-6: Gender of Victim, 2008 - 2011*



Source: San Diego County Adult (18 years and older) SART data, 2008 - 2011

*Gender information is missing for 13 victims

N=1719

SAN DIEGO COUNTY SART REPORT

Age of Female Adult Victims

Despite comprising only 24% of the total adult female population, victims between 18 and 29 years made up 69.2% of adult evidentiary examinations in SART facilities, producing a rate of 99 exams per 100,000 adult women per year. Victims in the 18-29 year old age group had a rate of evidentiary examinations three times that of the second highest group, the 30-39 year old age group.

Table 1-1: Examinations by Age for Adult Female Victims

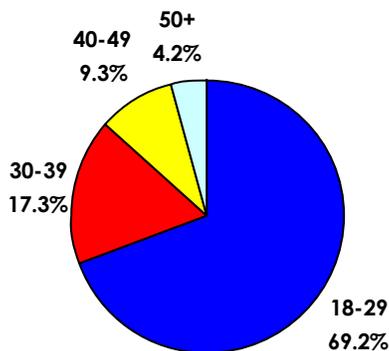
Age Group	# of Exams	Percent of Exams	Annual Rate Per 100,000 Females
18-29	1126	69.2%	99.19
30-39	282	17.3%	33.31
40-49	151	9.3%	17.74
50+	68	4.2%	3.57
Total	1627	100%	34.47

Source: San Diego County Adult (18 years and older)

The 30-39 year olds are the only age group whose percentage of examinations (17.3%) were similar to the percentage in the population (17.9%). 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.

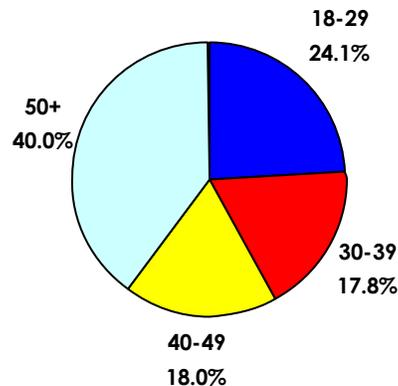
**Figure 1-7: Adult Females: Victims vs. Population by Age
San Diego County, 2008 - 2011**

**Age of Adult Female Victims
2008 - 2011
(N=1,627)**



Source: County of San Diego Adult (18 years and older) Female SART Data, 2008 - 2011

**San Diego County Adult Female
Population, 2010
(N=1,188,865)**



Source: SANDAG Population estimates, 2010

SAN DIEGO COUNTY SART REPORT

Race/Ethnicity: Female Adult 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.

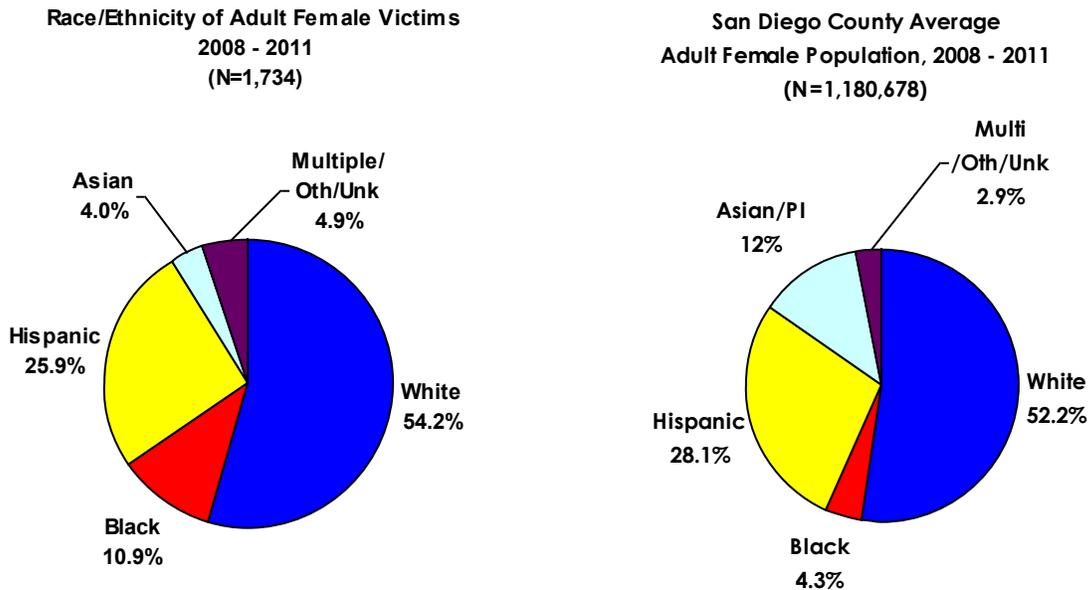
Many more examinations were performed for White female sexual assault victims than for Black women (882 versus 178 exams). However, since the Black population was so much smaller, the rate among Black women was calculated to be more than twice that of Whites (87.7 per 100,000 compared to 35.8 per 100,000). This data should not be used to draw conclusions about the rate of sexual assaults, since it is limited to those assault victims who reported the crime and received examinations.

Table 1-2: Examinations by Race/Ethnicity for Adult Female Victims

Race/Ethnicity	Number of Exams	Percent of Exams	Annual Rate Per 100,000 Females
White	883	54.2%	35.8
Black	178	10.9%	87.7
Hispanic	422	25.9%	31.8
Asian	65	4.0%	11.1
Multi/Other/Unk	80	4.9%	57.5
Total	1,628	100%	34.5

Source: San Diego County Adult (18 years and older) SART Data: Females 2008 – 2011
Population estimates: SANDAG

Figure 1-8: Adult Females: Victims vs. 4-Population by Race/Ethnicity San Diego County, 2008 - 2011



Source: County of San Diego Adult (18 years and older) Female SART Data, 2008 - 2011

Source: SANDAG Population estimates, updated September, 2012

SAN DIEGO COUNTY SART REPORT

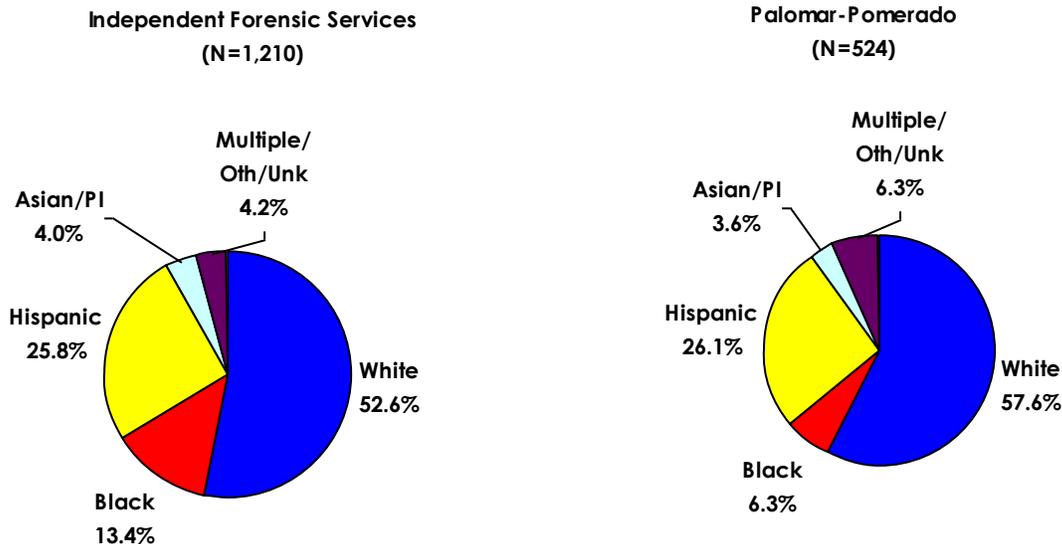
Race/Ethnicity by Facility: Adult Victims

The distribution of race/ethnicity by treating facility is shown below for the years 2008 - 2011. Independent Forensic Services, located in the southern and more urban section of the county, sees a higher proportion of Black victims than the Palomar-Pomerado SART facility. In contrast, Palomar-Pomerado sees a slightly higher proportion of Whites.

As shown below, over half (52.6%) of the sexual assault victims brought to Independent Forensic Services were White, 13.4% were Black, 25.8% were Hispanic, and 4.0% were Asian.

Of the victims seen at Palomar-Pomerado, 57.6% were White, 76.3% were Black, 26.1% were Hispanic, and 3.6% were Asian.

**Figure 1-9: Victim Race/Ethnic Distribution by Examination Facility
San Diego County, 2008 - 2011 (N=1734)**



Source: San Diego County Adult (18 years and older) SART Data, 2008 - 2011

SAN DIEGO COUNTY SART REPORT

Time Intervals: Adult Victims

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 = 14 hours 4 minutes). This is because law enforcement must be notified and evaluate whether a crime has occurred before an exam can be authorized. 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 17 minutes for half of all victims, and the examination is completed in approximately one hour and 35 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.

Some cases have a longer duration from assault to SART arrival. 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. Some cases, which are primarily cases of sexual assault of adolescents, developmentally delayed or elderly patients with dementia can also affect the average times. 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.

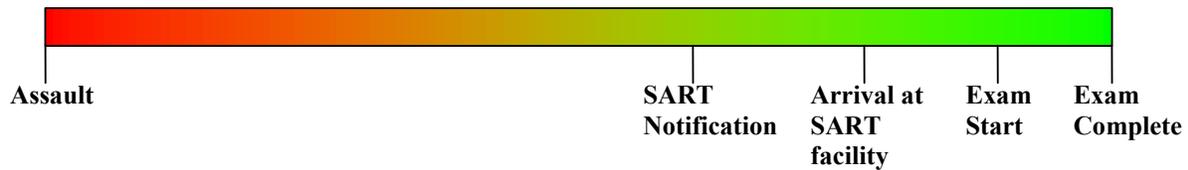


Table 1-3: SART Process Time Intervals, 2008 - 2011

	Assault to SART Arrival	Arrival at Facility to Exam Start	Exam Start to Exam Complete
Valid Observations	1466	1701	1726
Missing*	269	34	9
Mean	26 Hours, 0 Minutes	30 Minutes	1 Hour, 35 Minutes
Median	14 Hours, 4 Minutes	17 Minutes	1 Hour, 30 Minutes

*Missing or invalid times

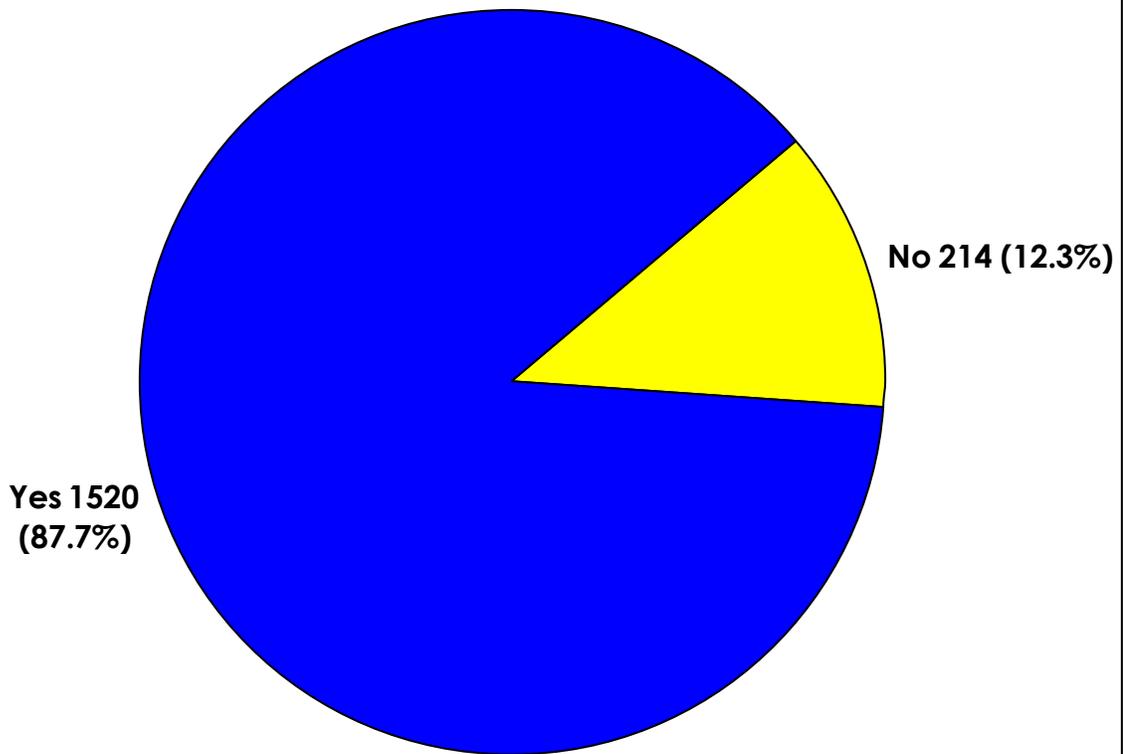
Note: Includes victims 18 years and older examined at adult SART facilities.

Source: San Diego County Adult (18 years and older) SART Data, 2008 - 2011

Positive Visible Physical Findings: Adult Victims

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. From 2008 to 2011, 87.7% of cases (1520) examined at the SART facilities showed positive visible physical findings.

Figure 1-10: Positive Visible Physical Findings at Adult SART Facilities: 2008 - 2011



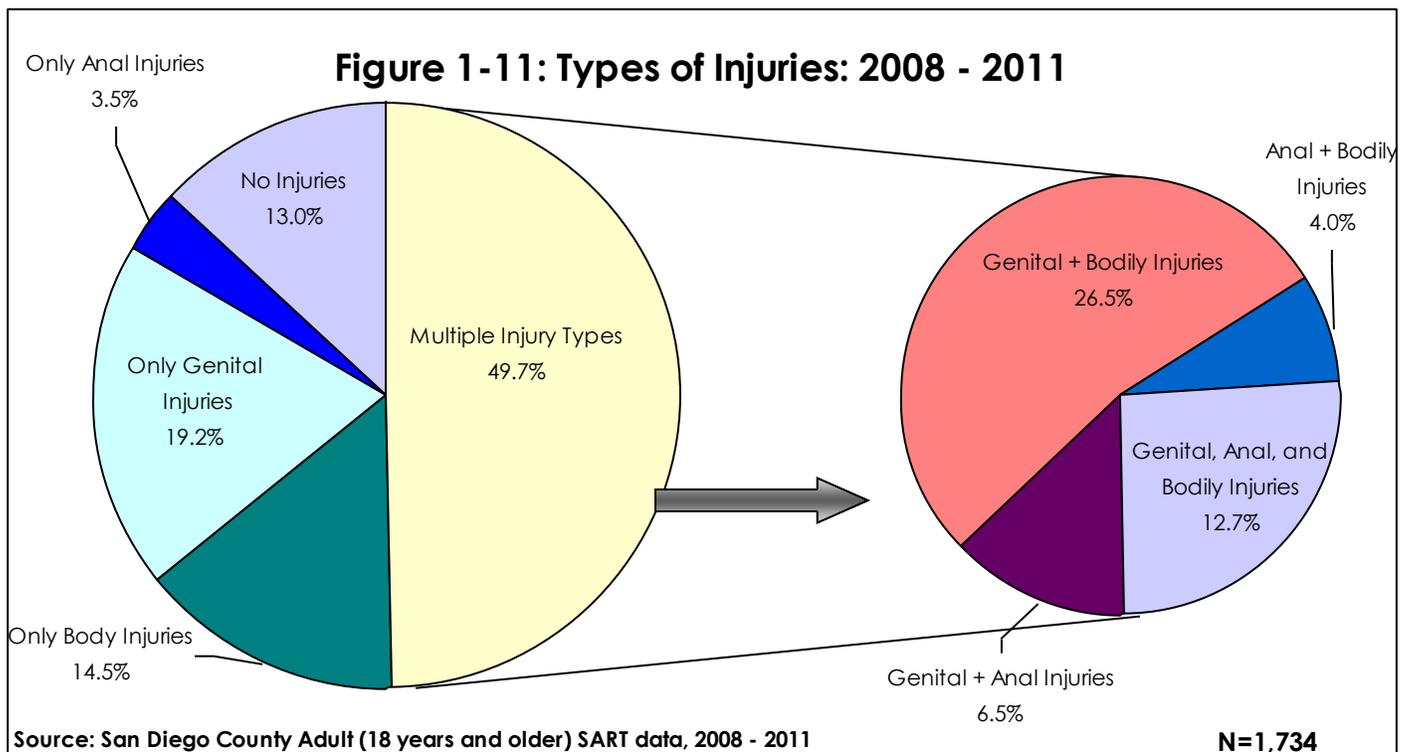
Source: San Diego County Adult (18 years and older) SART data, 2008 - 2011

N=1734

SAN DIEGO COUNTY SART REPORT

Types of Injuries: Adult Victims

With the implementation of the SART system, forensic examiners employed technology to visualize and permanently document sexual assault injuries. Forensic examiners documented genital, rectal, and/or external bodily injuries in 1508 (87%) of the victims seen from 2008 to 2011. Genital injuries, alone and in combination with other injuries, were present in 1126 (64.9%) of all examined victims. Anal/rectal injuries (alone and with other injuries) were present in 464 (26.8%) of victims and bodily injuries (alone and with other injuries) were evident in 1001 (57.7%) of those examined.



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Positive Visible Physical Findings by Time Since Assault: Adult Victims

The likelihood of documenting positive physical findings decreases marginally when there are 5 or more days from the assault to SART notification. However, as the table below shows, more than 85% of exams up to four days after the assault revealed positive findings.

Table 1-4: Evidentiary Examinations with Positive Visible Physical Findings: 2008 - 2011

Positive Physical Findings	Time from Assault to SART Notification							Total
	Less than 24 Hours	1 Day	2 Days	3 Days	4 Days	5 or more Days	Unknown/ Missing	
Count	927/1049	199/233	87/98	34/37	17/19	24/30	232/268	1520/1734
Percent	88.4%	85.4%	88.8%	91.9%	89.5%	80.0%	86.6%	87.7%

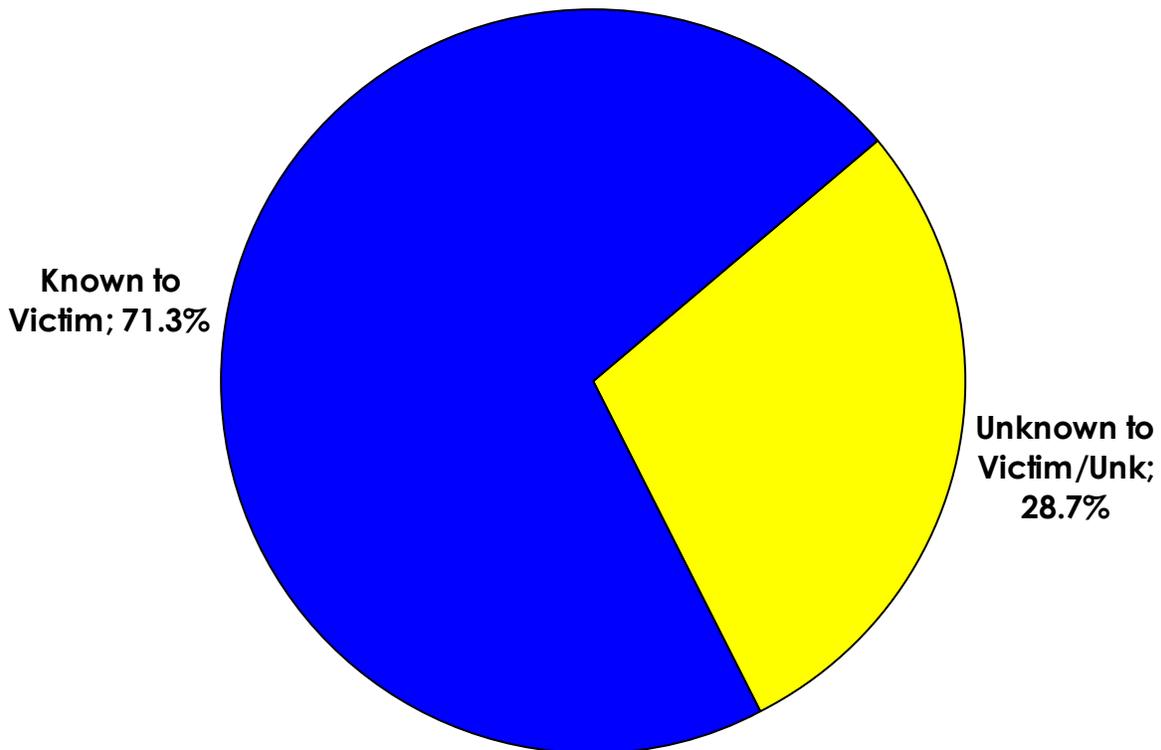
Source: San Diego County Adult SART Data: 2008 - 2011

Perpetrator Relationship: Known or Unknown to Adult Victims

San Diego data indicates that over two-thirds of the victims who received evidentiary examinations knew their perpetrators. This is in contrast to a common 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 Deoxyribonucleic Acid (DNA) testing and the establishment of a centralized DNA database has been very helpful in apprehending the perpetrators in stranger assaults.

**Figure 1-12: Perpetrator Relationship:
Known to Victim vs. Stranger: 2008 - 2011**



Source: San Diego County Adult (18 years and older) SART data, 2008 - 2011

N=1734

SAN DIEGO COUNTY SART REPORT

Perpetrator Relationship: Adult Victims

The non-stranger relationship category included partners, relatives, and other acquaintances. Of the known relationships, 25.8% of the non-strangers were current or previous spouses, cohabitants, or significant others.

“Acquaintances” made up 50.8% of known non-stranger cases, and consisted of a broad array of relationships ranging from classmates to co-workers to caregivers.

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.

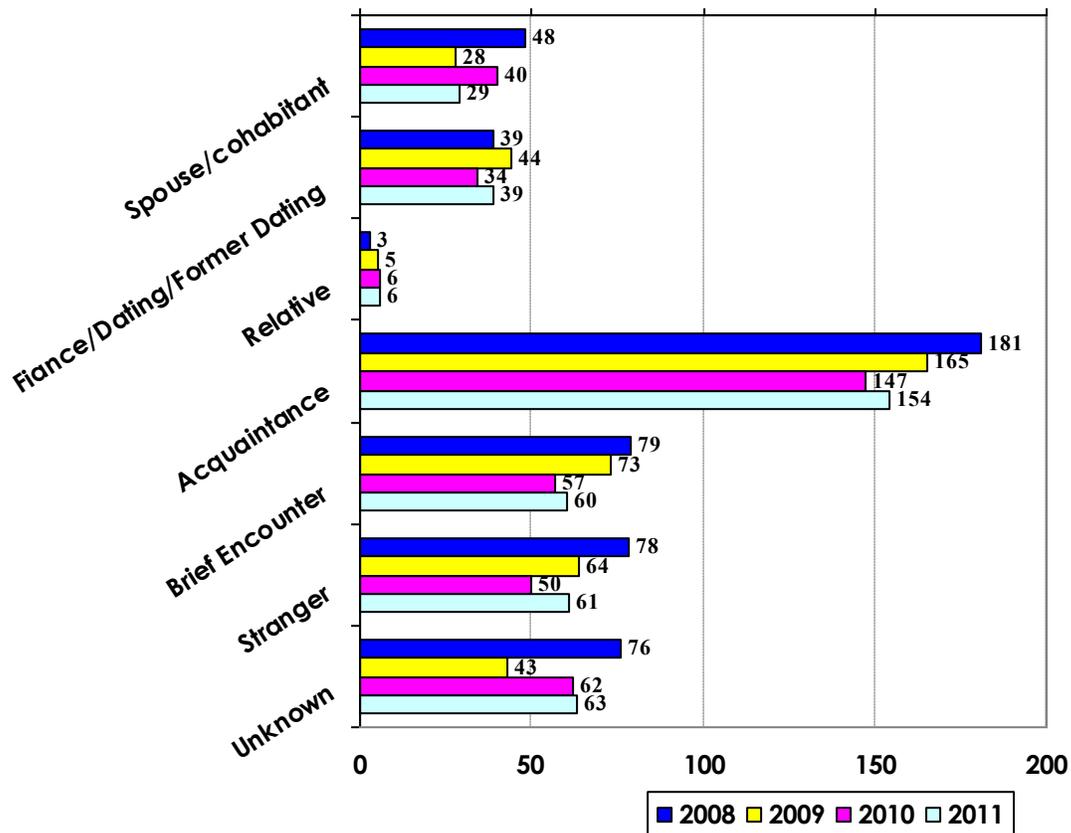
**Table 1-5:
Perpetrator Status by Reporting Period**

Perpetrator Status	2008	2009	2010	2011	Total
Spouse/Cohabitant*	48	28	40	29	145
Fiancé/Dating	39	44	34	39	156
Relative	3	5	6	6	20
Acquaintance	181	165	147	154	647
Brief Encounter	79	73	57	60	269
Stranger	78	64	50	61	253
Unknown	76	43	62	63	244
Total	504	422	396	412	1734

*Includes Former and Present Status.

Source: San Diego County Adult (18 years and older) SART Data: 2008 - 2011

**Figure 1-13: Perpetrator Relationship: Adult Victims,
2008 - 2011**



Source: San Diego County Adult (18 years and older) SART data, 2008 - 2011

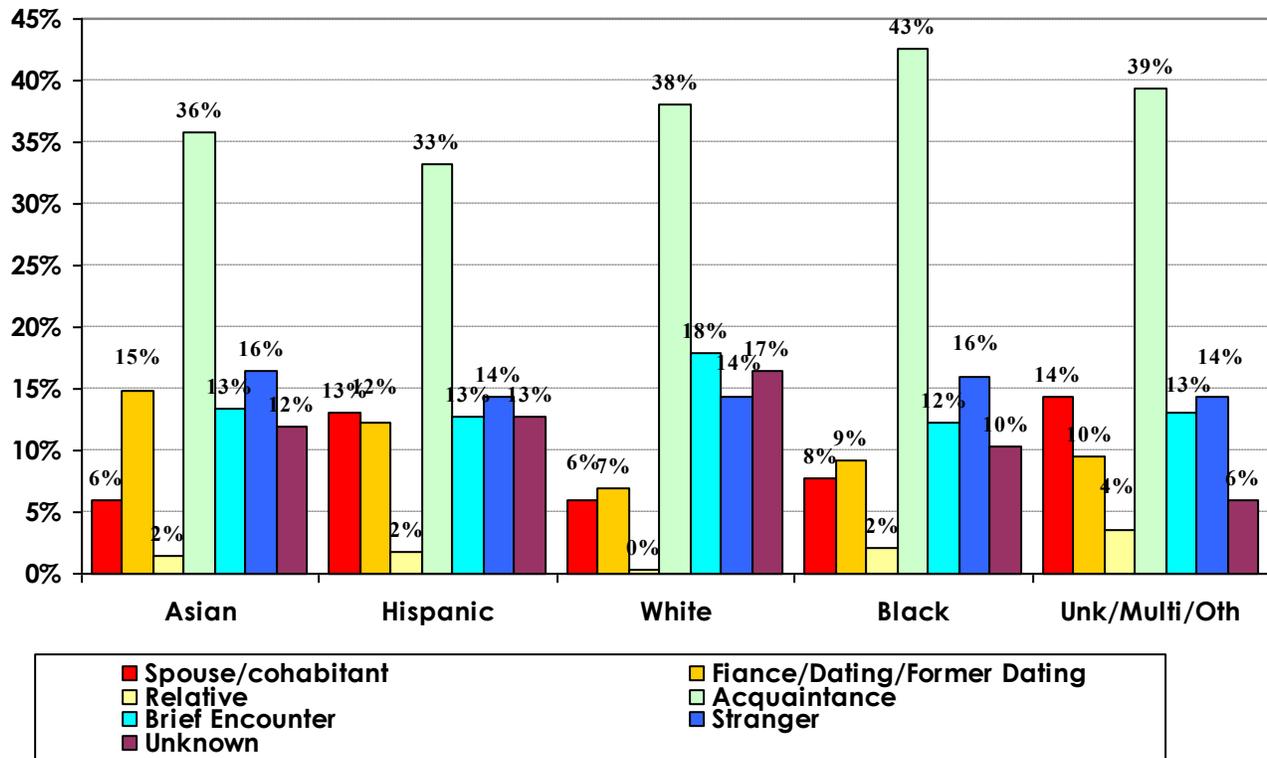
SAN DIEGO COUNTY SART REPORT

Perpetrator Relationship by Victim Race/Ethnicity: Adult Victims

Since “Acquaintances” comprised half of cases where the offender was known to the victim, it is not surprising that they were the most frequent offender across all racial and ethnic group exam victims. Thirteen percent of White victims were attacked by their spouse, fiancé, or someone they were dating, while this rate climbs to 25% among Hispanic victims.

It is important to remember that evidentiary examination statistics do not necessarily reflect the actual sexual assault rates. Reporting differences, and therefore the likelihood for exam authorization, may differ across cultures. For example, some cultures may be less willing to report sexual assaults when they involve a spouse or other partner, and consequently the stranger category is proportionately higher. (a reference would be nice here) Also, studies have shown that assault victims are less likely to report the crime when they are sexually assaulted by someone they know.

Figure 1-14: Perpetrator Relationship by Victim Race/Ethnicity: Adult Victims, 2008 - 2011



Source: San Diego County Adult (18 years and older) SART data, 2008 - 2011

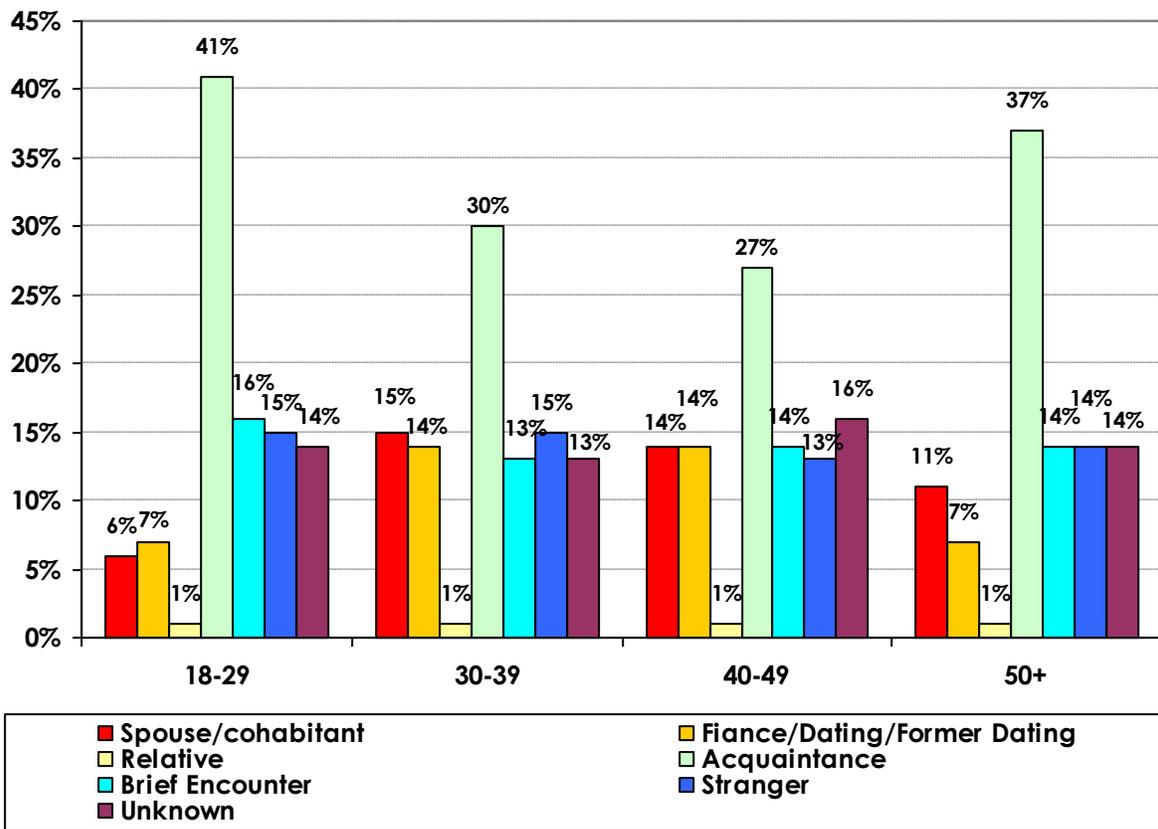
SAN DIEGO COUNTY SART REPORT

Perpetrator Relationship by Victim Age

The highest percent of perpetrator relationships was acquaintances for each age group, while relatives comprised the lowest percent

The distribution of perpetrator relationships changes with different age groups. For example, acquaintances and brief encounters combine to make up half (57%) of assaults of 18 to 29 year olds, but drops to about 40% of older age groups. The percent of assaults by spouses, fiancés, or persons dating, meanwhile, increases from 13% of 18 to 29 year olds to 29% of victims in their 30s and 28% of victims between 40 and 49 years of age.

**Figure 1-15: Perpetrator Relationship by Victim Age:
Adult Victims, 2008 - 2011**



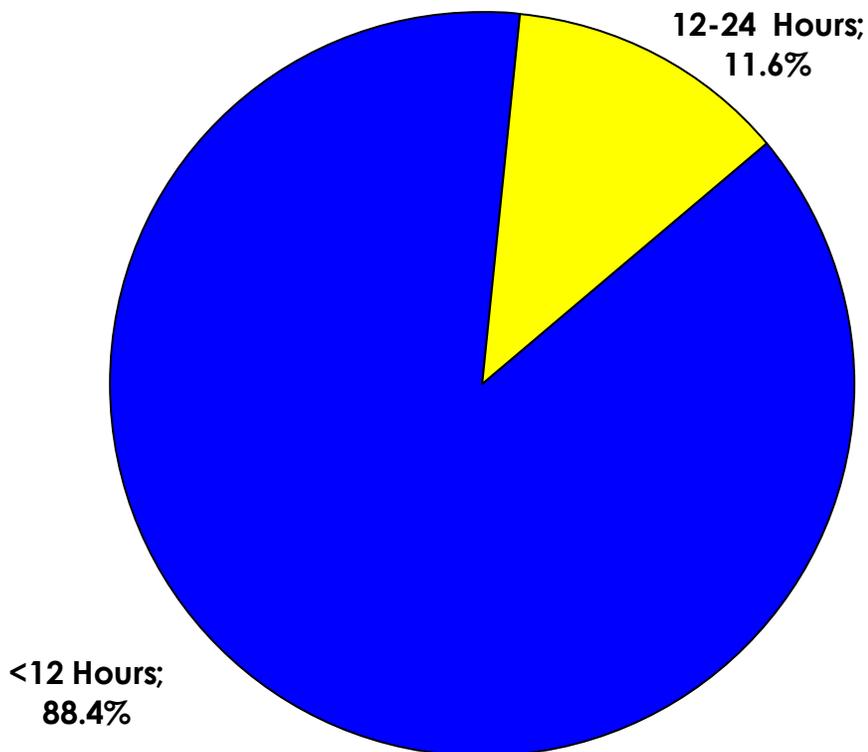
Source: San Diego County Adult (18 years and older) SART data, 2008 - 2011

Brief Encounter Relationships

Brief encounters, where the victim met the assailant within the previous 24 hours, comprised 22% of encounters in which the victim knew the assailant. Situations where brief encounter relationships most likely develop between perpetrator and victim are at bars or parties. These facts point to opportunity for education for young women, and accordingly, many of the San Diego advocacy agency risk reduction campaigns are targeted to college campus activities.

The vast majority (88%) of brief encounter assaults involved victims that new their assailant for less than 12 hours.

**Figure 1-16: Brief Encounter Relationship:
2008 - 2011**



Source: San Diego County Adult (18 years and older) SART data, 2008 - 2011

N=269

CHAPTER

2

SAN DIEGO COUNTY
SART REPORT

Examinations of Juveniles Under 18 Years 2008—2011

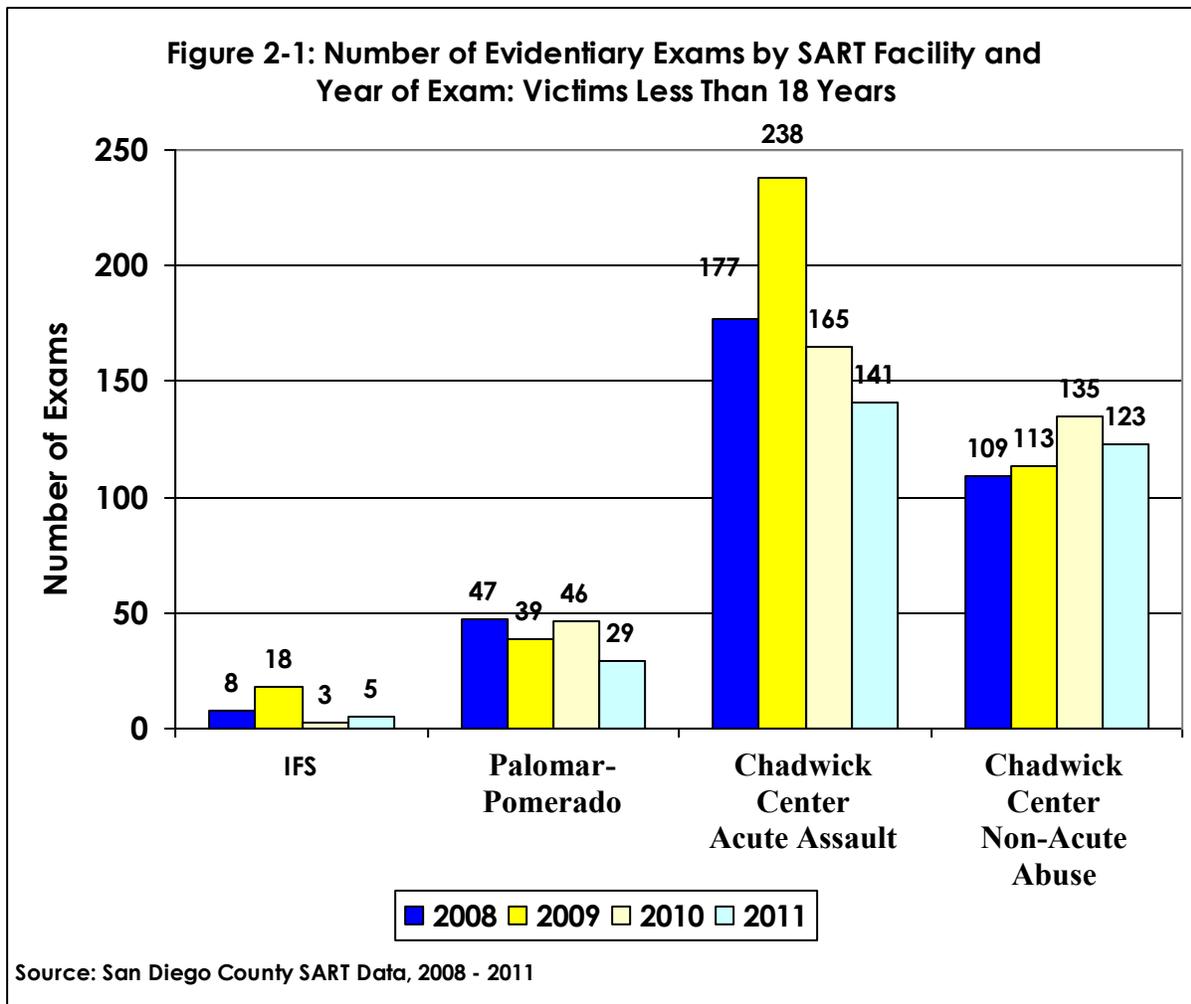


SAN DIEGO COUNTY SART REPORT

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 Child Abuse Unit at Palomar Hospital and the Chadwick Center at Rady Children’s Hospital provide specialized care for young abuse victims. Promise Hospital and Independent Forensic Services conducted 34 exams for victims in the 14-17 year age group.

In child sexual abuse, the history is very important and challenging to obtain due to the victim’s young age and developmental understanding of what has happened. Both Palomar and Chadwick Center have a forensic interviewing component. Forensic interviews are requested as needed by law enforcement and/or Child Welfare Services and are videotaped for possible use later in the investigation and prosecution of a case. The medical providers work collaboratively with the forensic interviewers, limiting questions to the child victim only to questions necessary to perform a competent forensic medical exam.



SAN DIEGO COUNTY SART REPORT

Child Welfare Services Referrals

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, Child Welfare 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 Welfare Services to ensure the safety of the child's home and community environment. Child Welfare Services is a major part of the multidisciplinary teams that review minors' cases.

Table 2-1: All Referrals and Substantiated Referrals with Sexual Abuse Allegations to Child Welfare Services 1998-2011

YEAR	DISTINCT CHILDREN ON REFERRALS*	SEXUAL ABUSE ALLEGATION	% OF TOTAL	CHILDREN ON SUBSTANTIATED REFERRALS**	SUBSTANTIATED SEXUAL ABUSE ALLEGATION	% OF TOTAL
1998	50992	6365	12.5%	13904	1202	8.6%
1999	50282	6021	12.0%	13851	1291	9.3%
2000	49463	5649	11.4%	11899	992	8.3%
2001	50651	5030	9.9%	11778	933	7.9%
2002	51802	5061	9.8%	11073	816	7.4%
2003	50238	4411	8.8%	10469	749	7.2%
2004	49230	4108	8.3%	9920	618	6.2%
2005	49730	3762	7.6%	10435	544	5.2%
2006	49258	4419	9.0%	10027	484	4.8%
2007	49542	4395	8.9%	10750	537	5.0%
2008	51342	5823	11.3%	9454	552	5.8%
2009	51935	5948	11.5%	7704	391	5.1%
2010	50355	5854	11.6%	6709	397	5.9%
2011	48805	5641	11.6%	6037	362	6.0%

*Number of Distinct Children on Referrals is an unduplicated count of children included in reports of child abuse/neglect made to Child Welfare Services (prior to investigation). Children on more than one referral during the year are only counted once.

**Substantiated Referrals are where a social worker has investigated a report and determines that some type of abuse/neglect occurred.

Source: U.C. Berkeley Center for Social Services Research: CWS/CMS Dynamic Report System, http://cssr.berkeley.edu/ucb_childwelfare

Extract date: 10/24/2012

SAN DIEGO COUNTY SART REPORT

Age and Gender

One out of every five acute evidentiary exams for minors was performed on children aged 5 years or younger and those aged 13 - 17 years represented about 2/3 of those exams.

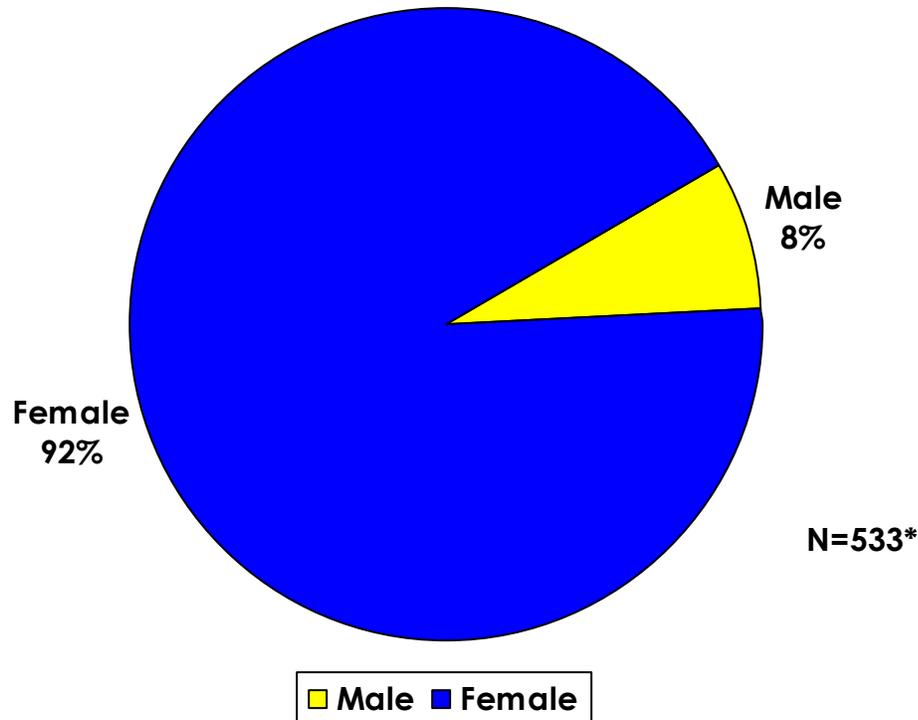
Boys represented 8% of acute evidentiary examinations to children and adolescents, with 40 exams during this time period. It should be noted that the Chadwick center discontinued the collection of gender for evidentiary exams in 2010. Boys aged 17 years and younger represented 44% of all male sexual assault exams conducted.

Table 2-2: Age Distribution by Year, 2008 - 2011

Age Group	2008		2009		2010		2011		4-Year Total	
0 - 5	45	19.5%	58	19.7%	37	17.2%	39	22.3%	179	19.5%
6 - 12	31	13.4%	39	13.2%	31	14.4%	26	14.9%	127	13.9%
13 - 17	155	67.1%	198	67.1%	147	68.4%	110	62.9%	610	66.6%
Total	231	100%	295	100%	215	100%	175	100%	916	100%

Source: San Diego County SART Data: 2008 - 2011

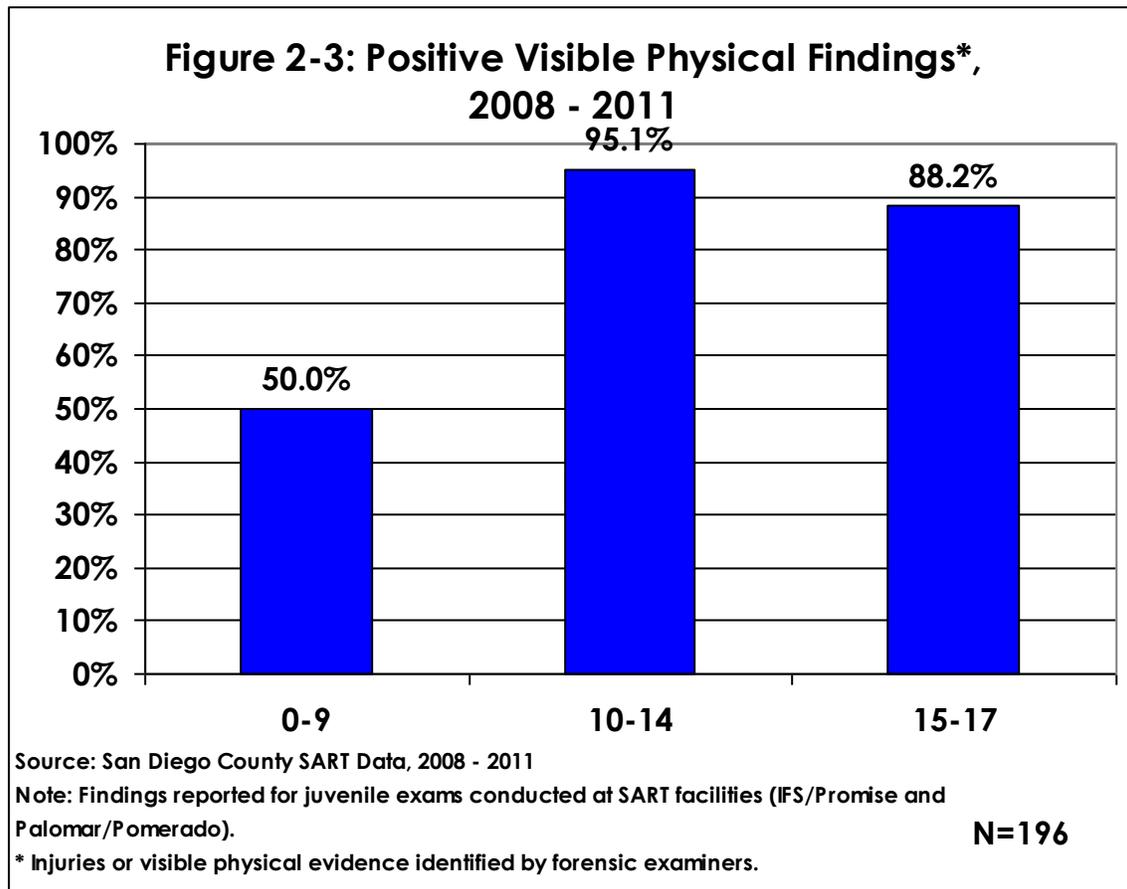
Figure 2-2: Victims Age 0 to 17 Receiving Evidentiary Examinations by Gender*, 2008 - 2011



Source: San Diego County SART Data, 2008 - 2011

Positive Visible Physical Findings: Juvenile Victims

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. Studies show that in children immediately following sexual abuse/assault, the incidence of positive visible genital injuries is much lower than it is in teens and adults. Genital injuries tend to heal well and sometimes completely or there may be residual changes from injury that still can be identified so there is a difference in the incidence of positive visible physical findings depending on whether the examination is performed immediately after the sexual abuse/assault or sometime later. Children often do not disclose at the time of the abuse for several reasons: confusion, lack of frame of reference, fear of punishment, and perceived or real threats from the perpetrator. The value of the examination rests not only in the discovery of forensic evidence or injury, but also in reassurance given to the child and parents that the child is healthy. During the examination, young children and teens are tested and/or treated prophylactically for sexually transmitted diseases.

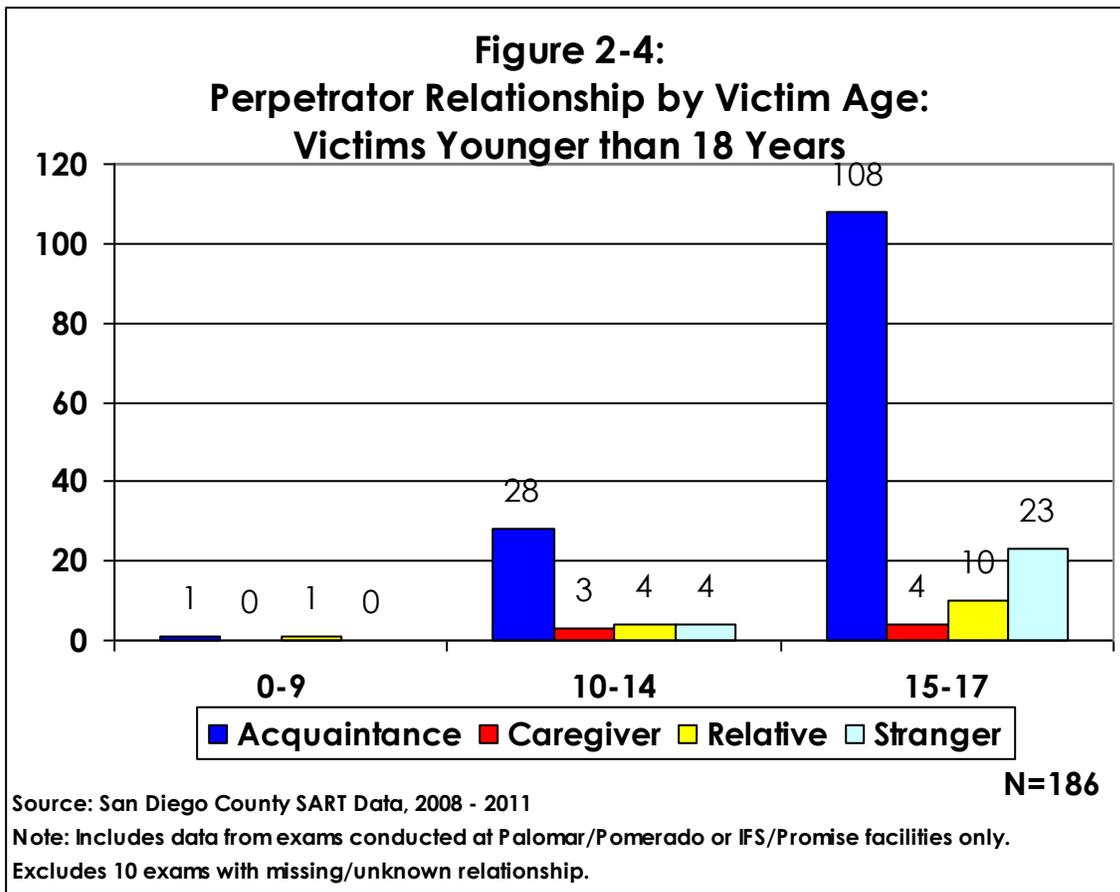


SAN DIEGO COUNTY SART REPORT

Perpetrator Relationship: Juvenile Victims

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 were almost twice as likely to be related to their attackers. This carries special legal ramifications, including potential custodial issues.

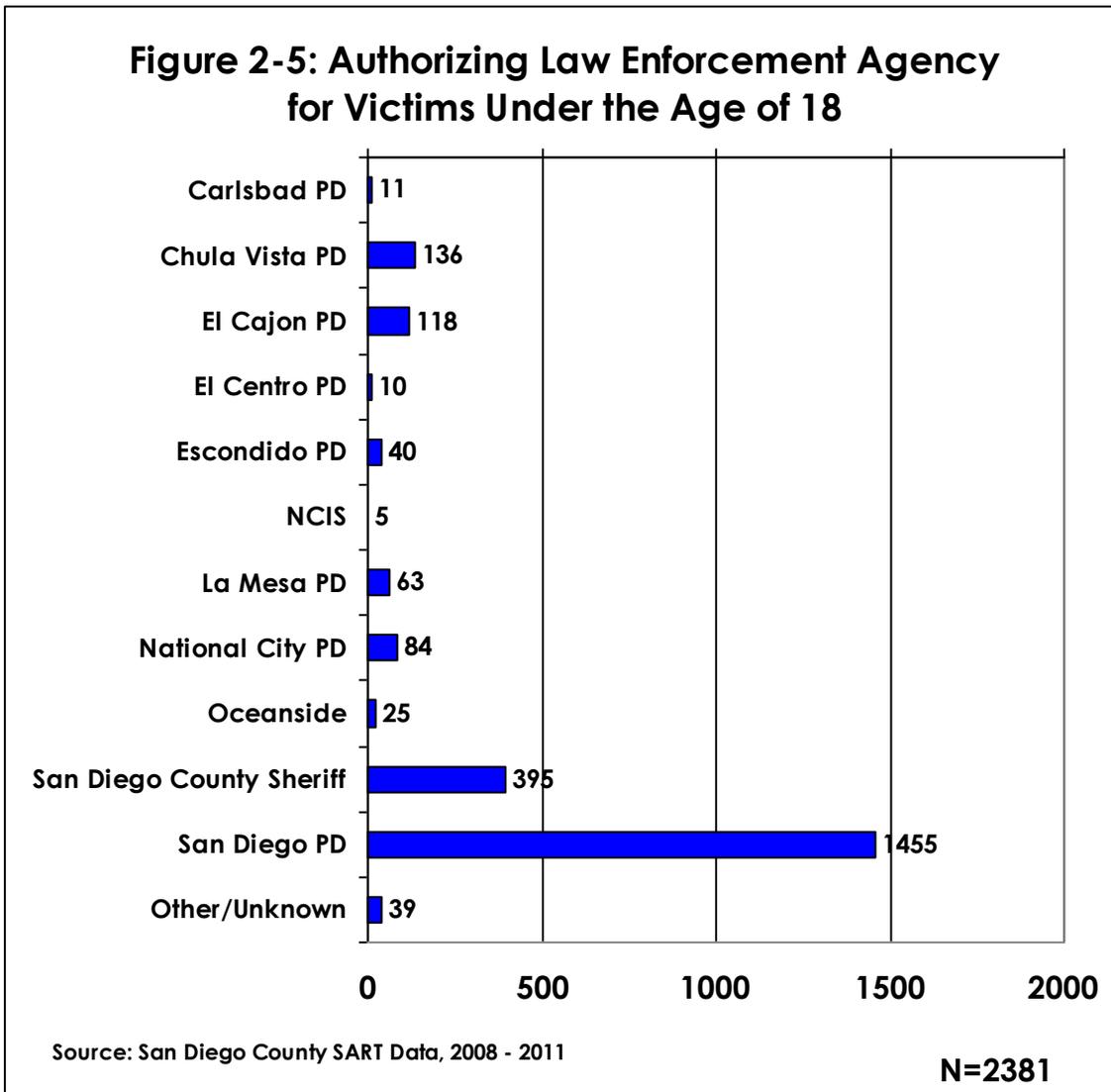
Data on perpetrator relationship were reported by IFS/Promise Hospital and Palomar Pomerado Hospital. Overall, child victims under the age of 18 were assaulted or abused by a relative in 8% of the cases.



SAN DIEGO COUNTY SART REPORT

Authorizing Law Enforcement Agency

Similar to adult statistics, San Diego Police Department was the most frequent authorizing agency, with 61% more referrals than the next most frequent authorizing agency, the San Diego County Sheriff's Department.



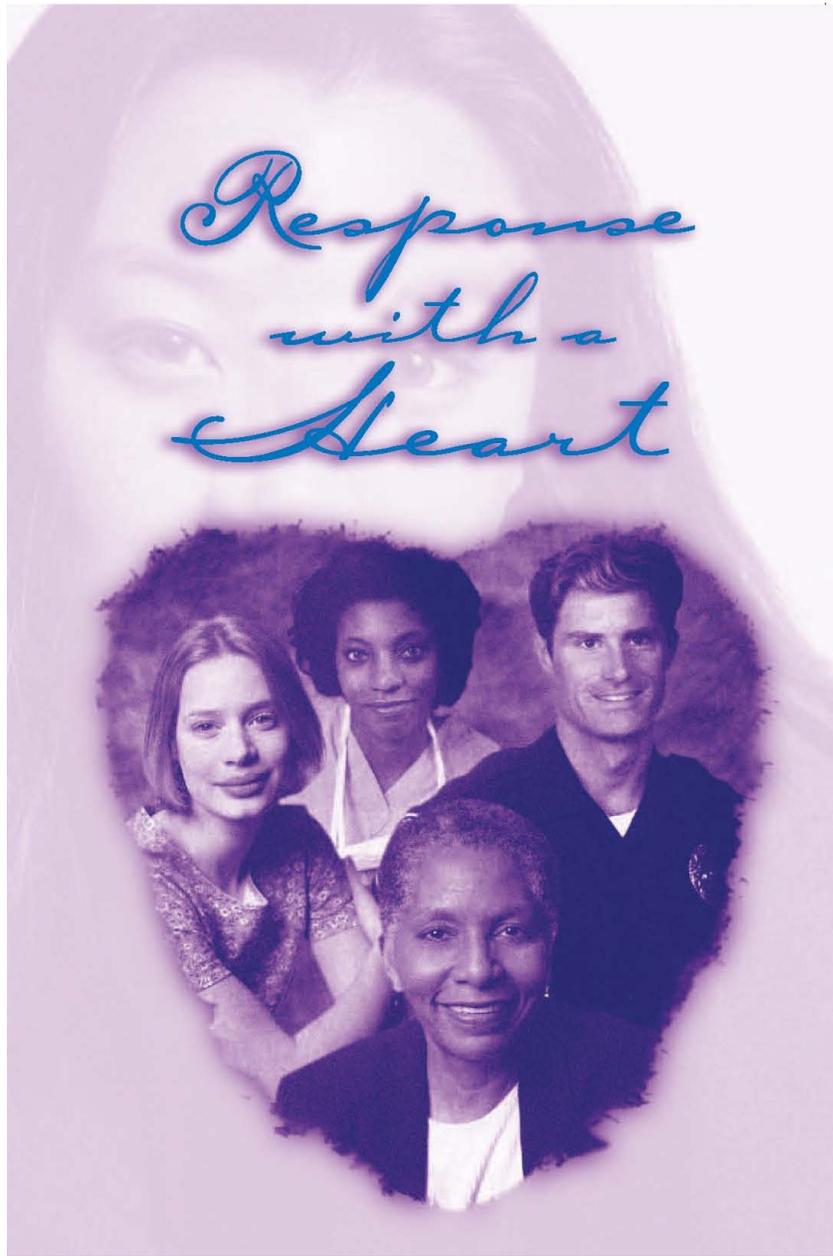
Sexual Abuse Screening Exams

Sexual abuse is unfortunately not an uncommon problem. Good retrospective studies document that by age 18 in the United States, approximately 25% of females and approximately 16% of males will have experienced some form of sexual abuse. Because not all incidents are reported quickly and clearly, some cases do not meet criteria for law enforcement investigation. In these cases, parents or referring community physicians may still obtain a sexual abuse screening examination that may be paid for privately through patient insurance. These evaluations at times result in information that results in police investigation. Those that do not, still assist parents in making decisions for their child's safety.

Developmentally Disabled Victims

Developmentally disabled teens and adults are very vulnerable to sexual assault and exploitation. Both Palomar and Chadwick see these victims when identified for acute and nonacute exams, as indicated by the timing of the disclosure. They usually also have forensic interviews. Strong advocacy for these victims' protection in San Diego and Imperial Counties is provided by the Victim Assistance Support Team (VAST) Program, whose specially trained advocates work with developmentally disabled victims.

SART Systems Review Committee Participants



SAN DIEGO COUNTY SART REPORT

SART Systems Review Committee

Veronica Bautista – Victim Assistance Support Team
Kimberly Breedlove – Victim Assistance Support Team
LupeCalzada – Center for Community Solutions
Emily Campbell – San Diego Sheriff’s Office Crime Lab
Cynthia Charlebois – San Diego District Attorney’s Office, Victim Assistance
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Jenn Davis – Rady Children’s Hospital San Diego
Pam Davis – United States Marine Corps
Susan Dickinson – Palomar Health
Veronica Duford – Center for Community Solutions
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Nirvana Habash – Center for Community Solutions
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Cindy Mercado – Center for Community Solutions
Connie Milton – San Diego Sheriff’s Office Crime Lab
Jill Morgan – Women’s Resource Center
Claire Nelli – Independent Forensic Services
Nikki Newsome – United States Navy

SAN DIEGO COUNTY SART REPORT

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John Rice – San Diego District Attorney’s Office
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Premi Suresh – Rady Children’s Hospital San Diego
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Katherine Wager – Center for Community Solutions/Navy SARC
Nancy Wahlig – University of California, San Diego
Lisa Watkins – San Diego District Attorney’s Office, Victim Assistance
Auxie Zuniga – Victim Assistance Support Team

SAN DIEGO COUNTY SART REPORT

San Diego County Board of Supervisors



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District One



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