

Improving Investigations:

Assessing Agency Response to Sexual Violence through the National Sexual Assault Kit Initiative

IACLEA Annual Conference June 2020

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Dr. Strom is a member of the national research advisory committees for both the International Association of Chiefs of Police (IACP) and Police Executive Research Forum (PERF) and has led projects for the U.S.



James (Jim) Markey

A 30-year veteran of the Phoenix (AZ) Police Department. Jim retired as a detective sergeant overseeing the adult sex crime unit which investigated more than 7,000 sexual assault investigations including over 100 serial rape suspects. Jim developed and implemented the Phoenix Police Department Sexual Assault Cold Case Team in 2001 resulting in the investigation of over 4,000 old rape cases.

Mr. Markey is a Senior Law Enforcement Specialist for The Research Triangle Institute in Raleigh North Carolina providing technical assistance for the Department of Justice BJA SAKI (Sexual Assault Kit Initiative) a nationwide effort to address untested rape kits. As a part of his role in the project he developed the Sexual Assault Unit Assessment Program designed to comprehensively assess a police agency's response to sexual assault. In 2017 he was appointed by the United States Secretary of Defense to the 5-year Department of Defense Advisory Committee on the Investigation, Prosecution and Defense of Sexual Assault in the Military (DACIPAD). Jim is a member of both the National Institute of Justice SAFER Act and Cold Case Working Groups, and the Arizona Supreme Court Committee on Victims in the Courts. He has a Bachelor of Science degree in criminal justice from Arizona State University and a Masters of Educational Leadership from Northern Arizona University. Jim calls Fountain Hills Arizona his home.



This project was supported by Grant No. 2019-MU-BX-K011 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the U.S. Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.



Objectives

- Provide background on the BJA Sexual Assault Kit Initiative (SAKI) including opportunities for addressing campus sexual assault.
- Understand how addressing the sexual assault kit backlog identifies system gaps and helps improve agency response.
- Learn how current research can inform the response to sexual assault including the serial nature of sexual offending.
- Understand the value of assessing agency response to sexual assault for identify themes, gaps, and areas of improvement.
- Identify strategies and recommendations to ensure victim-centered, trauma-informed response to sexual assault.
- Learn how to access SAKI TTA resources in order to implement recommended practices for investigating sexual assaults.

National Sexual Assault Kit Initiative (SAKI):

How can SAKI help your agency with sexual assault response?

The National Sexual Assault Kit Initiative (SAKI)

Leading the Way in Sexual Assault Response Reform

SAKI is a national program designed to support sexual assault response reform, reduce violent crime and improve public safety

- Funded by the Bureau of Justice Assistance (BJA)
- Create a coordinated community response to cold case sexual assault and other violent crimes
- Build jurisdictional capacity to prevent the accumulation of unsubmitted SAKs in the future and address current cases
- Support the investigation and prosecution of sexual assault and violent crime cases

SAKI Training and Technical Assistance (TTA)

Informing Policy with Evidenced-based Practices

 Address long-term needs including capacity building, interagency coordination and strategic priorities.

 Develop sustainable, evidence-based TTA resources which facilitate the implementation of national recommendations and best practices.

SAKI TTA TEAM

RTI International

AEquitas

International Association of Chief of Police (IACP)

Michigan State University

Joyful Heart Foundation

RAINN

Cadre of Subject Matter Experts

SAKI National Impact

22 Statewide Sites

25 Citywide Sites

12 Countywide Sites

3 Multi-County Sites

1 District

63 SAKI Sites plus a National Reach



Current Total Investment

SAKI Sites >\$177Million SAKI TTA > \$18 Million

Why SAKI Matters

From September 2015 to December 2019:

- 111,390 SAKs Inventoried
- 61,994 SAKs sent for Testing
- 54,700 SAKs Tested to Completion
- 20,005 DNA Profiles uploaded to CODIS
- 9,892 CODIS Hits (Serial sex offender CODIS hits 1,363)
- 11,398 Investigations
- 1,393 Cases Charged
- 775 Convictions (includes Plea Agreements)



INVENTORY ALL SAK'S



IDENTIFY
TESTING PLAN



IDENTIFY/ASSIGN RESOURCES

Fundamental Grantee Responsibilities



CREATE VICTIM
NOTIFICATION
POLICY



CREATE
INVESTIGATIVE
POLICIES AND
STANDARDS



CREATE A WORKING GROUP MANAGE YOUR INFORMATION

SAKI Impact:

State
Legislative
Response
and
Reforms



One-time inventory/audit



Annual/reoccurring inventory



Mandatory kit submission



Tracking of Kits



Mandatory training

SAKI and Campus Response



Assess current agency policy and process for SAK



Management of Evidence

SAK: Tracking

Transfer/possession

Storage/retention

Laboratory submission



Coordination with local law enforcement and Title IX Units



Inventory/auditing of sexual assault evidence

Improving the Response to Sexual Assault Reduces Violent Crime

Sexual Assault Perpetrators are Serial and Cross-over offenders who commit other Violent Crimes

SAKI Research

- Serial sexual assault offenders
 - Commit a high volume of crime (e.g., small % of offenders commit most offenses
 - Are often "generalists" rape is one of many crimes they commit (e.g., homicide, domestic violence, theft)
 - Are arrested for more crimes (including rape) on average, than non-serial sexual assault offenders

Serial sex offender avg: 9.9 arrests

Non serial sex offender avg: 6.6 arrests

May sexually assault both stranger and non-stranger victims

Detroit

Tested approximately 12,000 previously unsubmitted SAKS.

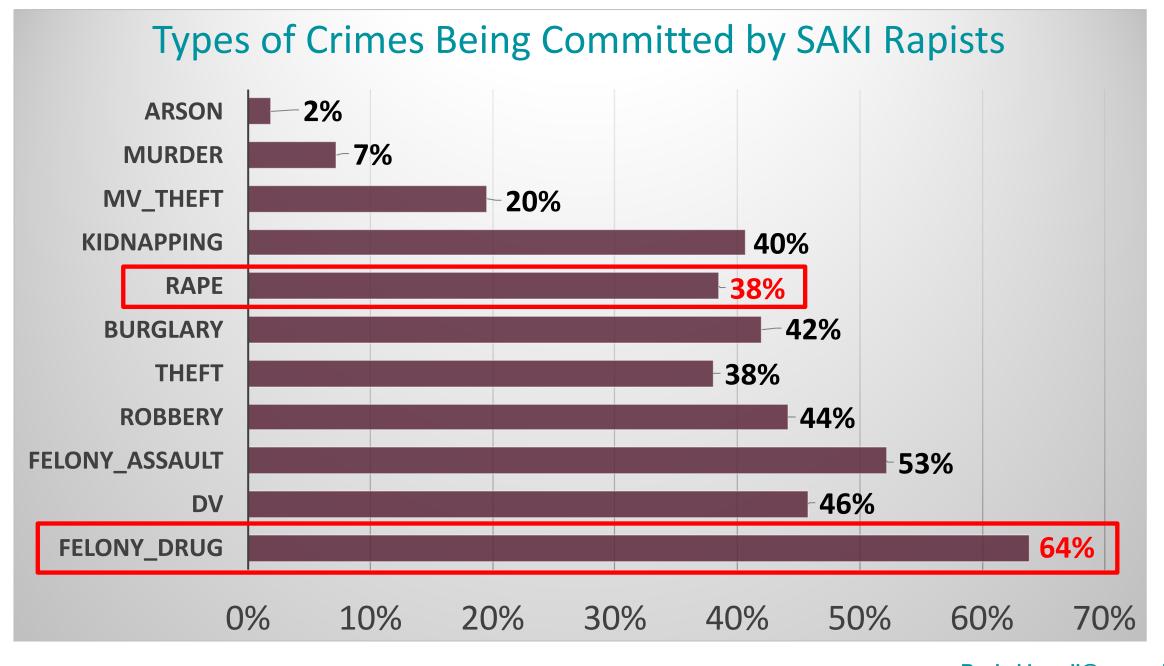
- About 4 in 10 sexual assault offenders (39%) identified as serial sexual offenders¹
- Both stranger & non-stranger SAKs are valuable to test (17% of non-stranger SAKs hit to serial offenders)²
- SAKs past the statute of limitations are valuable to test³
- 1. Serial sexual offenders through forensic DNA evidence. Psychology of Violence.
- 2. Campbell, R., Pierce, S. J., Sharma, D. B., Feeney, H., & Fehler-Cabral, G. (2016). Should rape kit testing be prioritized by victim—offender relationship? Empirical comparison of forensic testing outcomes for stranger and nonstranger sexual assaults. Criminology & Public Policy, 15(2), 555-583.
- 3. Campbell, R., Pierce, S. J., Sharma, D.B., Feeney, H., & Fehler-Cabral, G. (2016). Developing empirically informed policies for sexual assault kit DNA testing: Is it too late to test kits beyond the statute of limitations? *Criminal Justice Policy Review*.

Cuyahoga County (Ohio)

Tested approximately 8,000 previously unsubmitted SAKS

- About 4 in 10 sexual assault offenders (38%) identified as serial sexual offenders¹
- Serial sex assault offenders averaged 9.5 arrests, which included a variety of violent and non-violent crimes¹
- Over one-third of crimes committed by serial sex assault offenders occurred <u>after</u> the sexual assault for which a SAK was collected and shelved¹

^{1.} Lovell, R., Luminais, M., Flannery, D. J., Overman, L., Huang, D., Walker, T., & Clark, D. R. (2017). Offending patterns for serial sex offenders identified via the DNA testing of previously unsubmitted sexual assault kits. *Journal of Criminal Justice*, 52, 68-78.



Kansas Bureau of Investigation

Tested approximately 2,200 previously unsubmitted SAKS

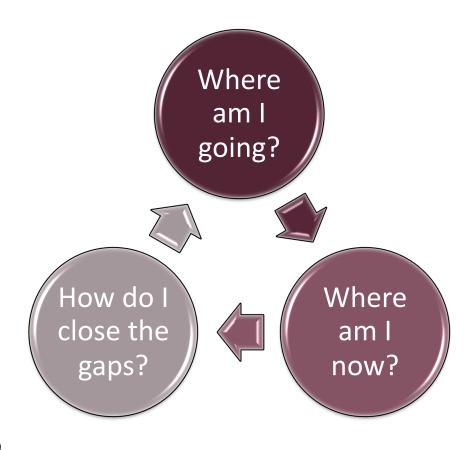
- SAK testing revealed over 900 named offenders who committed over 7,000 crimes ¹
- As many as 37% of sex assault offenders identified to be serial sexual offenders ¹
- The serial sex offenders in this study committed a total of 3,486
 offenses, including murder, robbery, and arson (in addition to rape
 and sexual assault) 1

^{1.} Whisman, K. & Butler, D. (2018). Kansas SAKI Research: Sex Offenders and Their Propensity to Commit Additional Violent Crime, Presented at the International Chiefs of Police - National Conference, Orlando FL.

Assessing your Sexual Assault Response through Assessment

Assessment Purpose

- Goal: Improve the response to sexual assault and create sustainability
 - Independent and comprehensive review of overall sexual assault response including functionality of the sexual assault unit
 - Identify what's working and look for areas for improvement



• ASSESSMENT IS NOT: Audit or Inspection

Assessment Team



Assessment Approach

- Voluntary assessment
- Gather information
 - Interview internal and external personnel
 - Review policies and procedures
 - Conduct investigative case file review
- Observe physical environment
- Deliver recommendations, final report, and briefing



Personnel Interviews and Policy Review

- Internal personnel patrol, investigators, supervisors, crime analysts, advocates (Campus: Title IX, administrations, support services)
- External personnel prosecution, sexual assault nurses, crime laboratory, community advocates (Campus: local LE, medical services)
- <u>Policy/Procedure review</u> internal policies, policies of partner agencies, procedures, and Memorandums of Understanding





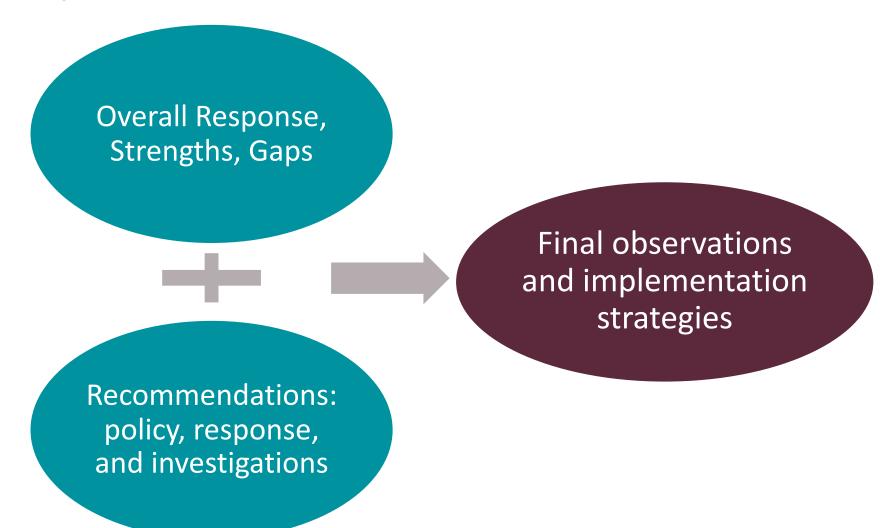
Investigative Case File Review

- SAiBR database for data entry
 - Over 200 data fields collected*
 - Representative sample of sexual assault cases
- NDA and data security processes established



*Areas categorized: case demographics, case management, victim interaction, case evidence, investigative follow up and assessment

Final Report Issued



Examples: Investigation Recommendations

Strengthen investigative practices:

Interviewing of victims/witnesses/suspects to include recording

Increase use of social media and digital evidence

Employ controlled calls strategy

Establish and ensure consistent case disposition/closure documentation

Develop new detective on boarding and mentoring program

SAKI Sexual Assault Unit Assessments - Campus









Observations based on previous assessments



Observations

Specialized Units

- Agencies have assigned personnel to specialized units
- Some agencies have specialized prosecution personnel

Victim-Centered Response

 Agencies are incorporating some practices that align with this approach

Workload Impacts

 Workload assigned to personnel directly impacts the quality of the investigation

Observations

Partnerships

- Inter-disciplinary relationships need to be formalized
- Use of other skilled professionals is minimal

Standards

- Case follow-up practices are inconsistent
- Documentation practices are inconsistent

Oversight

Opportunities exist to improve quality of oversight

Cross-Agency Case Demographics

Suspects

Majority of suspects were known to the victims

Substance/Incapacity

- 1/3 of cases involved alcohol or drugs
- 1/4 of cases involved incapacitated victims

Location

Assaults more likely to occur at residence of victim

Cross-Agency Case Averages

Crime Scene

- 44% located
- 29% processed

SAKs

- 52% collected
- 45% submitted for testing

Witnesses

43% of witnesses interviewed

Cross-Agency Case Averages

Suspects

- 58% contacted
- 15% arrested

Prosecution

 52% of cases submitted to prosecution

Outcomes

- Charges filed range 69% H 2% L
- 3% cases unfounded

Key Areas for Improvement

Policies

 Written policies and practices need to be strengthened and institutionalized

Training

 Consistent and mandatory specialized training to personnel needs to occur

Resources

 Internal and external partnerships need to be enhanced and consistently utilized

Key Areas for Improvement

Staffing

 Adequate staffing levels need to be established and maintained

Standards

 Consistent industry standards of investigative practice need to be implemented

Review

• Skilled supervision needs to be prioritized and include consistent quality control in case review

How can we use what we know from SAKI?













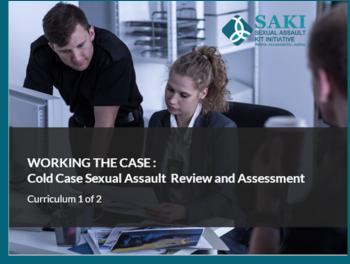


Supervisory Oversight and Accountability

SAKI TTA provides resources, recommendations, assessments and guidance

SAKITTA.org

Toolkit Virtual Academy Webinars Training









Medical History and Law Enforcement Interviews:

Separate and Collaborative

Introduction

In an effort to coordinate services and minimize the need for multiple interviews, some jurisdictions allow a law enforcement officer to be present while the sexual assault nurse examiner (SANE) takes the patient's medical history. Despite the good intentions behind this practice, it is generally not recommended in cases involving adult victims for a variety of reasons. The victim's decision to engage with law enforcement and report the crime to police should remain separate from the decision to receive health care. Whether or not a victim reports to law enforcement and participates in the criminal justice process, the patient-victim should be able to receive health care and a forensic examination, and to speak confidentially with treating health care professionals.

The National Sexual Assault Kit Initiative's Training and Technical Assistance team (SAKI TTA), therefore, recommends that the SANE's medical forensic history of the patient (including psychosocial, medical, and history of the incident) remain separate from the law enforcement interview and report. This SAKI TTA resource describes the separate roles and responsibilities of a law enforcement officer as investigator and a SANE as health care provider. This resource also discusses the importance of affording the patient privacy and focusing on medical concerns throughout the sexual assault examination, and keeping health care information separate from the information shared during a law enforcement interview.

The Roles of Sexual Assault Responders

SANE Patient History

A sexual assault medical forensic exam is a physical examination performed by the health care provider of a patient who has been sexually assaulted. The examination is referred to as the "medical forensic examination" under the Violence Against Women Act (VAWA), and is ideally performed by a SANE or a sexual assault forensic examiner (SAFE) (herein, both types of professionals are collectively referred to as SANEs). The SANE has specific training and experience in both the treatment of sexual assault patients and the collection of forensic evidence.

The SANE's primary role is to conduct a patientcentered medical examination. To do so, a patient history, including information the patient shares about the sexual assault, is collected to guide the medical forensic examination. Medical history, generally, is a key component of the medical forensic examination because it guides the physical examination and medical treatment for the patientvictim by allowing the patient to share in a safe environment what happened to them. This critical part of the examination obtains information essential for medical diagnosis and treatment. The SANE documents biological and physical findings and—with permission—collects evidence from the patient-victim. The SANE may also make referrals for followup care, including evaluation and treatment for sexually transmitted infections (STIs), pregnancy, care of injuries, counseling, suicidal ideation, interpersonal violence issues, alcohol and substance abuse, and other nonacute medical concerns.3

Law Enforcement Interview

When responding to a sexual assault call for service, law enforcement's primary responsibility is to gather the greatest amount of information possible while minimizing victim retraumatization. Law enforcement's purpose—when using a trauma-informed, victim-centered approach—is to learn what happened and to obtain information about witnesses and other evidence. The courts have ruled such interviews to be investigatory in nature. This initial interview by a member of law enforcement may be conducted at the hospital where the sexual assault victim receives a sexual assault medical forensic examination.5 However, any interactions that the law enforcement officer and the SANE have with the victim have clear and separate goals. When both law enforcement and medical personnel are together with the victim, in an initial interaction or after the medical examination, it is critical that the goals of the law enforcement and medical teams remain independent.

Separate and Collaborative

Maintaining a separate interview process ensures that the victim receives the most thorough patient-centered medical care. Additionally, this approach safeguards the integrity of the case as it moves through the criminal justice system.



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