

Sexual Assault Needs Assessment in Texas:

Documenting Existing Conditions and Striving Toward Preferred Outcomes

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Our thanks are also extended to the Office of the Governor, Criminal Justice Division, for their financial support of this project and their commitment to improving services to victims and survivors of sexual assault.

A Note about Language

Throughout this report, victims and survivors of sexual assault may be referred to simply as “victims” because this project is grounded in large part in the criminal justice system and the usage acknowledges that a crime has been committed. The word *victim* is not meant to be demeaning or judgmental. The project team recognizes that individuals have likely survived a combination of physical, emotional, and sexual trauma. As advocates ourselves, we believe our aim is to honor each victim's journey and respect the way in which they choose to describe themselves and name their experiences.

Introduction, Impetus, and Brief Overview of Findings

Little is known about the range and efficacy of services for adult victims of sexual assault across the state of Texas from point of outcry by a victim to the indictment and adjudication of the offender, and the factors that promote or hinder victim restoration and offender accountability. Findings generated from this evaluation contribute to our understanding of the scope and effectiveness of services with the major aim toward providing direction to policy makers, practitioners and advocates, first responders, and community members about how to meet the complex needs of victims, hold offenders accountable, and ultimately ameliorate this crime.

This project's impetus is grounded in 2003 statewide prevalence study that reported that sexual assault as a serious social problem in Texas; 20% of women and 5% of men are victimized. In addition, there was a ground swell of questions from leaders and practitioners about the current state of sexual assault services and preferred outcomes. Overall, our interest was to pursue ways to improve responses for victims and those that assist them.

Sexual assault, although frequently identified by the public as one of the top three most serious crimes that a community faces, gets much less financial support or public protest that that priority suggests. Given this reality, victims and those that serve them are often left to tackle this crime unaided. Nonetheless, over the past decade practitioners and advocates have focused much of their creative thinking and priority on effective prevention with a keen awareness that responsiveness to victims, while still a critical need, will not fully ameliorate this social ill.

This study's purpose was to provide a comprehensive assessment of sexual assault services for adult victims in Texas. Given that sexual assault is a complex often marginalized social problem further exploration from multiple perspectives, particularly those of victims, the professionals that assist them, and statewide leaders is needed. A comprehensive assessment is also valuable given an increased need for criminal justice and social service systems to collaborate to achieve full victim restoration and offender accountability. This project explored existing conditions, including best practice models, and preferred outcomes in ways to initiate useful conversation. These questions are not meant to demean or minimize the significant work of the many hundreds of professionals across the state who have dedicated their careers to assisting sexual assault victims. Rather these questions were offer to spark an open, honest, and useful dialog that will assist our state toward exemplary responses to this crime.

With the understanding that the financial costs of adult sexual assault services are difficult to precisely quantify, we estimate, based on our analysis, that the State of Texas spends approximately \$42.8 million on services for victims of adult sexual assault every year. These services are provided by rape crisis centers, police and sheriff's departments, and SANEs. This estimate surely is conservative. Missing from this calculation are estimates of costs for district attorneys' time spent investigating and prosecuting cases after police and sheriffs' investigations are completed, costs associated with patrol officers' initial response to an outcry, and unreimbursed hospital and SANE program costs, all of which simply cannot be estimated.

Findings suggest gaps in services to victims, additional support needed for those that service victims, and a lack of funding that precludes an ideal breadth and depth of services. Findings also suggest innovative and progressive actions at local levels to address these current needs. All of these findings are more fully described in this report.

In the end, we conclude that Texas is fortunate to have a dedicated workforce who continues to strive toward exemplary services, in the face of these challenges, while continuing to propel this crime and victim needs onto the public agenda.

Brief Review of the Literature

Sexual Assault: A Glance at Sexual Assault in Texas and in the United States

It has been argued that with the exception of homicides or violent personal crimes, rape and sexual assault are the most serious and traumatic crimes committed today (Chen, 2010). According to Busch, Bell, DiNitto, and Neff (2003), approximately 1.9 million adult Texans (1,479,912 females and 372,394 males), or 13% of all adult Texans, have been sexually assaulted at some point in their lifetime. The prevalence of sexual assault is much higher for females than males (20% versus 5%). However, little is known about the factors that help or hinder victims seeking assistance from law enforcement or social services. What is known is that most victims do not report sexual assaults, and most do not access community-based services, but that they may benefit from specialized services in a variety of ways. Moreover, there is a notable lack of information about the range and efficacy of services for adult victims of sexual assault across the State of Texas, from the point victimization through outcry, prosecution, and victim restoration.

Legal Definitions of Sexual Assault

The Texas Penal Code defines sexual assault as unwanted oral, vaginal, and anal sex and unwanted sexual contact with other objects. Defining sexual assault in this way results in more accurate reports than does simply asking a person if he or she was raped. This definition does not include sexual harassment or stalking. Consensual sexual acts are further defined as requiring “sober verbal communication without intimidation or threats” (Texas Penal Code, Section 22.021).

The Federal Criminal Code, Title 18, Chapter 109A, Sections 2241-2243, defines sexual assault crimes as aggravated sexual abuse by force or threat of force, or by other means. Aggravated sexual abuse by force or threat of force is when the perpetrator “knowingly causes another person to engage in a sexual act, or attempts to do so, by using force against that person, or by threatening or placing that person in fear that that person will be subjected to death, serious bodily injury, or kidnapping.” Aggravated sexual abuse by other means is when the perpetrator “knowingly renders another person unconscious and thereby engages in a sexual act with that other person; or administers to another person by force or threat of force, without the knowledge or permission of that person, a drug, intoxicant, or other similar substance and thereby (a) substantially impairs the ability of that person to appraise or control conduct and (b) engages in a sexual act with that person.” Furthermore, a minority of the victims who report their assault are at risk for stigmatization, and revictimization, through the legal and criminal justice, medical, and social systems (Miller, Canales, Amacker, Backstrom, and Gidycz, 2011), and by the public, who may not fully understand the complexity of this crime.

A Note about the Effects of Sexual Assault

It is widely known that sexual assault victims suffer other consequences, such as sexually transmitted infections and clinically diagnosable illnesses such as post traumatic stress disorder, substance abuse, and major depression (Chen, 2010; Kilpatrick, Resnick, Ruggiero, Conoscenti, and McCauley, 2007).

Despite the demonstrated serious potential impact on survivors' short-term and long-term well-being, victims of sexual assault are less likely to report incidents to law enforcement than other victims of violent crimes (Chen, 2010).

Reporting versus Not Reporting

Estimates suggest that the majority of sexual assault cases go unreported (Busch, et al., 2003; Straight, 2007). In Texas only 18% of sexual assaults are reported to law enforcement (Busch, et al., 2003). Research indicates that the majority of victims do not seek formal help from law enforcement or health care providers (Busch, et al., 2003; Straight, 2007), even though services provided by them can be beneficial. Aherns (2006) conducted a qualitative study and reports that victims encounter insensitivity, doubt about the veracity of their story, and blame on the part of professionals, and that these experiences contribute to low reporting rates. Other factors, such as not wanting other people to know about the rape, believing that evidence about the crime is insufficient, feeling uncertain about how to report the crime or even if a crime has occurred, and fearing retribution by the offender (Kilpatrick, et al., 2007), all contribute to low reporting rates. Given the scope of this crime and its impact on victims, it is essential to explore why a substantial number of victims do not seek support from social services, health care, or law enforcement professionals.

A minority of victims report their assault. When victims do report, rape crisis centers or hospital staff, Sexual Assault Nurse Examiners (SANEs), and law enforcement are often the first point of formal contact. Later, prosecutors lead the adjudication against the offender. This project engaged these professionals and the victims to analyze the current status of sexual assault services and to document desired outcomes for Texas.

Brief Description of Professionals that Serve Sexual Assault Victims

In large part, this report and its findings are organized by the roles of the professionals that serve sexual assault victims. Given that, we have provided a brief description of these professional roles and their responsibilities.

Sexual Assault Nurse Examiners (SANEs) and hospital administrators. SANE programs were developed in the 1990s, often upon the initiation of rape crisis centers, as an answer to inadequate hospital treatment of sexual assault victims and a lack of standards for such treatment. Proper forensic evidence collection that is consistent with a victim-centered approach (Little, 2001) is important when responding to this crime. According to the Texas Office of the Attorney General, a SANE is a registered nurse specifically trained to provide comprehensive care to sexual assault survivors by conducting a medical forensic exam that includes evidence collection and later courtroom testimony. SANEs are dedicated to a victim-centered approach that includes compassion toward victims and an understanding of the trauma that this crime often inflicts. Models of SANE programs vary: some are departments of hospitals and others are autonomous organizations. Hospital administrators are often the catalyst through which SANE programs are implemented and maintained.

Law enforcement officers. Patrol officers, either from a police department or from a sheriff's office, are often the first point of contact for a victim after she or he has made a formal outcry. Law

enforcement's major responsibilities are to make a record of the complaint, conduct an investigation, and gather evidence with the goal of presenting the criminal case to a prosecutor.

Prosecutors. Prosecutors decide who will be charged and what charge(s) will be filed. The most relevant prosecutor responsibility (as it relates to this study) is to decide if and how to proceed with the adjudication sexual assault crimes. "Prosecutors have broad discretion at this stage in the process. The Supreme Court of the United States says "So long as the prosecutor has probable cause to believe that the accused committed an offense defined by statute, the decision whether or not to prosecute and what charge to file or bring before a grand jury generally rests entirely in his discretion" (Spohn and Holleran, 2004, p.III-5-3). Factors that impact a case going forward include the seriousness of the offense, firm evidence, and victim creditability.

Rape crisis center directors and victim advocates. In the 1970s, rape crisis centers (RCCs) were organized in response to the unmet needs of sexual assault victims. Because they evolved locally, their structures and roles vary by geography, culture, and community-identified need. Broadly, an RCC's mission is to provide direct support and programming for sexual assault survivors. In Texas, RCCs may operate solely to serve sexual assault victims or may be part of a larger organization that serves many types of victims of personal violence. Texas has approximately 83 RCCs that are funded by the Office of the Attorney General through sexual assault prevention and crisis services grants. See Figure 1 for RCCs in Texas. Other organizations may also provide services, but are not state-funded programs. The five core services that state-funded RCCs must provide include a 24-hour crisis hotline; crisis intervention; public education; victim advocacy and accompaniment to hospitals, law enforcement offices, prosecutors' offices, and courts; and crisis intervention volunteer training. In addition to initiating SANE programs, RCCs have also provided leadership in the development of Sexual Assault Response Teams (SARTs). SARTs provide a professional structure for those working in the sexual assault field (victim advocates, law enforcement, SANEs, prosecutors, etc.), which allows them to discuss cases, strengths and ways to address challenges.

Figure 1

Location of Rape Crisis Centers in Texas



Methodology

Purpose

This study's purpose is to provide a comprehensive assessment of sexual assault services for adult victims in Texas. Sexual assault is a complex social problem that requires further exploration from multiple perspectives, particularly those of victims, the professionals who assist them, and statewide leaders. A comprehensive assessment is valuable given the increased need for the criminal justice and social service systems to collaborate to achieve full victim restoration and hold offenders accountable. This project explored current conditions, including practice models from the field, and preferred outcomes, as a way to initiate useful conversation. The questions raised by the project are not meant to demean nor minimize the significant work of the many hundreds of professionals across the state who have dedicated their careers to assisting sexual assault victims. Rather these queries are asked to spark an open, honest, constructive, and useful dialogue that will continue to move our state toward exemplary responses to this crime.

Guiding Queries

This evaluation process was guided by four broad questions:

1. In Texas, what systems are working well to meet a sexual assault victim's needs?
2. What are the current needs in regard to sexual assault victim services?
3. What are the current challenges to collaboration for professionals working in the organizations that serve sexual assault victims?
4. What are the preferred outcomes or best practice models?

Specifically, the project objectives included understanding gaps and needs in services and potential remedies for these gaps, identification of challenges to collaboration, evaluation of the efficiency of program operation and service delivery, and investigation of the cost of providing sexual assault services.

The project used a consecutive mixed-method, qualitative-quantitative design for assessment (Creswell et al., 2003). The overall design had two major components: in-depth interviews and an online Web-based survey.

Site Selection

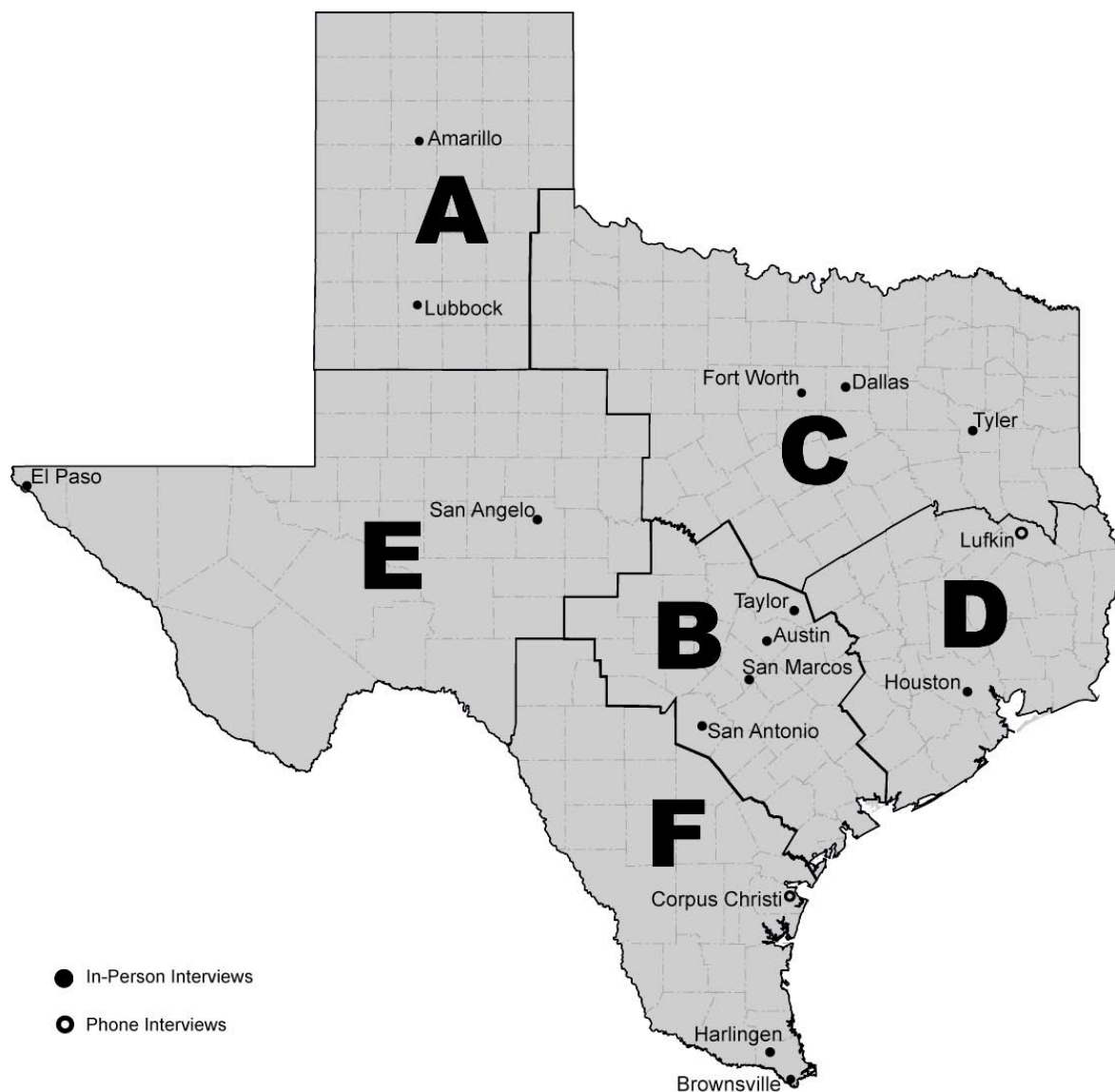
The project team, along with representatives from the Texas Association Against Sexual Assault (TAASA), the Office of the Attorney General (OAG), and the Department of Health and Human Services (DHHS), met between July 2010 and September 2010 to define site selection criteria. Given the geographical and cultural diversity of Texas, special attention was given to this process. Site selection was based on the need for representation in each of the following areas:

1. The six TAASA regions in Texas (See Appendix A)
2. Urban and rural counties
3. Border and non-border counties
4. Areas where no formal sexual assault services are available
5. Areas with TAASA-recognized rape crisis centers and dual programs (serving both victims of domestic violence and victims of sexual assault)

Based on these factors, the following 13 counties were selected: Travis, Lubbock, Randall, El Paso, Harris, Dallas, Tarrant, Cameron, Hays, Bexar, Tom Green, Nueces, and Angelina counties. See Figure 2 for illustration of completed field interviews. In addition, 4 counties, Upton, Motley, Jasper, and Zapata counties were also contacted as non-serviced counties.

Figure 2

Field Interview Sites



Description of Participants

Because of their firsthand knowledge about existing services and possible gaps in those services professionals working in the sexual assault field and victims were recruited for participation (n = 259). In-depth interviews (in-person and telephone) were conducted with law enforcement officers, district attorneys, Sexual Assault Nurse Examiners (SANEs), victim advocates, representatives from state-wide organizations, and victims themselves (n = 138). The majority of in-depth interviews were conducted in-person, but because of scheduling conflicts a small number of in-depth interviews were conducted by telephone. The standardized survey instrument with closed and open-ended questions was distributed widely to law enforcement officers, prosecutors, SANEs, and victim advocates through statewide list serves (n = 121). Given the need to clearly hear their voices, only in-depth interviews (no surveys) were conducted with victims (n=9). Table 1 summarizes participants by role.

Table 1

Description of Participants by Role

Participant Role	Face to Face Interviews	Telephone Interviews	Web-Based Survey Participants	Total
Rape Crisis Center Directors	9	1	9	19
Rape Crisis Center Victim Advocates	46	2	17	65
Law enforcement (includes police and sheriff and victim advocates)	20	3	14	37
Prosecutors	12	3	8	23
Sexual Assault Nurse Examiners (SANEs) & Hospital Administrators	28	0	73	101
Leaders in Statewide Organizations	5	0	0	5
Sexual Assault Victims	8	1	0	9
Total	128	10	121	259

Recruitment

Professional participants were recruited in a variety of ways. For the most part, the project team contacted RCC directors, SANEs, chief prosecutors, and law enforcement investigators in the targeted counties to inquire about their willingness to participate. TAASA and staff at the Office of the Attorney General offered additional suggestions for participants. Snowball sampling was also utilized, where participants referred the team to other individuals who might be able to lend their expertise and share their experiences.

To recruit sexual assault victim participants, the team contacted RCC staff and identify individuals, who in their professional assessment, were ready and able to engage in this project. The RCC made arrangements for the participants and project team to meet at a location that was comfortable for the participant. Participation was completely voluntary.

Protection of Participants

The Institutional Review Board (IRB) at The University of Texas at Austin reviewed and approved this project. Written consent was obtained from all participants. Participants were not asked to give any personally identifying information, and the interview protocol for victims did not include questions about their sexual history. Participation was completely voluntary.

Sexual assault victims who volunteered for this project were recruited only after it was determined that their participation would not have a negative impact on their restoration. They were guaranteed that their participation would not impact their future involvement with RCCs, law enforcement, prosecutors, or the university. These courageous individuals described their experiences in accessing services, reporting their crimes (for those that did report), and engaging with a SANE, RCC staff, law enforcement, and other community services personnel. Victims were compensated \$20 each for their time and expertise.

Data Collection

Interview protocol. A semi-structured questionnaire with both closed and open-ended questions was utilized for the in-depth interviews with professionals and victims. The interviews took an average of one hour. The project team generally queried participants about the strengths of their programs and collaborative efforts to address sexual assault crimes, the challenges of their jobs, and suggestions for preferred outcomes. Interviews were conducted in the professionals' offices. Victims were asked where they would be most comfortable engaging in the interview, and most victim interviews were conducted at the local rape crisis center.

Web-based survey. A similar semi-structured questionnaire with both closed and open-ended questions was utilized for the Web-based survey of professionals. Participants who completed the survey took approximately 35 minutes to do so. Data were collected from the professional participants via the internet. Surveys were completed in a place of the participant's preference. All survey responses were input into a statistical data software program.

Economic questions. The research team included questions about revenues and expenditures on the survey instruments used during the field interviews with practitioners across the state. Questions about revenues and expenditures were also included on the Web-based survey. Results from both the interview and the survey responses are included in this analysis. For a number of reasons, the financial costs of adult sexual assault programs and services are difficult to quantify precisely. There are multiple service responders, each with separate accounting systems, different fiscal years, and unique reporting policies. There are also multiple funding sources, from the Texas Office of the Attorney General to local foundations and granting agencies. And in many cases, it is difficult to separate the costs associated with adult sexual assault from those linked to child sexual assault. Similarly, separating the salary expenditures for police and prosecutors, who investigate and prosecute not only sexual assaults but also many other crimes, is a task of estimation rather than precise quantification.

Data Analysis Procedures

Interviews. All interviews were digitally recorded, transcribed, and uploaded into Provalis (a data software program) on a secure server. Since the evaluation questions were exploratory in nature, a qualitative methodology using content and thematic analysis techniques was utilized. The textual data were systematically gathered for analysis. Utilizing Provalis, open coding was conducted, and the data were subsequently grouped into properties. Finally, contextual themes were developed around the evaluation questions. The project team collectively confirmed the results by reviewing them against the associated quotes from the transcripts, and the findings in this report are similarly grounded by direct quotes from participants.

Web-based survey. Answers to the closed questions from the Web-based survey were analyzed using descriptive statistics, and all open-ended questions were analyzed utilizing the process described above.

Challenges and Limitations to This Study

This study utilized a non-probability convenience sample, so the findings are not necessarily generalizable. Because of the large number of potential participants, and time and resource constraints, it was not possible to conduct in-person interviews with all the direct service providers and other key informants across the state. For this reason, the Web-based survey was added to increase the feedback from areas not included in the site visit schedule. These findings are comprehensive to this study and accurately reflect a comprehensive analysis of sexual assault services and responses to this crime across Texas.

Findings

Organization of the Findings and a Note from the Project Team

The project findings are organized chronologically to illustrate the course of a sexual assault incidence from victimization to victim restoration. As the project team embarked on the journey to document current conditions and needs, we began with the experiences and perspectives of professionals with which a victim might interact, such as law enforcement officers, prosecutors, SANE nurses and hospital administrators, and rape crisis center advocates, and the perspectives of victims themselves. While these foci are valuable, we are keenly aware that important information about the needs of sexual assault victims, those that serve them, and the larger community might be lacking. Therefore, we view this project as a working draft—a good start toward defining preferred outcomes as highlighted by current needs, models of promising practice from the field, and areas that require persistent attention. This project provides initial information, and our hope is that our state leaders, communities, advocates, and other professionals will continue to engage in a meaningful and continuous evaluation of sexual assault services, with an eye toward a developing a comprehensive response to victims and perpetrators, and toward the amelioration of this crime.

Current conditions and selected practices in the field are presented in four major sections:

Part I. Sexual assault inventory, trajectory, and calculations of sexual assault crimes

- Sexual assault victim decision-making inventory & trajectory
- Inventory of reported sexual assault crimes
- Calculations related to sexual assault crimes in Texas

Part II. Cost of sexual assault service delivery

- Estimated victim and societal costs of sexual assault in Texas
- Projected statewide expenditures
- Estimated costs for new or expanded adult RCC services
- Expenditures and revenues for law enforcement investigating adult sexual assaults
- Local SANE program structure and expenses

Part III. Awareness and collaboration

- Current condition 1 – Need to increase awareness about sexual assault
- Current condition 2 – Need to enhance collaboration

Part IV. The plight of a reported sexual assault case from victimization to restoration

- Current condition 3 – Need to train first responders (patrol officers)
- Current condition 4 – Need to add to law enforcement victim assistance staff
- Current condition 5 – Need to expand services and reduce ER waiting time
- Current condition 6 – Need to increase availability of SANE programs and funding
- Current condition 7 – Need to sustain advocate accompaniment

- Current condition 8 – Need to increase awareness of non-report SANE option
- Current condition 9 – Need to improve victim inclusion
- Current condition 10 – Need to reduce investigation time delays
- Current condition 11 – Need to further vertical prosecution processes
- Current condition 12 – Need to minimize victim-blaming

Part I: Victim Decision-making & Trajectory, Inventory of Reported Cases, and Calculations of Sexual Assault Crimes

Overview

This section provides important contextual data for all the remaining findings in this report. Two figures illustrate stages of decision-making for sexual assault victims and the trajectory of this crime and the trajectory of reported sexual assaults. The table provides a calculation snapshot of this crime.

Decision-making Inventory and Trajectory and Inventory of Reported Cases

Figures 3 and 4 illustrate familiar stages of a sexual assault crime from an adult victim perspective and reported cases. Although the illustrations are not exhaustive, they provide a summary of the possible steps in a victim's decision making and what happens to reported cases. It is important to note that most sexual assaults are not reported to law enforcement; only about 18% of victims make reports. There is no reliable data on the number of sexual assault victims who seek informal help (e.g., help from family, friends, faith communities, etc.). While there is more known about victims who seek formal help from rape crisis centers and SANEs, there may be other advocacy organizations or professionals to which victims also seek assistance (school counselors, professional therapists, etc.). Moreover, it is unclear why many sexual assault victims do not tell anyone. What becomes obvious is that our perspective cannot solely be dependent on the person who has been victimized coming forward. *Real* progress, a significant lessening sexual assault occurrence, will happen be made when we learn to illustrate the development and decision making of perpetrators and how to provide effective prevention and intervention techniques to end their victimization of others.

Figure 3

Sexual Assault Victim Decision-making Inventory & Trajectory

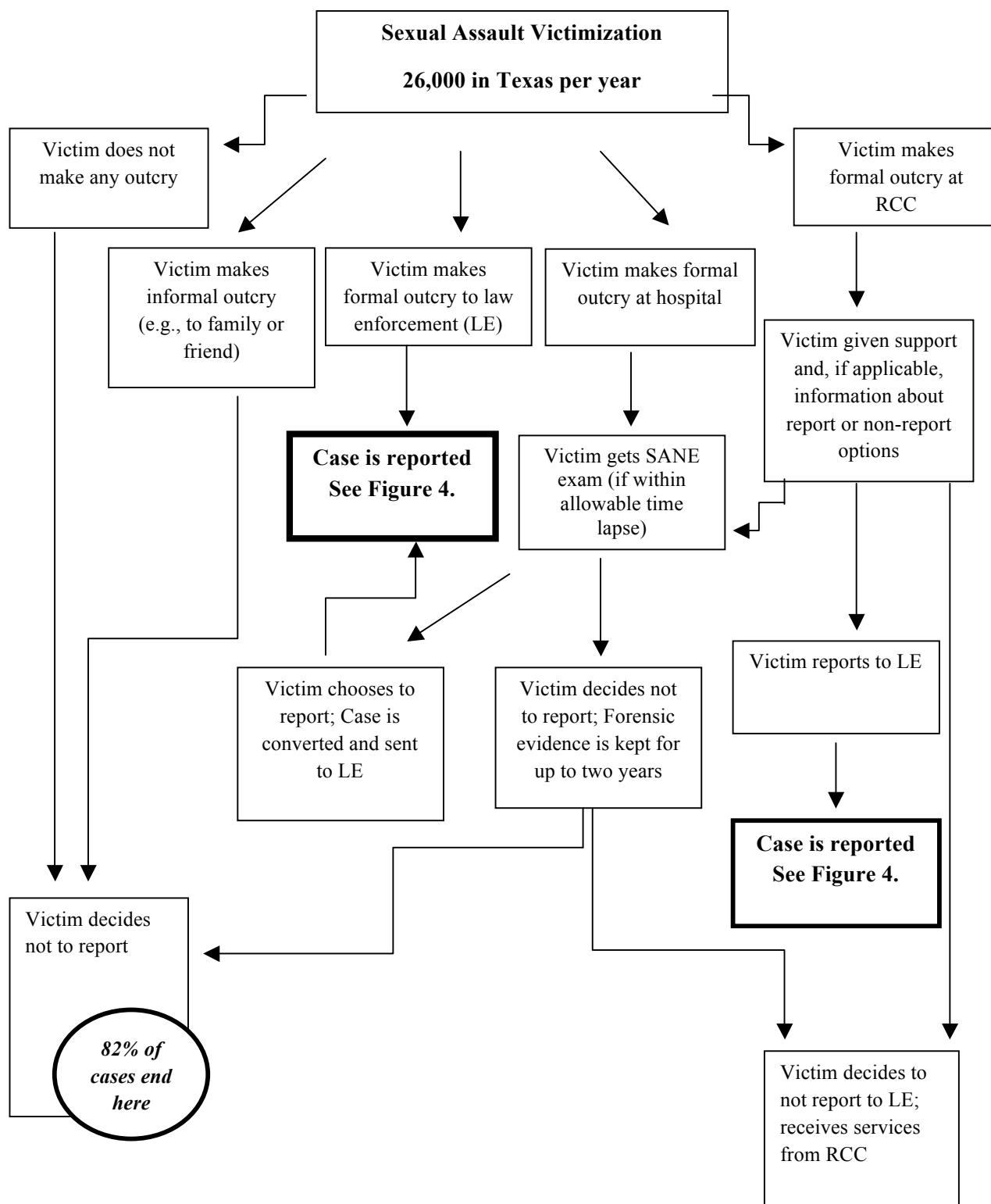
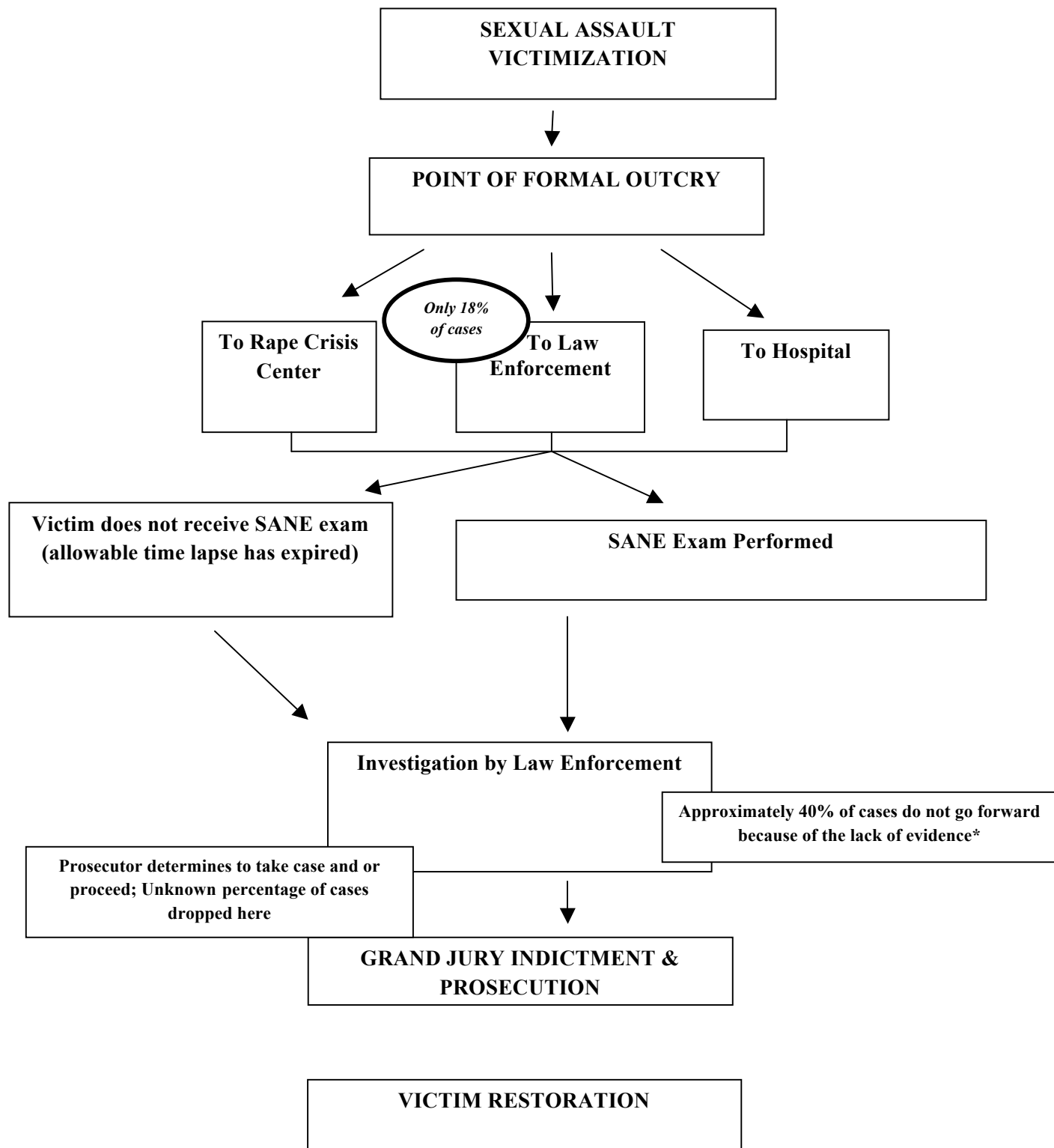


Figure 4

Inventory of Reported Sexual Assault Crimes



Calculations of Sexual Assault Crimes

Described another way, Table 2 illustrates an inverse pyramid about sexual assault crimes in Texas, from victimization to offender accountability. Three significant issues are apparent. First, sexual assault is a complex crime and a number factors compound its full recognition. A strikingly low number of victims report their attacks to anyone, let alone to law enforcement for investigation and prosecution. Second, most perpetrators of sexual assault are not legally held accountable for their crimes. The social hurdles that police investigators, grand juries, prosecutors, and juries face in bringing perpetrators to justice are numerous and well documented, from “blame the victim” attitudes among the public and even law enforcement, to the difficulty among victims of bringing themselves to prosecute a family member, friend, or acquaintance for sexual assault. Finally, while an accurate count of Texas convictions for the crime of sexual assault is difficult to estimate (numerous legal jurisdictions in the state, resolved by plea bargains, etc.) it is clear that a very small minority of perpetrators are held accountable.

Table 2

Calculations Related to Sexual Assault Crimes in Texas: An Inverse Pyramid

Significant Calculations Related to Sexual Assault Crimes in Texas	Annual Rates
Incidences of adult sexual assault*	80,000
Adult sexual assault victims, reported and unreported	26,000
Calls of sexual assault outcry by adults to RCCs Reported to OAG, 2009	14,465
Police reports of adult sexual assault IDVSA Fieldwork interview data, 2009	10,625
SANE exams submitted for reimbursement to OAG Adults and children, 2009	8,371
UCR Forcible Rapes Adults and children, female only, 2009	8,287
Reports delivered from law enforcement to prosecutors Nationally an additional 40% more cases are dropped here**	Unable to determine
Sexual assault cases taken up by prosecutors	Unable to determine
Number of perpetrators held accountable	Unable to determine

*Prevalence indicates victims who may have been assaulted multiple times

** National SART Conference, Austin, Texas, June 2011

Part II: Cost of Sexual Assault Service Delivery

Overview

This section attempts to quantify the cost of delivering sexual assault services to adult victims in Texas. The goal is to provide cost data to policymakers and service providers when considering the expansion of adult sexual assault services in parts of Texas that already have services but want to improve either the quantity or quality of those services. In addition, cost information could help initiate adult sexual assault services in parts of the state that are underserved or not served at all.

Sexual Assaults in Texas: Prevalence and Incidence

Before estimating the economic cost of sexual assault in Texas, it is important to estimate both the number of victims (prevalence) and the number of sexual assaults (incidences) on a yearly basis in Texas. Nationwide, one of the most respected studies of its kind, the National Violence Against Women Survey (NVAWS), found in 2000 that 302,091 adult women and 92,748 adult men across the U.S. told survey takers that they had been raped in the previous 12 months (Tjaden and Thoennes, 2000). In that survey, women who reported to survey takers that they had been raped during the previous 12 months actually averaged 2.9 rapes during that time (men who'd been raped reported an average of 1.2 rapes), so the incidence of rape is actually much higher than the prevalence. These findings work out to an average of 8.7 rapes per 1000 adult women in the U.S., and 1.2 rapes per 1,000 adult men. What is more, these findings are of all rapes, whether or not they were reported to law enforcement. We know from other studies that for a variety of reasons, the vast majority—perhaps 82%—of sexual assault victims do not report the attacks they suffer to police (Busch, et. al, 2003).

Extrapolating from the NVAWS study, one study of Texas victims estimated an annual prevalence of about 26,000 adult victims of sexual assault in Texas, both male and female (Busch, Camp, & Kellison, 2006). Because so many victims experience more than one assault per year, the incidence rate, conservatively estimated, could be more than 80,000 adult sexual assaults per year, the majority of which go unreported to police.¹

For comparison purposes, Uniform Crime Report (UCR) data from the FBI show that a total of 8,287 rapes were reported to Texas law enforcement agencies in 2009. UCR, however, dramatically undercounts the incidence of sexual assault. UCR includes rapes only of adult women and female children, but it uses a much narrower definition of sexual assault than the one used for the current study or by Texas Statutory Code. Additionally, UCR, by definition, does not capture sexual assaults not reported to police.² The UCR number is corroborated, however, by the 8,371 SANE exams performed in Texas in 2009.

¹ Texas has an adult population of 18,156,000 (2010 Census), including 9,259,560 women. An incidence rate of 8.7 rapes per 1,000 women results yields 80,558 rapes of adult women each year, not including any additional male victims.

² See UCR data for 2009 at http://www2.fbi.gov/ucr/cius2009/offenses/violent_crime/forcible_rape.html, accessed June 21, 2011.

Estimating Victim and Societal Costs of Sexual Assault in Texas

Before turning to the program and service costs of treating victims of adult sexual assault in Texas, it is worth highlighting briefly the enormous costs absorbed by Texans and Texas victims. One 2006 study looked at costs related to victimization other than the ones analyzed in this report, like medical services, lost work productivity, and mental healthcare. This analysis found that among those that seek some type of assistance following their assaults, these costs were approximately \$27 million per year for adult victims in Texas, or \$15,000 - \$50,000 per victim (Busch, Camp, & Kellison, 2006). Another study in 2006 estimated the cost of each sexual assault in Michigan was \$108,447 (Post, Mezey, Maxwell, Wilber, 2002). A national study found that costs of victimization including criminal justice, lost productivity, and victim costs are around \$151,000 per sexual assault victim per year, leaving aside significant additional costs like “willingness to pay” cost estimates to prevent sexual assault, which could push the total for sexual assault up to \$448,000 per incidence (DeLisi, 2010). Even a conservative estimate of \$100,000 per incidence of adult sexual assault in Texas (80,000 annually) yields a cost to victims and society of \$8 billion each year. Such a huge cost of adult sexual assault, if borne by all Texans, would result in a “rape tax” of about \$319 a year for each Texas resident.

Summary Findings

With the understanding that the financial costs of adult sexual assault services are difficult to precisely quantify, we estimate, based on our analysis, that the State of Texas spends approximately \$42.8 million on services for victims of adult sexual assault every year (see Table 3). These services are provided by rape crisis centers, police and sheriff’s departments, and SANEs. This estimate surely is conservative. Missing from this calculation are estimates of costs for district attorneys’ time spent investigating and prosecuting cases after police and sheriffs’ investigations are completed, costs associated with patrol officers’ initial response to an outcry, and unreimbursed hospital and SANE program costs, all of which simply cannot be estimated.

Table 3

Categories and Cost Estimates of Spending on Adult Sexual Assault in Texas FY 2010

Categories	Costs FY 2010 in millions
Police and sheriffs	\$22.48
Rape crisis centers	\$12.2
SANEs (OAG)	\$3.79
District attorneys	\$2.0
TAASA	\$1.27
Crime victims	\$1.06
TOTAL	\$42.8

Rape Crisis Centers

The research team asked rape crisis center (RCC) executive directors and chief financial officers, both in field interviews and in the statewide survey, about their centers' expenditures and revenues for adult sexual assault services.³ The goal was to identify a range of expenditures and revenue sources, locate the RCCs' most critical funding needs, and develop per capita cost estimates that might be useful in creating or expanding adult sexual assault services in parts of Texas that are currently underserved.

Findings. Data from both the Web-based survey and interviews with stakeholders like RCC officials did not reveal patterns from which to draw conclusions about regional variations in center costs and expenditures. In addition, the RCC response rate to the statewide survey was less than 30% (23 of 80 RCCs responded). Despite these difficulties, we generated a number of estimates from the survey responses:

- Total expenditures for adult sexual assault services in calendar year 2009 averaged nearly \$300,000 for the 14 RCCs that provided information. (Another six RCCs provided less detailed or somewhat ambiguous information; including their responses reduced the average to approximately \$271,000.) For the 14 RCCs providing detailed information, the median was \$192,500, and for the 20 RCCs providing any expenditure information, the median increased to

³ Rape Crisis Centers actually have many different names across Texas. We use "Rape Crisis Centers" here as a catch-all description of centers that provide hotline, hospital accompaniment, counseling, and other social services to victims of adult sexual assault.

\$205,000. Because several large RCCs answered the survey, the average is less reliable than the median when projecting from the sample of RCCs responding to all RCCs statewide.⁴

- RCCs are heavily reliant on federal and state funding, with half of their revenues coming from those sources. Another quarter of their revenues, on average, is obtained from cities, counties, private donors, foundations, and the United Way, with the remaining quarter coming from other sources (see Table 4).

Table 4

Sources of Revenues among RCCs

Funding Source	Percentage of Total Funding
Counties	2.5%
Cities	3.3%
United Way	4.6%
Foundations	5.4%
Private donors	6.9%
OAG/Other	7.5%
OAG/Other victim assistance grants	10.9%
Office of the Attorney General (OAG)/Sexual Assault Prevention and Crisis Services	11.8%
Office of the Governor/Criminal Justice Division	19.9%
Other funds (fundraisers, events, etc.)	27.2%
TOTAL	100%

Estimates of revenues and expenditures also were obtained from RCCs during fieldwork interviews with RCC executive directors and financial personnel. Because of the substantial differences in the populations served by the different RCCs, data from each RCC were adjusted for service area population or standardized to the extent possible. We believed at the project's outset that we could reasonably expect an association between each RCC's budget and the number of adult sexual assault victims who received services from that RCC. We found there is an association, although the strength is less than we had anticipated (correlation of 0.63). Table 5 shows the per capita expenditures for

⁴ Total expenditures for sexual assault services (adult and child) in calendar year 2009 averaged \$440,213 for the 23 rape crisis centers that provided information. The median figure was slightly lower: \$412,500.

adult sexual assault services at eight RCCs. To preserve confidentiality, specific RCCs and their service area populations have not been identified.

Table 5

Per Capita Expenditures for Adult Sexual Assault Services at Eight RCCs in 2009

RCC A	\$0.08
RCC B	\$0.13
RCC C	\$0.22
RCC D	\$0.24
RCC E	\$0.39
RCC F	\$0.44
RCC G	\$0.50
RCC H	\$1.08

The average expenditure per capita for these eight RCCs is \$0.28, based upon the total RCC expenditures on adult sexual assault and the total populations for the area served. If one treats each RCC separately, then the average expenditure per capita of this sample is \$0.39. The median for the sample is \$0.32.⁵

The purpose in determining a per capita expenditure is to project expenditures to the entire State of Texas from those in the fieldwork sample. For this sample, we essentially have three per capita expenditure amounts: the mean of \$0.28, which is obtained when treating the RCCs as a group by combining total expenditures and service area populations; the mean of \$0.39, which is obtained when treating RCCs individually; and the median of \$0.32. We provide three estimates in Table 6.

Table 6

Projected Statewide Expenditures

Per Capita Expenditure Amounts	Projected Statewide Expenditures
\$0.28	\$7.04 million
\$0.32	\$8.05 million
\$0.39	\$9.81 million

Another source of budgetary information was state programs that provide resources to prevent or mitigate sexual assaults. Based on published data and estimates, we identified expenditures of approximately \$11.6 million for sexual assault services from four different programs [Sexual Assault Prevention and Crisis Services (SAPCS-State/Federal), Other Victim Assistant Grants (OVAG), Sexual Assault Service Program (SASP), and STOP Violence Against Women Formula Grants Program (STOP VAWA)] and two different state agencies. While there is no specific allocation

⁵ The median for this sample was calculated by adding the fourth and fifth expenditures per capita (\$0.24 + \$0.39) and then dividing by 2.

distinguishing between adult and teen services, a generally accepted estimate is 75% adult and 25% non-adult. That would yield approximately \$8.7 million expended for adult sexual assault program services per year in Texas. One additional program Victims of Crime Act Funds (VOCA) is estimated to provide between \$2.3 and \$4.6 million for adult services, bringing the total estimates to between \$11 and \$13.3 million from state/federal sources. Table 7 illustrates the different estimates and sources.

Table 7

Aggregate Annual Revenue Estimates of Rape Crisis Centers by Source

Source	Minimum	Maximum
Fieldwork	\$7.04 million	\$9.8 million
Survey	\$15.4 million	\$16.4 million
State program data	\$11.1 million	\$13.3 million

We believe that the estimates obtained from analyzing state program allocations are probably the most reliable, although they may be too low because they capture only federal/state sources of revenues. From the survey results, we determined that a number of RCCs obtain a portion of their revenues from other sources, such as city and county governments, private donors, and foundations. However, that is not the case for all RCCs, and there is no consistency across RCCs in the proportion of revenues for adult sexual assault services obtained from these other non-federal/non-state sources. Therefore, the best range estimate for the current cost of adult sexual services by RCCs would be between \$11.1 and \$13.3 million.

We estimate, below, the spending per capita and per victim (using the 14,465 victims served by OAG programs in 2010) on adult sexual assault services in Texas for rape crisis centers (RCCs), as well as for all sexual assault services. See Table 8.

Table 8

Spending Per Capita and Per Victim on Adult Sexual Assault Services in Texas

	Expenditures per capita	Expenditures per victim
RCC	\$0.50	\$836
All programs	\$1.70	\$2,959

Estimated costs for new or expanded adult RCC services. Responding to our statewide survey, RCC officials identified new or expanded adult services not offered because of lack of funding. Officials were asked to list four priorities and provide rough cost estimates for these services. The majority listed two new services, with a handful identifying three or four priorities. The summarized responses are shown in Table 9. While there is some diversity in these desired services, which represent new services for existing geographic areas as well as the expansion of current services to underserved populations, additional costs for personnel was cited most frequently. Cost estimates range from \$500 to \$400,000, with most being under \$60,000.

Table 9

Priorities for New or Expanded Services by RCC Survey Respondents with Cost Estimates

	Estimated Cost or Range of Estimated Cost
Priority #1	
New or additional therapeutic counseling services	\$55,000 - \$100,000
Follow-up services for victims	\$100,000
Services for family and friends of victims	\$500
Support for SANEs	\$20,000
Satellite office	\$200,000
Parenting programs	\$15,000
Transportation services	\$25,000
English as Second Language (ESL) classes	\$25,000
Awareness campaign	\$15,000
Prevention services	\$35,000
Services for underserved populations (gay/lesbian, etc.)	\$75,000

Priority #2	
Additional hospital advocate, community educator, primary prevention coordinator	\$40,000 - \$175,000
Victims care kits (shampoo, clothes, etc.)	\$3,000
Additional sexual assault-specific support groups	\$38,000
HIV/AIDS testing available for all victims	No cost estimates given
Other therapy forms	No cost estimates given
Job training for victims	\$5,000
Emergency shelter	\$150,000
Priority #3	
Staff in every county served	\$400,000
Legal advocacy	\$250,000
On call advocates	\$7,000
Court preparation	\$15,000
Multilingual services	\$40,000
Priority #4	
Emergency financial assistance for victims	\$2,000 per victim
Bilingual hotline services	\$350,000
Legal advocate and lawyer	\$250,000

Financing and program cost challenges. The research team asked RCC executive directors, both in field interviews and in the statewide survey, about their most significant financial and program cost challenges. Several specific themes emerged, primarily involving funding/resource constraints and inadequate increases in budgets to meet additional populations and/or new geographic areas. Other themes involved grants: the frustrating reliance on grants, the instability of grant revenues, and grant restrictions related to administrative staff and administrative costs, as well as the lack of recognition in grant programs of special situations with unique demands for services, such as crisis centers that serve very sparsely populated areas and centers that have many types of services and multiple programs.

Specifically, respondents cited administrative costs, mental health services, and outreach/awareness activities as cost challenges.

One survey respondent commented on new prevention-focused priorities in grant funding: “Now that a percentage of the funding focuses on primary prevention efforts, it’s become more challenging to

identify and secure funding to support crisis and on-going support services to victims/survivors.” This concern was also frequently reported by interview participants.

In general, RCC participants describe a culture of building services and programs with minimal resources: “I feel our agency as well as agencies across the state have been forced to stretch funding. We’ve become so frugal with grant funds, it’s difficult to consider what we could do with ‘adequate’ funding!”

Another respondent described the challenge of meeting growing needs with no additional funding: “We are receiving the same funds as we did 10 years ago and have taken on 4 additional counties, doubling our service area, but have not received any additional compensation.”

Law Enforcement

Law enforcement data were collected from interviews with police in Amarillo, Austin, Dallas, Fort Worth, Lubbock, Brownsville, Harlingen, and San Angelo. Additional data were obtained for Midland, Houston, and several anonymous departments from a statewide survey or personal correspondence.⁶

Quantitative highlights: adult sexual assaults reported to law enforcement. Interviews were conducted with senior police officials, usually lieutenants or sergeants, during research trips to various regions of the state, including large and small cities. These interviews were designed to obtain factual data about the structure of the Sexual Assault Response Team (SART) in a particular department or sheriff’s office, its cost, the training programs offered to officers and investigators, how the department functions in the local SART (if one exists), and the gaps in, and challenges to, service delivery to victims of sexual assault.

Many departments were unable to provide detailed answers to budget questions about the cost of investigating adult sexual assaults in their jurisdictions. Additionally, we discovered that the relatively low number of sexual assaults reported to police and sheriffs in smaller communities compared with big cities prevented us from making meaningful cost estimates from the data. We also concluded that slight differences in police and sheriff salaries among regions or different-sized cities were not

⁶Six survey responses were received from police and sheriff’s departments on program costs. Three of them provided information about the number of adult sexual assault cases they investigated last year, and the other three did not answer or could not provide the requested information. All of the adult sexual assaults investigated in the three law enforcement departments that responded were turned over to the local prosecutor.

Costs were reported by two departments, and another responded that no estimate could be provided because “No FTE’s fully dedicated; unknown percentage expense for deputies (22) & investigators (7) assigned to respond to criminal offenses.” Revenues to pay for adult sexual assault investigations were reported as coming from county budgets (by three respondents), the Office of the Attorney General (by three), city budgets (by two), and “grants” (by two).

Three survey responses were received from district attorneys. One reported referring a single adult sexual assault case to a grand jury, a second official said they brought eight cases before a grand jury, and the third official said they brought five cases before a grand jury. Indictments were received for all 14 cases, with all but one being plea bargained. No detailed cost information was provided.

meaningful for purposes of developing estimates of the costs of providing sexual assault services to parts of the state that are currently underserved.

To arrive at statewide cost estimates for investigating adult sexual assaults in Texas, we focused on data we obtained from six major city police departments. Based on these interviews, the number of adult sexual assaults reported in the most recent fiscal or calendar year by six major city police departments ranged from a low of 45 to a high of 527.

The number of reported adult sexual assault cases for each of these police departments was then arrayed in relation to the total population (2010 Census) for each of the cities. (Two additional cities were included where the police departments provided the number of cases but not budget information.) While it is a very small sample, there is a strong association (Pearson's r correlation of 0.89) between the number of adult sexual assaults reported and the size of the city.

Based on these data, there was one adult sexual assault case reported to these police departments for every 2,367 city residents (of all ages, not only adults) in the past year. Projecting these data to the State of Texas with a 2010 population of 25,145,561, we determined there would have been approximately 10,625 adult sexual assault cases investigated by law enforcement last year.

This statewide estimate appears reasonable when compared to the number of forcible rapes reported by city police departments in 2009. See Appendix D. According to the UCR for the 32 Texas cities with 100,000 residents or more in 2009, there was one forcible rape for every 2,635 Texas city residents. Statewide, there was one forcible rape for every 2,991 Texans. A total of 8,287 forcible rapes were reported by police departments statewide for calendar year 2009.

Expenditures and revenues for law enforcement investigating adult sexual assaults. There is considerable variation in the absolute amounts of resources expended by law enforcement on adult sexual assaults. Based on our field interviews, the range goes from a low of approximately \$21,000 to a high of \$1.5 million, excluding all costs associated with SANE kits.

Some of the budget variation, however, is due simply to the different sizes of the cities. When the budgets for adult sexual assaults are arrayed with the number of residents in each city, there is a fair association of 0.69 Pearson's r .

As one would surmise, there is a strong association between the budgets devoted to adult sexual assault and the number of cases of reported adult sexual assault in the cities: 0.93 Pearson r . This statistic indicates that approximately 80% of the variation across the budgets for adult sexual assault is due to the differences in the number of cases in the cities; 20% of the variation in law enforcement budgets is due to other unknown causes.

The average (mean) cost per adult sexual assault case investigated by police departments is \$2,115 in our sample. Salaries for investigators assigned to adult sexual assault cases are the largest component, but salaries for staff assigned to handle victim assistance tasks, where offered, were also included in the analysis. Earlier, we estimated the number of adult sexual assaults reported to police departments each year in Texas at approximately 10,625. Multiplying the number of cases by the average case cost

of \$2,115 would translate into a total statewide cost of approximately \$22.48 million to investigate cases of adult sexual assault in Texas per year.⁷ This estimated cost does not include expenses for SANE kits (the Office of the Attorney General provided reimbursement of \$3,788,402 to law enforcement units for SANE expenses in FY 2010).

Qualitative information: adult sexual assaults reported to law enforcement. Fieldwork interviews identified in current general trends both numerous current conditions and unique challenges for law enforcement with respect to adult sexual assaults. Current conditions and centered around six themes; staffing, training, victim cooperation, crime lab delays, community awareness, and jurisdictional conflict. In addition, desired outcome were also mentioned. Current conditions and desired outcomes are consistent to those reported in other sections of this document. We have briefly documented them here for emphasis and will expand on these ideas more fully later in this report.

Respondents reported needing funds to increase pay for existing investigators and/or to hire additional investigators in order to lower caseloads and reduce victim frustration with the length of the investigation. Respondents also identified the need for bilingual investigators and additional staff to reopen “cold” cases. Some respondents suggested that increased funding to support victim assistance professionals could decrease victims’ frustration with the criminal justice process.

Description of One Sex Crimes Unit (as reported by a participant)

Staff: a director, 11 detectives, a crime analyst, two victim advocates, and one administrative assistant. They handle all aspects of the department’s activities involving adult sexual assault, including training of new officers at the academy, SART coordination, and outreach and education in the community via public service announcements (PSAs). Budgets have increased slightly in the past three years, with successive increases of 2.9%, 0.7%, and 2.4%. Each detective on duty is provided a car. Despite the small budget increases, the director said the unit’s overtime pay was only \$21,000 in the past year, which is a small fraction of the overtime pay allocated for the city’s homicide unit. Overall, the director believes the unit’s budget is quite constrained and severely limits the investigators’ activities.

In calendar year 2009, the sex crime unit investigated 527 cases of adult sexual assault; of those, 270 were possible rapes, while the other 257 were possible cases of sex exploitation and non-rape sexual assaults of various types. Almost all the cases that the unit refers for prosecution are pled out. The unit uses on average 30–35 SANE testing kits per month, with use in some months as high as 50+. This particular unit allows kits to be used to collect evidence up to five days after the alleged event, even though the statute specifies a four-day limit.

⁷ Law enforcement agencies are reimbursed for some of their costs. For instance, law enforcement agencies received approximately \$2 million in the aggregate in the most recent grant cycle from the STOP VAWA Formula Grant Program. A similar amount was distributed to prosecutors’ offices through the same program. In addition, 12 police departments and eight sheriff’s departments received Victim Coordinator and Liaison Grant (VCLG) Program from the Office of the Attorney General, while 56 prosecutors received VCLG grants. Additional monies may have been provided through other grant programs.

SANE Program

The Sexual Assault Nurse Examiner (SANE) program provides comprehensive medical forensic examinations for victims of sexual assault. Funding for the program – including SANE training for registered nurses and SANE nurse recertification – is provided by the Texas Office of the Attorney General (OAG). The local law enforcement agency that authorizes the exam is required by statute to pay for the cost of the exam itself. The OAG reimburses local law enforcement a maximum of \$700 for each exam. A total of \$3,788,402 was reimbursed to local law enforcement agencies for 8,337 exams performed and submitted for reimbursement in FY2010 across Texas; of these, 8,182 reimbursements were made for an average of \$463 per reimbursement (adults and child exams). Local law enforcement agencies then reimburse SANE nurses, programs, and hospitals or clinics up to \$700 per exam.

Local SANE program structure and expenses. Interviews across the state revealed a number of different SANE program structures. Most SANE programs are set up at hospitals and have a coordinator, who generally is a registered nurse and who often performs exams, and two to five SANE nurses, who perform exams. Generally, but not always, SANE nurses are full-time employees of the hospital who serve the hospital's SANE program during their on-duty hours. Other SANE programs are set up as non-profit organizations that are based at a hospital. SANE nurses in these programs perform exams on an on-call basis during their off-duty time and are paid a nominal on-call hourly rate (\$2/hour is typical). The SANE program coordinator in both types of programs sometimes is paid by the hospital but frequently is unpaid. Typically, if the coordinator is unpaid, the administrative costs of operating a SANE program are either absorbed by the coordinator or absorbed by the host hospital. Examples of these costs include time spent for billing, scheduling nurses, and recruiting new SANE nurses.

It was extremely difficult to obtain information from hospital administrators about costs to the hospital associated with hosting a SANE program, but the research team did receive a few responses from administrators worth noting. Significant unreimbursed expenses were incurred by hospitals, some administrators said, for continuing education for SANE nurses, administrative time for SANE duties, and community education and outreach by SANE nurses. Of special note was the concern among hospital administrators that the costs of training their nurses to become qualified to perform SANE exams was especially burdensome, given the high burnout rate among SANE nurses.

In a typical SANE program, a physician, nurse, or physician's assistant can perform a SANE exam for a victim. The examiner then submits itemized costs of the various forensic elements of the SANE exam to local law enforcement for reimbursement up to \$700, no matter the actual cost to the SANE program or hospital. We heard reports that this amount has not changed in the last decade, despite escalating health care costs. Medical costs are not included under the SANE reimbursement system; they are paid for by the victim's insurance or through other Crime Victims Compensation (CVC) programs. The professional fee for conducting the exam ranges from \$195 to \$235, and is paid to the examiner through the reimbursement process, with the remaining reimbursements going to the hospital or clinic or to the local SANE program itself, depending on what itemized costs were incurred during

an exam – again, up to a maximum of \$700. In a few Texas counties (e.g., Bexar and Nueces counties), contracts in place among hospitals, local police departments, and cities set their own caps on the maximum allowed SANE reimbursement, sometimes at an amount as low as \$250. These counties may account for up to 10% of all reimbursements, thereby reducing the average reimbursement for the whole program.

SANE current conditions: Responses from survey. Given the wide variety of SANE program structures around the state (including hospital-based ER nurses with SANE training; a non-profit SANE program functioning at a hospital with part-time nurses; SANE nurses working from a free-standing clinic; and so on), the challenges to operating a SANE program in Texas are many and varied. The comments heard most often from SANE nurses, however, centered on unreimbursed expenses for training, recertification, and (less frequently) on-call time. The total in unreimbursed expenses ranged from \$3,000 to \$4,500 per year, according to data collected from interviews and from the survey. Lack of funds to hire a SANE coordinator was also a frequently cited need.

One SANE, for example, reported that training new staff was her greatest challenge:

A great deal of money and time goes into training yet only a small percentage of nurses successfully complete the process. If they take a break from taking call on their days off and their certification lapses, they must start over with the entire classroom training to be eligible for recertification, incurring another large expense for the hospital. Once it is decided there is a need for additional trained staff, it may be a year or more before that goal is realized, particularly if money is short.

Another SANE listed the myriad services provided by SANE nurses that are often not reimbursed to the SANE program or the hospital:

There is no reimbursement for the hospital for coordinator duties, such as attending staffing meetings or SART meetings; providing community education to law enforcement, grand juries, or other entities; participating in a child fatality review; or when a nurse's testimony in court is needed.

Conclusions for Cost of Sexual Assault Services Section

The financial costs of treating adult victims of sexual assault in Texas are significant. Approximately 26,000 adult victims of sexual assault suffered an estimated 80,000 incidences of sexual assault in Texas in 2010. Of these, 14,465 victims sought some sort of treatment services at Texas rape crisis centers, which spent approximately \$836 per adult victim providing advocacy, hot-line, counseling, and court accompaniment services for them. In all, we estimate that the state of Texas spent an estimated total of \$42.8 million in FY 2010 on adult victims of sexual assault. This is a conservative cost estimate that does not include unreimbursed hospital and SANE program expenses, significant District Attorney time spent investigating and prosecuting perpetrators, and the cost of DNA testing at state crime labs. Also not included are costs to the victims themselves in lost wages and reduced work productivity, medical costs, and pain and suffering, which can be estimated at \$100,000 per sexual assault. Stated another way, the 80,000 reported and unreported adult sexual assaults (incidences) in

Texas every year costs victims and society an estimated \$8 billion, which if shared equally among all Texans would result in a tax of \$319 per year for every Texas resident.

From outcry to prosecution, significant costs are born by non-governmental organizations like rape crisis centers and SANE forensic nurse programs that receive a patchwork quilt of funding from national and state grant programs and foundations. Our analysis shows that only about 50% of the funds spent by the state's 83 rape crisis centers comes from OAG and Office of the Governor programs, with the rest coming from local governments, local charities, private donors, and cash-generating RCC enterprises. Funding for these programs and services is almost always grant-based, which means that reporting requirements are usually onerous and time-consuming, and funding levels are always precarious. City, county, and state organizations pay for patrol officers who respond to outcry, police and sheriff investigators who work the cases, and District Attorneys who prosecute them.

The goal of collecting data on costs and expenditures on adult sexual assault services in Texas was to develop estimate the costs of service in parts of the state not currently served, or underserved, by such services. Because costs for prosecution were so difficult to disaggregate for a particular crime (like sexual assault), our cost estimates for law enforcement only included police and sheriffs budget data, and then only for case investigation and not patrol officers' time in responding to outcry. And because models of SANE programs across Texas varied so greatly, we were unable to estimate in any standard way the costs of establishing or operating SANE programs.

Another project goal was to explore regional variations in service costs. Was it more expensive to provide services in cities or rural areas? Was there a difference in cost between the Panhandle and the Piney Woods? After performing our analysis, we found few patterns from which to draw conclusions about regional variations in revenues and expenditures. Expenditures on adult sexual assault services were correlated to population, which leads us to believe that sexual assault reporting is correlated to population size.

Part III: Improving the Field by Identifying Current Conditions

Overview

Based on both the qualitative interviews and the Web-based survey, this section reports two broad current needs and preferred outcomes. Provided for each current need is examples *from the field* that address the particular need and also descriptions of a *promising practice*. As defined, a promising practice is an innovative response to the current condition that has proven effective for a particular site. Although these promising practices have not been empirically tested, practice wisdom has guided their development. We would encourage other localities to adapt and modify those they also determine to be promising. Promising practices lead to preferred outcomes.

... I think we need to have some PSAs [public service announcements] for the general public that have to come out and say, hey, you don't – it needs to be a 30-second PSA that can give a lot of information – to say, "You don't have to cooperate," or "You don't have to make a police report to have evidence collected. Go to your hospital. There is law, federal law. There are state laws that say you can have this and you have a right to this."

Current Condition #1: Need for Increased Awareness about Sexual Assault

Far too often the responsibility for sexual assault crime has been placed in the hands of the victim. Communities now are more aggressive in holding domestic violence offenders accountable and have grown in understanding the complexity of this crime for victims, but similar responses to sexual assault crimes have lagged behind. All participants serving in professional roles reported the need for increased community awareness and understanding, and stronger prevention efforts. Participants also agreed that an increased understanding of sexual assault as a crime will lead to more cases being reported and eventually more offenders being prosecuted. To highlight the need for increased awareness of sexual assault, three examples to underscore the lack of understanding of the crime are given.

During the 82nd session of the Texas Legislature, a bill was introduced that would have awarded unemployment benefits to victims of sexual assault (modeled similarly to benefits provided to domestic violence victims). However, it was permanently stalled because as participants reported, these crime victims were not seen as "deserving" by lawmakers who do not fully appreciate that sexual assault victim may need days off from work to recuperate.

Although the 80th session of the Texas Legislature passed the non-report option that gives sexual assault victims the option of a forensic SANE exam without reporting to law enforcement (the forensic evidence can be held for up to two years while a victim makes her/his reporting decision), few people seem aware of this law. While this law is progressive and victim-centered, it has been underutilized because victim advocates, professionals that serve sexual assault victims, and the general public do not know about it. In addition, while evidence collection is critical to the adjudication of this crime, the

SANE exam also provides comprehensive medical attention for victims, which is a major aspect of victim restoration – an aspect of the exam that may not be well understood among professionals.

Victim blaming is still a prevalent social response to this crime and likely reduces a victim's willingness to report to law enforcement. Greater community awareness of sexual assault, and community education to overcome victim culpability will significantly lessen the fear that victims have about reporting to law enforcement and or proceeding with the criminal justice process. The findings suggest that the largest awareness raising needs to occur with members of grand juries, first response patrol officers, students and youth in schools, and the general public.

Applications in the Field

Most rape crisis centers engage in awareness campaigns in their community through regularly training targeted groups of professionals that serve sexual assault victims.

Many participants reported that they provide training for grand juries. One SANE provides a 15-minute information session on sexual assault to members of the grand jury before the prosecutor presents a sexual assault case for their consideration. In another example, the director of the sex crimes unit in a law enforcement agency and an RCC director work together to train each new incoming jury and grand jury hearing such cases. Elsewhere, RCC staff regularly attend court proceedings to show their support for the victim and the prosecutor.

Raising awareness is not without its challenges. Often RCC education managers and advocates do not have the access to the very people – those in school systems, members of the criminal justice system, and individuals in other venues – that would most benefit from this information. Moreover, the time and resources needs are unrequited. One prosecutor stated:

We are still seeing that whole “attack the victim's character” thing, attacking the victim's clothing, if alcohol was involved, all of those types of situations, and I don't know how to fix them and I wish I did. As a prosecutor I can start by trying to educate my jury from the beginning. Try to bring some clarity to the idea that the woman has a right to choose, and a right to say no, [at] any given point with an offender. Because most of the time, the victim knows the offender, right? The stranger-rapists are a whole lot easier. That's everybody's worst nightmare – that some caveman, Neanderthal guy is going to jump out – so you just don't have those issues. But that is not a typical sexual assault case.

In 2001, Frank Baird proposed the idea for what is now called “Walk a Mile in Her Shoes.” His goal was to increase the opportunities for men to contribute to efforts toward ending sexual violence. Baird says, “Violence against women does not just affect women.” Men are hurt and angered also when women they care about are raped (Baird, 2011).

This awareness-raising campaign has been implemented by several localities in Texas. One day a year, the local rape crisis center holds a walk-a-thon where mostly men walk for one mile in high heels. The goal is to increase community knowledge of the high rates of sexual violence among women (hence

wearing high-heeled shoes) and that men have a role in reducing this crime. One RCC has been quite successful in engaging and recruiting men in this effort including high school football team, the mayor, law enforcement officers, and firefighters.

Current Condition #2: Need for Enhanced Collaboration

A coordinated community response by professionals and professional groups, including SANE nurses, police departments, sheriff's offices, rape crisis centers, and prosecutors, is critical to reduce the obstacles for victims engaging with the law enforcement and judicial process. Respondents identified "collaborative relationships" and "good communication" as strengths that minimize retraumatization for the victim, facilitate a strong prosecution of sexual assault cases, and provide the potential for effective and efficient service delivery.

The divergent missions and goals of those involved in the response to sexual assault crimes make collaboration a challenge. Therefore, collaboration has to be a priority that all individuals and groups deliberately work toward. In brief, a SANE nurse strives to ensure that all possible forensic evidence is collected in a timely and thorough manner while keeping the victim calm and safe. Law enforcement seeks to build a strong case for the prosecution and to apprehend the alleged offender. The prosecutor's goal is to prove up the case for a grand jury indictment and conviction. And, the rape crisis center provides victims with support, intervention, and referrals. While these professionals ultimately work to serve sexual assault victims, their goals often clash and collaborative efforts falter. A fully integrated, victim-centered approach to this crime is lacking. Of greater concern is that such an approach may be difficult to achieve, given the conflicting responsibilities and roles of each of these professionals. Therefore, courageous efforts toward this end have to be made.

Sexual Assault Response Teams (SARTs) were originally developed to provide a mechanism for increased collaboration among professionals through open dialogue and problem solving about cases. The OAG has a current list of all SART teams in Texas. Please see Appendix B for all SART teams in Texas. Some counties reported that their SARTs are working well, but the majority reported that their SARTs are struggling to achieve their goal.

Many participants offered solutions to those challenges to effective collaboration. For example, some cited SART constitution as critical: team members need to include people who have decision-making ability and influence in their organizations (e.g., the sex crimes unit's supervisor and detectives at the police department, and the chief or assistant district attorney that prosecutes sexual assault crimes). Team building efforts are also critical. While it is the function of the SART to move forward and make decisions about sexual assault cases, it is equally necessary to take the time to work on the relationships among its members; agenda setting and meeting facilitation seem to promote a positive working relationship. Finally, training and cross-training is essential. SART members need substantive knowledge about sexual assault crimes and the impact of this trauma, and they also need to have a full understanding of the perspectives of their colleagues' responsibilities and roles.

Law enforcement from rural counties lacking sexual assault victim services also mentioned the desire to collaborate with nearby local rape crisis centers and SANE programs. One sheriff from an un-served area said, "I would like to have contact with the nearby RCC, and access to a 24/7 number I can call

for support. I would welcome training, and materials, too.”

Applications in the field.

Several field applications by SARTs are worth mentioning. First, rebuilding is possible. We talked with participants at several sites where the SART had recently been reinvigorated after it had lapsed because of miscommunication, misunderstanding, and personality clashes. New leadership that was focused on building trust and not blaming or finger pointing was the new axiom. Another site runs their SART meetings at the hospital, where they are hosted by the SANE nurse. The SANE in this role discussed her personal efforts to reach out to the police department, sheriff’s department, RCC, and district attorney’s office. Personal connections seem to make a difference in achieving success.

Several participants mentioned the advantage of having an outside party that could support the SART in a variety of ways – for example, the training offered by TAASA or OAG staff.

Others supported the notion that better funding would help SARTs function more effectively. As it is now, leadership (through facilitation), participation, meeting locations, etc., are all provided pro bono, and each community is dependent on the professional commitment of the members to participate in a SART. Given that it is an unfunded effort, many times the SART becomes less of a priority for very busy professionals.

As one law enforcement sergeant stated: “I’m glad we have ‘em [SANE nurses], because prior to that there were – I know at least of two times when rape crisis is calling up here and say[ing], hey, there’s a doctor here at the emergency room who doesn’t believe that a husband can rape his wife.”

I think for the longest time our SART was ineffectual. “You did this wrong, you did that wrong, the victim had to wait 47 hours in the emergency room, this is stupid, this is awful, blah blah blah.” It was really non-productive. You don’t look forward to solutions when there is always a blame game. It focuses on every negative thing that can happen. But we are coming around. It’s becoming a lot more functional and a lot more productive.

Comments from a prosecutor

Part IV: The Plight of a Reported Sexual Assault Case from Victimization to Restoration

Overview

The project findings are organized chronologically to illustrate how a sexual assault incident proceeds from victimization to victim restoration. This section begins with a brief overview of the complexity of victimization, followed by a description of a formal outcry to law enforcement that includes current conditions and applications from the field. Next, the SANE exam process is described with current conditions and applications from the field identified. Finally, prosecution and grand jury processes, followed by victim restoration, are discussed. Some of the information in this section may repeat from other sections of this report. However, it was important the process reported here was complete and inclusive.

Victimization

Brief review of incident reporting rates and factors that influence reporting.

It has been estimated that 1.9 million adult Texans (13% of the total population) have been sexually assaulted at some time in their lives. The proportion assaulted is much higher for females (20%) than males (5%) (Busch, et al., 2003). Victims of sexual assault are less likely to report the crime to law enforcement than victims of other violent crimes (Chen, 2010). Estimates suggest that 50% to 90% of cases of sexual assault go unreported (Straight, 2007). In Texas only 18% of sexual assault crimes are reported to law enforcement (Busch, et al., 2003).

It's really not [law enforcement's] decision to decide if we should prosecute or not. They shouldn't even be asking that question to the complainant an hour after it happened – if she wants to prosecute or not. That's an inappropriate question.

Underreporting of sexual assaults may largely be due to the traumatic experience of sexual assault and the difficulty victims face with reporting the crime to law enforcement. The psychological effects of rape often include feelings of fear, hopelessness, anger, and humiliation, which can lead to inaction in reporting or seeking police or medical attention (Kirk and Okazawa-Rey, 2003; Wallace, 2005). When victims are recovering from a sexual assault, many are unable to undergo the further traumatic experience of repeating details of the incident to law enforcement. Other significant factors that keep victims from reporting include not wanting other people to know about the rape, fear of retaliation, their belief that evidence of the crime is insufficient, uncertainty about how to report the crime, and uncertainty about whether a crime has occurred or whether the assailant intended to harm them (Kilpatrick, Resnick, Ruggiero, Conoscenti, and McCauley, 2007).

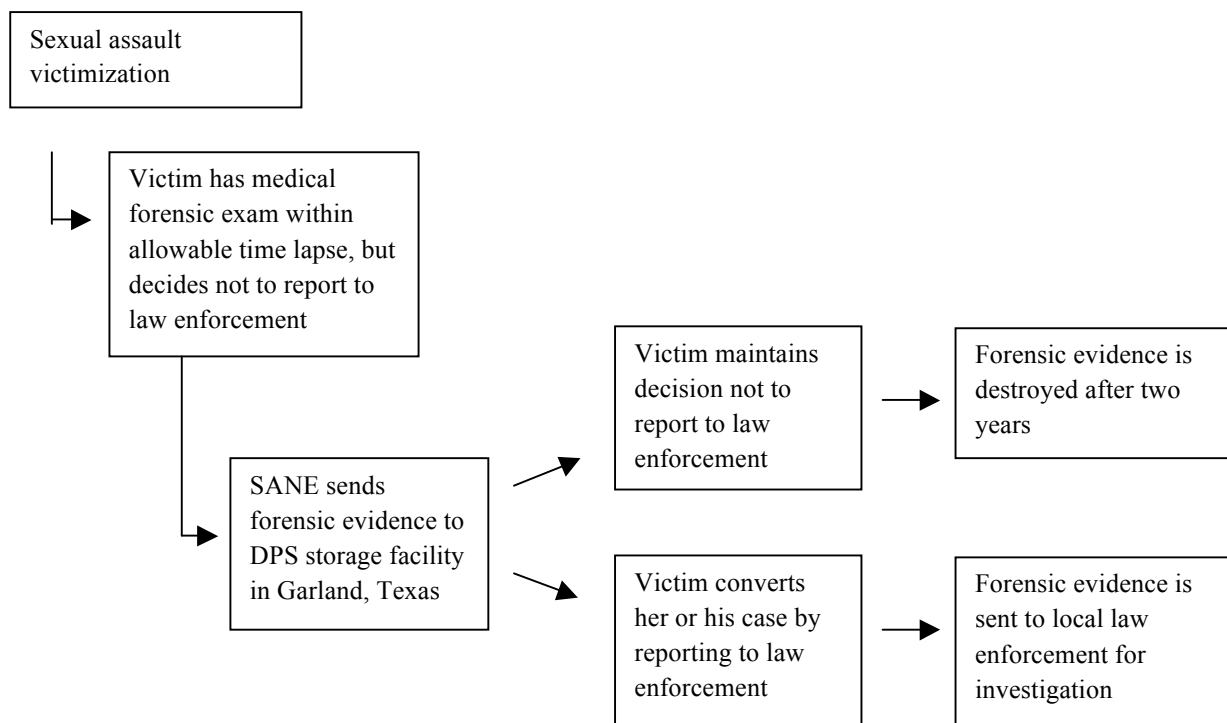
Non-report option in Texas. Victims who may not wish to report to law enforcement are now able to get a medical forensic exam from a SANE nurse without making a report to law enforcement and at no cost. The Non-Report Sexual Assault Evidence Program was created by Texas House Bill 2626 and became law in July 2009. The program aims to alleviate the anxiety created by reporting a sexual assault to law enforcement and to safeguard the forensic evidence for later use by the criminal justice system. Through the program, the victim can complete the sexual assault medical forensic examination and request that the evidence be kept confidential and stored (for a period of two years), available if or when she or he is ready to report. This time period allows the victim to access formal or informal

resources that may facilitate the healing process and to gain the strength that may be required for retelling the story of the sexual assault to law enforcement.

Figure 5 illustrates the general step-by-step process utilized by the non-report program, from the time of assault until either the destruction of the forensic evidence or its use in an investigation. Victims may be aware of the non-report option via public awareness campaigns, or they may learn about it after having disclosed their assault to an advocate, SANE, other medical professional, law enforcement (prior to making a formal report) or on a hotline.

Figure 5.

Process in Sexual Assault Cases Not Reported to Law Enforcement



As of May 2011, the Texas Department of Public Safety (DPS) had received 228 non-report evidence kits for storage in the DPS facility in Garland, Texas. During this same period, 11 evidence kits were returned to local law enforcement because victims decided to move forward with the formal report.

The non-report program supports victims and their decision making about whether or not to report to law enforcement in several ways. First, victims may not be emotionally or physically ready to report, given the trauma they have experienced. They may also be focused on getting the needed medical attention, given concerns about pregnancy, sexually transmitted illness, and HIV exposure. For example, one participant reported that people “might want to go and do that first step and get the exam. You have given them some power back. You have given them some control, so they may think, ‘Now I can go further.’”

Another participant explained:

If you can go in and get this stuff done and get your physical well-being taken care of and get the evidence collected, then you can think about what you want to do with the rest, instead of waiting so long that you end up being pregnant, that you end up having an STD that can't be treated, [or] that you end up having things that could've been taken care of if you had gone [to the hospital]. You get a resource in us. You get your medical well-being taken care of and someone to listen to you and someone who believes you.

Second, victims may be afraid of legal, familial, or social repercussions. Another respondent revealed how the non-report option fills a gap when victims have other fears of reporting: "One woman was on parole and was afraid the report would cause her problems." Several participants noted that the non-report option is helpful particularly when the perpetrator is a family member or acquaintance:

Especially when there's a known suspect and all the ramifications that she's going through [are] in her mind. "Should I report him? Should I get him in trouble? Am I going to have to go to court, and what am I going to do with my kids when I go to court? Is his life going to be ruined forever?" They should not be making that decision the day that they were assaulted.

Others fear that they will not be believed by law enforcement, based on past experiences or because they were using alcohol or drugs at the time of their assault. One respondent expressed concern about how law enforcement approaches cases involving drugs or alcohol: "I wouldn't call the cops. If I were sexually assaulted when I was drunk or stoned, there is no way – given my experience – that I would deal with law enforcement." Some also have little faith that the criminal justice system will seriously address the crime. One advocate relayed the concerns felt by some disability groups: "A lot of deaf people refuse to report the situation, because they don't think anyone is going to take them seriously because they are deaf."

Point of Formal Outcry to Law Enforcement

For the purposes of this report, "formal outcry" is when a sexual assault victim reports the crime to an official in the criminal justice system. According to the study participants, formal outcry can occur in several ways: at the hospital when the victim comes in for a SANE exam and decides to report to law enforcement; when the victim communicates directly to law enforcement through a 911 call; when the victim makes a request for police intervention through a local rape crisis advocate; or in a variety of other ways that lead victims to initially interface with law enforcement. One participant observed the help that is available:

If a case comes in, whether they're at the hospital or the police or at a residence, we always have somebody that can go meet with them and provide that accompaniment when they're making a police report or when they are getting a SANE exam or even when they have to go give a statement later to a detective – if they want us to be there for that, we can go and do that for them.

Based on the qualitative data gathered from in-depth interviews with law enforcement officers, prosecutors, rape crisis center advocates, SANEs, and victims, the following current conditions need

attention: training for patrol officers, expansion of local sexual assault services, and less wait time for SANE exams. Preferred outcomes identified from the field responses to these needs.

Current condition #3: Need to train first responders (patrol officers).

Participants almost unanimously from across the state identified an insufficient depth of knowledge about sexual assault by law enforcement first responders. Respondents requested more extensive training on properly identifying sexual assault when talking with victims, both during and after policy academy training. In addition, many patrol officers do not get regular on-the-job experience responding to sexual assault crimes. Given the low number of victim reports, one participant estimated that even in the largest jurisdictions across the state, a patrol officer might respond to a sexual assault crime once every two years or more. So, there is little experience on which to build.

As a result, the depth of knowledge about trauma responses are also limited. One detective stated, “I think we all are not real clear on [trauma]. What is a sexual assault victim supposed to look like? How is she supposed to act?...And sometimes I think our young officers will look and say it doesn’t sound right. She should be devastated right now, and hysterical. She should be, and I don’t see that, so there is something wrong now. I have seen cases where evidence has been lost or not handled properly, simply because the officer at the scene felt that ... it was not a good case, that it was something more to the story.”

The perceptions by victims that they might not be taken seriously or that there are normative standards of behavior following this trauma (how a victim *should* act) contribute to the stigma and shame that many victims report. A SANE nurse stated, that one of the most frustrating parts of her job is when the patrol officer tells the victim that he does not believe a crime has been committed based on her lack of appropriate affect.

The perception of the beat cop, and what occurred, and if he believes the victim or not, which absolutely drives me crazy because he is not a human lie detector. He doesn’t know if she is lying or not, and sometimes the beat cop doesn’t even call the detective....”

There is a strong consensus (among detectives, victim advocates, and SANE nurses) that the first responders should have specialized and advanced sexual assault training. Participants suggested a new paradigm for patrol officer responses to sexual assault crimes:

Well, I think one of the negative things [about current conditions] would be that the patrol officers probably don’t have as much training as they should have on this topic, ... how to respond and communicate and establish a rapport with the victims at the scene where they’re making that initial outcry. I think with better training that they would probably have that communication with the complainant and understand what she’s going through, and [be] able to establish a rapport and get more accurate information. And then actually, at the same time, show confidence and have the complainant see that the confidence level regarding this type of crime, and how it’s being handled, is good. I think that’s one of the things that probably would help a lot.

Respondents identified a desired outcome of increased knowledge through ongoing training for law enforcement officers that is specific to sexual assault. Although adequate funding is needed to implement this practice, participants reported that ongoing training is a priority.

Applications in the field.

Several law enforcement agencies follow a progressive response to sexual assault crime. For example, many law enforcement organizations have implemented a protocol that requires the patrol officer to immediately ask for an on-call detective to respond to a possible sexual assault crime. The detective is part of a specialized unit and has advanced training and experience in sexual assault. This detective takes the victim's report and provides the follow-up investigation in her case. For victims, telling their story once, to someone who is trained in sexual assault trauma and who will follow up with them throughout the process, seems to alleviate many of the issues with non-reporting.

In another positive development, a rape crisis center in the state has printed and distributed a "business card" for patrol officers. The card includes a brief series of victim-sensitive but probing questions and referral information for the center's hotline and other local services.

For example, a majority of the participants expressed the need to expand patrol officer training in programs that include sections taught by advocacy experts. A local rape crisis center has built a relationship with local law enforcement and provides training to the patrol officers. A member of this site reported, "We [the local rape crisis center] go to the academy, and we do role-plays, and we train so...a victim's perspective can be illustrated." The executive director added that it's important to build relationships, not just ask the police to provide training: "You have to get out to those places, and let them know who you are and what you are doing. How can what we do benefit you? Not always what can you do for us, but what can we do for you?"

Web survey results. According to the web survey data, majority of the law enforcement responders cited top three training needs as: understanding survivor's reactions and effects of trauma, how to be emotionally supportive, and how to interview survivors.

Current condition #4: Need to add to law enforcement victim assistance staff

More funding is needed for victim assistance personnel to support victims during this crisis. It was also suggested that when victims are supported they may better able to move forward with the investigation.

Current condition #5: Need to expand services & reduce ER wait times

In many parts of Texas, victims must travel long distances for a SANE examination because no services exist in their home county. Figure 6 indicates the locations of SANE programs across Texas. Participants agreed that distance is a major barrier for victims and in many cases precludes the completion of the forensic examination and health screening. Victims and SANEs may also face long delays at emergency rooms. As one victim advocate stated:

There is a gap...because the victim has to wait for such a long time because [the sexual assault] is not considered an emergency. Even though we have a standing program, they still have to wait a very long time, and that's where we lose a lot of victims [who] don't want to wait. I mean, we just had two of them this past week walk out because they could not wait any longer.

One survivor concurred:

I got there and immediately said I had been sexually – I've been raped.... It took – and I doubt I can remember how many hours, but I want to say like eight hours – before they took my blood, and it was so heartbreaking because I just kept walking up to the desk and saying, "It's just dissipating inside of me, and it's my evidence..."

Participants theorize that increasing the availability of local sexual assault services and lessening emergency room wait times will lead to stronger cases for prosecution.

Applications in the field

While participants discussed current conditions, many reported that they were also addressing those needs. One site received a grant to establish a rural satellite center for SANE exams. The director stated:

We have written a grant to set up a rural program..., and anyone needing a sexual assault exam can go to this center. And we will set up a rural SANE program, and we will have a satellite office there to serve the counties west of our county. But also a part of this grant is training law enforcement in rural areas. A lot of times that's key too. It's going in and training, and a lot of times their law enforcement departments are so small they can't afford to send anyone to training, because you can't leave your city vulnerable. So it's multifaceted, and it's collaboration between the domestic violence center, [and] the RCC, and legal aid society, and the police department, and the SANE nurses – there are a lot of people who have come together to do this project.

Others reported implementing a separate waiting area for sexual assault victims to make the wait more bearable, to increase privacy with family members or friends, and to provide for the law enforcement interview.

Sexual Assault Nurse Examiner (SANE) and the SANE Exam

Sexual assault victims in Texas are entitled to receive a SANE exam whether or not they choose to report to law enforcement. The exam's costs and reimbursement rates are discussed below. The SANE program provides comprehensive medical forensic examinations for sexual assault victims. Four major preferred outcomes emerged from discussions about SANE processes: more SANE programs and funding to support the expansion, additional continuing education opportunities for SANEs, increased hospital accompaniment by advocates for victims, and increased awareness and knowledge about the non-report SANE option.

Current Condition #6: Need to increase availability of SANE programs and funding

Participants described the SANE exam as imperative to the successful prosecution of reported sexual assault cases. It is here that evidence is collected for later use in the investigation and the prosecution of this crime. However, as Figure 6 indicates, there is a shortage of trained and working SANEs in all areas – urban, rural, border, and non-border – of the State of Texas. A further major concern is the high turnover of SANE nurses. Nurses need continuing education hours and to have complete eight SANE exams every two years to maintain their licensure and comply with the qualifications recertification.

The funding problem extends to reimbursements. SANE exams for cases that are reported to law enforcement are initially paid for by that policing organization, and those costs are then reimbursed through the Office of the Attorney General and Crime Victims Compensation (CVC) program. The exam costs for cases not reported to law enforcement are relatively the same as the costs for exams in cases that are reported. In both instances, this reimbursement does not cover the cost of a full SANE exam, according to the participants in this study. Most respondents said the average cost of a SANE exam is anywhere from \$900 to \$1200. The cost that is not reimbursed is absorbed by either law enforcement or the hospital. Lack of a full reimbursement for a SANE exam is a major gap in the sustainability of SANE programs.

I loved my SANE nurse. I was fortunate enough to have a great SANE nurse, and she explained step-by-step-by-step-by-step everything that she was going to do. ... She was awesome. I think most SANE nurses should be like her.

Figure 6.

SANE Coordinator Locations in Texas



Source: Office of the Attorney General of Texas

Participants reported a number of challenges to operating a SANE program in Texas. The most often cited complaint was about unreimbursed expenses, including training costs and recertification fees for nurses; although mentioned less frequently, participants also cited unpaid on-call time. Training and recertification costs were estimated at \$3000–\$4500 per year. Another identified need was for SANE coordinators to be paid, fulltime employees. Finally, participants expressed a desire that the SANE program be higher among hospital priorities.

Web-based survey. Over 44% of survey participants reported that support for SANE and victims were a priority need. Responses were for more continuing education funding, additional trained SANEs, and to increase equipment and space in hospitals.

Applications from the field

As earlier, participants are also working to close the gaps identified above. One approach is to establish a non-profit SANE structure that provides infrastructure for grant writing, fundraising, and other revenue-building strategies. The coordinator recounted:

The non-report thing is not getting promoted, because people are afraid to promote it. The hospital isn't promoting it, because they don't need the influx of potential victims coming in – SANEs can't handle it. Unless you are intelligent enough to go out there, and read the laws, or read the paper, or whatever comes out at that time, you are not going to know.

So to keep our SANEs certified, we came up with the nonprofit. We felt like we had made enough money that if we budgeted ourselves well, we could sustain ourselves. The first year we pulled out and we only paid ourselves \$250 a case, so we could build up a cushion to pay for education and stuff as we went along. And now we are sustaining ourselves very well. This last year we felt like we could financially go up to \$300 a case. Usually on an adult case we will make \$411 to \$431. Above that we put [it in] our kitty, to pay our education and our postage.

The non-profit group highlighted here employs 11 SANE nurses, nine of whom are full time; one is the coordinator, and one oversees the finances. The coordinator added, “We contract with the hospitals, so for each hospital we have a contract, and they pay us \$4700 [or] something like that a month and that takes care of us maintaining all the files within the system. Another hospital pays us \$8,000 a month.”

As mentioned earlier, the Crime Victims Compensation program reimburses \$700 for costs associated with a SANE exam, but this reimbursement rate is considered insufficient to cover all program costs. The non-profit model thus creates a self-sustaining program alternative.

Current condition #7: Need to sustain advocate accompaniment

Victim advocates (either RCC staff or volunteers) are often called to the hospital to provide support for victims as they undergo the SANE exam. Participants report that advocate programs are critical to providing immediate support and resources to the victim as well as providing ongoing counseling, court accompaniment, and other critical assistance. However, these programs are not always fully staffed or are underfunded, and too many times sexual assault victims in Texas are left to deal with the hospital and criminal justice systems on their own. Most participants agreed to advocate accompaniment at all stages is critical for victims.

Current Condition #8: Need to increase awareness of non-report SANE option

As recounted earlier, the Non-Report Sexual Assault Evidence Program was created by House Bill 2626 and became law in July 2009. The program allows sexual assault victims in Texas to obtain sexual assault medical forensic examinations without making a report to law enforcement and at no cost. This victim-centered program is a new strategy designed to increase the low reporting and prosecution rates of sexual assault. Non-report sexual assault medical forensic exams balance the needs of the victims and the criminal justice system by allowing victims to preserve important forensic

evidence while taking the time often needed to make a decision about engaging with the criminal justice system. The non-report program is a major shift in operations for law enforcement, SANEs, rape crisis center advocates, and sexual assault victims themselves.

Although the program is in its infancy, participants were surprised that the non-report option had not been more frequently utilized. They concluded that an increased awareness among medical personnel, rape crisis center advocates, the criminal justice system, and the community at large is needed. Awareness among the general public is also important.

Applications in the field

One SANE nurse described her creative efforts to educate hospital staff about the non-report option:

I put a PowerPoint presentation together, and I met every single nurse and physician over a period of seven days. I came in at midnight or seven in the morning, or six, or whatever time it was. But we had a list and we just checked them off. I printed off the PowerPoint and put it on a clipboard, and I found them by the bedside or in the break-room, and I said, “We need to talk about this.” It was probably the single most successful training they had because every single person got it. We didn’t have to rely on word of mouth to edit any of the information.

Participants suggested the following implementations for improving SANE programs: for hospitals to follow the law of “no denial” policy for anyone requesting a SANE exam, to establish designated room(s) for SANE exams, to provide hospital advocacy accompaniment for every victim, and to institute full reimbursement rates with a maximum of \$1,200 per exam.

Law Enforcement Investigation

Law enforcement’s role is to determine if a crime has been committed. The investigation of a sexual assault often begins with a law enforcement interview immediately followed by a SANE exam.

Two current needs emerged from the participant interviews and the survey: one is to increase victim involvement and the other is to decrease the length of time of the investigation.

Current Condition #9: Need to improve victim inclusion

Victims and their families often do not understand the investigative process and so feel marginalized from it. Increasing communication with victims may resolve this issue. It is also often particularly difficult for victims who are related to or know the offender (as is true in the majority of cases) to help in the investigation. What may appear to be a lack of cooperation on the part of the victim may actually be the product of trauma. As one survivor stated, “I can sorta see a situation where the law enforcement calls [and] they don’t get a call back, so they kind of drop their investigation. Then they get called, and it’s really just one unreturned call as opposed to not cooperating.”

Victim advocates suggested that victims are more likely to see a case through if they are engaged in the investigative process. One victim advocate stated:

We hear more of the “why does it have to take so long” and dealing with the short term of “why aren’t the police taking my case?” Or “why does it take so long for them to make a decision?” Or “the police have said there’s enough evidence for them to investigate my case,

why isn't the DA taking it?" That kind of thing. Or if the police are investigating it and the DA is taking it, "why does it have to take a year or two for it to go to court?"

Applications in the field

Participants shared their preferred methods of how to alleviate the current need of victim inclusion.

One site reported that law enforcement and RCC staff work closely on all sexual assault crimes. Law enforcement appreciates that the victim advocate presence helps victims feel more comfortable and engaged in the investigation process. In addition, the RCC provides support services to help victims understand the criminal justice system and also to address the trauma from the assault. A RCC staff member explained:

Well, we work well. We try to work together, cuz I work with the victim when they come here after the detective's talked to them. Those who want and those who don't, we just let 'em go. I can't force 'em. ... If they're really distraught, we don't want them to walk out of here, and that's where I come in. To try to debrief 'em and help 'em, and do whatever I need to do. Make sure they're doing their Crime Victims Comp, if they need to be relocated, cuz it happened – whatever they need, we're gonna do. And then, sometimes I'm available for them after. And also, I work with them until they go to court or even go to court with them.

...I've seen how [law enforcement agency has] changed, and since they have added advocates, I can't tell you the volumes that, that speaks for really putting the attention on the victims. It's just overwhelming ... how much it has changed, which is such a positive, positive thing. (Comments from a prosecutor)

Another application from the field to promote victim inclusion and case accountability is the practice of having a one-page sign-in sheet for each victim. One site that we visited placed a form on top of the victim's chart that included a place for the signature of each person who interacted with the victim. In other words, a patrol officer would sign his or her name after completing the intake, the SANE signs along with the detective, RCC advocate or volunteer, and any other professionals involved in the case. This form enables the victim and SART members to document those that worked on case, so as questions arise during the process, a name and contact information is available. According to the local RCC that originated this idea, this process is working well to inform the victim and hold the professionals accountable.

Current condition #10: Need to reduce investigation time delays

Long delays from the point of victimization through the investigation and beyond were a source of common concern. Participants reported that cases may take up to 12 months or longer from the initial investigation to the prosecutor's review. Long delays were often because DNA results took nine to 12 months to come back, a problem most often attributed to the lack of crime labs in the State of Texas and the fact that sexual assault cases are generally prioritized after homicide crimes. See Appendix C for crime lab locations. Participants agreed that the expansion of crime lab services, including adding technicians and equipment, is needed.

When participants were asked describe their ideal investigation, several desired outcomes emerged. First, increasing state crime lab staff and equipment, opening more local crime labs, and lowering the private crime labs costs were among the top priorities. Second, some participants' ideal vision included law enforcement detectives who responded to every single sexual assault case. As one law enforcement official stated:

If it was in a perfect world, my detectives would respond to every single scene. That just cannot happen. We don't have enough people, enough time, but that certainly would help us understand a crime better if we were at every single scene. We'd be able to talk to the complainants immediately and assure them that we're on the case immediately rather than sometimes taking days for us to contact the complainants.

Another suggested preferred outcome was to employ a multidisciplinary team advocacy center model for sexual assault cases. This model, utilized in child sexual abuse and domestic violence cases, provides a wrap-around perspective for victims in a single center where the professionals serving victims are co-located. For sexual assaults, the ideal would be for the SANE clinic and the RCC to co-locate in a building with offices for the sex crime unit investigator and prosecuting attorney. As one prosecutor said, "We're actually moving in an even more [multidisciplinary] direction with ours because we're creating – our department is creating – a family advocacy center which is going to be very victim focused. It's gonna be pretty much a one-stop shop."

Finally, a law enforcement unit director suggested the possibility of creating a sex crimes court in areas where sex crimes are on the rise. Specialized drug courts and alcohol abuse courts have been implemented in certain jurisdictions to address overfull court dockets and to utilize the specialized expertise of those involved in the adjudication of these crimes.

Prosecution and Grand Jury

The prosecutor's role in sexual assault crimes is to adjudicate cases and hold offenders accountable. Prosecutors must present cases to a grand jury to determine if there is sufficient evidence for an indictment. Grand juries typically consist of 16 to 23 jurors who are presented with evidence to determine "probable cause."

Two desired outcomes emerged from participant responses having to do with prosecution: vertical prosecution and special prosecution teams to counter victim blaming.

Current Condition #11: Need to further vertical prosecution

As respondents involved in the legal aspect of sexual assault cases were asked about their ideal vision for prosecuting a case, a majority stated that a vertical prosecution would be the most ideal. This means that the same attorney would handle the case – from intake, to the grand jury, and then if indicted, to the trial. As a prosecutor stated:

We've had discussions about adding adult sexual assault cases to our case load in terms of vertical prosecution so they would work mostly the way our kid cases do, where you have ... a designated number of attorneys who are trained in the issues around sexual assault cases. Because you know the cases are different, but you are going to see issues come up more

frequently. So if you have dedicated attorneys processing them at the beginning, you would have more consistency. You know ... what it is we look for in a case, whether we try it or not, so that you avoid both ends of the spectrum. You avoid taking a case and taking it to court when you know you can't win, because I think that is damaging to the victim. And you also avoid someone saying we don't have enough when the case is winnable and should be prosecuted.

It's a gap, this community awareness, the perception of sexual assault, the stigma behind it, the shame that is associated with it. [Comments by a law enforcement investigator]

Current condition #12: Need to minimize victim blaming

Too often sexual assault is still viewed by the general public as linked with victim culpability. These misconceptions are held by the general public, but also by those who make up the criminal justice system, such as members of grand juries, juries, attorneys, judges, and so on. It is difficult to prosecute these crimes if victim blaming is occurring. A prosecutor commented how difficult sexual assault cases are:

...– I mean if they [Grand jury] think it's something where the girl willingly intoxicated herself or was using bad judgment, they still tend to think, "well, you got what you deserved for being so stupid" kind of attitude.

I would love to see the DA's office have a sexual assault prosecution team, somebody who understands. Because I think there's not – I think we run into the same issue with not understanding these cases over there as we do everywhere, because they don't understand the cases. They're not easy cases to prosecute.

Victim Restoration

Some sexual assault survivors experience closure and empowerment after the successful prosecution of their perpetrator, after attending a therapy group, or after in some other way making sense of, or peace with, their victimization. While the criminal justice system focuses on prosecution, it is not the sole path to recovery for victims. Especially given the low rates of prosecuted sexual assault crimes, it is important that survivors of sexual assault have access to a wide variety of resources and supports.

Some survivors may find restoration through a restored sense of physical and emotional safety, perpetrator accountability, and financial support. Getting social support from friends and family, engaging in advocacy and awareness-raising activities about sexual assault, and utilizing the many services offered by rape crisis centers are among the actions that may be helpful to survivors. Rape crisis centers offer individual, family, and couples counseling, survivors groups, and hotline information and referral services. Those who make a report to law enforcement may also be eligible for financial reimbursement for certain crime-related expenses through the Crime Victims Compensation program.

Rape Crisis Centers often play an important role in victim restoration. Through advocate accompaniment, counseling services, and support groups victims are given a place of safety and validation. Without rape crisis centers, victims are often left to deal with the assault on their own or through other avenues which may not address sexual assault in its entirety.

Conclusion & Recommendations: Striving Toward Preferred Outcomes

This project provided the first statewide needs assessment of sexual assault services for adult victims in Texas. Empirical evidence through interviews and surveys provide an assessment of current conditions and noted promising applications in the field.

Preferred outcomes serve as a guide for future directions and as a mechanism to achieve exemplary services. These are not one-size-fits-all recommendations, particularly given the vastness and diversity of our state. Nonetheless, preferred outcomes are, as we stated in the beginning, a way to initiate useful conversation. They are a means to spark an open, honest, and useful dialog that will assist our state in striving toward exemplary responses to this crime. We are suggesting the following six approaches to achieve exemplary service:

1. Make adequate and stable funding available to all the organizations whose missions are to address and ameliorate this crime.
2. Strategize innovative ways to enhanced collaboration and communication among organizations that assist sexual assault victims.
3. Recruit and retain the most seasoned professionals for this field.
4. Extend accessible and competent services to all victims of this crime.
5. Initiate courageous victim-centered approaches at all stages of the process.
6. Develop revolutionary educational campaigns to broaden the understanding of this crime and decrease its stigma.

Findings suggest gaps in services to victims, additional support needed for those that serve victims, and a lack of funding that precludes ideal service. Findings also suggest innovative and progressive actions at local levels to address these current conditions and needs. In the end, we conclude that Texas is fortunate to have a dedicated workforce who continues to strive toward exemplary services in the face of the challenges outlined in this report. Sexual assault crimes persist as a social problem in Texas and the need to propel this issue to the public's attention is pressing. While prevention efforts are well underway, we need to continue to do more to prevent victimization and perpetration. We hope that this report serves as a catalyst and direction for the future efforts.

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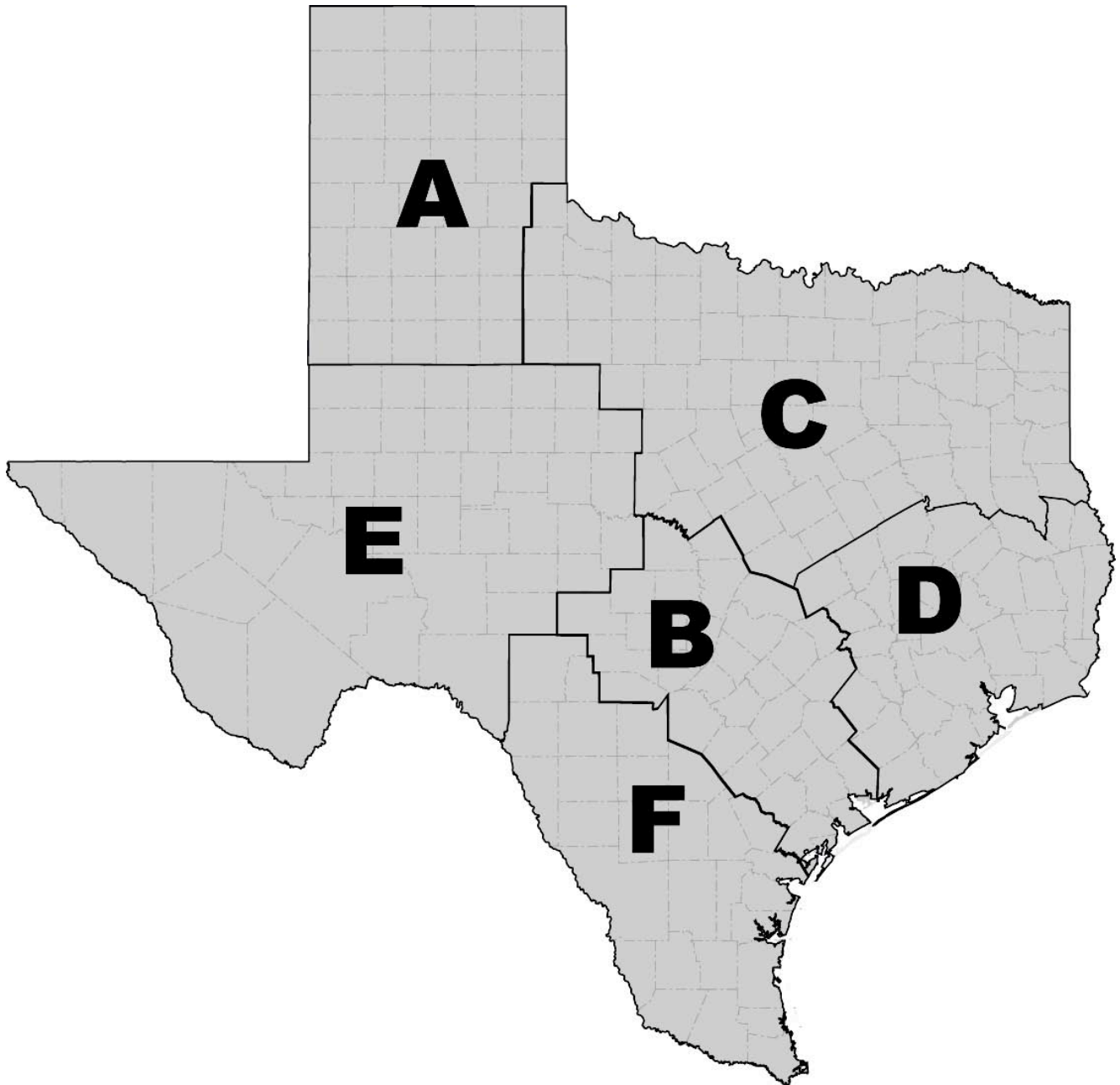
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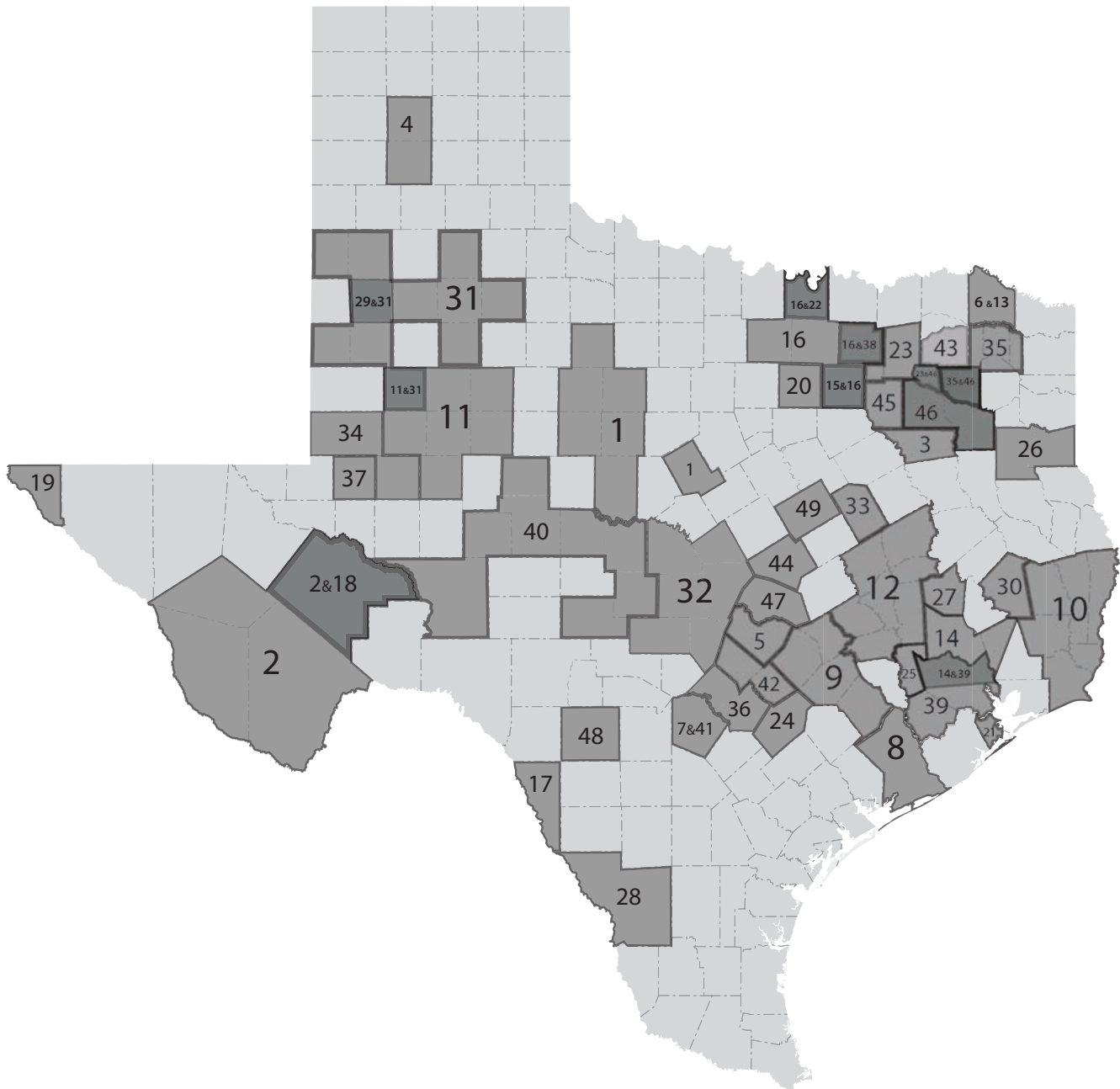
Appendix A

TAASA Regions Map



Appendix B

Active Sexual Assault Response Team (SART) Service Areas



Source: Office of the Attorney General of Texas

Appendix B, continued

Active Sexual Assault Response Team (SART) Service Areas

	Host City	Host County	Counties Served
1.	Abilene	Taylor	Callahan, Coleman, Shakelford, Jones, Comanche, Taylor, Haskell
2.	Alpine	Jeff Davis	Brewster, Jeff Davis, Pecos, Presidio,
3.	Athens	Henderson	Henderson
4.	Amarillo	Potter	Potter, Randall
5.	Austin-	Travis	Travis
6.	Bogata	Red River	Red River
7.	Brooke Army Med Center	Bexar	Bexar
8.	Bay City	Matagorda	Matagorda, Wharton
9.	Bastrop	Bastrop	Fayette, Lee, Colorado, Bastrop
10.	Beaumont	Jefferson	Hardin, Jefferson, Orange, Newton, Jasper, Tyler
11.	Big Spring	Howard	Howard, Martin, Borden, Scurry, Mitchell, Glasscock, Dawson
12.	Bryan	Brazos	Brazos, Grimes, Madison, Robertson, Leon, Washington, Burleson
13.	Clarksville	Red River	Red River
14.	Conroe / The Woodlands	Montgomery	Montgomery, North Harris, Northwest Liberty County
15.	Dallas	Dallas	Dallas
16.	Denton County	Denton	Denton, Wise, Cooke, Collin, Dallas
17.	Eagle Pass	Maverick	Maverick
18.	Fort Stockton	Pecos	Pecos
19.	El Paso	El Paso	El Paso
20.	Ft. Worth	Tarrant	Tarrant
21.	Galveston	Galveston	Galveston
22.	Gainesville	Cooke	Cooke
23.	Greenville	Hunt	Hunt, Rains, Rockwall
24.	Gonzales	Gonzales	Gonzales
25.	Hempstead	Prairie View A & M	Waller
26.	Henderson	Rusk	Rusk, Panola
27.	Huntsville	Walker	Walker
28.	Laredo	Webb	Webb
29.	Levelland	Hockley	Hockley
30.	Livingston	Polk	Polk

31. Lubbock	Lubbock	Lubbock, Terry, Lynn, Hockley, Crosby, Dawson, Garza, Floyd, Bailey, Dickens, Lamb, Yoakum
32. Marble Falls	Burnett	Blanco, Llano, Lampasas, Burnett, San Saba, Gillespie
33. Mexia	Mexia	Limestone
34. Midland	Midland	Midland, Andrews
35. Mt. Pleasant	Titus	Titus, Camp, Morris, Franklin, Wood
36. New Braunfels	Comal	Comal, Guadalupe
37. Odessa	Ector	Ector
38. Plano	Collin	Collin
39. Richmond	Fort Bend	Fort Bend, Harris
40. San Angelo	Tom Green	Tom Green, Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch
41. San Antonio	Bexar	Bexar
42. San Marcos	Hays	Hays, Caldwell
43. Terrell	Kaufman	Kaufman
44. Sulphur Springs	Hopkins	Hopkins
45. Temple / Killeen	Bell	Bell
46. Tyler	Smith	Smith, Van Zandt, Wood, Rains
47. Round Rock	Williamson	Williamson
48. Uvalde	Uvalde	Uvalde
49. Waco	McLennan	McLennan

Appendix C

Department of Public Safety Accredited DNA Crime Labs Map



* Includes state, county, city, and private labs
Source: Texas Department of Public Safety

Appendix C, continued

STATE

**Texas Department of Public
Safety Austin Laboratory**

5805 N Lamar Blvd
Austin, Texas 78752
(512) 424-2105

**University of North Texas Center
for Human Identification**

3500 Camp Bowie Boulevard
Fort Worth, Texas 76107
(817) 735-5014

**Texas Department of Public
Safety Lubbock Laboratory**

1302 West 6th Street
Lubbock, Texas 79401
(806) 472-2832

**Texas Department of Public
Safety Corpus Christi Laboratory**

1922 S Padre Island Dr
Corpus Christi, Texas 78416
(361) 698-5641

**Texas Department of Public
Safety Garland Laboratory**

350 West IH 30
Garland, Texas 77043
(214) 861-2190

**Texas Department of Public
Safety McAllen Laboratory**

1414 N Bicentennial
McAllen, Texas 78501
(956) 984-5624

**Texas Department of Public
Safety El Paso Laboratory**

11612 Scott Simpson
El Paso, Texas 79936
(915) 849-4120

**Texas Department of Public
Safety Houston Laboratory**

12230 West Road
Houston, Texas 77065
(281) 517-1380

**TX Parks and Wildlife Law
Enforcement Forensic Lab**

507 Staples Road
San Marcos, Texas 78666

COUNTY

**Jefferson County Regional
Crime Laboratory**

5030 Highway 69 South, Suite 500
Beaumont, Texas 77705-9630

Ft. Worth PD Crime Lab

350 W. Belknap
Fort Worth, Texas 76102

**Harris County Institute of
Forensic Sciences**

1885 Old Spanish Trail
Houston, Texas 77054
(713) 796-6812

**Southwestern Institute of
Forensic Sciences**

5230 Medical Center Drive
Dallas, Texas 75235
(214) 920-5966

**Tarrant Co Medical Examiner's
Crime Laboratory**

200 Feliks Gwozdz Place
Fort Worth, Texas 76104-4919
(817) 920-5700

**Bexar County Criminal
Investigation Laboratory**

7337 Louis Pasteur
San Antonio, Texas 78229-4565
(210) 335-410

CITY

Austin P.D. Forensic Science Services Division

P.O. Box 689001
Austin, Texas 78768-9001
(512) 974-5131

Orchid Cellmark Dallas

13988 Diplomat Dr. Ste. 100
Farmers Branch, Texas 75234
(800) 752-2774

Integrated Forensic Laboratories, Inc.

901 Clinic Dr., Suite C110
Eules, Texas 76039
(817) 553-6565

Identigene

5615 Kirby Suite 800
Houston, Texas 77005
(713) 798-9510

PRIVATE

Integrated Forensic Laboratories - Lancaster PD

1650 N. Dallas Ave
Lancaster, Texas 75134
(817) 553-6565

DNA Reference Lab, Inc

7434 Louis Pasteur Dr. #15
San Antonio, Texas 78229
(210) 692-3800

DNA Reference Lab, Inc.

7271 Wurzbach Rd., Suite 125
San Antonio, Texas 78240

Appendix D

Implications of Forcible Rape Data

Implications of Forcible Rape Data for Adult Sexual Assaults

Analysis of the incidence and location of adult sexual assaults in Texas is limited due to the absence of systematic data from Rape Crisis Centers, law enforcement agencies, and prosecutors. There are substantial data available, however, about forcible rape. Despite the limitations and caveats about Uniform Crime Report (UCR) data, it may offer insights regarding adult sexual assaults.

Two data sets about forcible rape were drawn from recent UCR tabulations. The first data set centers on forcible rape by state. Based on the numbers of forcible rapes for each state and each state's total population in 2008, rates of forcible rape were computed for each state on a population-adjusted basis. Then the states were ranked from high to low, according to the population-adjusted rate.

As shown in Table I, there is some variation in the rates across the states, with Texas ranking 20th (worst) among the 52 states/jurisdictions. The large majority of the states/jurisdictions have forcible rape rates in the 20s to low 40s (per 100,000 state residents), with only a handful below or above those limits.

TABLE I. FORCIBLE RAPES REPORTED BY LAW ENFORCEMENT AGENCIES
(PER 100,000 POPULATION, CALENDAR YEAR 2008)

1	ALASKA	64.3
2	NEW MEXICO	57.4
3	SOUTH DAKOTA	53.7
4	ARKANSAS	48.9
5	MICHIGAN	45.0
6	COLORADO	42.5
7	KANSAS	42.5
8	NEVADA	42.4
9	DELAWARE	41.9
10	OKLAHOMA	40.2
11	WASHINGTON	40.1

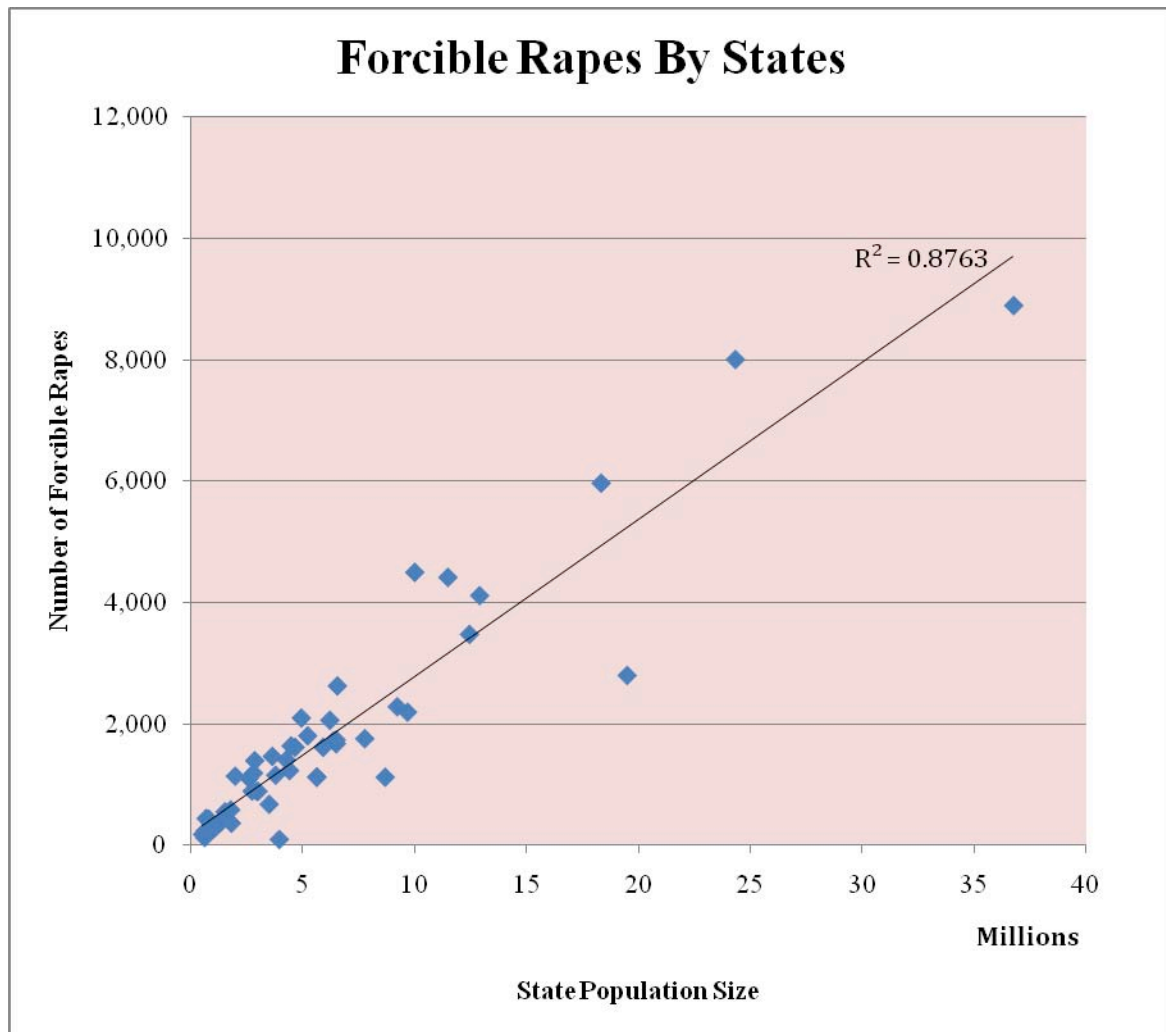
12	OHIO	38.5
13	SOUTH CAROLINA	36.6
14	IDAHO	36.2
15	NORTH DAKOTA	36.2
16	ALABAMA	34.7
17	MINNESOTA³	34.6
18	TENNESSEE	33.2
19	KENTUCKY	33.0
20	<i>TEXAS</i>	32.9
21	NEBRASKA	32.7
22	FLORIDA	32.6
23	UTAH	32.6
24	ILLINOIS^{2,3}	31.9
25	DISTRICT OF COLUMBIA¹	31.4
26	OREGON	30.5
27	MONTANA	30.4
28	MISSISSIPPI	30.3
29	NEW HAMPSHIRE	29.7
30	IOWA	29.6
31	MAINE	28.5
32	HAWAII	28.3
33	LOUISIANA	27.9
34	PENNSYLVANIA	27.9
35	MISSOURI	27.3

36	INDIANA	27.0
37	MASSACHUSETTS	26.7
38	RHODE ISLAND	26.4
39	ARIZONA	25.7
40	NORTH CAROLINA	24.8
41	CALIFORNIA	24.2
42	GEORGIA	22.7
43	VIRGINIA	22.6
44	VERMONT	20.4
45	MARYLAND	20.0
46	WEST VIRGINIA	20.0
47	WISCONSIN	19.9
48	CONNECTICUT	19.3
49	NEW YORK	14.4
50	NEW JERSEY	12.9
51	WYOMING	3.8
52	PUERTO RICO	2.4

Appendix D, continued

Figure I shows the relationship between a state's population size and the number of forcible rapes in that state. If there was a perfect relationship, all the states' data points would lie exactly on the linear trend line. Although some states are a distance from the linear trend line, most are quite close, indicating a very strong association. What is clear visually can also be shown statistically: the pearson r correlation is a very strong 0.936. And at the end of the linear trend line in Figure I, the multiple regression coefficient R^2 is 0.876. That coefficient, in words, means that nearly 88% of the variation in the number of forcible rapes across states is due solely to the differences in state population sizes. Put slightly differently, one can predict very well the number of forcible rapes in a state by knowing only one other value for that state: its total population. All other demographic characteristics of states such as its ethnicity, age structure, personal income, degree of urbanization, and so forth are nearly irrelevant.

FIGURE I.



Appendix D, continued

The next set of data examined the relationship within Texas of the number of forcible rapes reported by police departments for a city and that city's population. Table II lists the number of forcible rapes for all Texas cities above 100,000 residents in 2009.

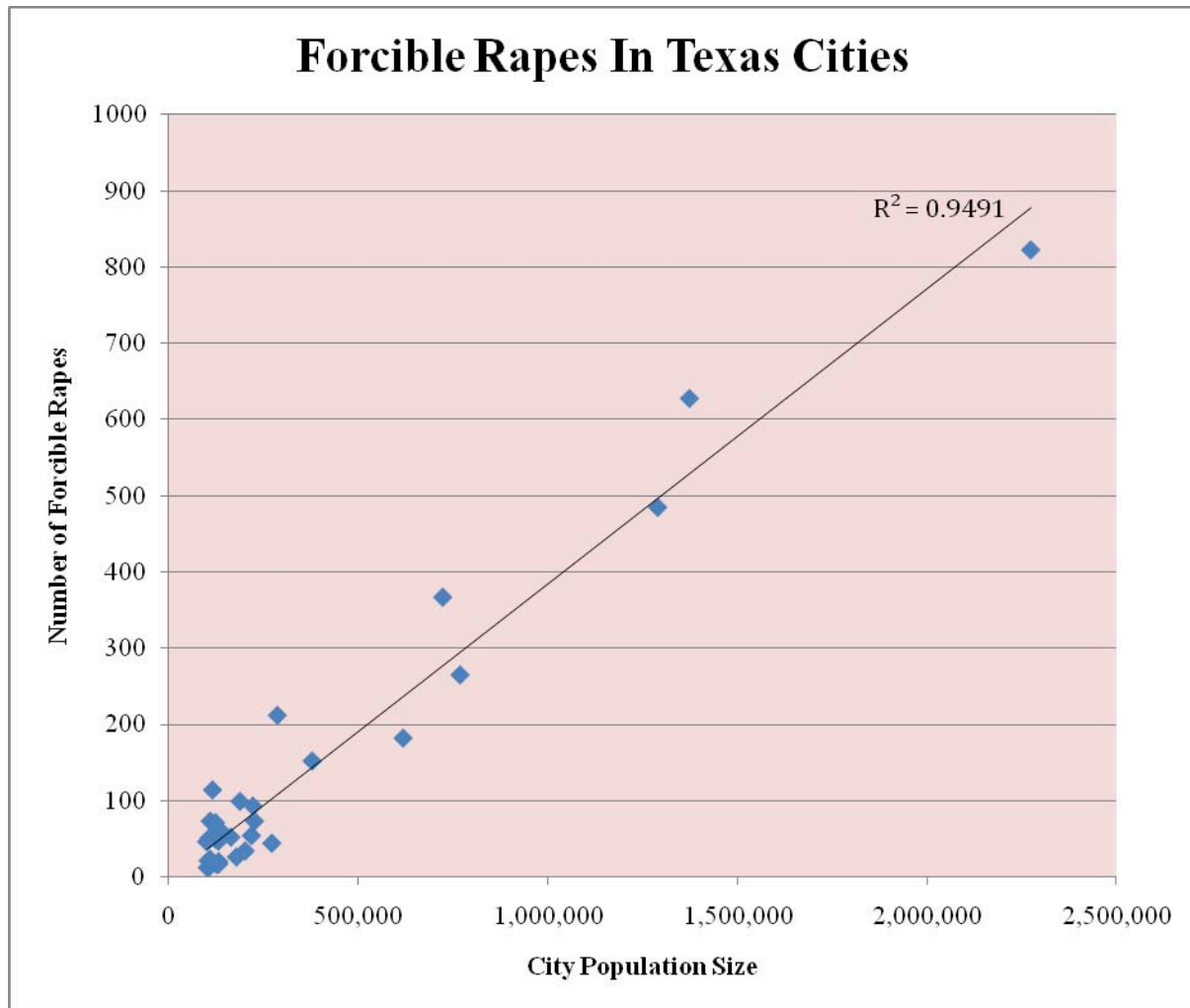
TABLE II. FORCIBLE RAPES REPORTED BY TEXAS LAW ENFORCEMENT AGENCIES
(TEXAS CITIES ABOVE 100,000 RESIDENTS, CALENDAR YEAR 2009)

Population ¹	Number of Forcible Rapes	
116,557	114	ABILENE
188,767	99	AMARILLO
379,104	152	ARLINGTON
768,970	265	AUSTIN
110,237	73	BEAUMONT
179,491	26	BROWNSVILLE
127,432	16	CARROLLTON
287,507	212	CORPUS CHRISTI
1,290,266	485	DALLAS
124,308	71	DENTON
618,812	182	EL PASO
723,456	367	FORT WORTH
108,244	13	FRISCO
218,872	54	GARLAND
164,766	52	GRAND PRAIRIE
2,273,771	823	HOUSTON

202,447	34	IRVING
120,670	69	KILLEEN
226,944	73	LAREDO
104,601	21	LEWISVILLE
222,884	93	LUBBOCK
132,598	20	MCALLEN
132,146	47	MCKINNEY
132,941	17	MESQUITE
107,933	51	MIDLAND
146,963	56	PASADENA
272,747	44	PLANO
102,675	12	RICHARDSON
110,531	23	ROUND ROCK
1,373,936	628	SAN ANTONIO
125,098	49	WACO
100,884	46	WICHITA FALLS

Appendix D, continued

Figure II shows these data visually in a scattergram.



While there is some minor variation across the cities, nearly all cities cluster closely to the linear trend line. Statistically, for this group of 32 Texas cities, there is an extraordinarily high correlation (.974) between the number of forcible rapes and a city's population. In fact, if one knows a city's population, you can predict the number of forcible rapes in that city with near certainty (R^2 coefficient of .95). Given the differences in reporting by police departments and the severe underreporting by victims of rapes/sexual assaults, it is quite remarkable that the correlation between city population and a city's forcible rape incidence is so high.

Based on the findings immediately above for both states and for Texas cities, the conclusion is unmistakable: the number of forcible rapes will parallel the size of a jurisdiction's population. While the category of forcible rape differs from adult sexual assault, a similar finding is quite likely--numbers of

adult sexual assaults will be extremely closely related to jurisdictions' populations, whether these population areas are states, metro areas, counties, or larger cities.

With the incidence by location of adult sexual assaults well known (extremely closely related to overall population), it follows that resources for adult sexual assault prevention and mitigation should be targeted according to population size within states. In the absence of other factors, larger Texas cities should receive larger absolute resources for sexual assault treatment and prevention, and Rape Crisis Centers should receive allocations in relation to their service area populations.

Appendix D, continued

County Analysis of OAG Grants and Claims for Sexual Assault Assistance--All 254 Texas Counties

Number of claims and amount of reimbursement to law enforcement agencies for sexual assault exams for each county in FY2010 were very strongly associated: very high pearson r correlation of 0.96.

County populations and the number of claims paid to law enforcement agencies for sexual assault exams in those counties in FY2010 were strongly associated: very high pearson r correlation of 0.92.

County populations and the number of county claims paid to victims of Adult Sexual Assaults in FY2010 were strongly associated: high pearson r correlation of 0.88.

The number of claims paid by county to law enforcement agencies and the number of claims paid to victims of Adult Sexual Assaults in FY2010 were strongly associated: high pearson r correlation of 0.88.

County populations and claims amounts (to law enforcement agencies for exams and to victims of adult sexual assaults) in FY2010 were strongly associated: high pearson r correlations of 0.85 and 0.84 respectively.

County Analysis--Texas Counties Above 100,000 Population (39)

For the 39 Texas counties with 100,000 or more residents, the associations (pearson r correlations) shown immediately above are slightly lower, by approximately 1.6% to 4%.