



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

**County of San Diego
Sexual Assault Response Team
Systems Review Committee Report**

**County of San Diego
Board of Supervisors**

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July 2005

Acknowledgments

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MISSION STATEMENT

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

VALUES:

Culture & Community Support

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

Education

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

Professionalism

We are committed to an objective, state-of-the-art, knowledge-based practice, continuing education, nonjudgmental and honest interaction with victims, and open, respectful communication with other professionals in the field.

Sensitivity

We are committed to recognizing the physical and emotional needs of the victims, providing gentle and thorough acute and follow-up care.

Communication

We are committed to listening to one another's concerns, opinions and offering support through community education and resources.

VICTIM QUESTIONNAIRE

A confidential questionnaire, available in English and Spanish, was developed to elicit SART program feedback from victims/survivors of sexual assault. The questionnaire and a pre-stamped, pre-addressed envelope are given to the victim at the completion of the evidentiary examination. Responses are mailed directly to the County of San Diego, Division of Emergency Medical Services, entered into a database, and anonymously shared with SART program personnel. The questionnaires ask victims to rate the services provided by law enforcement personnel, forensic examiners, and advocates as excellent, good, fair, or poor. Additionally, there is space to provide written comments for each agency. A majority of the victims rate the services as excellent. Below are a few comments:

- “Everyone was extremely helpful. I was very well taken care of.” ...the nurse forensic examiner, law enforcement officer and rape crisis counselor “were very compassionate and made my experience as painless as could be expected. I am very grateful.”
- “Thanks for all your help and concerns. You don't know how much it meant to me. May God bless each of you !!”
- “This is a wonderful program. I was listened to, and I was made to feel comfortable.”
- The crisis counselor “was fantastic. I felt safe with her and confident that she would help me in any way she could.”
- The law enforcement officer “was very helpful & concerned. He listened to me like he understood everything I was telling him.”
- The police officers “showed up about two seconds after the incident and had someone by my side at all times. They were great!”
- “I couldn't have made it without” the nurse forensic examiner. “She made me feel comfortable and relaxed and made me feel like a survivor instead of a victim.”

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Executive Summary

In August of 1991, the San Diego County Board of Supervisors established the Sexual Assault Response Team (SART) model as the standard of care for victims of sexual assault in the County of San Diego. This action was implemented to rectify an identified fragmented, non-standardized response for sexual assault victims.

SART has two primary purposes: 1) to provide emotional support for the victims of sexual assault and 2) to ensure accurate evidence collection to promote the apprehension and prosecution of the perpetrators of this crime. SART utilizes a victim-sensitive, multi-disciplinary approach to guarantee achievement of these goals. The team consists of law enforcement personnel, skilled forensic examiners, and sexual assault victim advocates. Since the implementation of the SART model, the program has been strengthened by the active participation of district attorneys and crime lab personnel. Advocates, law enforcement, forensic examiners and victims interface with the District Attorney's Office to cultivate a seamless approach to the prosecution of suspects.

The SART program, initially conceived for adult civilian victims of sexual assault, has expanded to incorporate San Diego's child abuse centers and military personnel. The cooperative efforts of the many agencies involved have facilitated the standardization of countywide policies and procedures and have established a model that has gained regional and national recognition.

The Sexual Assault Response Team Systems Review Committee Report outlines the achievements during the calendar years of 2002 – 2003. A few of these accomplishments are listed below:

- Developed “Sexual Assault Survivors – The Media and You” an educational pamphlet for victims of sexual assault explaining how to interact/respond to questions from the media.
- Applied for and received a \$15,000 grant from the William H. Donner Foundation. Grant monies were used to fund scholarships for judges and attorneys to attend the 2003 International Domestic Violence, Sexual Assault and Stalking Conference. Judicial personnel were provided the scholarship incentives with the goal of addressing gaps in the criminal justice system.
- Sponsored “Drug Facilitated Sexual Assault and Trendy Drugs of Abuse Seminar” an all day educational forum on issues of drug-facilitated sexual assault. The speaker, a retired law enforcement officer, is nationally recognized as one of the top professionals in the field.
- Supported and promoted “Take Back the Nights” a sexual assault awareness campaign. Advocacy agencies co-coordinated the campaign locally and participants included University of San Diego (USD), University of California San Diego (UCSD), San Diego State University (SDSU), Cal State San Marcos, Palomar College, and Cuyamaca College.

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

- Four thousand eight hundred thirty-seven (4,837) exams were conducted in adult SART facilities during calendar years 1993 – 2003.
- Ninety-six percent (96%) of the medical-legal exams conducted at adult SART facilities were for female victims (1993 – 2003).
- During 1993 – 2003, the San Diego Police Department authorized 47% of county exams at adult facilities, followed by the San Diego County Sheriff's Department (20%), Oceanside P.D. (8%), Escondido P.D. (6%), and Chula Vista P.D. (4%).
- A majority of adult exams were for females ages 18 – 29. This age group comprises 23% of the total adult female population, which translates to an examination rate of 104.5 per 100,000 females (2002– 2003).
- The highest rate of medical-legal exams conducted for females at all adult and child SART facilities for years 2002-2003 was for the 15 – 17 year age group (178.6/100,000).
- Medical-legal exams for males in years 2002-2003 had the highest rate in the 0 - 4 year age group (10.5/100,000) at all adult and child SART facilities.
- Exam rates for Black females 18 years and older were almost three times the White rate (101.7/100,000 vs. 36.99/100,000). The Hispanic female examination rate was 28.1 per 100,000 for female residents 18 years and older. (2002 – 2003).
- Seventy three percent (73%) of victims undergoing medical-legal examinations at adult SART facilities stated they knew the perpetrator (2002 – 2003).
- The “other non-stranger” category for the 18 - 29 year age group revealed the victim knew the perpetrator for less than 24 hours in 54% of the cases (2002 – 2003).
- Forensic examiners identified positive visible physical findings in 92% of adult/adolescent medical-legal examinations (2002 – 2003).

Background

At the request of the Director of the Department of Health Services, The "Report on the Current Status of Sexual Assault Examinations in San Diego County" was presented to the Board of Supervisors in November 1990. The report described a fragmented system of care for sexual assault victims including inconsistent access, availability, timeliness and accuracy of medical-legal examination processes. To address these problems the San Diego Board of Supervisors and the Department of Health Services convened a multi-jurisdictional, multi-disciplinary task force. The task force was requested to investigate the extent and nature of issues impeding consistent and appropriate processes for incidents of sexual assault and to suggest avenues for improvement. In 1991, the Board of Supervisors accepted the recommendations of the task force to implement the Sexual Assault Response Team (SART) model for the San Diego community.

On November 6, 1990 (#42), the Board of Supervisors adopted a resolution authorizing the formation of a multi-jurisdictional SART task force for the purposes of:

- Planning and implementing a regional response to Sexual Assault Evidentiary Examinations, and
- Establishing a regional standard of practice addressing the timeliness and quality of examinations, access and availability, cost, prosecutability, accuracy and municipal concerns.

On August 13, 1991 the "Report of San Diego County Regional Sexual Assault Evidentiary Examination Task Force" was presented to the Board of Supervisors and the following task force recommendations were adopted:

- Accept the San Diego County Regional Sexual Assault Evidentiary Task Force report in order to guide the planning and implementation of the regional response to the sexual assault evidentiary examination process.
- Establish the SART concept for the evidentiary examination as the standard of practice for San Diego County.
- Direct the Chief Administrative Officer, through the Department of Health Services, to facilitate the coordination of a countywide SART program and work with the medical, law enforcement and advocacy groups to ensure continued system improvements and oversight to the SART process.
- Direct the Chief Administrative Officer, through the Department of Health Services, to provide an annual report to the Board of Supervisors on the progress of the implementation of the countywide SART system.

This SART Systems Review Committee Report provides a description of the SART as it has evolved since inception, outlines accomplishments, future goals, and medical-legal examination data reflective of frequency, demographics, and system operations.

San Diego SART System History and Current Operations

History

Prior to the advent of the San Diego Sexual Assault Response Team (SART), evidence collection efforts and emotional support for the adult victims of this crime were inconsistent and fragmented. The medical-legal examination was authorized by law enforcement agencies to collect information to assist in the prosecution of sexual assault perpetrators. Because the nature of the examination required that medical personnel conduct the procedure, law enforcement agencies contracted with emergency departments countywide to perform the exam. Before the implementation of SART, not all law enforcement agencies had such contracts and efforts to identify a hospital facility often resulted in delays. The exams were conducted in the public atmosphere of the emergency department and, because patients with life-threatening conditions had to take priority, the examination was often delayed or interrupted. The skill and accuracy of the physical and historical exam was dependent on the experience of the medical practitioner. Rarely were genital injuries photographed because the necessary equipment (a colposcope & camera) was unavailable in most emergency departments. Emotional support may have been provided by nurses or social workers at some emergency departments, but there was no assurance of follow-up.

Once the SART system was implemented, law enforcement agencies developed contracts with designated hospitals committed to performing comprehensive examinations for sexual assault victims. In addition to law enforcement personnel, the program incorporated specially trained nurse forensic examiners and patient advocates. This team approach helps victims of sexual assault avoid repetitive and unnecessary questioning and delays, provides emotional support for the victims, and assures correct and consistent gathering of evidence thus enhancing the apprehension and prosecution of perpetrators of the violent crime of rape.

Current SART System Program Operations

The focus of the SART system during the initial implementation was to ensure a coordinated response for civilian adult/adolescent victims of sexual assault. Efforts were focused in this area because at that time all child, and a proportion of adolescent medical-legal examinations, were conducted at two facilities, the Center for Child Protection (now named the Chadwick Center) at Children's Hospital & Health Center and Palomar Medical Center.

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

Currently all San Diego county law enforcement agencies have contracts with area hospitals to provide sexual assault medical-legal examinations:

- Adult exams (≥ 18 years) are conducted at University Community Medical Center (UCMC) or Palomar and Pomerado Hospitals.
- Child exams (0 - 13 years) and most exams for developmentally delayed persons are conducted at the Chadwick Center at Children's Hospital & Health Center or at the Child Abuse Unit at Palomar Hospital.
- Adolescent exams (14 - 17 years) are conducted at one of the four facilities listed above, dependent on law enforcement contract.

The forensic examination is a legal procedure and, as ordered by Penal Code Section 13823.95, the financial responsibility of the law enforcement agency in whose jurisdiction the sexual assault occurs.

Adult Examination Facilities

When notified of a sexual assault, law enforcement interviews the victim, any available witnesses, and secures the crime scene. If law enforcement determines that forensic evidence may be retrievable and if the victim consents to undergo a medical-legal examination, the 24-hour on-call sexual assault forensic examiner (SAFE) and sexual assault victim advocate are paged to meet law enforcement and the victim at the hospital.

The forensic interview and examination are conducted by the forensic nurse specialist in a quiet room, separate from the public and busy atmosphere of the emergency department. San Diego SAFE's have all completed a special core curriculum course, providing didactic education and clinical experience in the examination, collection, and documentation of sexual assault forensic evidence. Examiners use a colposcope, which is a magnifying instrument to visualize skin and genital injuries. A camera is attached to the colposcope, which provides photographic documentation of findings. Forensic practitioners provide education and prophylaxis for sexually transmitted diseases and emergency contraception when indicated.

The immediate availability of qualified clinicians to perform sexual assault medical-legal exams decreases the long waits previously experienced by sexual assault victims and enhances the prosecution of perpetrators. The SART system also enables law enforcement officers to return to the field in an expeditious manner.

The addition of the sexual assault victim advocate to the SART team recognizes the importance of psychological and emotional support for the victim. The sexual assault victim advocate is the person whose primary purpose is to provide emotional support throughout the process. In addition to providing support at the time of the exam, advocates ensure that victims are informed about follow-up counseling services, the Victim Assistance Program, and community resources. They may also accompany the victim to interviews and court proceedings if needed. The primary agencies providing advocacy include:

- Center for Community Solutions (CCS) with branches in Pacific Beach, La Mesa and Escondido.
- Oceanside's Women's Resource Center

Other volunteer agencies, including the Citizens Adversity Support Team (CAST), Crisis Intervention (CI), the Trauma Intervention Program (TIP), and the Sexual Assault Victim Intervention (SAVI) program provide immediate emotional and psychological support for victims when requested.

The District Attorney Victim Assistance Program also provides court accompaniment and assists victims with a variety of services including filing compensation claims for possible reimbursement of lost wages, medical and counseling expenses.

Child Examination Facilities

The Chadwick Center at Children's Hospital & Health Center and Palomar Medical Center have comprehensive programs to assist in the detection and evaluation of child abuse and molestation. Their staff includes physicians, social workers and nurses.

At the request of law enforcement or Children's Services Bureau (CSB), a physician/ nurse team is immediately available for acute assaults reported within 72 hours of the incident. A daytime examination is scheduled for cases disclosed beyond 72 hours.

Every effort is made to eliminate unnecessary and repetitive interviews. At the request of law enforcement, specially trained evidentiary social workers are available to conduct videotaped interviews with child and adolescent victims. This service is also available for severely developmentally delayed adults.

SART Systems Review Committee

The Sexual Assault Response Team (SART) Systems Review Committee was established by the Director of the Department of Health Services to address specific policies and procedures related to the implementation and operation of the SART program in San Diego.

The Committee is comprised of representatives from the adult/adolescent SART facilities of Pomerado and University Community Medical Center (UCMC), the child/adolescent centers of the Chadwick Center and Palomar Health Center, the San Diego Naval Medical Center, law enforcement agencies, advocacy programs, district attorneys and victim-assistance personnel from the District Attorney's (DA's) Office, Crime Labs, Indian Health Council and the Health & Human Services Agency, Division of Emergency Medical Services.

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

Data Collection Efforts

Prior to the SART program, basic questions regarding the number of medical-legal exams performed, law enforcement agency involvement, sexual assault victim demographics, and examination time sequence, were not centrally tracked. Currently all SART facilities provide SART system data to the Division of Emergency Medical Services for input to a central computerized database. Data points were chosen to accomplish the following goals:

- Evaluate the strengths and weaknesses of the SART program
- Provide basic demographic victim information
- Track SART facility, law enforcement, and advocate agency participation
- Document physical injuries incurred as a result of sexual assault
- Improve the quality of the forensic exam
- Provide data for grant funding and clinical research on sexual assault victims
- Track and evaluate judicial outcome

SART Systems Review Committee Report

This report provides medical-legal examination and program operation data, a summary of SART Systems Review Committee accomplishments and standardized procedures, and an outline of future SART program goals. Data for 2002 and 2003 has been analyzed and is included in this report.

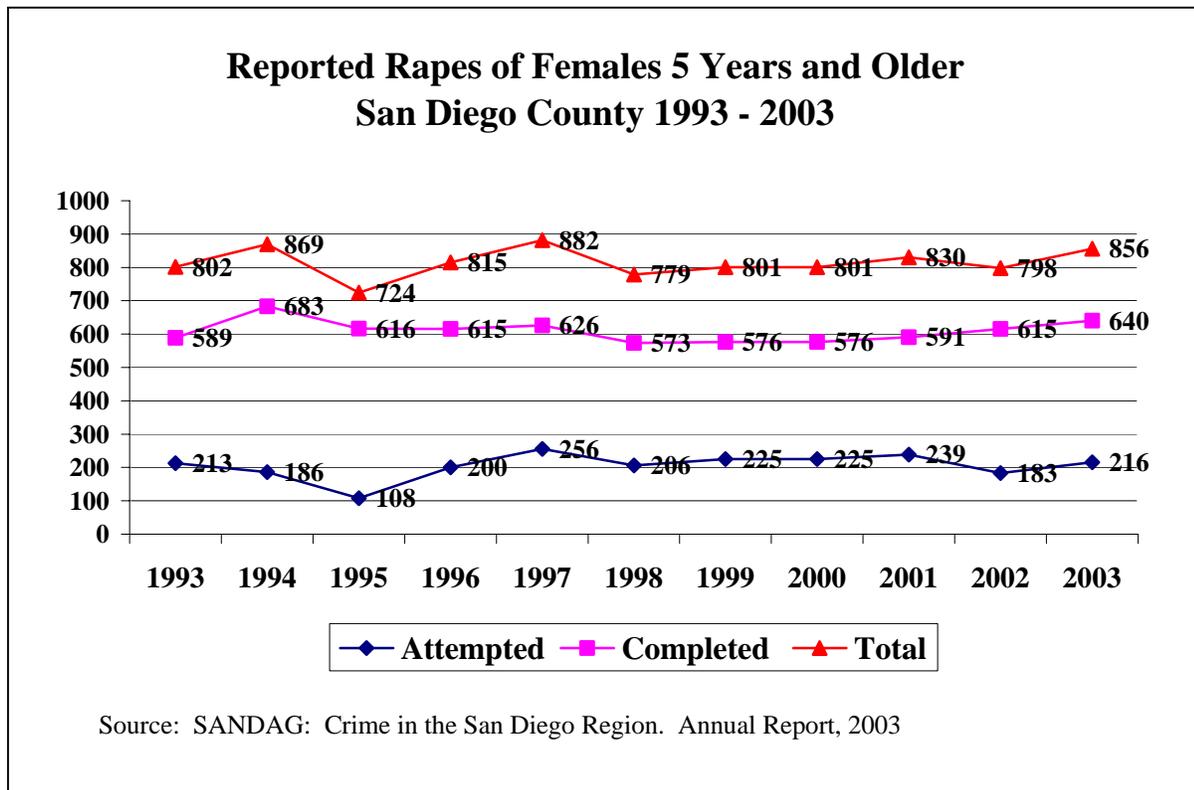
Data Overview

Examinations at Adult Facilities

1993 - 2003

Rape in San Diego County: 1993 – 2003

San Diego law enforcement agencies report specific crimes to the FBI through the Uniform Crime Reporting (UCR) Program. Law enforcement agencies also provide this crime data to the San Diego Association of Governments (SANDAG). The UCR, and therefore SANDAG, defines and limits "rape" to forcible, non-consenting carnal knowledge against females, and includes penal codes 261(a)(2). This includes rape against females age 5 years and older, but excludes incidents of consensual sex with a minor (statutory rape). It also excludes non-forcible sexual assaults involving developmentally disabled persons and against victims who do not resist because of the influence of alcohol or drugs. Sexual assaults against males are reported separately in the FBI index assault category. For the years 1993 through 2003, SANDAG documented an annual average of 814 women who reported either attempted or completed rapes. For 2003, this corresponds to an incidence rate of 64 rapes for every 100,000 females ages 5 years and over.

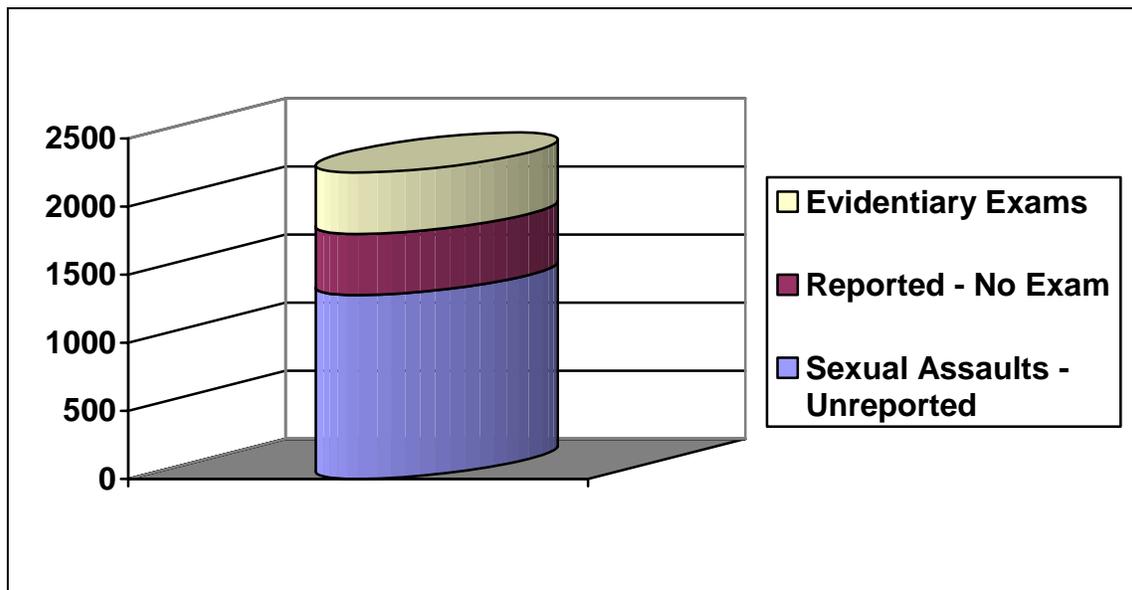


Sexual Assault Reporting

The total number of rapes is unknown because only a proportion is reported to law enforcement authorities. On a national basis, the 2003 FBI Uniform Crime Report (UCR) documented 93,433 attempted or completed rapes against women and children, a decrease of 1.9% from the previous year. This represents 32.1 rapes per 100,000 females in the population. The UCR includes forcible rapes (not sexual assaults) against women of all ages. Also in 2003, the Bureau of Justice Statistics, National Crime Victimization Survey (NCVS) identified 223,290 rapes, attempted rapes, or sexual assaults, a decrease of 15.1% from the previous year. The NCVS documents rapes and sexual assault for women and men 12 years and older. The National Crime Victimization Survey also published that rape or sexual assault was the least often reported violent crime to law enforcement (38.5%). The number of reported assaults that receive evidentiary examinations are further limited for a variety of reasons, including victim refusal or if evidence or documentation of injury would be unlikely to result from the examination (e.g., if too much time had passed since the assault).

If the same ratios held true for San Diego County, only 2 in 5 rapes would have been reported. Based on the female population of San Diego County, there would have been an estimated 2,250 rapes of which 900 were reported and only half of these would have received evidentiary examinations.

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



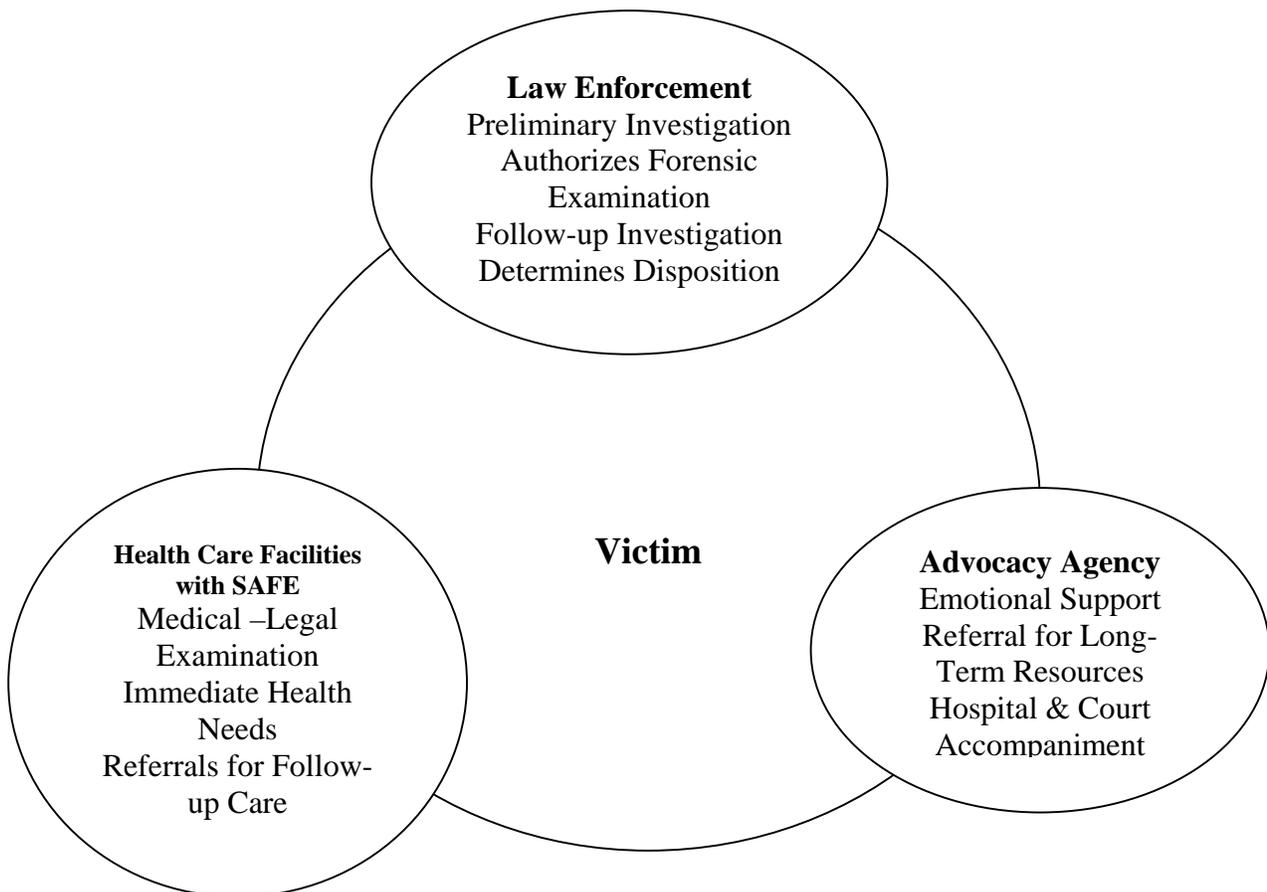
SART Program

The San Diego County Sexual Assault Response Team (SART) initial response is comprised of three elements. The responding law enforcement agency conducts the investigation, authorizes the exam, and collects information for prosecution. Specially trained Sexual Assault Forensic Examiners (SAFEs) are located at regional health facilities, where they perform the evidentiary examination. Representatives of advocacy agencies are present to guide the victim through the process and to provide immediate and long-term support.

The County of San Diego Sheriff and San Diego Police Department Crime Laboratories play an important role in the analysis of collected evidence.

Follow-up prosecution activities include the district attorney, and may involve testimony from law enforcement and health care personnel along with continuing support from the advocacy agency representatives.

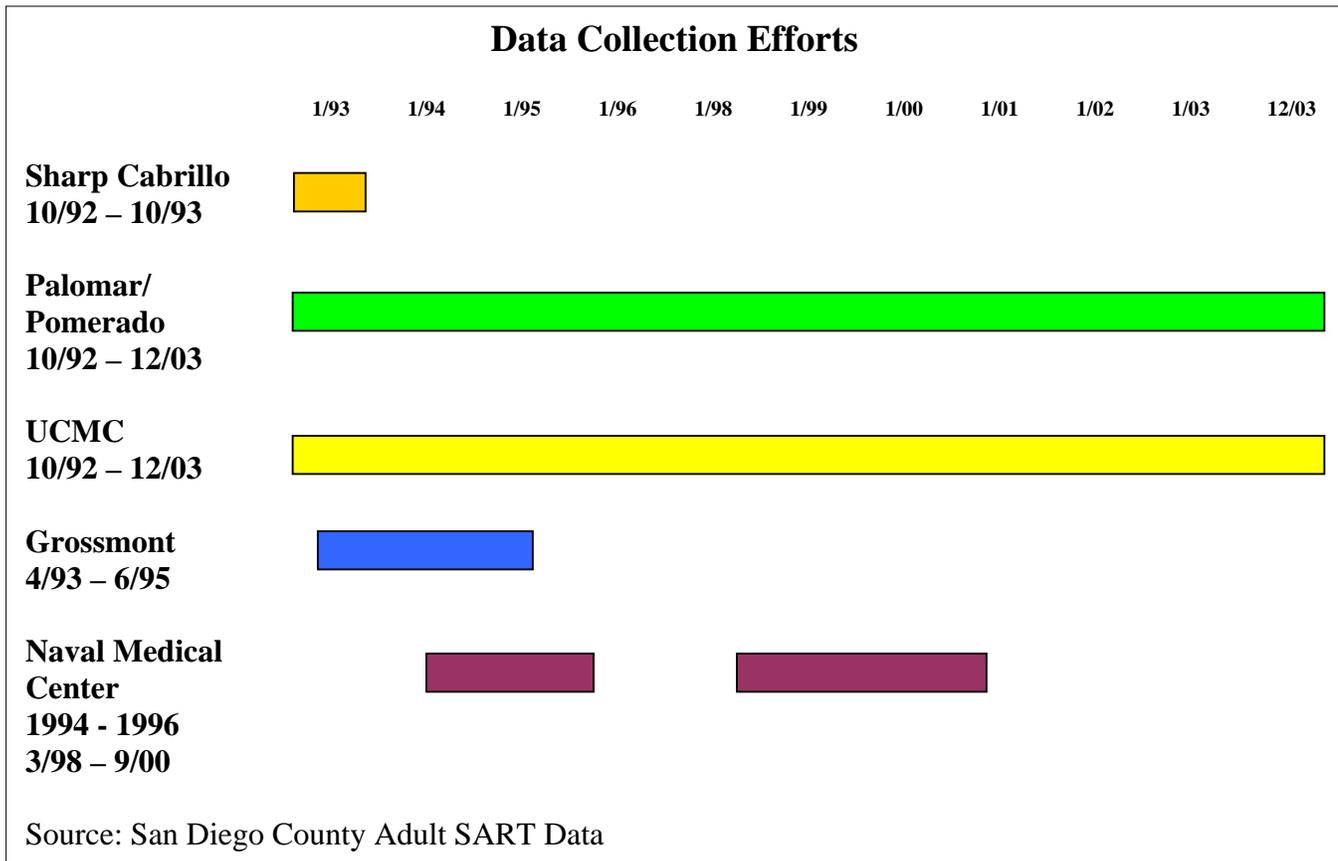
SART Program Components



Adult SART Facilities

The SART program began in August 1991 and data collection started in October 1992. Statistical analysis presented in this report reflects full calendar years only and excludes data from the three months in 1992 (107 exams). For the period during which data is available, six separate hospitals have served as adult SART examination facilities. Two of these hospitals, Pomerado (north county) and UCMC (central region) have provided services from the beginning of the program through the present time. Sharp Cabrillo Hospital, which began conducting examinations at the start of the SART program, discontinued the program in October 1993. Grossmont Hospital was a SART facility from April of 1993 through June of 1995. The Naval Medical Center San Diego conducted exams at their facility in 1994 – 1996 and 1998 – 2000.

Other facilities in San Diego County also perform sexual assault and child abuse examinations for specific population subgroups. The Chadwick Center (formerly CCP) at Children's Hospital and Health Center and the child abuse unit at Palomar Medical Center contract with several law enforcement agencies to conduct examinations on all victims 13 years and younger. Additionally, some law enforcement agencies contract to have adolescents age 14 to 17 seen at these facilities. The military bases in the region use their own resources to investigate allegations of sexual assault occurring on military property but the exams are conducted at the San Diego SART facilities.



Evidentiary Exams by Facility and Year

Between January 1, 1993 and December 31, 2003, 4,837 evidentiary exams were conducted at adult SART facilities. Overall, the number of exams performed at SART adult facilities increased by 27% during this eleven-year period.

UCMC conducted 2,865 (59%) of the examinations during this time period. Their high volume was due in part to a contract with the San Diego Police Department, which serves 43% of the county population. Pomerado Hospital, which serves the north county and parts of the east county region, conducted 1,689 exams (35%). In 1999 Pomerado expanded its services by offering an examination site adjacent to Palomar Hospital. This added site provides convenience for victims and law enforcement personnel who live and work in the Escondido area. Grossmont Hospital and Sharp Cabrillo Hospital both conducted evidentiary examinations in the past but discontinued SART services due to low volume. Naval Medical Center San Diego initially established its evidentiary examination program in 1994 but the operation of the program was sporadic. It discontinued services in 2000.

Number of Exams by SART Facility and Year of Exam

| Year | Sharp Cabrillo | Grossmont | Palomar/Pomerado | UCMC | Naval Medical Center | Total | % Change |
|--------------|----------------|-----------|------------------|------|----------------------|-------|----------|
| 1993 | 101 | 45 | 109 | 138 | 0 | 393 | -- |
| 1994 | 0 | 70 | 143 | 212 | 0 | 425 | 8.14% |
| 1995 | 0 | 24 | 158 | 286 | 13 | 481 | 13.18% |
| 1996 | 0 | 0 | 164 | 261 | 0 | 425 | 11.64% |
| 1997 | 0 | 0 | 173 | 301 | 0 | 474 | 11.53% |
| 1998 | 0 | 0 | 143 | 271 | 0 | 414 | -12.66% |
| 1999 | 0 | 0 | 126 | 218 | 15 | 359 | -13.29% |
| 2000 | 0 | 0 | 173 | 283 | 15 | 471 | 31.20% |
| 2001 | 0 | 0 | 152 | 293 | 0 | 445 | -5.52% |
| 2002 | 0 | 0 | 171 | 278 | 0 | 449 | 0.90% |
| 2003 | 0 | 0 | 177 | 324 | 0 | 501 | 11.58% |
| Total | 101 | 139 | 1689 | 2865 | 43 | 4837 | 27.48% |

Source: San Diego County Adult SART Data, 1993 – 2003: All exams conducted at adult SART facilities

Victim Gender

The majority of victims seen at adult SART facilities were female, 95.61%. Adult males made up less than 5% of victims.

Gender of Victim

| | Number | Percent |
|---------------|---------------|----------------|
| Female | 4625 | 95.62% |
| Male | 212 | 4.38% |
| Total | 4837 | 100% |

Source: San Diego County Adult SART Data, 1993 – 2003: All exams conducted at adult SART facilities

Positive Visible Physical Findings

Data on physical findings were available for analysis starting in 1996. Positive visible physical findings identified at the time of the examination may include anything from presence of semen to external bodily injuries. The distinction of "visible" physical findings is important because biological evidence such as semen and blood, and trace evidence such as hair, debris, and fibers, will be analyzed by the crime lab, which may identify additional corroborating evidence. Eighty-four percent of cases examined at the SART facilities between 1996 and 2003 showed positive visible physical findings. Nine percent demonstrated no positive visible physical findings, and 6.6% of examinations were inconclusive.

**Positive Visible Physical Findings* at Adult SART Facilities
1996 – 2003**

| | Number | Percent |
|---------------------|---------------|----------------|
| Yes | 2977 | 84.1% |
| No | 328 | 9.3% |
| Inconclusive | 233 | 6.6% |
| Total | 3538 | 100% |

*Injuries or visible evidence identified by SAFE

Source: San Diego County Adult SART Data, 1996-2003: All exams conducted at adult SART facilities

Authorizing Law Enforcement Agency

The responding law enforcement agency is responsible for investigating the crime, authorizing the examination and transporting the victim to the SART facility. Since the examination is conducted for the purpose of collecting evidence, the authorizing law enforcement agency is also responsible for cost reimbursement. The San Diego Police Department, whose jurisdiction encompasses 43% of the county population, authorized 46.7% of SART examinations during the eleven-year period from 1993-2003. The San Diego County Sheriff, which patrols the county's unincorporated regions and holds contracts with several cities (15.6% of population), authorized 19.9% of SART cases. Oceanside, with 5.7% of the population, had 7.9% of SART cases. The contributions of the other major cities were as follows: Escondido (4.7% of population), 5.6%; Chula Vista (6.9% of population), 4.0%; El Cajon (3.2% of population), 3.4%.

Authorizing Law Enforcement Agency: 1993 – 2003

| Agency | Number | Percent |
|---------------------|-------------|----------------|
| Cal State Police | 20 | 0.41% |
| Camp Pendleton | 8 | 0.17% |
| Carlsbad PD | 106 | 2.19% |
| Chula Vista PD | 195 | 4.03% |
| Coronado PD | 15 | 0.31% |
| El Cajon PD | 162 | 3.35% |
| Escondido PD | 271 | 5.60% |
| Harbor Police | 7 | 0.14% |
| La Mesa PD | 60 | 1.24% |
| Military Police | 173 | 3.58% |
| National City PD | 131 | 2.71% |
| Oceanside Harbor PD | 2 | 0.04% |
| Oceanside PD | 383 | 7.92% |
| Other | 65 | 1.34% |
| SD County Sheriff | 965 | 19.95% |
| SD Police Dept | 2259 | 46.70% |
| State Park Ranger | 1 | 0.02% |
| Unknown | 14 | 0.29% |
| Total | 4837 | 100.00% |

Source: San Diego County Adult SART Data, 1993 – 2003: All exams conducted at adult SART facilities

Advocacy Agencies

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

Between 1996-2003, the majority of services were provided by the Center for Community Solutions (CCS), EYE Crisis & Counseling Services (no longer active), and the Women's Resource Center (WRC) in Oceanside. As shown in the accompanying table and chart, CCS, which provided services primarily to UCMC Hospital, performed 54% of advocacy services during the time for which this information is available. EYE and WRC accounted for 30% of advocacy services, serving Pomerado and Palomar Hospitals.

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

The District Attorney Victim Assistance Program offers comprehensive services to crime victims. Advocates are located throughout the county. Services may include: crisis intervention, community resource referrals, assistance with filing Victims of Crime Compensation Claims, and information about the criminal justice system. D.A. victim advocates are also available to intercede on behalf of victims with family and friends as well as law enforcement officers and prosecutors.

Advocacy Agency by SART Facility: 1996 – 2003

| | Naval Medical Center | Palomar/Pomerado | UCMC | Total |
|---------------------------------------|----------------------|------------------|-------------|-------------|
| Center for Community Solutions | 0 | 87 | 1794 | 1881 |
| Citizen Adversity Support Team (CVPD) | 0 | 0 | 67 | 67 |
| Crisis Intervention (SDPD) | 0 | 0 | 53 | 53 |
| EYE Crisis & Counseling Services | 0 | 531 | 0 | 531 |
| National City Crisis Team (NCPD) | 0 | 0 | 2 | 2 |
| Sexual Assault Victim Intervention | 19 | 32 | 67 | 118 |
| Trauma Intervention Program | 0 | 0 | 13 | 13 |
| Women's Resource Center (WRC) | 0 | 500 | 0 | 500 |
| Other | 0 | 73 | 28 | 101 |
| Unknown/Missing | 11 | 56 | 205 | 272 |
| Total | 30 | 1279 | 2229 | 3538 |

Source: San Diego County Adult SART Data, 1996 – 2003: All exams conducted at adult SART facilities

Perpetrator Relationship

Data regarding the relationship of perpetrators to adult victims was available for 1996-2003. Among adults who received evidentiary examinations, 68% of perpetrators were known to the victim whereas only 24% of perpetrators were strangers.

Perpetrator Relationship: 1996 – 2003

| | Number | Percent |
|---------------------------|---------------|----------------|
| Spouse | 172 | 4.85% |
| Ex-spouse | 26 | 0.73% |
| Cohabitant | 107 | 3.02% |
| Ex-cohabitant | 67 | 1.89% |
| Fiancé | 6 | 0.17% |
| Dating* | 300 | 8.46% |
| Relative | 55 | 1.55% |
| Other Non-stranger | 1739 | 46.98% |
| Stranger | 841 | 23.70% |
| Unknown | 210 | 5.92% |
| Missing/Blank | 15 | 0.70% |
| Total | 3538 | 100.00% |

*Includes present and former dating relationship

Source: San Diego County Adult SART Data, 1996-2003: all exams conducted at adult SART facilities

Adult Female Victims

There are too few evidentiary examinations of adult males to calculate meaningful rates of examinations. Therefore the following tables refer to adult females only. The overall rate of examinations for adult females 18 years and older was 37.73 per 100,000 population per year. There is an inverse relationship between age group and rate of examinations. In other words, as age increases, the rate of examinations decreases.

Adult Female Victims: Examinations by Age, 1993-2003

| Age Group | Number of Exams | Percent of Exams | Annual Rate per 100,000 |
|------------------|-----------------|------------------|-------------------------|
| 18-29 | 2581 | 62.54% | 90.18 |
| 30-39 | 931 | 22.59% | 45.01 |
| 40-49 | 446 | 10.81% | 20.12 |
| 50+ | 161 | 3.90% | 4.25 |
| Unknown | 8 | 0.19% | -- |
| Total 18+ | 4127 | 100% | 37.73 |

Source: San Diego County Adult SART Data, 1993-2003: Females 18 years and older examined at adult SART facilities

Rates calculated using population estimates for San Diego County from SANDAG

Race/ethnicity data was available for 1995 through 2003. The highest rates within each racial/ethnic group were in the youngest age group. Blacks had rates three to four times as high as other groups.

Number and Rate of Female Evidentiary Exams per 100,000 by Race/Ethnicity, 1995-2003 Annualized

| Age Group | White | | Black | | Hispanic | | Asian/Other | | Total | |
|------------------|--------|--------|--------|--------|----------|-------|-------------|-------|--------|-------|
| | Number | Rate | Number | Rate | Number | Rate | Number | Rate | Number | Rate |
| 18-29 | 1199 | 115.75 | 304 | 232.91 | 451 | 58.35 | 181 | 54.25 | 2135 | 97.98 |
| 30-39 | 423 | 39.4 | 141 | 116.2 | 142 | 25.15 | 62 | 22.76 | 768 | 37.8 |
| 40-49 | 258 | 22.89 | 48 | 51.94 | 43 | 11.51 | 24 | 10.77 | 373 | 20.54 |
| 50+ | 99 | 4.25 | 13 | 11.38 | 17 | 3.84 | 12 | 4.27 | 141 | 4.45 |
| Total 18+ | 1979 | 35.55 | 506 | 110.37 | 653 | 30.33 | 279 | 25.13 | 3417 | 36.81 |

Source: San Diego County Adult (18 years and older) SART Data, 1995-2003: Females examined at adult SART facilities

Rates calculated using population estimates for San Diego County from SANDAG

The San Diego Military Program

The military has a large presence in San Diego and their personnel have participated in SART activities since the beginning of the San Diego program, but the structure of their program has changed throughout the years.

Although the medical-legal examinations are currently done in the adult SART facilities, the Naval Medical Center San Diego also conducted them from 1994 – 1996 and then again from 1999 – 2000.

Sexual assaults committed on military bases fall under the jurisdiction of the Naval Criminal Investigative Services (NCIS). Sexual assaults of military personnel or dependents in San Diego proper (non-military bases) are authorized by the law enforcement agency in the jurisdiction where the assault occurred.

Patient support is provided by advocates from the Sexual Assault Victim Intervention (SAVI) program or by community based advocate programs.

A strong collaborative relationship between military personnel and the representatives from the San Diego sexual assault community has helped promote an effective program. A brief summary of their program in San Diego follows.

- A sexual assault program is established at the Naval Medical Center San Diego (1994).
- The Navy expands their program to include colposcopic exams for on-base and military dependent children. (1995).
- The adult sexual assault naval program is temporarily discontinued (1996) and NCIS authorized exams are conducted at San Diego adult SART facilities.
- San Diego forensic examiners provide education for SAVI regarding the evidentiary process used in adult facilities (1996).
- San Diego advocates work with SAVI to establish a procedure for military advocates to provide victim assistance when exams are done at adult SART facilities. This process is important to help familiarize the victim with the military's sexual assault procedures (1996).
- The San Diego SART model is presented to the Navy Surgeon General for use in the establishment of their multidisciplinary sexual assault program (1996).
- The Navy implements a training program for sexual assault examiners and investigators.
- Military forensic examiners observe and train at San Diego adult SART facilities to increase experience (1997).
- The SART program is re-established at the Naval Medical Center San Diego (March 1998).
- The adult sexual assault naval program is discontinued (September 2000) and NCIS authorizes use of other SART facilities.

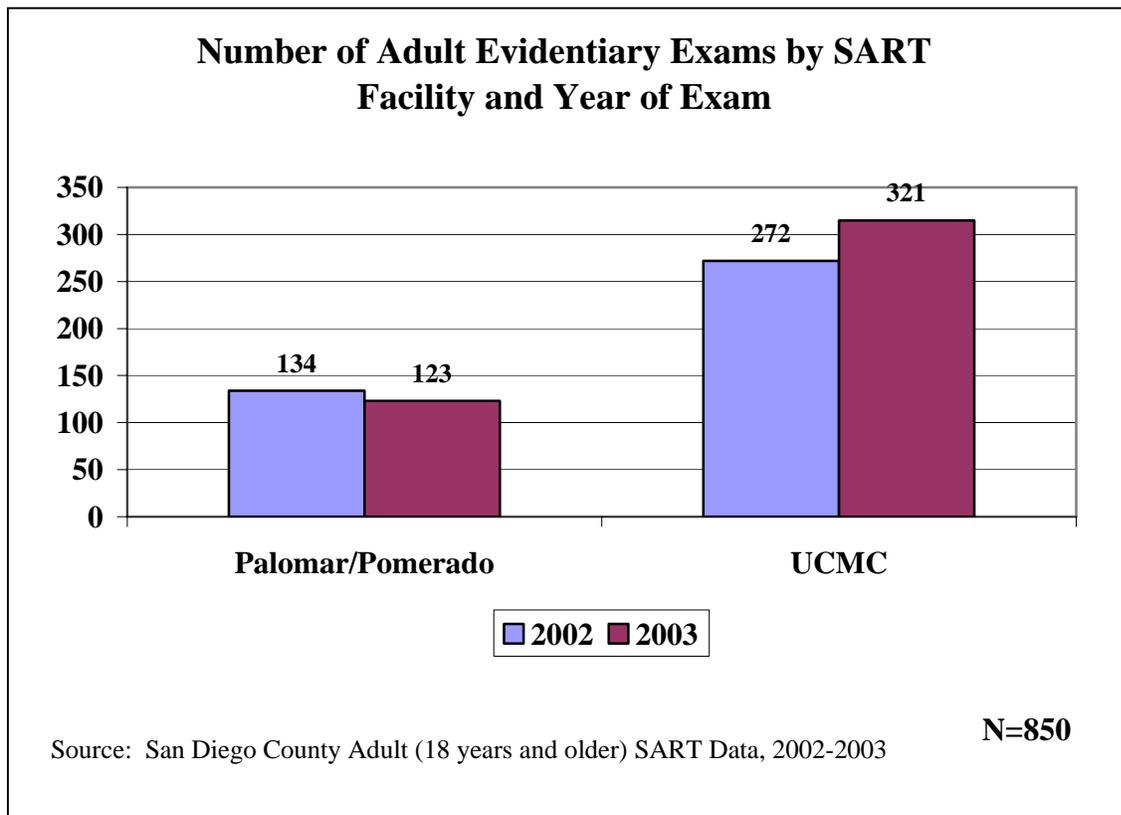
Examinations of Adults 18 Years and Older

2002-2003

Evidentiary Examinations of Adult Victims by Facility and Year

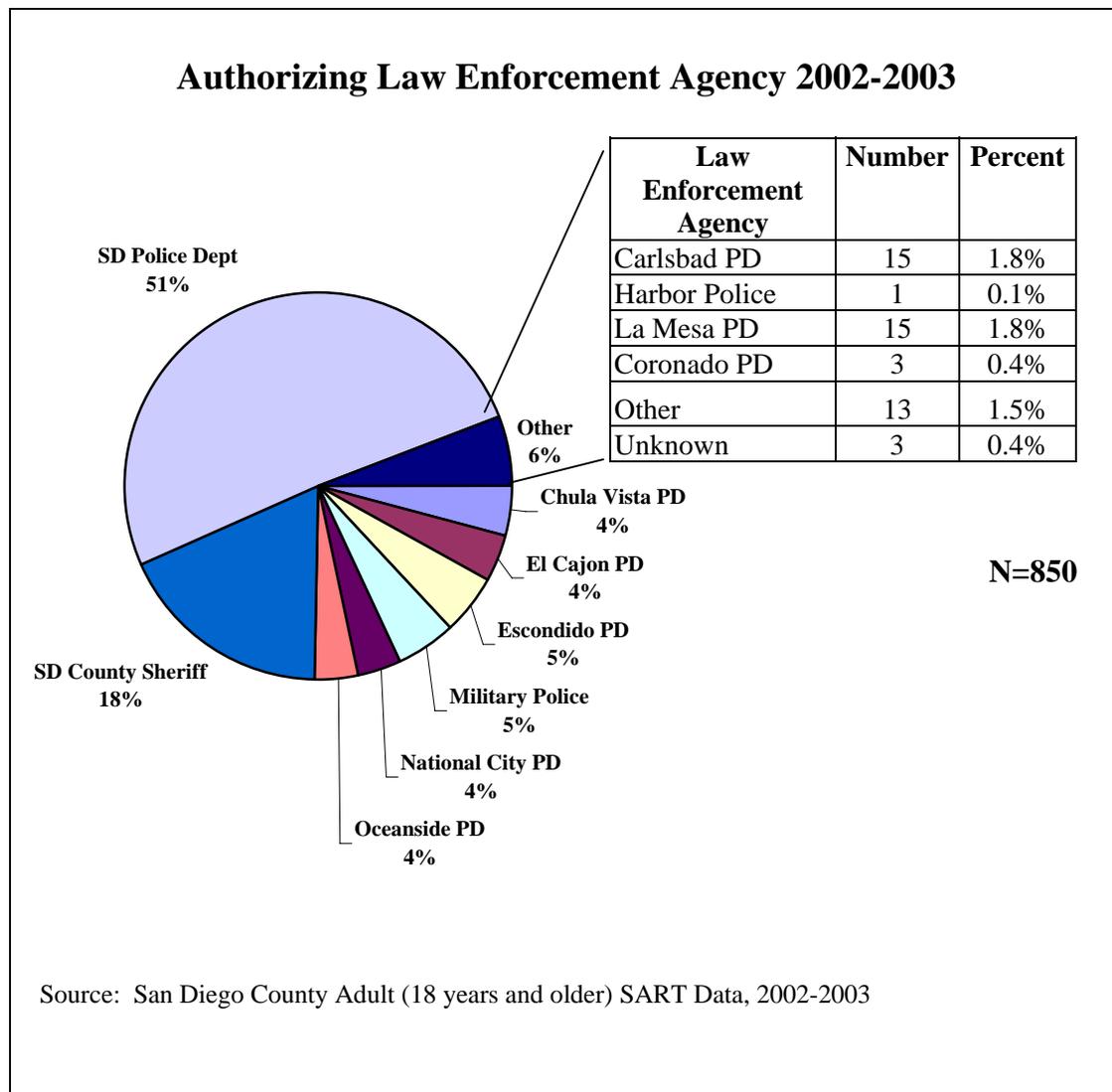
During the time period 2002 through 2003, there were 850 evidentiary examinations for victims 18 years and older conducted at SART facilities. There were 406 examinations conducted in 2002. In 2003, the number of examinations increased to 444, a 9% increase. Additionally, there were 99 exams done for adolescents (ages 13-17) at these facilities.

UCMC conducted 593 (70%) of the examinations during this time period, and had two forensic examiners on call 24 hours a day to address its high volume. The high volume was due in part to a contract with the San Diego Police Department, which serves 43% of the county population. Palomar/Pomerado Health Care, which serves the north county and parts of the east county region, conducted 257 exams (30%).



Authorizing Law Enforcement Agency: Adult Victims

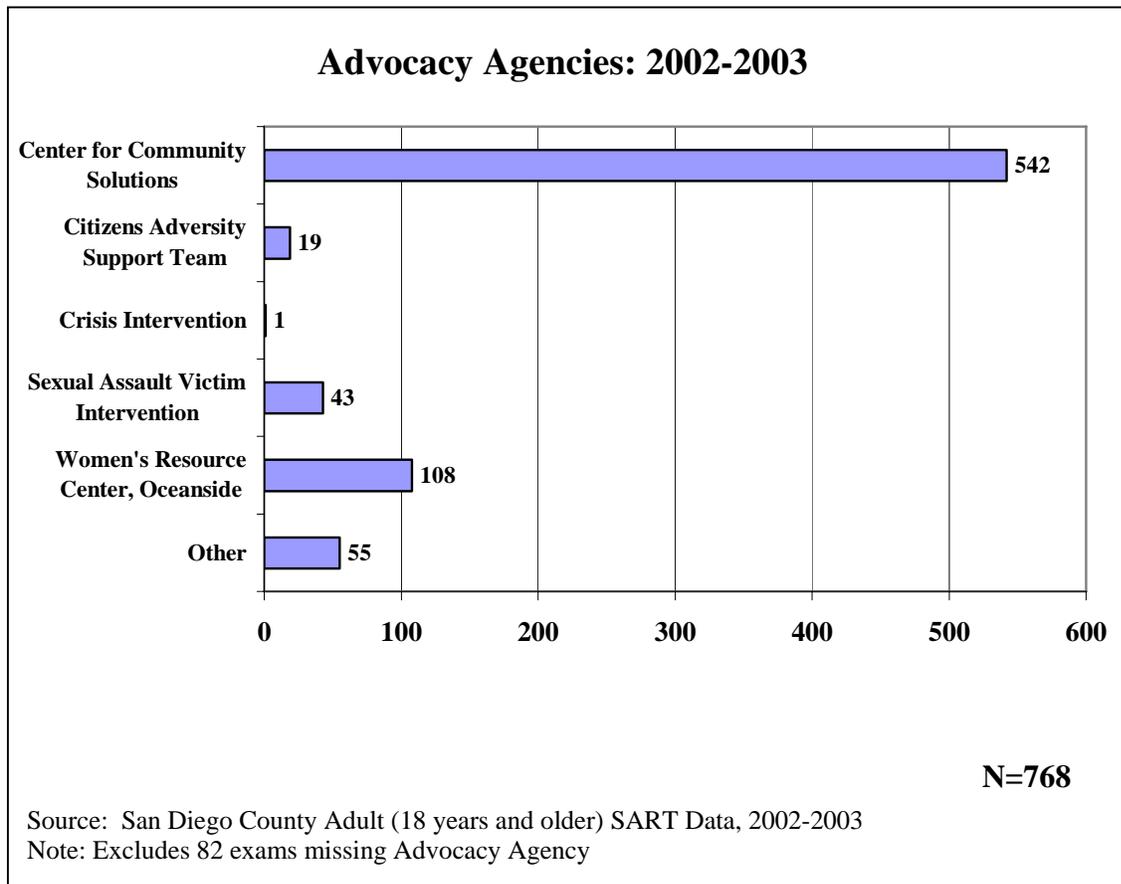
The responding law enforcement agency is responsible for authorizing the examination and transporting the victim to the SART facility. Since the examination is conducted for the purpose of collecting evidence, the authorizing law enforcement agency is also responsible for cost reimbursement. The San Diego Police Department, whose jurisdiction encompasses 43% of the county population, authorized 51% of SART adult examinations during the period from 2002-2003. The San Diego County Sheriff, which patrols the county's unincorporated regions and holds contracts with several cities (15.6% of population), authorized 18% of SART cases. Oceanside, with 5.7% of the population, had 4.0% of SART cases. The contributions of the other major cities were as follows: Escondido (4.7% of population), 5%; Chula Vista (6.9% of population), 4%; El Cajon (3.2% of population), 4%.



Advocacy Agencies: Adult Victims

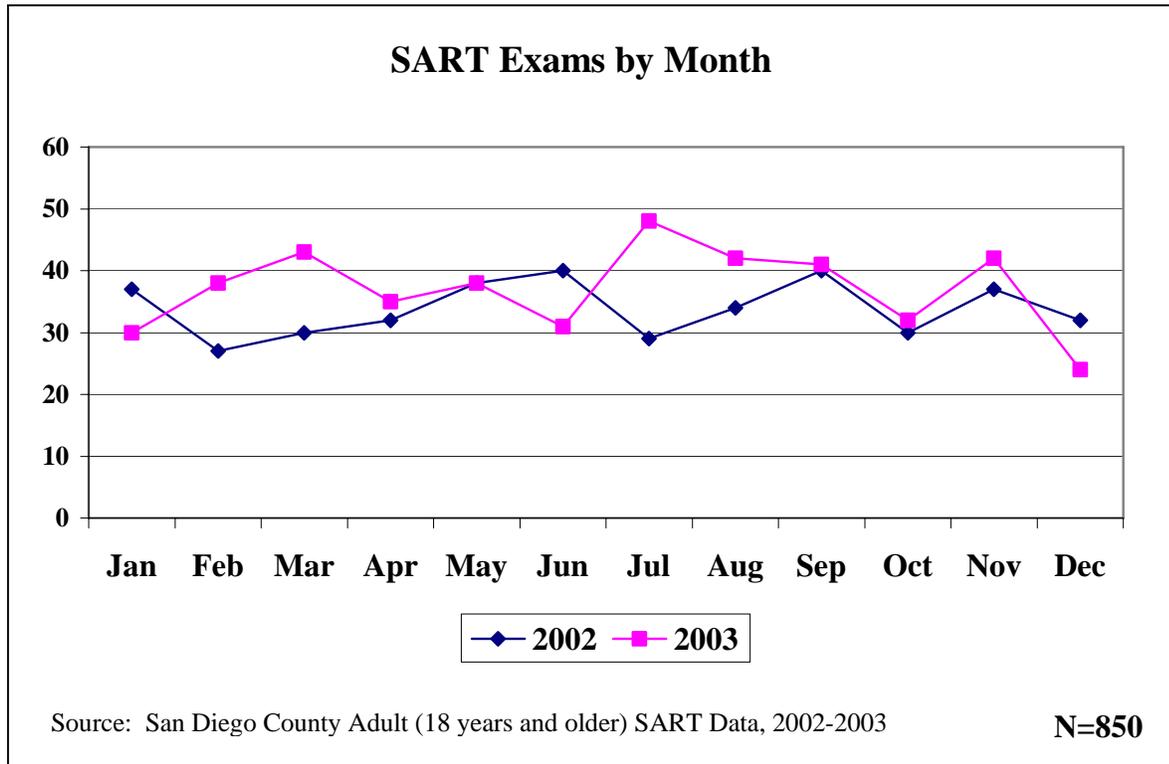
The sexual assault victim advocate's primary purpose is to provide emotional support throughout the SART process. In addition, advocates ensure that victims are informed about follow-up counseling services, the District Attorney's Office Victim Assistance Program, and community resources. If requested,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

The majority of services were provided by the Center for Community Solutions (CCS), and the Women's Resource Center (WRC) in Oceanside. CCS, performed 71% of advocacy services during 2002-2003. WRC accounted for 14% of advocacy services, serving Palomar/Pomerado SART. Several community-based and law enforcement-affiliated volunteer programs also offer first line support for sexual assault victims.



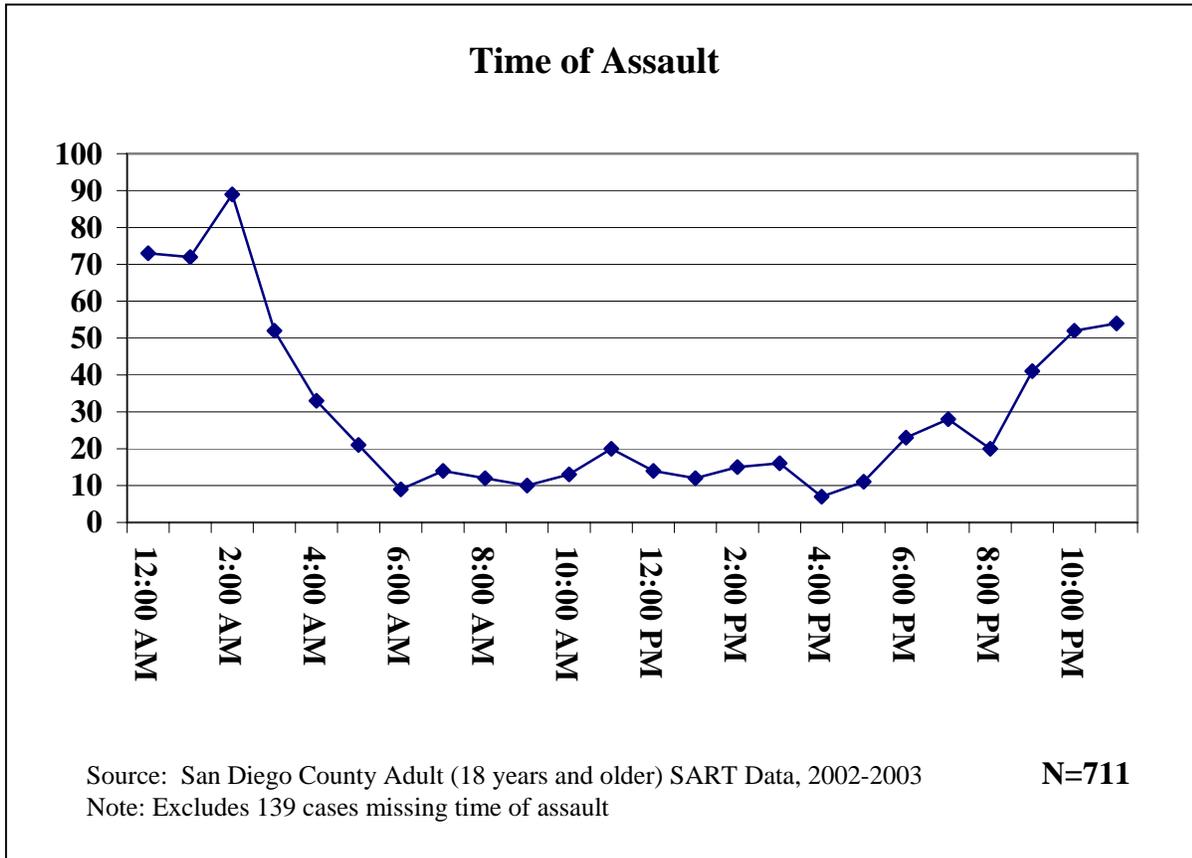
Month of SART Exam: Adult Victims

The following graph illustrates the number of SART exams by month and year. In 2002 there were peaks in June and September. The fewest exams were conducted in December 2003 and the most in July 2003.



Time of Assault: Adult Victims

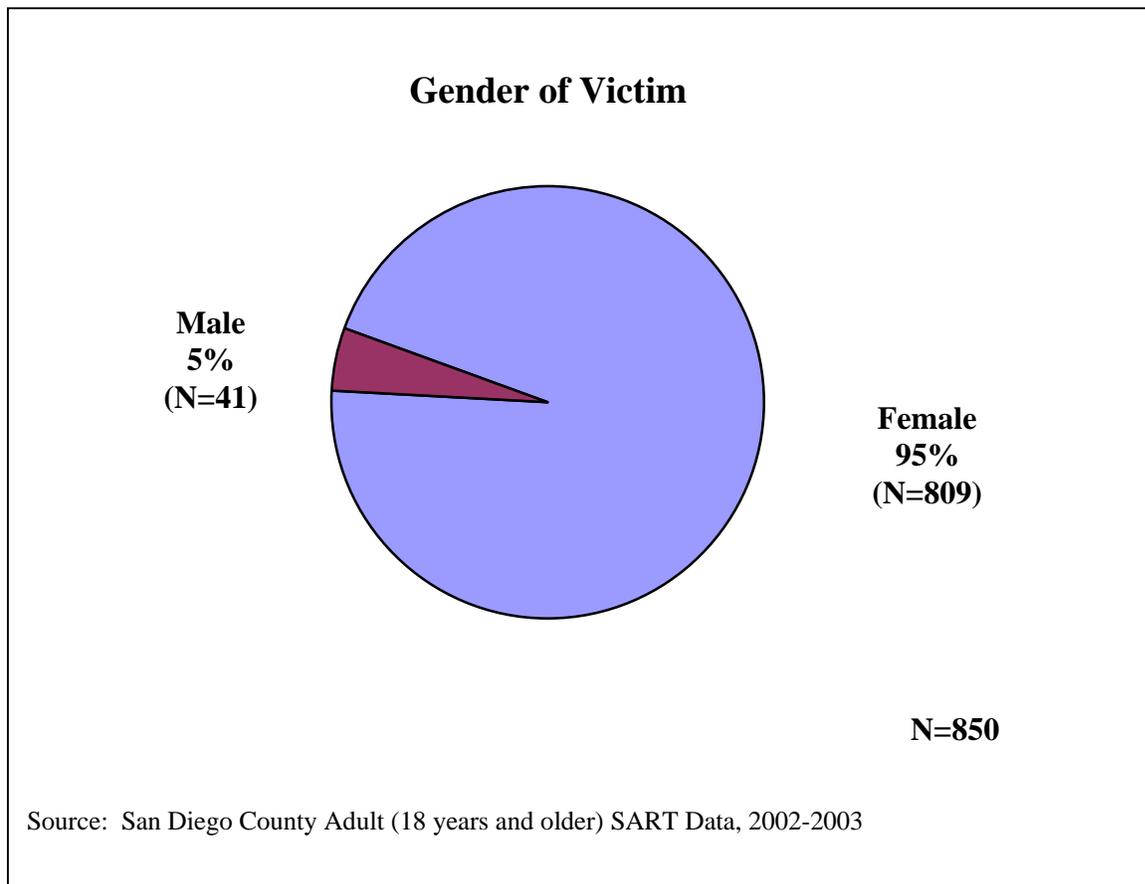
Time of day is a strong factor in the occurrence of adult sexual assaults. For the period from 2002 through 2003, 62.6 assaults occurred per hour during the six-hour time interval between 9 p.m. and 3 a.m., with peak incidence at 2:00 a.m. In contrast, 33 assaults occurred per hour during the remaining nine-hour interval of the day, between 4 a.m. and 8 p.m.



Victim Gender: Adult Victims

While nearly all (95%) of the evidentiary examinations performed were for female victims, SART facilities and advocate agencies have made a concerted effort to have appropriate services available for males as well. In previous years, females accounted for 96% of examinations. It is extremely important that the needs of male victims be actively addressed. It has been suggested that because the stigma of sexual assault is even greater for male victims than for females, they are far less likely to report an assault.

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



Age of Female Adult Victims

Despite comprising only 23% of the total adult female population, victims between 18 and 29 years made up 66% of adult evidentiary examinations in SART facilities, for a rate of 104 per 100,000 per year. Victims in the 18-29 year old age group had a rate of evidentiary examinations that is more than three times that of the next highest group, the 30-39 year olds.

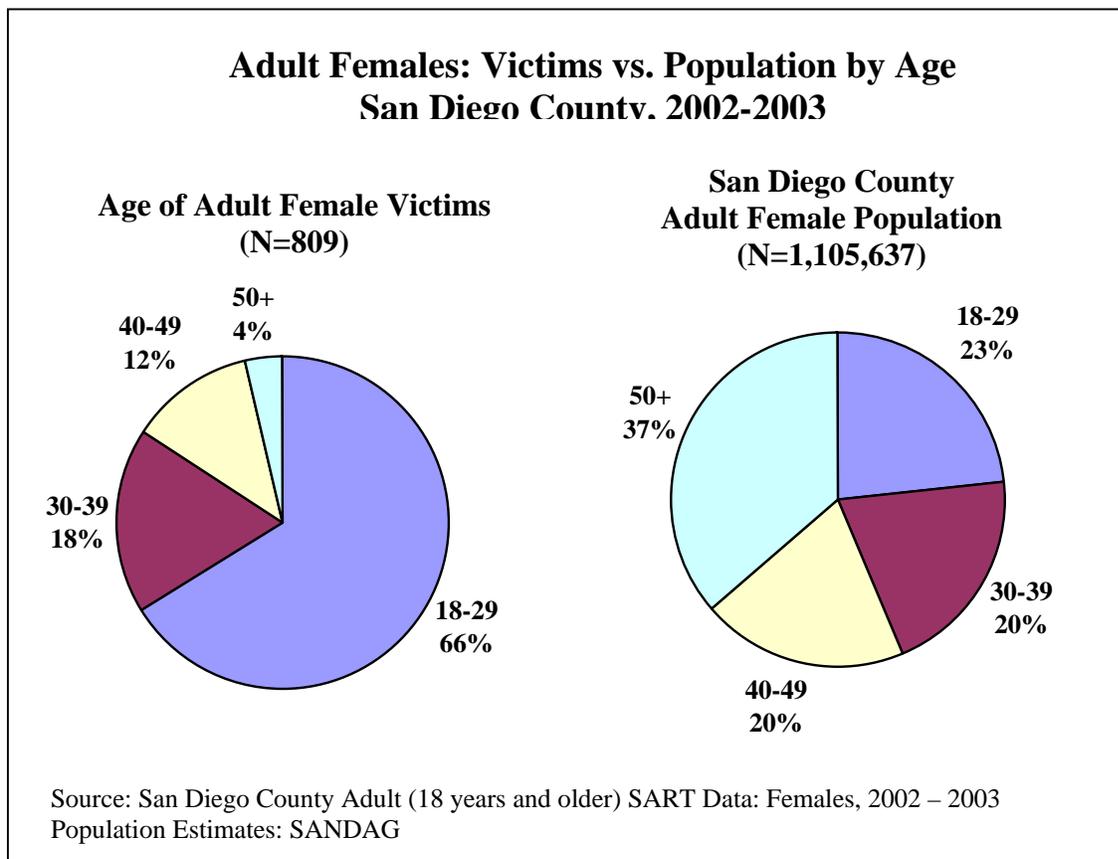
Examinations by Age for Adult Female Victims

| Age Group | Number of Exams | Percent of Exams | Annual Rate Per 100,000 Females |
|--------------|-----------------|------------------|---------------------------------|
| 18-29 | 535 | 66.13% | 104.47 |
| 30-39 | 148 | 18.29% | 32.94 |
| 40-49 | 96 | 11.86% | 21.89 |
| 50+ | 30 | 3.71% | 3.8 |
| Total | 809 | 100.00% | 36.94 |

The 30-39 year olds are the only age group whose percentage of examinations (18%) mirrored closely to its percentage in the population (20%). Older age groups had much lower rates of examinations than would be expected based on their percentage of the adult female population.

Source: San Diego County Adult (18 years and older) SART Data, 2002 – 2003
Population estimates: SANDAG

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



Race/Ethnicity: Adult Female Victims

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

Many more examinations were performed for White female sexual assault victims than for Blacks (460 versus 107 exams). However, since the Black population was so much smaller, the rate among Black women was calculated to be almost three times than Whites (101.67 per 100,000 compared to 36.99 per 100,000). This data should not be used to draw conclusions about the rate of sexual assaults, since it is limited to those assault victims who reported the crime and received examinations.

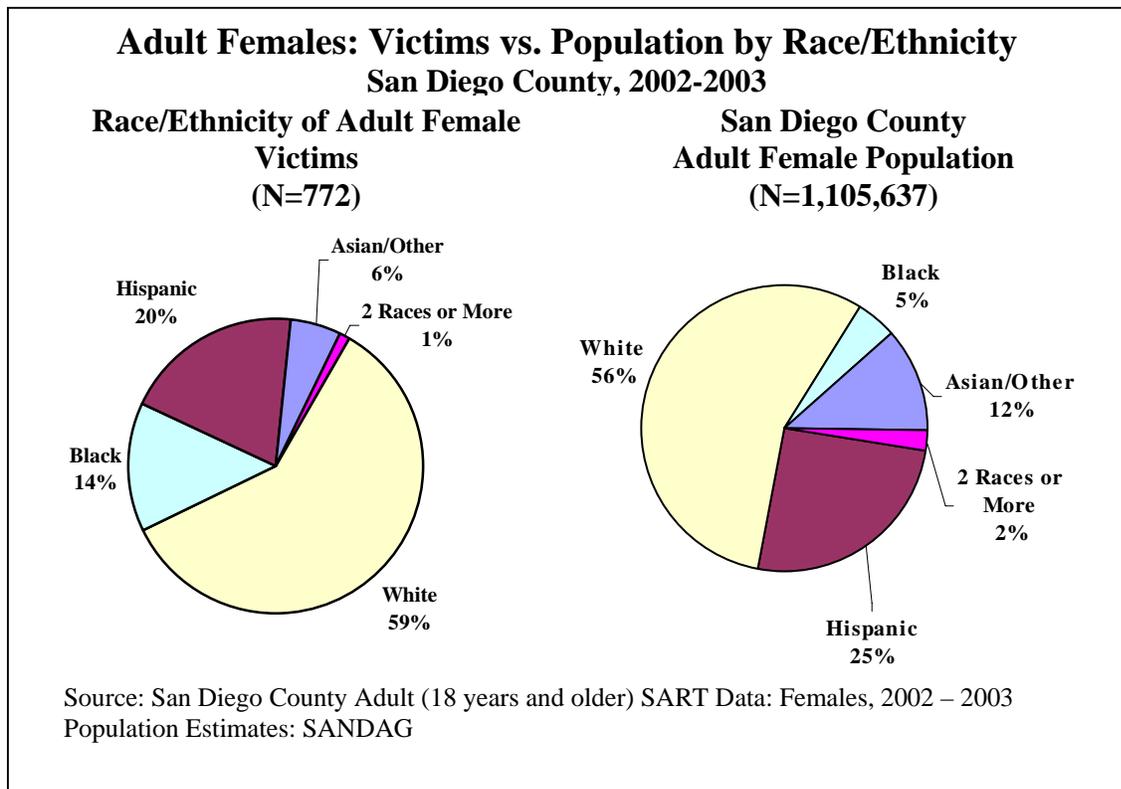
Examinations by Race/Ethnicity for Adult Female Victims

| Race/Ethnicity | Number of Exams | Percent of Exams | Annual Rate Per 100,000 Females |
|-----------------|-----------------|------------------|---------------------------------|
| White | 460 | 59.59% | 36.99 |
| Black | 107 | 13.86% | 101.67 |
| Hispanic | 152 | 19.69% | 28.06 |
| Asian/Other | 45 | 5.83% | 17.96 |
| 2 Races or More | 8 | 1.03% | 16.30 |
| Total | 772 | 100.00% | 35.25 |

Source: San Diego County Adult (18 years and older) SART Data, 2002 – 2003

Population estimates: SANDAG

Note: Excludes 37 exams missing Race/Ethnicity



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

Number and Rate per 100,000 of Examinations for Adult Females by Race/Ethnicity and Age Group, 2002 – 2003

| Age Group | White | | Black | | Hispanic | | Asian/Other | | 2 Races or More | | Total | |
|------------------|-------|-------|-------|-------|----------|------|-------------|------|-----------------|------|-------|------|
| | # | Rate | # | Rate | # | Rate | # | Rate | # | Rate | # | Rate |
| 18-29 | 298 | 136.2 | 68 | 242.9 | 103 | 55.4 | 35 | 56.6 | 6 | 34.4 | 510 | 99.6 |
| 30-39 | 80 | 36.8 | 18 | 71.1 | 38 | 27.1 | 8 | 14.5 | 0 | * | 144 | 32.1 |
| 40-49 | 60 | 23.5 | 19 | 83.2 | 9 | 9.1 | 2 | * | 0 | * | 90 | 20.5 |
| 50+ | 22 | 3.98 | 2 | * | 2 | * | 0 | * | 2 | * | 28 | 3.5 |
| Total 18+ | 460 | 36.99 | 107 | 101.7 | 152 | 28.1 | 45 | 17.9 | 8 | 18.3 | 772 | 35.3 |

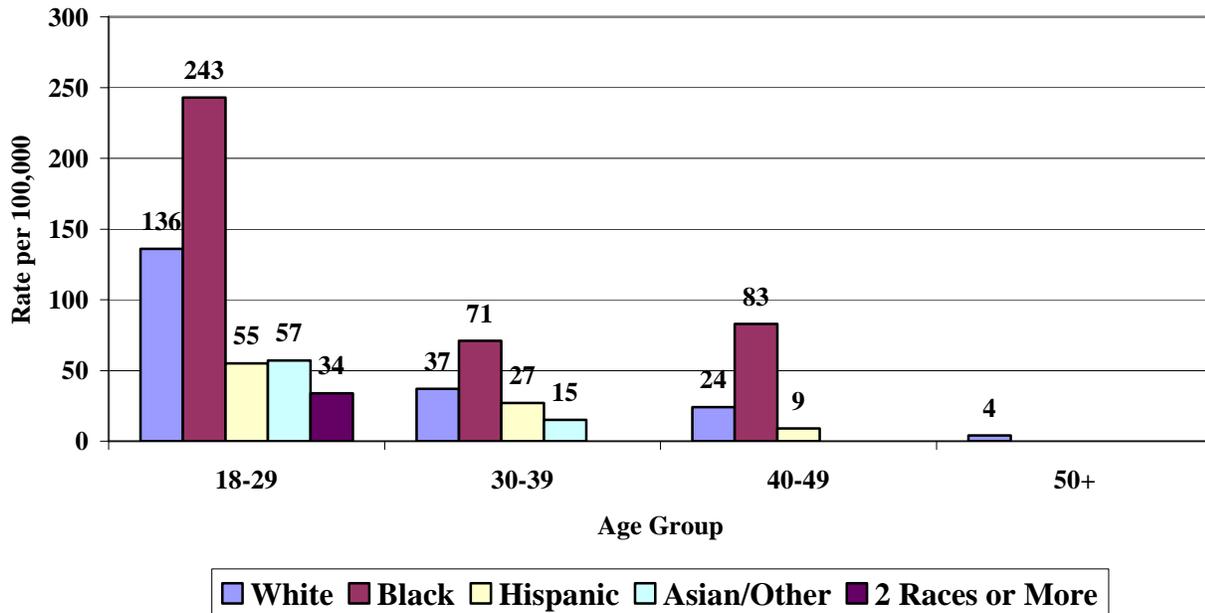
*Rates not calculated on fewer than 5 observations

Source: San Diego County Adult (18 years and older) SART Data, 2002 – 2003

Population estimates: SANDAG

Note: Excludes 37 exams missing Race/Ethnicity

Rate of Adult Female Examinations by Race/Ethnicity and Age Group



Source: San Diego County Adult (18 years and older) SART Data, 2002-2003

Population estimates: SANDAG

N=772

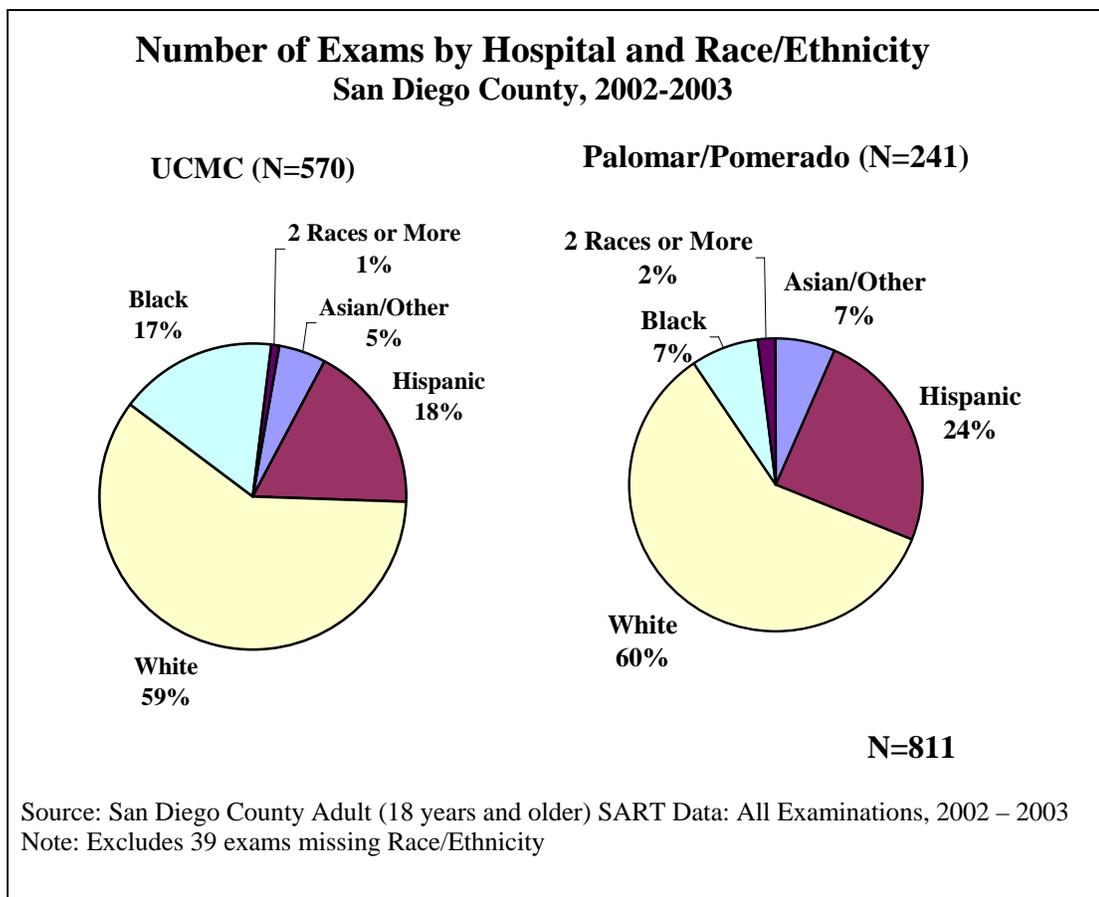
Note: Excluded rates with fewer than 5 observations

Race/Ethnicity by Facility: Adult Victims

The distribution of race/ethnicity by treating facility is shown below for the years 2002-2003. UCMC, located in the southern and more urban section of the county, sees a higher proportion of Black victims than the Palomar/Pomerado SART facility. In contrast, Palomar/Pomerado sees a slightly higher proportion of Hispanic and Asian victims.

Over half (59%) of the sexual assault victims brought to UCMC were White, 17% were Black, 18% were Hispanic, and 5% were Asian.

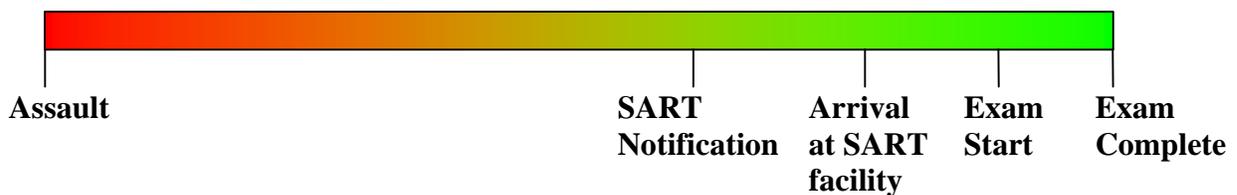
Of the victims seen at Palomar and Pomerado Hospitals 60% were White, 7% were Black, 24% were Hispanic, and 7% were Asian.



Time Intervals: Adult Victims

Time is a crucial factor in attending to the victim's needs as well as in ensuring that useful evidence can be obtained. Typically, the period between the assault and the time the incident was reported to SART took the longest (median = 9 hours 25 minutes). This was primarily due to the victim's decision of when to report the sexual assault. Times also vary dependent on law enforcement's need to investigate the incident and secure the crime scene. Once the victim arrived at a SART facility, the examination began within 30 minutes for half of all victims, and the examination was completed in approximately one hour and 43 minutes, on average. This was a vast improvement over previous anecdotal reports of up to nine hours from the time the victim reported the assault to exam completion.

Certain sexual assault cases were excluded from the time data runs because they were not an accurate reflection of SART system operations. In some instances assault victims reported directly to the SART facility (walk-ins) without contacting law enforcement. Because law enforcement must be notified and investigate before the exam was authorized, these cases skewed the time data. Similarly excluded were late disclosures, which were primarily cases of sexual assault of adolescents, developmentally delayed or elderly patients with dementia. Finally, some victims had such serious physical injuries that they were admitted to a trauma center and had exams as in-patients in non-SART facilities.



SART Process Time Intervals, 2002 – 2003

| | Assault to SART Arrival | Arrival at Hospital to Exam Start | Exam Start to Exam Complete |
|---------------------------|-------------------------|-----------------------------------|-----------------------------|
| Valid Observations | 722 | 820 | 838 |
| Missing* | 128 | 30 | 12 |
| Mean | 23 Hours, 47 Minutes | 42 Minutes | 1 Hour, 42 Minutes |
| Median | 9 Hours, 25 Minutes | 30 Minutes | 1 Hour, 35 Minutes |

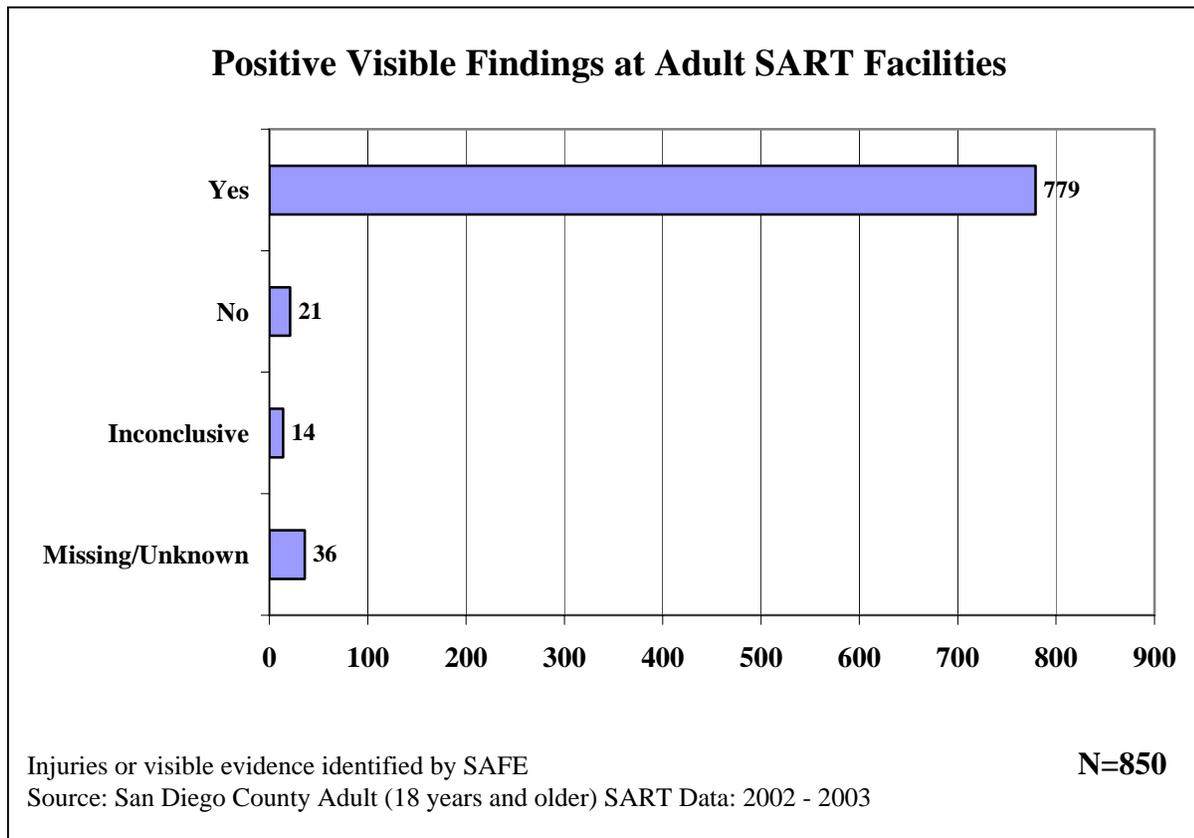
*Missing or invalid times

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

Source: San Diego County Adult (18 years and older) SART Data, 2002 - 2003

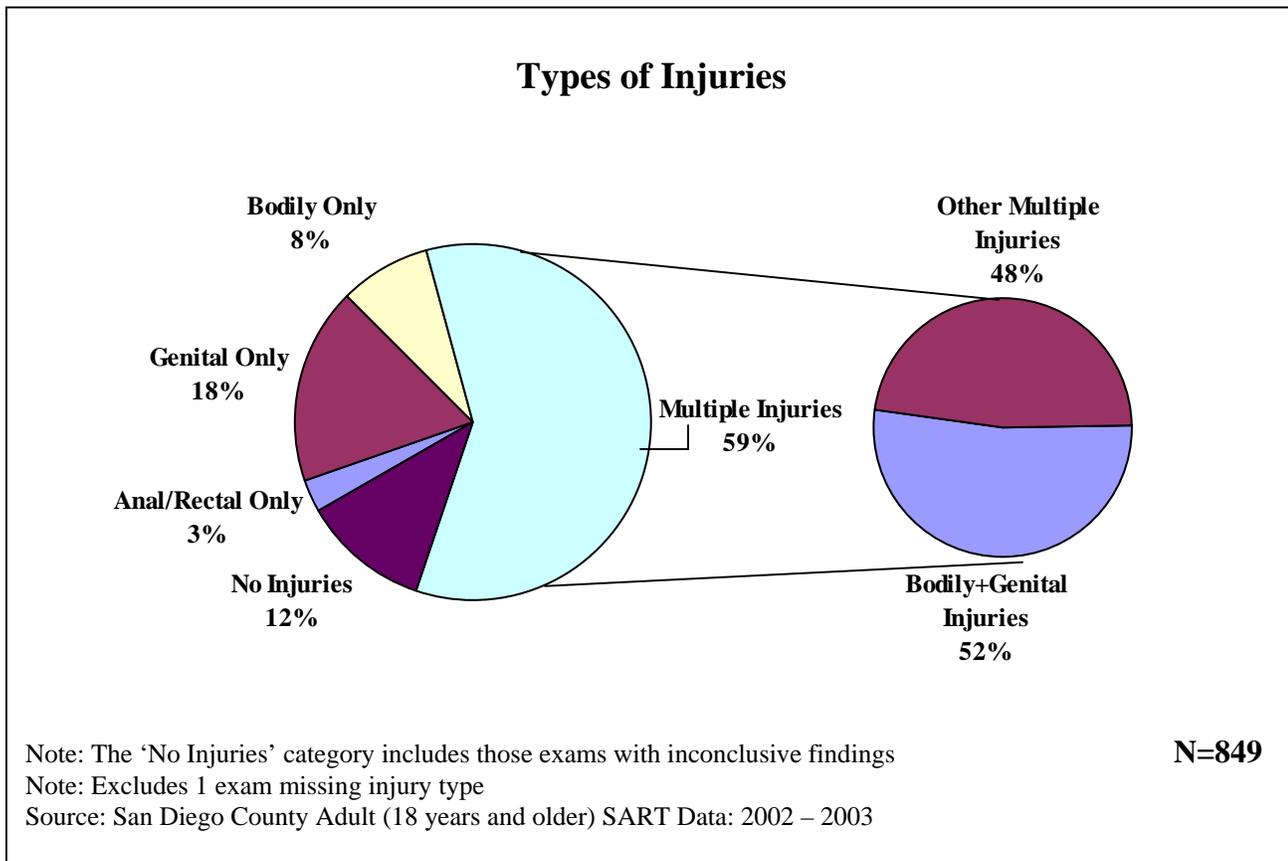
Positive Visible Physical Findings: Adult Victims

Positive visible physical findings identified at the time of the examination may include anything from presence of semen to external bodily injuries. The distinction of "visible" physical findings is important because biological evidence such as semen and blood, and trace evidence such as hair, debris, and fibers, can be analyzed by the crime lab, which may identify additional corroborating evidence. Ninety-two percent (92%) of cases (779) examined at the SART facilities during 2002 and 2003 showed positive visible physical findings. Another 14 cases (2%) were inconclusive and 21 (2.5%) demonstrated no positive visible physical findings.



Types of Injuries: Adult Victims

With the implementation of the SART system, forensic examiners employed the colposcope, a magnifying instrument, and a camera to visualize and permanently document genital injuries. Forensic examiners documented genital, rectal, oral, and/or external bodily injuries in 750 (88%) of the victims seen during 2002 and 2003. Genital injuries alone were present in 154 victims (18%) and in combination with bodily injuries in 261 (31%) of all examined victims. Anal/rectal injuries were present alone in 23 (3%) of victims. Bodily injuries alone were evident in 70 (8%) of those examined. Of the 59% of victims presenting with multiple injuries, more than half (261 out of 503) had injuries to both the body and genitalia.



Positive Visible Physical Findings by Time Since Assault: Adult Victims

Positive visible physical findings documented by the forensic examiner include the presence of semen and genital, oral, and external body injuries. This table shows the presence of positive physical findings as they correlated to the time interval from assault to SART notification. There was a general trend showing a decreasing proportion of examinations with positive visible physical findings as the time since assault increased (93.4% positive when examined within 24 hours, decreasing to 75% among those examined 5 or more days following the assault). The exception to this trend was at 2 days when 93.4% of the 61 examinations performed yielded positive physical findings. The lack of visible physical findings did not indicate that a sexual assault did not occur.

Evidentiary Examinations with Positive Visible Physical Findings

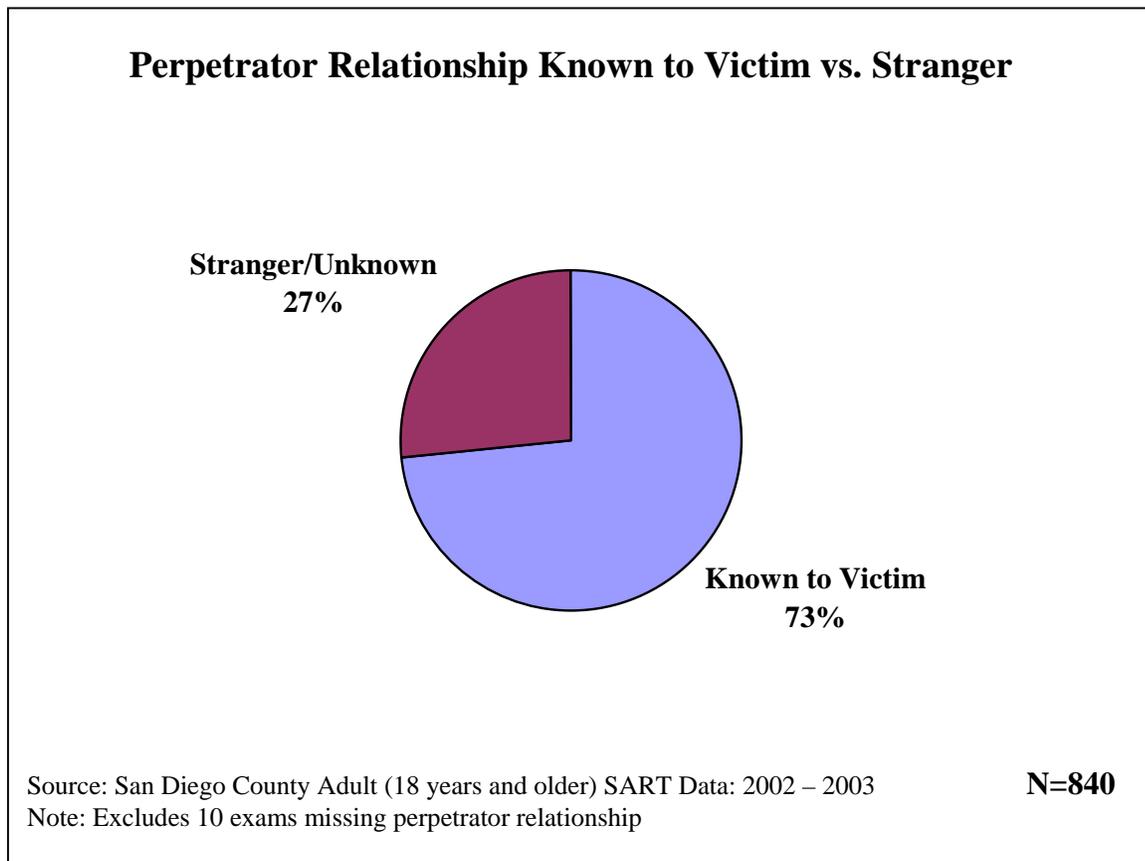
| Positive Physical Findings | Time from Assault to SART Notification | | | | | | | | | | | | | | Total | |
|----------------------------|--|------|-------|------|--------|------|--------|------|--------|------|----------------|------|-----------------|------|-------|------|
| | Less than 24 Hrs | | 1 day | | 2 days | | 3 days | | 4 days | | 5 or more days | | Unknown/Missing | | | |
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| Yes | 520 | 93.4 | 71 | 84.5 | 57 | 93.4 | 7 | 77.8 | 4 | 66.6 | 3 | 75.0 | 117 | 90.6 | 779 | 91.6 |
| No | 13 | 2.3 | 3 | 3.6 | 1 | 1.6 | 1 | 11.1 | 1 | 16.7 | 0 | 0.0 | 2 | 1.6 | 21 | 2.5 |
| Inconclusive | 9 | 1.6 | 1 | 1.2 | 1 | 1.6 | 1 | 11.1 | 0 | 0.0 | 0 | 0.0 | 2 | 1.6 | 14 | 1.6 |
| Unknown/Missing | 15 | 2.7 | 9 | 10.7 | 2 | 3.3 | 0 | 0.0 | 1 | 16.7 | 1 | 25.0 | 8 | 6.2 | 36 | 4.2 |
| Total | 557 | 100 | 84 | 100 | 61 | 100 | 9 | 100 | 6 | 100 | 4 | 100 | 129 | 100 | 850 | 100 |

Source: San Diego County Adult SART Data: 2002 - 2003

Perpetrator Relationship: Known to Victim vs. Stranger: Adult Victims

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

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



**Perpetrator Relationship:
Adult Victims**

The non-stranger relationship category included partners, relatives and other acquaintances. Of the known relationships 24% of the non-strangers were current or previous spouses, cohabitants, or significant others. The “other non-stranger” category comprised 74% and consisted of a broad array of acquaintances ranging from classmates to co-workers, to caregivers.

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

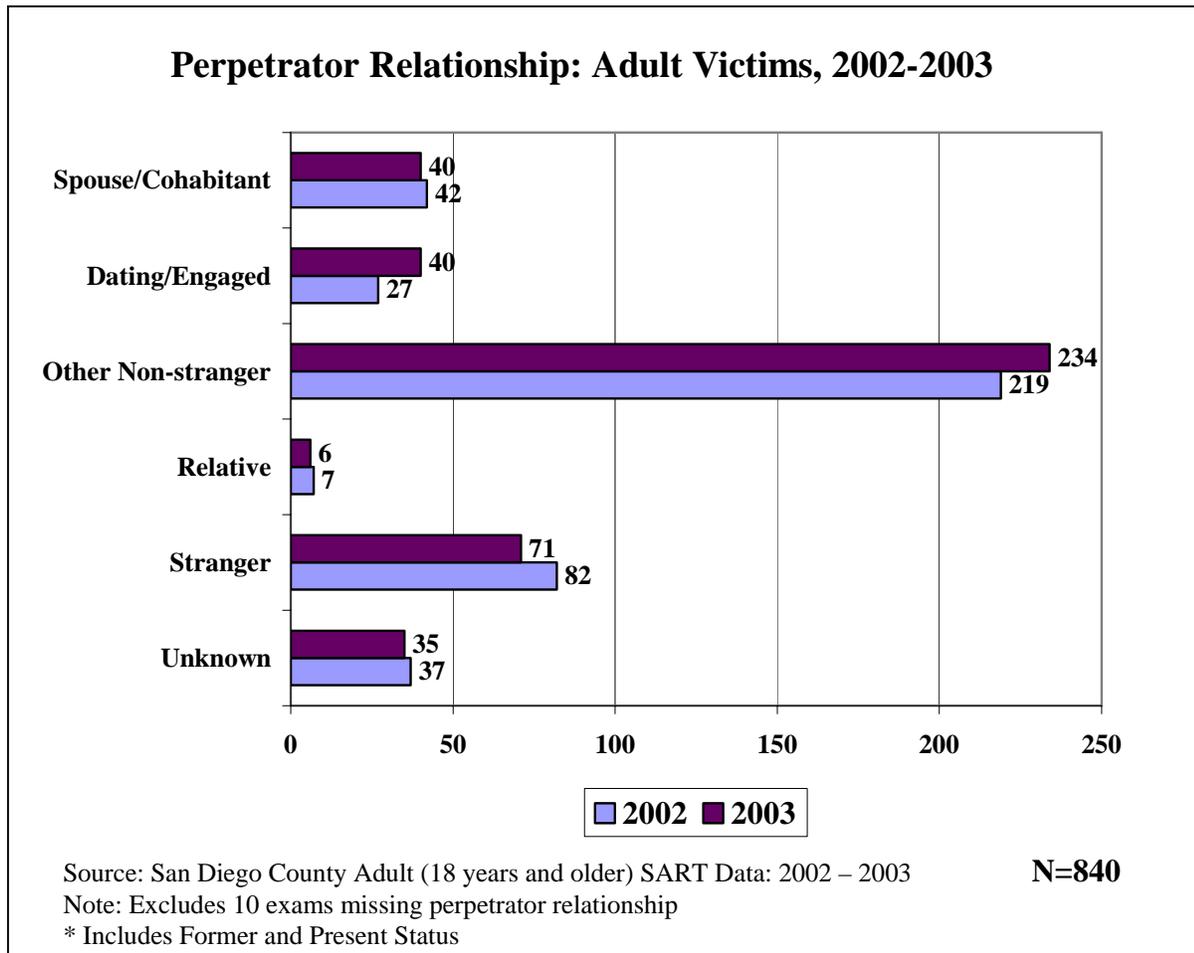
Perpetrator Status by Reporting Period

| Perpetrator Status | 2002 | 2003 | Total |
|--------------------|------------|------------|------------|
| Spouse | 20 | 18 | 38 |
| Ex-spouse | 4 | 2 | 6 |
| Cohabitant* | 18 | 20 | 38 |
| Dating* | 27 | 40 | 67 |
| Relative | 7 | 6 | 13 |
| Other Non-stranger | 219 | 234 | 453 |
| Stranger | 82 | 71 | 153 |
| Unknown | 37 | 35 | 72 |
| Total | 414 | 426 | 840 |

*Includes Former and Present Status

Source: San Diego County Adult (18 years and older) SART Data: 2002-2003

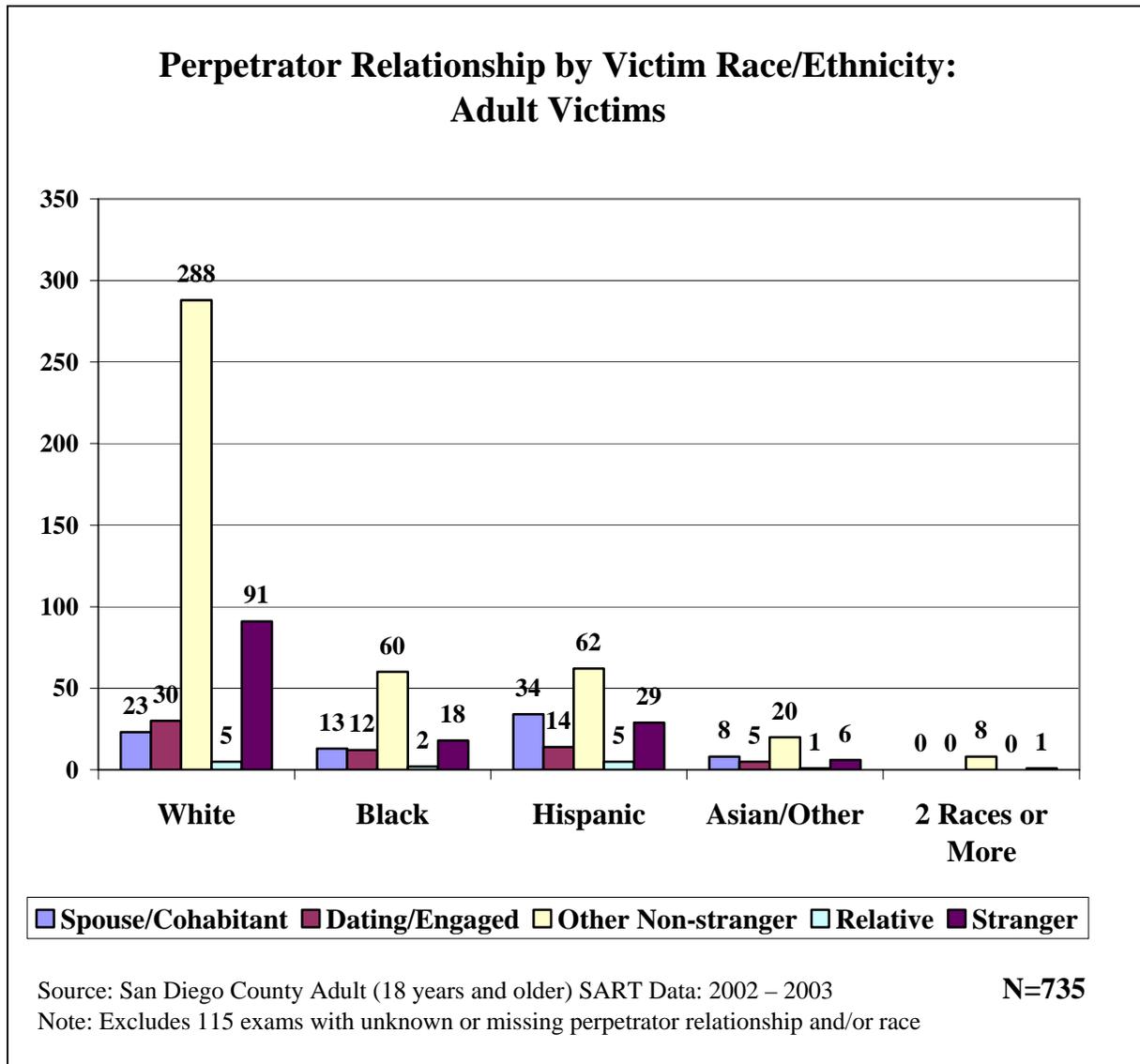
Note: Excludes 10 exams missing perpetrator relationship



Perpetrator Relationship by Victim Race/Ethnicity: Adult Victims

Since “Other Non-strangers” comprised 73% of the relationships, it is not surprising that they were the most frequent offender across all racial and ethnic group exam victims. The second most frequent perpetrator group for Whites was strangers, whereas the second most frequent perpetrator for Blacks, Hispanics, Asians and Others was a current or former partner.

It is important to remember that evidentiary examination statistics do not necessarily reflect the actual sexual assault rates. Reporting differences, and therefore the likelihood for exam authorization, may differ across cultures. For instance, Whites may be less willing to report sexual assaults when they involve a Spouse or other Partner, and consequently the stranger category is proportionately higher.

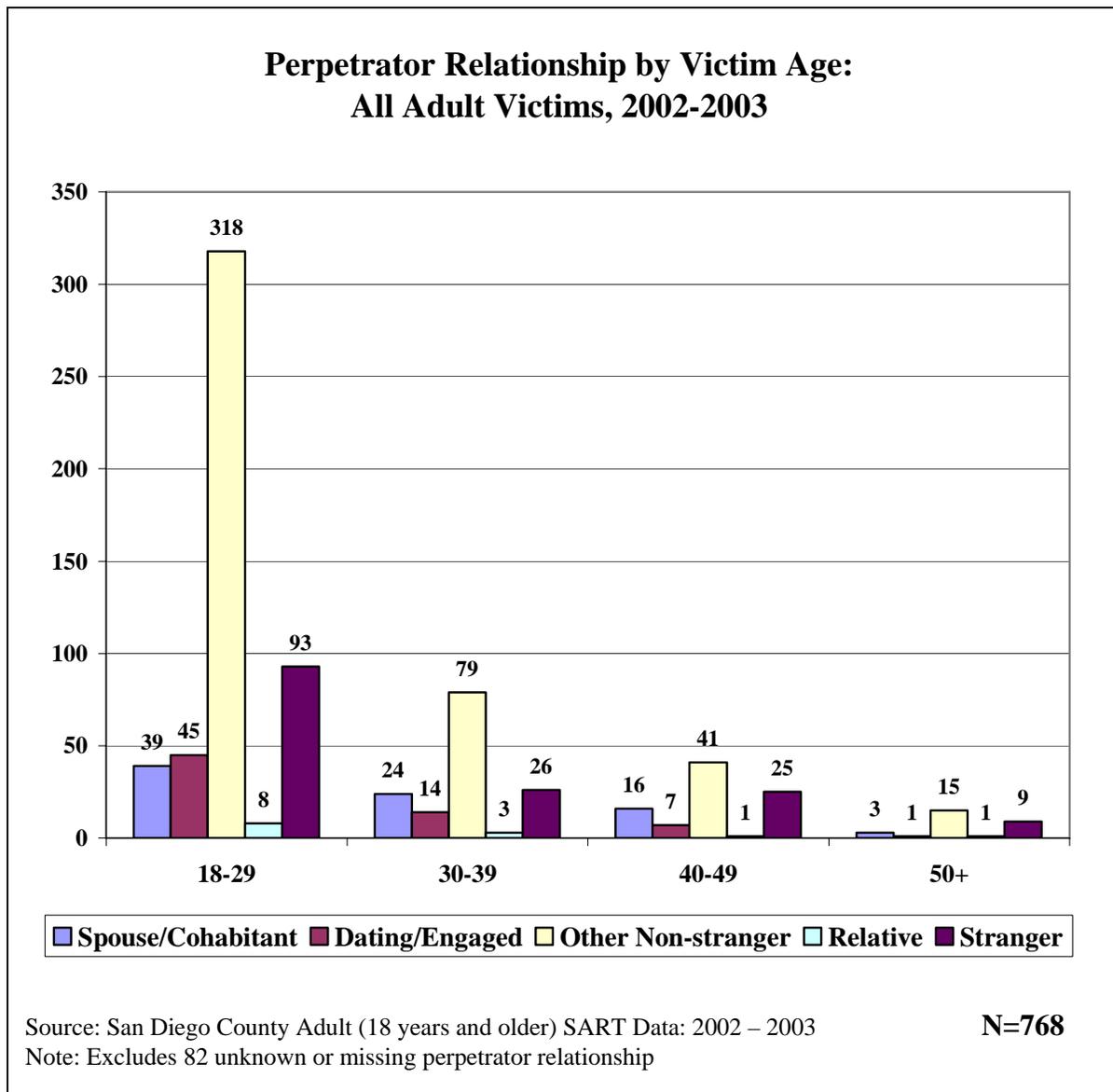


Perpetrator Relationship by Victim Age

The “Other Non-stranger” category had the highest relationship frequency (453); 70% of these were in the youngest age group category.

When stratified by age, the “Other Non-stranger” perpetrator relationship was approximately 50% in all age groups, with the exception of the 18 – 29 year olds, where it reached 62%.

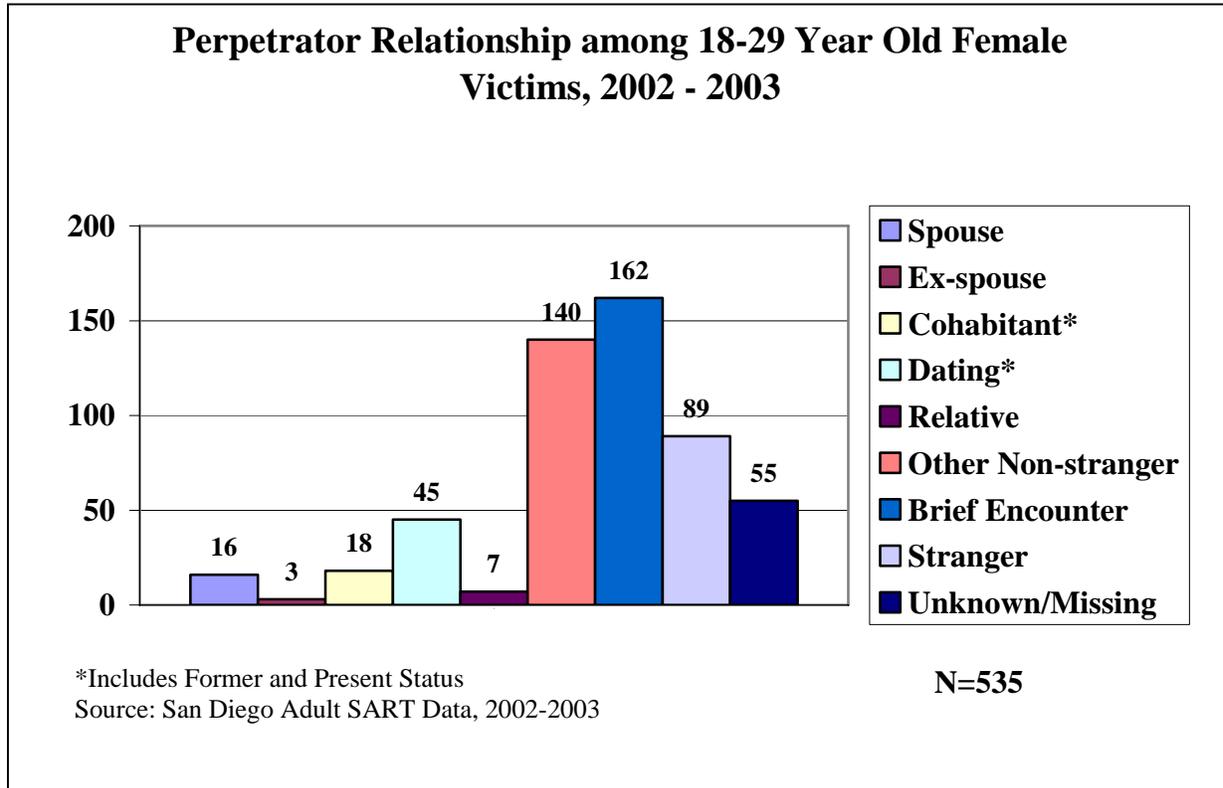
The proportion assaulted by a stranger was highest in the two older age groups. It was 28% in the 40 – 49 age group and 31% in those 50 years and older as opposed to approximately 18% in the younger age brackets.



Perpetrator Relationship among 18-29 Year Old Females

The “Other Non-stranger” category is comprised of all non-partner, non-relative acquaintances of the victim. Seventy percent of “Other Non-strangers” fell into the 18 – 29 age group.

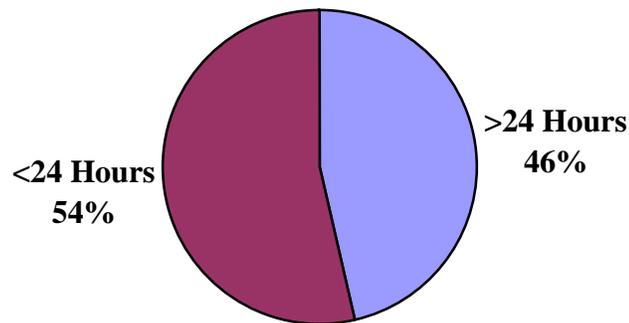
In order to better examine this group, it was divided according to whether the victim knew the perpetrator less or greater than 24 hours. The less than 24-hour group was named “brief encounter” and, when categorized separately, it represented the most frequent perpetrator relations in the 18 – 29 year old female age group.



Brief Encounter Relationships among Victims in the 18-29 Age Group

Brief encounters (perpetrator known less than 24 hours) comprised more than half (54%) of the “Other Non-stranger” category. Situations where brief encounter relationships most likely develop between perpetrator and victim are at bars or parties. These facts point to opportunity for education for young women, and accordingly, many of the San Diego advocacy agency risk reduction campaigns are targeted to college campus activities.

"Other Non-Stranger" Relationships by Length of Encounter among Victims in the 18-29 Age Group



Source: San Diego Adult SART Data, 2002-2003

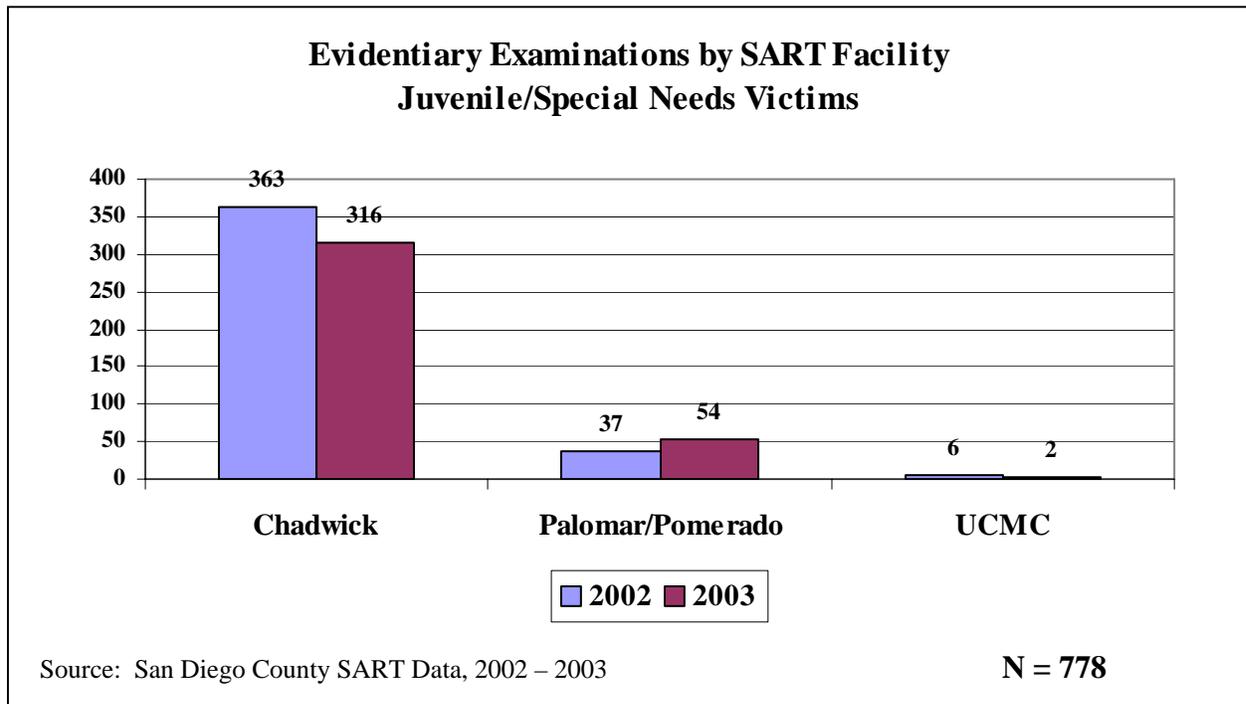
N=302

Examinations of Juveniles Under 18 Years

2002-2003

Examinations by Facility: Juvenile/Special Needs Victims

Sexual assaults of children pose unique challenges, not only legally, but also physically and emotionally. Appropriate investigation and treatment requires a facility with special medical and support services. The Chadwick Center located at Children’s Hospital and Health Center, and the Child Abuse Unit at Palomar Hospital provide specialized care for young abuse victims and for developmentally delayed adults. The Chadwick Center conducted 87% of the evidentiary examinations on children under the age of 18. Palomar Hospital conducted 12% of these examinations during 2002-2003. UCMC conducted 8 exams for victims in the 14-17 year age group.



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

Child Abuse Cases Reported to Child Protective Services

| Year | Total # Cases reported to CPS – all categories of child abuse | Number (%) of sexual abuse/assault involving minors |
|------|---|---|
| 2002 | 75963 | 7848 |
| 2003 | 74026 | 6979 |

Age and Gender: Juvenile/Special Needs Victims

For years 2002-2003, all adult and child/adolescent examining facilities provided evidentiary examination information to the countywide database. As seen in the accompanying graph and table, evidentiary examinations vary by gender and age.

Gender Distribution by Age Group, 2002 – 2003

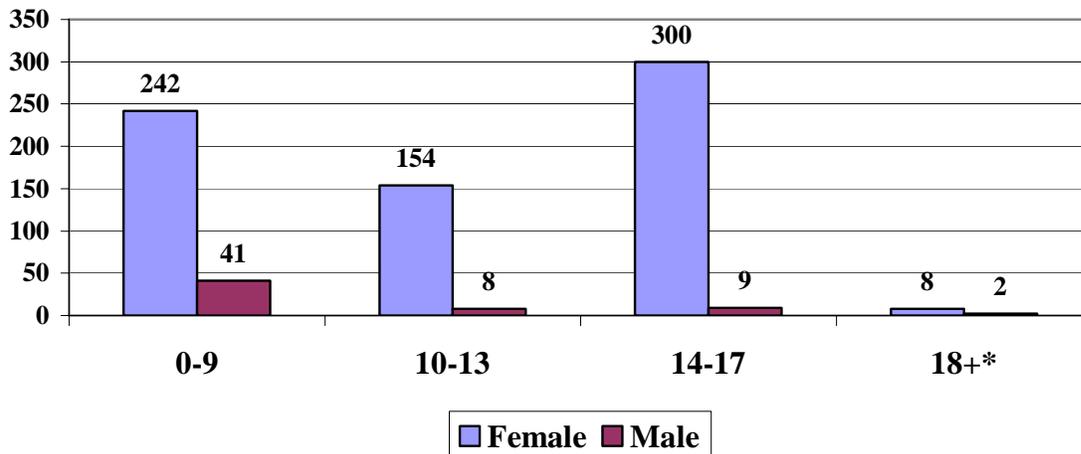
| Age Group | Male | | Female | | Total | |
|-------------------|--------|---------|--------|---------|--------|---------|
| | Number | Percent | Number | Percent | Number | Percent |
| 0-9 | 41 | 68.33% | 242 | 34.38% | 283 | 17.55% |
| 10-13 | 8 | 13.33% | 154 | 21.87% | 162 | 10.04% |
| 14-17 | 9 | 15.00% | 300 | 42.61% | 309 | 19.16% |
| Adults 18+ | 2 | 3.33% | 8 | 1.14% | 10 | 1.31% |
| Total | 60 | 100% | 704 | 100% | 764 | 100% |

Source: San Diego County SART Data: 2002 – 2003

Note: Victim gender or age not recorded in 14 cases

Sixty-eight percent (68.33%) of male examinations were conducted for those under the age of ten. Older boys have appreciably fewer exams. Female exams are more evenly distributed among the age groups and unlike males reach a peak in the 14-17 year age group. The adult victim examinations conducted at the child/adolescent centers were for developmentally delayed individuals with special support needs.

Gender of Victims Receiving Evidentiary Examinations by Age, 2002-2003



Source: San Diego County SART Data, 2002 – 2003

N = 764

Note: Victim gender or age not recorded in 14 cases

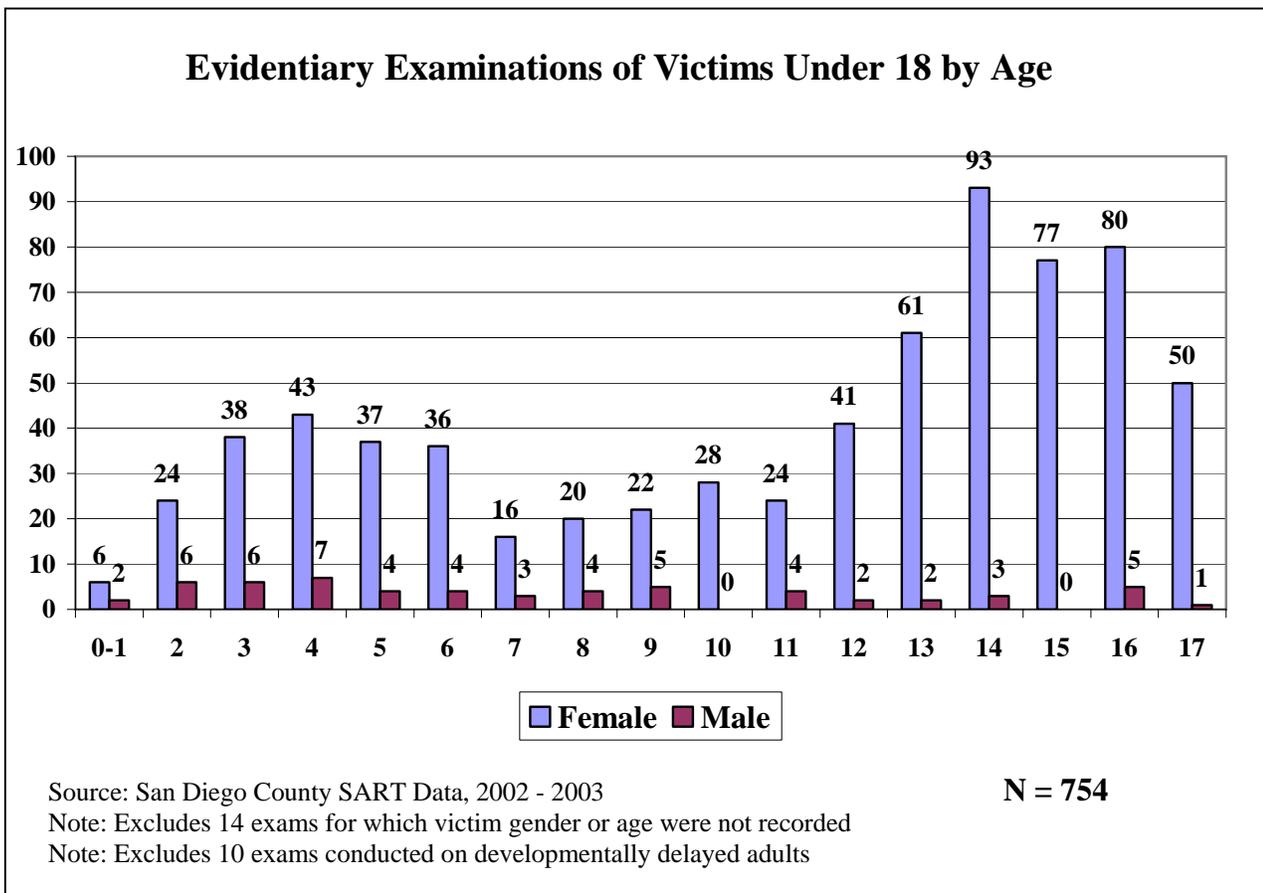
* Developmentally delayed adults exams conducted at Child centers

Age and Gender: Juvenile Victims

The graph below shows the age and gender distribution of victims under the age of 18 who received evidentiary examinations from 2002-2003. In the non-teenage years, examinations for females peaked at age four and then decreased.

The majority of exams were conducted for females 13 and older. When teenagers vs. non-teenagers are compared, teenagers averaged 72.7 per year whereas non-teenagers averaged 27.9 exams per year.

In contrast to female examination frequency, male examinations remained relatively low for all age groups.



Age and Gender: Juvenile Victims

Rates are calculated to allow for the meaningful comparison of the occurrence of an event between different size populations. The following table shows the rates of evidentiary examinations by age group and gender per 100,000 population. Younger boys (0-9) have the highest rate of exams for their gender, whereas the older girls (10-17) have the higher rate of exams overall. The rate of examinations for young girls is higher than for young boys in all age groups.

The highest rate of evidentiary examinations occurred for young females ages 15-17 at 178.60/100,000. Overall, the rate of evidentiary examinations for young females was at least seventeen times that of their young male counterparts. The most striking contrast was in the 15-17 year age group, where the rate of evidentiary exams for young females was 37 times greater than that of young males.

**Number and Rate* of Evidentiary Examinations
by Age and Gender through Age 17
2002 – 2003**

| Age Group | Male | | Female | | Total | |
|--------------|--------|-------|--------|--------|--------|-------|
| | Number | Rate | Number | Rate | Number | Rate |
| 0-4 | 21 | 10.46 | 111 | 55.90 | 132 | 33.06 |
| 5-9 | 20 | 9.68 | 131 | 66.10 | 151 | 37.31 |
| 10-14 | 11 | 4.92 | 247 | 117.58 | 258 | 59.51 |
| 15-17 | 6 | 4.8 | 207 | 178.60 | 213 | 88.33 |
| Total | 58 | 7.67 | 696 | 96.30 | 754 | 50.99 |

*Annual Rates per 100,000

Source: San Diego County SART Data: 2002 – 2003

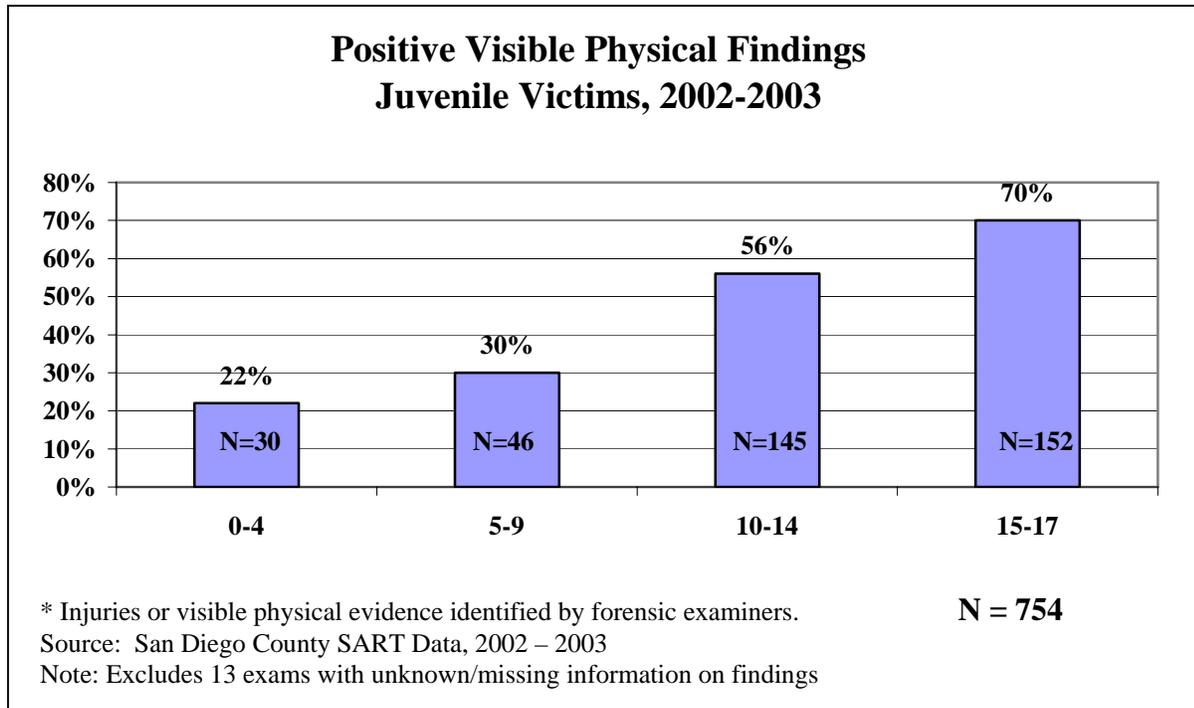
Population estimates SANDAG 2030 Regionwide Forecast, November 2004

Note: Victim gender or age not recorded in 14 exams

Note: Excludes 10 exams conducted on developmentally delayed adults

Positive Visible Physical Findings: Juvenile Victims

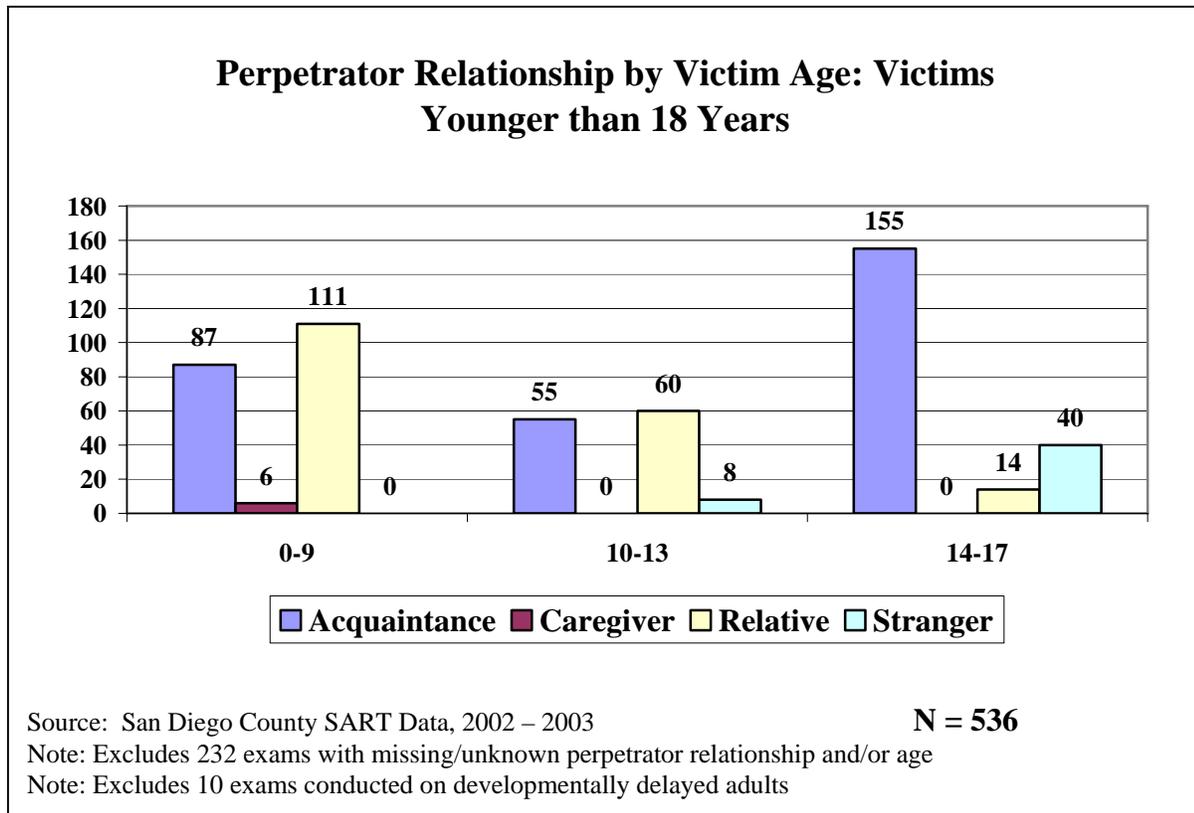
Reports of sexual assault in children may not occur immediately after the assault. In fact, the majority of examinations are conducted more than 72 hours after the assault, sometimes months or years later. In these cases complete healing of genital injuries may have already occurred by the time of the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



Perpetrator Relationship: Juvenile Victims

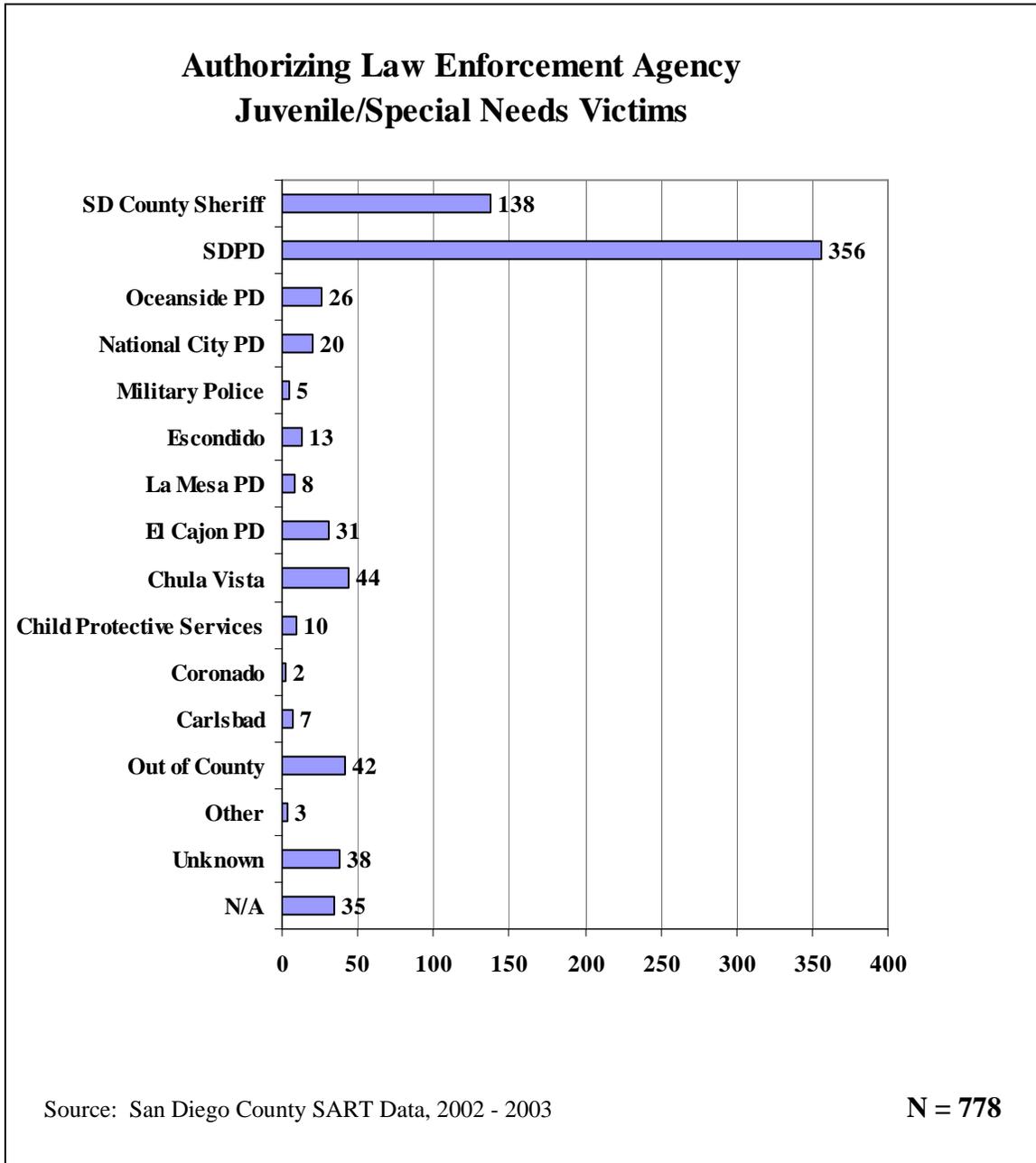
The relationship of the perpetrator to the victim in sexual assault of children displays a different pattern than with adult victims. Young children are more likely than adults to be related to their attackers. This carries special legal ramifications, including potential custodial issues.

Overall, child victims under the age of 18 were assaulted or abused by a relative in 39% of the cases. As shown in the following graph over half (54%) of the victims under age ten were assaulted by relatives. As the age of the child victim increases, the percentage of assaults by a relative decreases and in turn, stranger assaults increase. Children in the 10-13 year old age group were just as likely to be assaulted by an acquaintance as they were a relative. Children in the 14-17 year old age group were about eleven times more likely assaulted by an acquaintance as opposed to a relative.



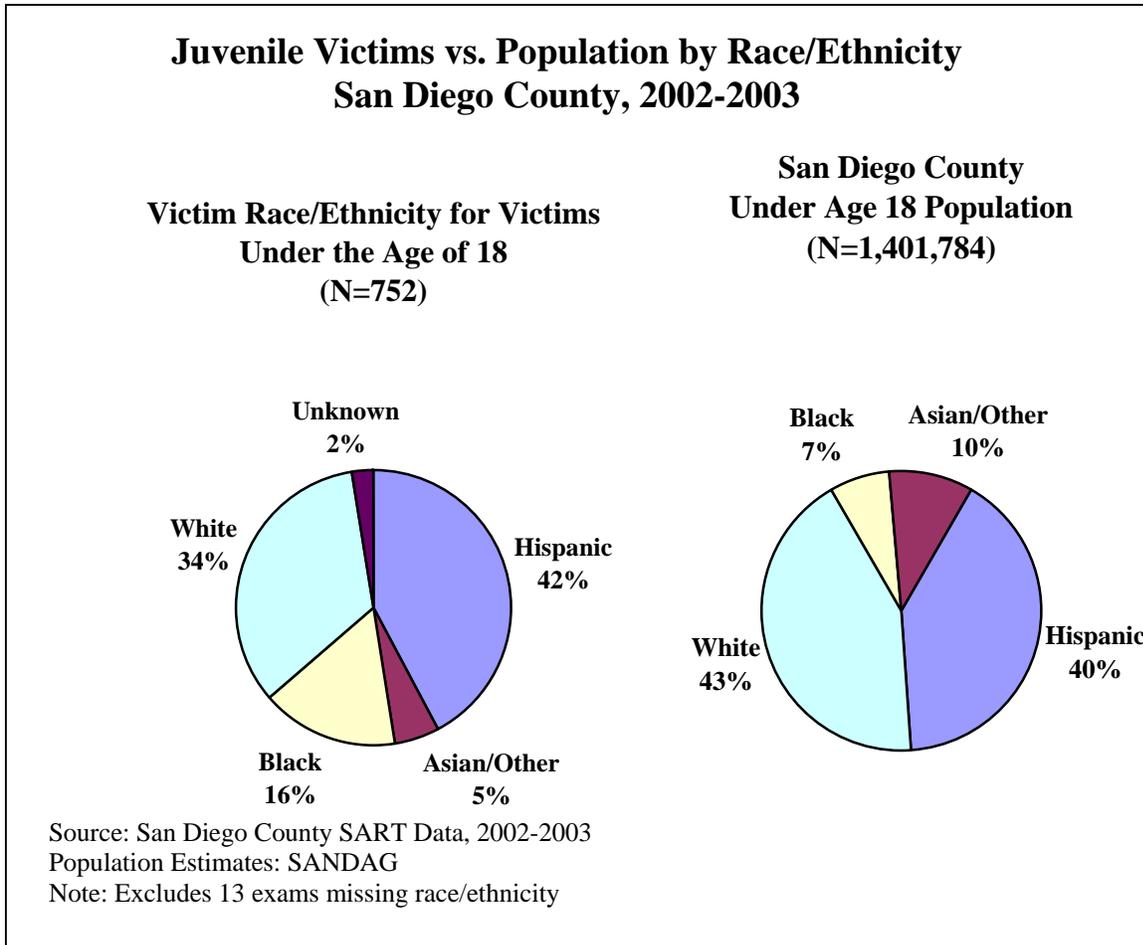
Authorizing Law Enforcement Agency: Juvenile/Special Needs Victims

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



Victim Race/Ethnicity: Juvenile Victims

Where available, the race/ethnicity distribution for sexual assault victims was somewhat similar to that of the County population for children under age 18. The exception being Black children who had examinations about two times as often as expected based on their percentage in the population (16% of exams compared to 7% of population). Hispanics comprised 42% of exams and 40% of population. Both Whites and Asians/Other were underrepresented in examinations compared to the population.



ACCOMPLISHMENTS 2002 - 2003

POLICY/PROCEDURE STANDARDIZATION

Developed a process, Authorization form, and Data Request form for the use and release of Evidentiary Examination data.

Developed a standardized quality review form for inclusion in the Sheriff's Crime Lab Evidence Kit.

Developed a documentation form and a process whereby sexual assault forensic examiners and volunteer advocates could communicate regarding the examination dynamics with an eye towards improving the services to the victim.

Developed and implemented a protocol by which forensic examiners are able to participate in evidence collection with the Medical Examiner's Office in instances of sexual assault homicides.

Developed a protocol whereby the Center for Community Solutions' advocates are out-stationed in the San Diego Police Department to create an even more timely response to survivors and to develop better working relationships the other SART partners.

Revised the countywide Evidentiary Examination Data Collection Form to incorporate information from the updated Office of Criminal Justice Planning state-required forms (923 and 925).

Upgraded the Domestic Violence Liaison position to a voting member of the organization.

Developed an updated database to house the countywide Evidentiary Examination data.

Developed a database for the Confidential Victim Questionnaire responses. Collated Questionnaire results for each discipline (forensic examiners, law enforcement, advocacy) and for each specific agency. Distributed results to all participating SART agencies.

Maintained the San Diego SART Manual, which catalogues SART policies, procedures, forms, and activities.

COMMUNITY OUTREACH

Developed "Sexual Assault Survivors – The Media and You" an educational pamphlet for victims of sexual assault explaining how to interact/respond to questions from the media.

The Center for Community Solutions produced an English and Spanish brochure for parents of middle and high school age children, which was incorporated in the school curriculum. The brochure outlined information on sexual assaults and available services.

Indian Health Council, Inc. Peace Between Partners program sponsored a Sexual Assault Awareness Fair. The training to the community included: Drug Facilitated Sexual Assault, a Survivor Panel, and the Effects of Sexual Assault and Multi-Generational Trauma. Peace Between Partners also sponsored “Healing Pathways” A Women’s Gathering.

The Peace Between Partners program is involved with various and ongoing events in Indian Country to bring awareness of sexual assault to the community. Sexual Assault Information Tables were displayed prominently in Indian Country as well as at the “Wellness & Women XI Conference”.

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

Guest lectured at Miramar College, providing an overview of the San Diego County SART Program and the dynamics of sexual assault with an emphasis on young adult victims.

Indian Health Council, Peace Between Partners facilitated educational forums to the “Human Sexuality” class at Palomar College, and was a member on a Speaker’s Panel for the San Diego Diversity Summit.

Presented a SART Program overview, evidence collection process, and victim support strategies to the County of San Diego, Health and Human Services Agency, Public Health services orientation for the UCSD/SDSU Preventive Medicine Residents.

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

COLLABORATION

The Center for Community Solutions participated in Bi-National Policy meetings, which focused on cross-border issues and the development of a cross-border triage center.

The Center for Community Solutions continued to collaborate with a multidisciplinary team including the Probation Department and The Center for Sex Offender Management to explore effective management of sexual offenders. The planning and implementation grant uses a containment model approach, which is inclusive of victim advocates. Best practices were presented to community partners and at the California Coalition On Sex Offending Conference in May 2003.

Affiliated with a National University Forensic Science Master’s candidate to conduct research comparing SART Evidentiary Examination data and Crime Lab data. Analysis included evaluation of where DNA evidence is most frequently found and how it compares to history, gross visual examination, and time lapse between the assault and the exam (thesis published 2002).

Affiliated with a National University Forensic Science Master's candidate to conduct research to determine which sexual assault examination evidence provides DNA for analysis and from this analysis, a determination of the number of "cold cases" which result in identification of a suspect. (thesis published 2003).

Hosted Annual SART Awards Luncheons in conjunction with the California Sexual Assault Investigators Association (CSAIA). The luncheons provided a forum to recognize professionals and volunteers from the community who had contributed to the sexual assault community.

Graciously accepted over \$8000 from the sponsors of Eve Ensler's award-winning play, the "Vagina Monologues". The money was used to provide clothing, bedding, bus and cab vouchers to the victims of sexual assault, as well as printing of educational materials. Sponsored a SART Gala and Fundraiser Raffles to provide monies for expenses incurred by victims of sexual assault and to offset costs of county sexual assault programs.

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

Center for Community Solutions continued to sponsor its Annual Benefit Luncheon to raise money for survivors of sexual assault and domestic violence.

Indian Health Council, Peace Between Partners sponsored Information Tables & a Fundraising Event during April's 2003 Sexual Awareness Month. Information".

EDUCATION – SEXUAL ASSAULT COMMUNITY

Sponsored "Drug Facilitated Sexual Assault and Trendy Drugs of Abuse Seminar" an all day educational forum on issues of drug-facilitated sexual assault. The speaker, a retired law enforcement officer, is nationally recognized as one of the top professionals in the field.

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

Sponsored a three-day seminar on digital photography and its uses in colposcopy.

Presented lectures to local and national SART communities and to the California Sexual Assault Investigator's Association (CSAIA) including:

"The Cold Hit Program by DDA Cathy Stephenson. (3/19/2003)

The Center for Community Solutions educational forums held in several San Diego locales, St. Louis and Texas.

The Indian Health Council, Peace Between Partners program facilitate a training to the San Diego Sheriff's Department – Valley Center Station as well as several training to local agencies within Indian Country throughout the year.

The Center for Community Solutions conducted quarterly training on Rape Trauma Syndrome for the District Attorney's Office and quarterly training for law enforcement entitled "Victim Interviewing, SART, Rape Trauma Syndrome and Community Resources.

San Diego SART co-sponsored, presented and volunteered at a three day "National Domestic Violence & Sexual Assault Conference" (2002 & 2003) by SDPD Sgt. Joanne Archambault and SDPD Ret. Sgt. Anne O'Dell. The conference attendance exceeded 500 and San Diego SART members were speakers for several sessions.

Participated in and co-sponsored a three-day "Partners in Peace Conference". The Commander, Navy Region Southwest, the Family Advocacy Center and Navy Fleet & Family Support Center, the San Diego Domestic Violence Council, and the San Diego Child Abuse Coordinating Council also co-sponsored the multi-disciplinary conference.

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

The San Diego Sheriff's Department sponsored sexual assault training sessions, which were open to all law enforcement agencies in the county.

PREVENTION

Supported and promoted the California Coalition Against Sexual Assault's (CALCASA) campaign, "*Walk a Mile in your Shoes*" campaign during April's Sexual Assault Awareness Month.

Supported and promoted "Take Back the Nights", a sexual assault awareness campaign. Advocacy agencies helped coordinate the campaign locally and participants included University of San Diego (USD), University of California San Diego (UCSD), San Diego State University (SDSU), Cal State San Marcos, Palomar College, and Cuyamaca College.

Center for Community Solutions has implemented a sexual assault prevention curriculum for boys and girls in Juvenile Hall.

The Center for Community Solutions continued to work with the San Diego Police Department Sex Crimes and Vice Units and the Food and Beverage Association of San Diego to provide education for bar and restaurant owners regarding responsible patron serving. Education also included information on drug-facilitated sexual assault.

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

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

EXPANSION

Applied for and received a \$15,000 grant from the William H. Donner Foundation. Grant monies were used to fund scholarships for judges and attorneys to attend the 2003 International Domestic Violence, Sexual Assault and Stalking Conference. Judicial personnel were provided the scholarship incentives with the goal of addressing gaps in the criminal justice system.

District Attorney's Office (downtown office) developed a Sexual Assault and Stalking Division handling all felony sexual assault cases of victims currently over the age of 13 years old.

SART SYSTEMS REVIEW COMMITTEE GOALS

Initiate a confidential process for multi-disciplinary Case Review of rejected and closed cases with the purpose of improving services for victims of sexual assault.

Develop a standardized Medical Record form to be completed for sexual assault victims seen by SAFE's at non-SART facilities. The form documents evidentiary examination findings and recommendations for prophylaxis treatment.

Apply for a scholarship to attend the national "Making A Difference" Conference. The Conference is sponsored by the non-profit organization "End Violence Against Women" (EVAW). The purpose of the conference is to improve strategies and methods for challenging the legal system to more effectively prosecute sexual assaults.

Incorporate Crime Lab Findings in the Evidentiary Examination Database. The inclusion will provide a tracking method for the Crime Lab to determine if all examination kits have been submitted. The presence or absence of findings will provide important feedback to the forensic examiners.

**SART Systems Review Committee
Past and Present Participants
1993 - 2005**

Center for Community Solutions

Suzanne Abbey
Lupe Calzada
Robii Dodge
Blanca Fuentes
Tracy Johnson – Chair 2003
Verna Griffin –Tabor
Antara Kobayashi
Shelley Anderson
Liza Boyer
Kay Buck - Chair 1998
Imelda Buncab – Chair 2001
Maylin Daly
Deborah Dawson
Daniel Esparza
Jessica Gould
Melanie Jaramillo
Linda Wong Kerberg
Lizely Madrigal
Lisa Morris
Carissa Murphy
Lanette Robles
Betty White – Chair

Chadwick Center at Children’s Hospital & Health Center

Marilyn Kaufhold, M.D.
Susan Horowitz, M.D.

Chula Vista Police Department

Steve Fobes
Laura Coulson
Don Hunter
Ron Lederle
John McAvenia
Kevin Pike
Emerald Randolph - Citizens Adversity Support Team (C.A.S.T.)

Commission on the Status of Women

Gloria Harris, M.D.

County of San Diego, Division of Emergency Medical Services

Sharon Pacyna, RN, MPH

Barbara Byous

Tisa Blount

Brenda Dunn

Gwen Jones

J. Dawn Lloyd

Melody Rodriguez

Merle Rupp

County of San Diego, Office of the District Attorney

Cathy Stephenson - Chair 1999

Melissa Diaz

Kristin K. Anton

Brenda Daly

Jennifer Gianera

Dave Lattuca

Robert Phillips

James Pippin

Stacy Running

Joan Stein

Robert Sullivan

Lisa Weinreb

County of San Diego, Office of the District Attorney, Victim Assistance Program

Julie Bolton

Cynthia Charlebois

Cynthia Forsythe

Marianne Gallagher

Vivien Isom

Linda Pena

Dee Fuller - Chair 1997

Community Representatives

Marge Kleinsmith – S.D. Unified School District

Auxie Zuniga
Darlene Duncan, RN
Suzanne Lindsay, Ph.D.

Coronado Police Department

Robert Kline

Crime Laboratories - San Diego Sheriff's Department

Connie Milton - Chair 2004
Greg Thompson
Emily Williams

Crime Laboratories - San Diego Police Department, Forensic Sciences Unit

Patrick O'Donnell, Ph.D.

El Cajon Police Department

Jim Cunningham
Harry Hicks
Brian Zmijewski

Escondido Police Department

Leonard Geise
Barbara Ray
Mark Wrisley

EYE Crisis and Counseling Services
(Reorganized in 2002 to Center for Community Solutions – North)

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Lesbian and Gay Men's Community Center

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Military Agencies

Alison Admire, Sexual Assault Victim Intervention (SAVI) Program

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Karyn Bingham, Sexual Assault Victim Intervention (SAVI) Program

Barbara Campbell, R.N.

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Sharon Merkel, Sexual Assault Victim Intervention (SAVI) Program

Helen Metzger, Sexual Assault Victim Intervention (SAVI) Program

Jennifer Morris, Sexual Assault Victim Intervention (SAVI) Program

Susan Rist, R.N., Naval Medical Center San Diego SART

Lisa Seligman, NAS North Island

Arthur Spafford, Jr., Naval Criminal Investigative Services (NCIS)

Marcia Webster, Navy Family Service Center

Sally Wilson, Naval Criminal Investigative Services (NCIS)

Traci Williams – Naval Training Center

National City Police Department – Crimes of Violence Unit

Jim Dunn

Oceanside Police Department

Kim Rainwater – Co Chair 2005

Karen Priem

Sheila Hancock

Rick Sing

Palomar - Pomerado Health Care SART & Child Abuse

Sue Dickinson, RN

Diana Faugno, RN – Chair 2002

Beverly Miller

Alexei Prohoroff

Patty Seneski

Mary Spencer, M.D.

Margaret Whelan, RN - Chair 1993

San Diego Sheriff's Department

Mark Manriquez – Co Chair 2005

Dave Woods

Emalee A. Bowles

Michele Bustamante

Ron Cottingham

Mary Helmen

Lisa Miller

Roy Shaffer

Donna Perone

Steve Perone

Victoria Reden

James Seim

San Diego Police Department, Crisis Intervention Program

Anna Knuth

San Diego Police Department, Sex Crimes Unit

David Nisleit

Judy Woods

Joanne Archambault - Chair 1995

Steve Cross

Mark Foreman - Chair 2000

John Bailey

Bill Edwards

Jim Evans
Sharon McNair
Joseph Molinowski
Rick O'Hanlon
Bill Stetson
Janet Wright

Trauma Intervention Programs of San Diego

Kim Higgins
Carol Purcell

UCSD Medical Center – Division of Adolescent Medicine

Joyce Adams, M.D.

UCSD Student Safety

Nancy Wahlig

Veteran's Administration

Leslie Satz

University Community Medical Center)

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

Women's Resource Center

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