Symposium #23518  
Nursing research on sexual assault: Utilizing data to increase knowledge and improve practice

Three nursing research projects from a large-scale (N=2,350) exploratory, retrospective study on sexual assault will be presented.
Disclosure

Authors:

• Julie Valentine, PhD, RN, CNE, SANE-A
• Leslie Miles, DNP, APRN, PMHNP-BC
• Linda Mabey, DNP, PMHCNS-BC
• Sage Williams, BSN student, Research Assistant

Brigham Young University College of Nursing

No Conflict of Interest to disclose.
A Descriptive Study of 2,300 Sexual Assault Victims: Using Nursing Research to Identify Vulnerabilities and Promote Healthy Communities

Leslie Miles, DNP, APRN, PMHNP-BC
Julie Valentine, PhD, RN, CNE, SANE-A
Sage Williams, BSN student
Linda Mabey, DNP, PMHCNS-BC
Learning Objectives

1) Describe the research demographics on sexual assault victims including pre-existing physical and mental health illnesses.

2) Discuss implications of research findings to develop evidence based practice and community prevention strategies.
Significance

• Nearly 1 in 5 women in the United States report being raped sometime in their lives (Black et.al, 2011)

• 1 in 71 men (Black et.al, 2011)

• International rates – 15% to 71% (WHO, 2016)
What Happens When Someone Reports?

Sexual Assault Nurse Examiner (SANE)

Consent
Physical examination
Medical Treatment

Sexual Assault Kit (SAK)
Collect evidence
Documentation
DNA – Evidence less than 5 days
Vulnerabilities and Prevention: A difficult balancing act
SEXUAL ASSAULT STUDY

RETROSPECTIVE SANE CHART REVIEW
FOUR SITES
SANE PROGRAMS
4 YEAR UNIVERSITIES

N = 2,317 CASES

CRITERIA:
- AGE 14 OR OLDER
- FULL EXAM WITH SEXUAL ASSAULT KIT
- REPORTED TO LAW ENFORCEMENT

January 2010 through December 2014
Victim descriptive data - Age

AGE RANGE: 14-92 YEARS
AGE MEDIAN: 24 YEARS
AGE MEAN: 27.6 YEARS
PERCENTILES:
  Q1, 25%  14 – 19 YEARS
  Q2, 50%  14 – 24 YEARS
  Q3, 75%  14 – 33 YEARS
Victim descriptive data - Gender

• 95% Female, 5% Male

• Changes to state form in 2016:

Sex □ Male □ Female □ Transgender: M to F Female □ Transgender: F to M Male □ Intersex
### Victim descriptive data - Race

<table>
<thead>
<tr>
<th></th>
<th>Study (N=2,317)</th>
<th>Utah Census*</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>77.6%</td>
<td>91.2%</td>
</tr>
<tr>
<td>Black</td>
<td>3.3%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>12.3%</td>
<td>13.7%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2.0%</td>
<td>3.5%</td>
</tr>
<tr>
<td>American Indian</td>
<td>2.9%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Other</td>
<td>0.7%</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>1.2%</td>
<td></td>
</tr>
</tbody>
</table>

*United States Census Bureau (2015)
Victim to Suspect Relationship

- Acquaintance: 5.4%
- Stranger: 18.6%
- Spouse/Partner: 58.7%
- Ex-boyfriend: 7.3%
- Other: 5%
- Unknown: 5%
Location of Assault

- House/Apartment: 64%
- Outside: 15%
- Car: 10%
- Other: 7%
- Unknown: 4%
Descriptive data on alcohol and drug use

- Suspected drug-facilitated assault: 17%
- Patient use of drugs prior to assault: 13%
- Patient use of alcohol prior to assault: 46%
- Suspect use of drugs prior to assault: 15% (41% unknown)
- Suspect use of alcohol prior to assault: 37% (39% unknown)
- Patient or suspect use of drugs or alcohol: 56% (26% unknown)
Medical History on Form

CURRENT MEDICATION(S): □ no or list ________________________________

ALLERGIES TO MEDICATION: □ no or list ________________________________

CURRENT MEDICAL PROBLEMS: □ no or list ________________________________

ANY SURGERIES/MEDICAL PROCEDURES: □ no or list ________________________________

TETANUS: □ current □ over 10 years □ unknown ________________________________

HEPATITIS B VACCINE: □ yes □ no □ unknown ________________________________

LMP: ________________  AGE OF MENARCHE: __________  PRIOR VAGINAL DELIVERIES: □ yes □ no ________________________________
## Descriptive data on victim physical health

<table>
<thead>
<tr>
<th></th>
<th>Study ($N = 2,317$)</th>
<th>Utah data on under age 40 years</th>
<th>U.S. data (all ages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current medical problem</td>
<td>60%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic medical problem</td>
<td>48%</td>
<td>18% Heart, liver, kidney problems; arthritis; asthma; cancer; COPD and diabetes</td>
<td>49.8% (Ward, Schiller, &amp; Goodman, 2014)</td>
</tr>
</tbody>
</table>

Medical problems by systems: Infection 7%

- Blood 5%
- Cardiac 8%
- Ear 1%
- Endocrine 9%
- Eye 1%
- Gastrointestinal 8%
- Genitourinary 2%
- Gynecological 6%
- Immune 5%
- Musculoskeletal 9%
- **Neurological 13%**
- Oral 1%
- Renal 2%
- **Respiratory 13% - Asthma 85% of resp. disorders (11% compared to 9%)**
- Skin 2%
Prior History of Sexual Assault
\((N=1,590)\)

- Association with medical problems: \(p = .000\)
- Association with chronic physical health problems: \(p = .000\)
- Association with self-disclosure MI: \(p = .000\)
- Association with psych med use: \(p = .002\)

Confirms ACE Study Findings
http://www.cdc.gov/violenceprevention/acestudy/findings.html
## Preexisting Mental Health Conditions

<table>
<thead>
<tr>
<th></th>
<th>Study</th>
<th>SAMHSA 2014*</th>
<th>SAMHSA UTAH 2014*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-disclosure MI</td>
<td>36%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use of Psychotropic Medication</td>
<td>40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-disclosure MI or use of psychotropic meds</td>
<td>45%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevalence of MI</td>
<td>18%</td>
<td>22%</td>
<td></td>
</tr>
</tbody>
</table>

*Any MI – No substance abuse or developmental disorders
### Descriptive data on victim mental health

<table>
<thead>
<tr>
<th></th>
<th>Study (N = 2,317)</th>
<th>Utah</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-disclosure mental illness or use of psychotropic medications</td>
<td>45%</td>
<td>22% (SAMHSA, 2014)</td>
<td>18% (NIMH, 2015) 18% (SAMHSA, 2014)</td>
</tr>
</tbody>
</table>

**Types of mental illness**

<table>
<thead>
<tr>
<th>Mental Illness</th>
<th>Study (%)</th>
<th>Utah (%)</th>
<th>U.S. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>21%</td>
<td></td>
<td>7% (NIMH)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>16%</td>
<td></td>
<td>3% (NIMH)</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>8%</td>
<td></td>
<td>2.6% (NIMH)</td>
</tr>
<tr>
<td>PTSD</td>
<td>6%</td>
<td></td>
<td>3.5% (NIMH)</td>
</tr>
<tr>
<td>ADHD/ADD</td>
<td>4%</td>
<td></td>
<td>4% (NIMH)</td>
</tr>
<tr>
<td>Psychotic disorder</td>
<td>2%</td>
<td></td>
<td>1% (NIMH)</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>1%</td>
<td></td>
<td>9% (NIMH)</td>
</tr>
<tr>
<td>Drug or alcohol addictions</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eating disorders</td>
<td>0.4%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For those that self-disclosed mental illness at time of exam:

<table>
<thead>
<tr>
<th>Self- Disclosed MI</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>44</td>
</tr>
<tr>
<td>Anxiety</td>
<td>34</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>18</td>
</tr>
<tr>
<td>PTSD</td>
<td>12</td>
</tr>
<tr>
<td>ADHD</td>
<td>9</td>
</tr>
<tr>
<td>Psychotic Disorder</td>
<td>5</td>
</tr>
<tr>
<td>Personality Disorder</td>
<td>4</td>
</tr>
<tr>
<td>Drug &amp; alcohol disorders</td>
<td>2</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>1</td>
</tr>
</tbody>
</table>
## Psychotropic Medication Use - 2010

<table>
<thead>
<tr>
<th></th>
<th>Study N= 1874</th>
<th>Medco 2010* National</th>
<th>Medco Mountain West</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych Med Use</td>
<td>40%</td>
<td>25% (F) 20% (M)</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medco: Antidepressants, Anti-anxiety, ADHD, Antipsychotics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>No Bipolar Medications</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Medco is for insured persons only*
## Psychotropic Medication Use

<table>
<thead>
<tr>
<th></th>
<th>Study (Reported use)</th>
<th>CDC 2010*</th>
<th>NIMH 2005*</th>
<th>NHNES 2010*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atypical Antipsychotics</td>
<td>13%</td>
<td></td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Antianxiety</td>
<td>20%</td>
<td>6%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Antidepressants</td>
<td>35%</td>
<td>12%</td>
<td>7%</td>
<td>8% (10% F)</td>
</tr>
<tr>
<td>Bipolar Meds</td>
<td>11%</td>
<td>5%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Sleep Aid Meds</td>
<td>11%</td>
<td>6%</td>
<td></td>
<td>4% (5% F)</td>
</tr>
<tr>
<td>Stimulants/ADD or ADHD meds</td>
<td>6%</td>
<td></td>
<td>4%</td>
<td></td>
</tr>
<tr>
<td>Typical Antipsychotics</td>
<td>1%</td>
<td></td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

Note: Difference between having a diagnosis and being treated.
MI or Use of Psychotropic Medications
(N=2,317)

NOT SIGNIFICANT

- Drug Use prior to assault (12%)  
  \( p = .325 \)
- Loss of consciousness/awareness  
  \( p = .627 \)

Chi-square tests of association

SIGNIFICANT

- Alcohol Use prior to assault  
  (47%)  
  \( p = .015 \)
- Suspected drug facilitated assault (17%)  
  \( p = .020 \)
- Asleep and awoke to being raped (14%)  
  \( p = .038 \)
Implications of Findings

• Increased understanding of sexual assault
  – Victims know assailants

• Vulnerable groups
  – 17-24 years
  – Black Americans & Native Americans
  – Mental illness

• High percentage of victims with current medical problem.
Clinical and Research Implications

• Develop evidence based nursing care practices
• Implement community prevention strategies
  – Vulnerable groups
  – Educate primary care providers on screening
References

- CDC 2010
UNDERSTANDING PERI-TRAUMATIC SYMPTOMS OF SEXUAL ASSAULT: TRANSFORMING NURSING CARE OF VICTIMS WORLD-WIDE

Linda Mabey, DNP, PMHCNS-BC
Julie Valentine, PhD, RN, CNE, SANE-A
Leslie Miles, DNP, APRN, PMHNP-BC
Learning Objectives

• Discuss peri-traumatic symptoms experienced by many sexual assault victims and their relationship to key brain structures and processes.
• Propose ideas for how nurses can utilize this research to transform the care of sexual assault victims.
Peri-traumatic Symptoms – What are they and where do they come from?
“The brain and body are in constant reciprocal, dynamic interaction, adapting to and influencing each other.”

(Wheeler, 2013)
Immediate Consequences

Cortisol
Catecholamines
Opioids
Trauma Effects on the Brain: “Speechless Terror”

3 F’s: Fight, Flight or Freeze
Loss of Consciousness, Awareness, Memory Loss

Summary of Assault Described by Patient

Patient lost consciousness/awareness? □ Yes □ No If yes ________________________________
Mixed Method Study

Qualitative Portion - Five Themes Identified

\( N=722 \) (2010 & 2011 charts)

- Loss of consciousness or awareness
- Memory loss
- Changes in feelings of consciousness or awareness
- Tonic immobility
- Dissociation
Prevalence of Loss of Consciousness, Awareness, Memory (N=2,317)

- 49% of patients reported “Yes” to the question, “Did you lose consciousness or awareness during the assault?”
Prevalence of Loss of Consciousness, Awareness, Memory ($N=2,317$)

- Full loss of consciousness or awareness: 34%
- Memory loss: 34%
- Changes in feelings of consciousness or awareness: 16%
- Tonic immobility: 3%
- Dissociation: 2%
## Logistic Regression Predicting Loss of Consciousness or Awareness

<table>
<thead>
<tr>
<th>Predictor</th>
<th>b (SE)</th>
<th>Wald</th>
<th>Odds Ratio</th>
<th>95% CI, Odds Ratio Lower</th>
<th>95% CI, Odds Ratio Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected drug facilitated assault</td>
<td>2.25 (.19)</td>
<td>143.958</td>
<td>9.47</td>
<td>6.562</td>
<td>13.679</td>
</tr>
<tr>
<td>Strangulation</td>
<td>.41 (.15)</td>
<td>7.762</td>
<td>1.51</td>
<td>1.130</td>
<td>2.020</td>
</tr>
<tr>
<td>Patient alcohol use prior to assault</td>
<td>1.38 (.11)</td>
<td>165.103</td>
<td>3.97</td>
<td>3.214</td>
<td>4.892</td>
</tr>
<tr>
<td>Constant</td>
<td>-1.54 (.08)</td>
<td>330.79</td>
<td>.21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Can we predict loss of memory, consciousness or awareness?

- Victims that reported suspected drug-facilitated assault were 9 times more likely to report loss of memory, consciousness or awareness.
- Victims that reported drinking alcohol were 4 times more likely to report loss of memory, consciousness or awareness.
- Victims that reported strangulation were almost 2 times more likely to report loss of memory, consciousness or awareness.
Can we predict loss of memory, consciousness or awareness?

• The logistic regression model classified 75% of the cases in which victims reported a loss in consciousness or awareness, but failed to classify 25% of the cases.
Patient statements without predictors

All acquaintance rapes:

• Unclear moments of entire event. Loss of memory when walking outside, in and out of consciousness. Memories that are there are very fuzzy. (exam 27 hours after assault)

• “I kind of went blank – just shocked.” Indicates that she was still aware but in shock during the assault. (exam 28 hours after assault)

• “I didn’t make eye contact.” She described dissociations from her body. She says she doesn’t remember exactly what happened. (exam 82.5 hours after assault)

• “Things went blurry. I froze up... Everything is so blurry. I can’t remember at all.” (exam 15 hours after assault)
So What?

- Enhanced understanding of Per-traumatic symptoms.
- Collaboration with law enforcement.
- Education or physical and mental health providers.
- Trauma-informed Care
Study Limitations
References

Substance Abuse and Mental Health Services Administration, National Center for Trauma-informed Care. Six key principles for a trauma-informed approach. Retrieved from: https://www.samhsa.gov/nctic/trauma-interventions


Sexual assault evidence kits: Interprofessional research on submission rates and implications on practice

Julie Valentine, PhD, RN, CNE, SANE-A
Linda Mabey, DNP, PMHCNS-BC
Leslie Miles, DNP, APRN, PMHNP-BC
Learning Objectives

• Describe sexual assault kit submission rates and their predicting variables from a large-scale, retrospective study.

• Discuss the community response to the interprofessional study findings in making improvements to issues related to sexual assault to promote safer and healthier communities.
Purpose

• The purpose of this study was to evaluate the submission rates of SAKs from multiple sites in Utah with SANE programs, explore legal and extralegal predicting variables associated with SAK submissions, and examine the length of time between assault dates and SAK submission dates.
Methodology

• Retrospective Chart Review
  – Coded data as a team
  – Cohen’s Kappa for interrater reliability (Kappa across all variables of .955)
  – Collaboration with state crime laboratory
  – Limitations due to methodology and population homogeneity
Data Analysis

• Descriptive statistics

Submission of SAKs across sites:
• Generalized estimating equation (GEE)
• GEE logistic regression modeling
<table>
<thead>
<tr>
<th>Sites</th>
<th>LE Agencies</th>
<th>University</th>
<th>SANE Program</th>
<th>SART</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: Salt Lake County</td>
<td>12</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>B: Washington County</td>
<td>10</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>C: Iron County</td>
<td>4</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>D: Davis, Box Elder, Weber, and Morgan</td>
<td>28</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

40% of Law Enforcement (LE) Agencies in Utah
65% of Population in Utah
Sample

- January 1, 2010 to December 31, 2013
- Fully collected sexual assault kits (SAKs)
- Age 14 years and up
- Crime occurred within sites in study
- Victim wanted to talk to LE about prosecuting case

\[ N = 1,874 \text{ SAKs} \]
- Site A = 1,297 SAKs
- Site B = 120 SAKs
- Site C = 48 SAKs
- Site D = 409 SAKs
Variables

Legal Characteristics:
• Weapon used
• Strangulation
• Multiple suspects
• Suspected drug-facilitated assault
• Number of assaultive acts
• Ejaculation occurred
• Physical injury and # of physical injuries
• Anogenital injury and # of anogenital injuries
Variables

Extralegal Characteristics:
- Victim age
- Victim gender
- Victim race
- Suspect race (white/non-white)
- Time between assault and exam (hours)
- Victim use of psychotropic medications
- Victim self-disclosed mental illness
- Victim drug use prior to assault
- Victim alcohol consumption prior to assault
- Victim with physical or mental impairment
- Victim reports loss of consciousness or memory loss
- Victim to suspect relationship
- Consensual sexual partner 5 days prior to assault
- Victim bathed or showered post-assault and prior to exam
What did we learn about victims and rape in Utah?
Findings - Legal Characteristics

- Weapon: 10%
- Strangulation: 12%
- Multiple suspects: 10%
- Suspected drug-facilitated assault: 17%
- Number of assaultive acts (fondling to 4): 57% 1 to 2 acts
- Ejaculation: 30% (Unknown 58%)
- Physical injury: 74%
- Number of physical injuries: mean of 6
- Anogenital injuries: 60%
- Number of anogenital injuries: mean of 2
Findings - Extralegal Characteristics

- Victim age: mean of 27 years, range of 14-93 years.
- Victim gender: 95% female, 5% male
- Victim race: 78% white, 22% non-white
- Suspect race: 53% white, 34% non-white, 12% unknown
- Time between assault and exam: mean of 22 hours
- Victim use of psychotropic meds: 40%
- Victim self-disclosed mental illness: 35%
- Victim self-disclosed psych meds or MI: 45%
Findings - Extralegal Characteristics

- Victim drug use: 12%
- Victim alcohol use: 47%
- Victim or suspect used drugs/alcohol: 55% (27% unknown)
- Victim with physical or mental impairment: 8%
- Victim reported loss of consciousness: 49%
- Victim reported memory loss: 33%
- Consensual sexual partner 5 days before assault: 28%
- Victim bathed or showered post-assault: 35%
Findings from Crime Laboratory on SAK Submissions

- Submitted within 1 month of assault
- Submitted 1-12 months of assault
- Submitted 1 year or later after assault (late 2014 through 2015) = forced submissions
<table>
<thead>
<tr>
<th></th>
<th>Site A N=1,297</th>
<th>Site B N=120</th>
<th>Site C N=48</th>
<th>Site D N=409</th>
<th>All Sites N=1,874</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submitted within 1 month of assault</td>
<td>16.0%</td>
<td>0.8%</td>
<td>14.6%</td>
<td>4.9%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Submitted 1-12 months after assault</td>
<td>6.6%</td>
<td>3.3%</td>
<td>22.9%</td>
<td>22.7%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Submitted 1 year or later after assault</td>
<td>18.0%</td>
<td>14.2%</td>
<td>2.1%</td>
<td>8.6%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Total Submitted</td>
<td>40.6%</td>
<td>18.3%</td>
<td>39.6%</td>
<td>36.2%</td>
<td>38.2%</td>
</tr>
<tr>
<td>Total Not Submitted</td>
<td>59.4%</td>
<td>81.7%</td>
<td>60.4%</td>
<td>63.8%</td>
<td>61.8%</td>
</tr>
</tbody>
</table>
## Findings - SAK Submissions

<table>
<thead>
<tr>
<th></th>
<th>Site A</th>
<th>Site B</th>
<th>Site C</th>
<th>Site D</th>
<th>All Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAKs submitted within a year of assault</td>
<td>22.6%</td>
<td>4.1%</td>
<td>37.5%</td>
<td>27.6%</td>
<td>22.8%</td>
</tr>
<tr>
<td>SAKs submitted &gt; 1 year from assault: “forced” submissions</td>
<td>18.0%</td>
<td>14.2%</td>
<td>2.1%</td>
<td>8.6%</td>
<td>15.4%</td>
</tr>
<tr>
<td>TOTAL submitted</td>
<td>40.6%</td>
<td>18.3%</td>
<td>39.6%</td>
<td>36.2%</td>
<td>38.2%</td>
</tr>
<tr>
<td>TOTAL unsubmitted</td>
<td>59.4%</td>
<td>81.7%</td>
<td>60.4%</td>
<td>63.8%</td>
<td>61.8%</td>
</tr>
</tbody>
</table>
Logistic Regression Model Using GEE on Legal and Extralegal Characteristic and SAK Submissions

What legal and extralegal characteristics predicted SAK submission?

More likely to be submitted:

• Suspected drug-facilitated assault: 25% more likely
• Male victims: 46% more likely
Logistic Regression Model Using GEE on Legal and Extralegal Characteristic and SAK Submissions

What legal and extralegal characteristics predicted SAK submission?

More likely to be submitted:
• Suspected drug-facilitated assault: 25% more likely
• Male victims: 46% more likely

Less likely to be submitted:
• Victim used drugs prior to assault: 22% less likely
• Victim bathed or showered post-assault: 17% less likely
• Victim with physical/mental impairment: 17% less likely
• Known suspect: 16% less likely
Financial burden of SAK collection

- 1,163 SAKs were collected, but never submitted by LE for analysis.

<table>
<thead>
<tr>
<th>Expenses for 1,163 SAKs not submitted</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of SAKs paid by state crime laboratory, Utah Bureau of Forensic Services</td>
<td>$18,608.00</td>
</tr>
<tr>
<td>Amount paid to SANEs for SAK collection by Utah Office of Victims of Crime</td>
<td>$697,800.00</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>$721,060.00</strong></td>
</tr>
</tbody>
</table>
Discussion

How does Utah compare?

1. Midwestern study, 58.6% SAKs submitted (Patterson & Campbell, 2012)
2. Midwestern study, adolescents, 59.3% SAKs submitted (Shaw & Campbell, 2013)
3. Five jurisdictions in US, 602 randomly selected rape cases, 42% with biologic evidence submitted (Johnson, Peterson, Sommers & Baskin, 2012)
4. Denver, 89% with biologic evidence submitted (McEwen, 2011)
5. San Diego, 57% with biologic evidence submitted (McEwen, 2011)
Discussion

• **Justice denied** for victims of unsubmitted SAKs.

• **Justice inequity** as the strongest predictor of SAK submissions is the site or jurisdiction. In other words, the jurisdiction where the victim was raped.

• The extralegal characteristics that predicted SAK submissions **exposed biases within LE** affecting SAK submissions.
Recommendations

• Standardized submission of SAKs by state law mandating automatic submission of SAKs to state crime lab.

• The establishment of a SAK tracking system.

• Reduce the prevalence of sexual assault in Utah by improving the criminal justice response in sexual assault cases.
Recommendations

• Education/training recommendations within criminal justice system.

• Increase collaboration across all community partners.

• Increase reporting of sexual assault cases by supporting victims.
Community response to study

• Passage of House Bill 200
This State Just Took A Huge Step Toward Solving More Rapes

The failure to process evidence in sexual assaults is a national disgrace. New data shows how Utah is fixing the problem

(Clacon-Flory, 2017)
References