When Karen Carroll was taken to the hospital examination room 13 years ago after being brutally sexually assaulted, the doctor assigned to her case took out the directions to the rape kit and began to read them. Carroll, an emergency room nurse at the time and now associate director of the Bronx Sexual Assault Response Team, had to guide the doctor through her own examination because he had never received training on how to properly conduct a sexual assault forensic exam.

Although many jurisdictions around the country offer sexual assault forensic examiner training, Carroll’s scenario is not uncommon. Cost and travel concerns often present barriers to training, particularly in rural and remote areas of the country.

To help ensure that sexual assault victims do not find themselves in Carroll’s situation during a forensic exam, the National Institute of Justice (NIJ) and the Office on Violence Against Women funded Dartmouth Medical School to create a state-of-the-art training tool on forensic examinations. Available through the Internet and in CD format, Sexual Assault: Forensic and Clinical Management—for health professionals, law enforcement, prosecutors, victim advocates, and lab personnel—offers training in a “virtual sexual assault forensic facility.” In the virtual facility, students can participate in interactive training sessions on all aspects of the sexual assault forensic examination—from interviewing the survivor through courtroom testimony—with master practitioners and trainers, including Karen Carroll.

About the Author

Ms. Rose is senior advisor to the director at the National Institute of Justice. Prior to joining NIJ, Ms. Rose was the chief of staff at the Office on Violence Against Women, where she participated in the development of the U.S. Attorney General’s National Protocol for Sexual Assault Medical Forensic Examinations and SAFE Training Standards.
How Critical Is the Forensic Exam?

The forensic examination is arguably the most critical component in the aftermath of a sexual assault. The exam has two main goals: to treat the assault survivor for medical injuries and to collect evidence that may lead to the arrest, prosecution, and conviction of the offender. Exams are usually conducted by a sexual assault forensic examiner, or SAFE—a medical professional who has received specialized education and has fulfilled clinical requirements to perform medical forensic examinations. SAFEs can be nurses (often called sexual assault nurse examiners, or SANEs), doctors, or even physician assistants.

All sexual assault survivors have the right to a properly conducted exam in which they are treated with dignity, compassion, and respect. In September 2004, former U.S. Attorney General John Ashcroft released the Attorney General’s National Protocol for Sexual Assault Medical Forensic Examinations (SAFE Protocol). Under this project, the International Association of Forensic Nurses provides technical assistance to service providers and agencies serving victims of sexual assault, including medical professionals, law enforcement officers, attorneys, victim advocates, and first responders.

Funded through a grant from the Office on Violence Against Women, this project disseminates the SAFE Protocol, establishes a national toll-free help-line, hosts an interactive technical-assistance Web site for the SAFE Protocol, offers some onsite assistance on establishing and maintaining sexual assault response team initiatives, and provides a national training and education plan. The SAFE TA project also will disseminate the virtual sexual assault forensic examination training tool discussed in the main article.

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All sexual assault survivors have the right to a properly conducted exam in which they are treated with dignity, compassion, and respect. In September 2004, former U.S. Attorney General John Ashcroft released the Attorney General’s National Protocol for Sexual Assault Medical Forensic Examinations (SAFE Protocol), which offers guidance for communities that want to develop a response that is sensitive to sexual assault victims and promotes offender accountability. Produced by the Office on Violence Against Women and based upon best practices from around the country, the SAFE Protocol also examines the roles of other members of the sexual assault response team (SART), namely law enforcement officers, prosecutors, victim advocates, and forensic scientists.

A recent study funded by NIJ examined the efficacy of SANE/SART interventions as tools in the criminal justice system. The study findings indicate that in communities with these programs, sexual assault cases are reported more quickly. In cases involving SANE/SART interventions, the average time between the assault and the report is 5.6 days, compared to 33 days in cases without these interventions. According to the researchers, cases with SANE/SART interventions have more evidence available and are more likely to have victim participation. Further, they found that this intervention is a significant factor in the identification and arrest of a suspect, is a strong predictor that charges will be filed, and increases the likelihood of conviction.¹

A SANE Success Story

Consider the case of Gina. In 2001, Gina was sexually assaulted in the laundry room of her apartment building by a man she recognized as a new neighbor. The man turned off the lights, closed the door, and trapped her behind a row of dryers. As Gina...
prayed out loud, her attacker inexplicably stopped and left the laundry room, only to return moments later to continue his violent assault. After making Gina promise that she would not tell anyone, he finally left the laundry room. Once she felt confident that her attacker was not going to return again, Gina ran to a neighbor’s apartment and called 911.

She was taken to the hospital, where a SANE was called. That nurse was Karen Carroll. As Gina described it, “When Karen walked into the room, I immediately felt comfortable. She oozed confidence and competence. She was so compassionate. She explained everything she was doing and gave me the choice to stop at any point. However, I didn’t want her to stop, as I was determined to do everything I could to catch this guy.”

Gina was severely bruised and bleeding. Careful collection by the SANE recovered a microscopic drop of blood on Gina’s bathrobe that was analyzed to reveal the DNA profile that linked a man named Oscar Mercado to the crime. Though DNA was just one piece of the evidence used at trial, Gina feels that it was critical.

“We had other evidence that was able to tie him to the crime scene,” she said, “but it was the DNA evidence that ultimately proved to the jury that he was the man who sexually assaulted me.” Mercado was eventually tried and convicted of four counts of sexual assault and sodomy. He was sentenced to 28 years in prison.

Gina praises the team that worked with her: the SANE, the detective, and the prosecutors. Although it took her a long time to recover emotionally from the attack, she feels that her healing process began with the positive experience she had during the forensic examination with Carroll.

Not all exam experiences are as positive and successful as Gina’s. In many parts of the Nation, especially rural and remote locations, forensic examination training for medical personnel is rare or nonexistent because of high cost and travel constraints. Consequently, victims may find themselves in a situation like Carroll’s—in an exam room with a doctor or nurse who has never been trained on how to properly conduct a sexual assault forensic examination.

Virtual Forensic Facility

When trainees enter the virtual forensic facility, created by Dartmouth’s Interactive Media Laboratory, they will find:

- Exam Room A: Here, the student observes interactions between the SAFE and a young woman named “Mary Lange.” The student serves as an apprentice, working closely with a master practitioner in two scenarios. In the first, Mary has been raped by an acquaintance. Through video, audio, still, and animated graphics, this scenario teaches students about the basic forensic examination, including history-taking, consent, treatment, and using a virtual sexual assault evidence collection kit to gather evidence.

In the second scenario, Mary is the victim of a drug-facilitated assault. Using knowledge gained from the first scenario, the student again works under the supervision of a master practitioner. In essence, Exam Room A is where students can conduct a complete sexual assault forensic examination—to the extent allowed by electronic technology—from initial encounter through preparation of collected evidence, including proper chain of custody.

- Exam Room B: In this room, students observe the SAFE working with three patients who represent a mix of demographic variables, including age, gender, and race. This scenario allows students to practice their skills in a realistic setting. Through interaction with the SAFE, students learn how to handle sensitive and challenging situations.

The study found that a SANE/SART intervention is a significant factor in the identification and arrest of a suspect, is a strong predictor that charges will be filed, and increases the likelihood of conviction.
and relationship of the victim to the offender. Exam Room B exposes students to various types of sexual assault and the wide range of challenges they may confront in their work.

- **Pretrial Preparation Room:** Here, students learn how to prepare for court testimony.

- **Courtroom Area:** Here, the student becomes an expert witness in the Exam Room A case. In this simulation, the student interacts with prosecutors and defense attorneys, selecting from possible responses and receiving feedback from a coach. The student can also observe the SAFE as an expert witness and learn the best ways of presenting information in court. The coach for this section is Roger Canaff, an assistant district attorney from the Bronx District Attorney’s Office, who has extensive experience prosecuting sexual assault cases and preparing SAFEs to testify in court.

- **Forensic Lab Area:** In the lab, the student views talks by forensic scientists covering the basic science of DNA and how tests are interpreted. This section also emphasizes the value of close collaboration between SAFEs and laboratory personnel.

- **Conference Room:** In this room, noted experts discuss a range of topics, including cultural competency and forensic photography. Students listen to roundtable discussions among real-life members of a SART as they discuss specific cases and the day-to-day challenges they face.

- **Learning Resources Room:** Here, the student listens to the personal accounts of sexual assault survivors, including their experiences with sexual assault forensic exams. The student learns how survivors’ interactions with the SAFE and members of the SART shaped their view of the justice system and affected their healing process.

Who Benefits From the Training?

This training tool provides an innovative way to learn the fundamental elements of conducting a timely, competent forensic exam. For forensic examiners and trainers with limited resources, the training offers a unique and cost-efficient program that can easily be incorporated into a preexisting curriculum or training module. It can be used as a refresher for SAFEs practicing in rural areas who may handle only a few
cases a year. Law enforcement officers, prosecutors, victim advocates, and lab personnel will find the program beneficial, particularly with the program’s strong emphasis on a team approach.

The ultimate goal is to ensure that all victims of sexual assault have access to health care professionals who perform forensic examinations that minimize trauma; promote healing; and increase the likelihood that the perpetrator will be caught, prosecuted, and convicted of the crime. Victims deserve to have justice served. Ensuring that innovative, state-of-the-art training is available to all forensic examiners is a crucial step in that direction.

For More Information

Information on the training tool and the SAFE Protocol can be found at www.safeta.org.

Note


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Publications in Brief

A Special Issue of *Police Practice and Research*: Geographic Profiling

Ronald E. Wilson and Christopher D. Maxwell, eds.
Volume 8, Number 4, Fall 2007

Geographic profiling is an emerging investigative technique that combines criminological theory, technology, and patrol strategy to help law enforcement identify and locate serial offenders. Using information from a series of related crimes, a geographic profiler analyzes the location of each crime to identify where an offender most likely lives, works, or spends time.

This technique is now at the center of an important debate that asks: Is geographic profiling effective? What school of thought and approach should be emphasized and applied?

Edited by Ron Wilson, who manages the National Institute of Justice’s Mapping and Analysis for Public Safety Program and Data Resources, and Chris Maxwell, director of the National Archive of Criminal Justice Data at the University of Michigan, this special issue of *Police Practice and Research* explores topics critical to this debate, including:

- The theoretical background, available technology, strengths and limitations, and difficulties in evaluating the effectiveness of geographic profiling.
- The two primary schools of geographic profiling thought.
- Determining whether the offender is a commuter or a marauder.
- Geoforensic analysis.
- An evaluation of six geographic profiling methods.

The issue also reviews books on geographic profiling. For more information, see www.tandf.co.uk/journals/titles/15614263.asp.