



Process Evaluation of the Kansas City/Jackson County Response to Sexual Assault

April 1999 – Kansas City, Missouri

*This case study, based on a site visit in April 1999, focuses on the development and implementation of a county-wide task force to combat sexual assault. It is one of 12 cases studies prepared for the “Evaluation of the STOP Law Enforcement and Prosecution Project” administered by the Institute for Law and Justice, and funded by the National Institute of Justice (NIJ). This case study was written by Brian Williams, Research Assistant. It has been approved for Web publication by the participating site but should be considered a draft report pending final NIJ review.**

* This project was supported by Grant No. 96-WT-NX-007 awarded to the Institute for Law and Justice by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

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Introduction

The Institute for Law and Justice (ILJ), under a grant from the National Institute of Justice, is charged with the evaluation of law enforcement and prosecution subgrants awarded under the STOP Violence Against Women grants program authorized by the Violence Against Women Act of 1994 (VAWA). The purpose areas of grants under examination include special law enforcement, prosecution, or joint special units; development of new training programs and materials; establishment of stalking programs; and development of agency policies and procedures for handling domestic violence or sexual assault complaints and cases. In this context, ILJ is carrying out a process evaluation of approximately ten sites representing national trends and innovations in law enforcement or prosecution approaches to domestic violence and sexual assault. ILJ intends to carry out impact evaluations of some of the more promising and replicable projects in these ten sites.

The Jackson County project was chosen for a process evaluation based on several factors. First, a multi-agency task force, the Kansas City Interdisciplinary Response to Sexual Assault (KCIRSA), is particularly active as a means to voice concerns, develop recommendations, and seek ways to implement solutions associated with the problem of sexual assault. Second, this project has strong participation from the Kansas City Police Department and Jackson County Prosecutor's Office, which has contributed to its success. Third, Kansas City's project has the capability of being replicated in similar types of jurisdictions, and it can be modified to meet the unique needs of smaller and larger jurisdictions. Finally, members of both agencies as well as representatives from KCIRSA were willing to discuss their efforts and share their experiences.

This report is based on a two-day site visit that concentrated on interviews, a task force meeting, facility tours, and document review. Follow-up interviews and inquiries were conducted by telephone. The report includes an overview of the evidence collection process and DNA analysis, and a discussion of the project environment, the SANE program, and the impact of SANE on criminal justice agencies. Conclusions and recommendations follow.

Overview of the Evidence Collection Process and DNA Analysis

This project entails a number of medical and technical practices that are relatively unknown to the general public. Therefore, this section consists of an overview of evidence collection and DNA analysis.

Evidence Collection

In cases where victims of sexual assault are transported to a medical facility for treatment, medical professionals use a rape kit to ensure the proper collection of evidence. Rape kits contain laboratory forms, rape examination recording forms, and equipment and labels for clinical samples. These kits are helpful in providing materials to hospital personnel to ensure correct documentation and are designed to facilitate maintaining the chain of evidence.

The evidence that is collected includes the victim's clothing as well as trace evidence, such as grass, sand, dirt, hair, and fibers. The kit also requires that photographs of injuries be taken. Victims are then subjected to a gynecological examination using a colposcope¹ to document and photograph internal injuries. Additional evidence that is collected includes hair samples, vaginal swabs, and a blood sample. Following the physical examination and collection of evidence, female assault victims undergo tests for pregnancy and sexually transmitted diseases. All of this information is included with the physician's report.

DNA Analysis²

Chemical deoxyribonucleic acid makes up DNA, which stores the genetic code of the human body—the hereditary blueprint imparted to us by our parents. DNA is significant as a forensic tool because it is present in all cells, is the same throughout the body, does not change in the course of a person's life and, more importantly, is unique to the individual.

¹ A colposcope is a device designed to permit direct viewing of the tissues of the vagina and cervix by a telescopic system located outside the vagina. It is used to diagnose abnormalities and select areas for biopsy. This generic type of device may include a light source, cables, and component parts. This device can also be used to take pictures of the vagina to show injuries for use in court proceedings.

² The following information on DNA analysis derives from the works of Victor Walter Weedn and John W. Hicks as described in *Unrealized Potential of DNA Testing: Research in Brief* (U.S. Department of Justice Office of Justice Programs National Institute of Justice, June 1998).

There are two main techniques for testing DNA evidence: (1) fragment length polymorphism (RFLP), and (2) polymerase chain reaction (PCR). In the RFLP method, DNA is extracted and cut by an enzyme into restriction fragments, which are suspended in a gel, divided up by size, and transferred from the gel by blotting onto a membrane. Radioactive probes are used by the examiner to see the fragments, and the membrane is placed over an x-ray film. The radiation from the probe exposes the film and produces a picture of the DNA fragments, called an “autoradiogram.” A match is made when the patterns produced by DNA from an evidence stain and those from a suspect's sample DNA are found to be the same. An estimate of the statistical probability that this evidence is from the suspect rather than someone selected at random is then calculated. RFLP is a strong testing method but is relatively insensitive, cannot be applied to degraded specimens, and is tedious and time consuming (requiring about 6 weeks).

The second method of DNA analysis, PCR testing, is used if a forensic sample is too small for RFLP testing or if the DNA is degraded. This method copies or amplifies the DNA sample many times. Two DNA molecules are produced from the original molecule; the procedure is repeated many times with a doubling of DNA fragments every time. This creates millions of copies of the DNA sample allowing for the small sample to be easily tested. Although PCR is very sensitive, permitting analysis of as little as a single copy of DNA, this sensitivity also makes the sample especially susceptible to contamination.

Project Environment

Kansas City, Missouri, is the largest city in a metropolitan area of 1.6 million people. Kansas City is the nation's 25th largest city in population (443,400) and the eighth largest in land area (317 square miles). The population is relatively diverse (66% white, 30% black, and 4% Hispanic). The metro area straddles the Missouri-Kansas state line and includes more than 136 cities and 11 counties. The city lies in parts of four counties—Jackson, Platte, Clay, and Cases.

Kansas City's economy is diverse and growing. It is a center for financial services, communications, health care, law, education and government. Kansas City's unemployment rate is approximately 7 percent, and the median income is \$28,891 a year. According to the FBI's *Uniform Crime Report*, Kansas City reported 24,936 total crimes in 1998. The report notes that Kansas City had 57 murders and 210 rapes. In 1997 in Jackson County, there were 595 reports of rape, sexual assault, and sodomy.

The Criminal Justice System

The Kansas City Police Department is the primary law enforcement agency in Jackson County. Sexual assault cases, which are considered felonies, are handled by the Jackson County Prosecutor's Office. In Missouri, circuit courts have original jurisdiction over all cases civil and criminal. Jackson County is in the 16th Circuit Court District. Municipal and traffic courts handle cases involving misdemeanors and traffic offenses.

Kansas City Police Department

The Kansas City Police Department considers itself a progressive agency. The department supports community-oriented policing by assigning officers to Community Action Teams (CAT) and Community Action Networks (CAN) to work with citizens to find solutions to problems. The department has 1,313 officers and 655 civilian employees. The department has a Sex Crimes Unit that handles sexual assault, child abuse, kidnapping, harassment of a sexual nature, and stalking.³ The unit consists of 12 detectives and 2 sergeants. Training consists of in-house sessions with supervisors as well as attendance at conferences and classes offered at the training academy. The unit answers calls for service, gathers evidence, takes statements from victims, investigates cases, and arrests suspects. The detectives work with the prosecutor's office to prepare case files and testify at trial.

Jackson County Prosecutor's Office

The Jackson County Prosecutor's Office established a Sex Crimes Unit in 1980. The unit strives for vertical prosecution in which a single prosecutor handles the same case from start to finish. Five prosecutors, one victim advocate, and one administrative assistant staff the Sex Crimes Unit. The unit handles cases involving adult sexual assault, child sexual/physical abuse, and child homicide cases. The prosecutors provide 24-hour service by rotating pager assignments every 2 months. On a bi-monthly basis, they also provide a prosecutor who is available to law enforcement agencies in the county to answer questions and review problematic cases during the investigation.

³ The unit handles only those stalking cases that occur outside the context of domestic violence.

Medical Facilities

Two major hospitals play an important role in the collection of sexual assault evidence and the training of staff: Truman Medical Center and Saint Luke's Hospital. Truman Medical Center is a non-profit corporation that functions as the public hospital system for Kansas City and Jackson County. The corporation operates the primary teaching hospitals for the University of Missouri-Kansas City Schools of Medicine and has grown to include two hospitals (East and West) and eight off-site outreach clinics. In 1996, the hospitals and clinics logged 20,537 inpatient admissions, 278,629 outpatient clinic visits, 72,413 emergency visits, and 74,468 off-site outreach clinic visits. Saint Luke's Hospital is a 650-bed tertiary care hospital offering many specialized programs and services. Special strengths are the Level I Trauma Center and Level III Neonatal Intensive Care Nursery, comprehensive cardiac treatment, and a regional Center for High Risk Maternity Care.

Missouri Laws

The Violence Against Women Act provided funds to help jurisdictions address the problems of domestic violence and sexual assault. Under federal requirements, victims benefiting from the Act had to be women over the age of 12. While the Sex Crimes Units of both the Kansas City Police Department and the Jackson County Prosecutors Office handle crimes against children, our focus is on the sexual assault of women as defined by Missouri law. Chapter 566.015(2) of the Missouri Revised Statutes defines sexual assault as:

- (a) The acts of rape, forcible rape, statutory rape in the first degree, statutory rape in the second degree, sexual assault, sodomy, forcible sodomy, statutory sodomy in the first degree, statutory sodomy in the second degree, child molestation in the first degree, child molestation in the second degree, deviate sexual assault, sexual misconduct and sexual abuse, or attempts to commit any of the aforesaid, as these acts are defined in chapter 566.015(2);

Missouri lists sexual assault as a Class C felony and also includes what is known as "deviate sexual assault." According to Missouri State Code Chapter 566.070, a person commits the crime of deviate sexual assault if the person has "deviate sexual intercourse" with another person knowing that he does so without that person's consent." The Missouri code does list one exception to the punishment of sexual assault offenders. According to Missouri State Code Chapter 566.100(2), the crime can become a Class B felony if the "actor inflicts serious physical injury or displays a deadly weapon or dangerous instrument in a threatening manner or subjects

the victim to sexual contact with more than one person or the victim is less than fourteen years of age.”

Missouri State Code Chapter 558.011 describes the punishment for Class B and C felonies in the state. Class B felonies are punishable by 5 to 15 years in prison, up to 5 years probation and up to a \$5,000 fine. For a Class C felony, a term of up to seven years in prison is possible. It can also include special terms in which a judge has the discretion of handing down a term of not to more than one year in jail. If the court imposes a sentence longer than one year, the commitment to custody cannot be for less than two years and not more than seven.

Kansas City Interdisciplinary Response to Sexual Assault

The Kansas City Interdisciplinary Response to Sexual Assault (KCIRSA) has its roots in the Sexual Assault Task Force within Kansas City that was formed as a result of efforts by the City Manager’s Office in 1994. The original task group was established to coordinate the organizations dealing with sexual assault and opportunities presented by the Violence Against Women Act. The group included key representatives from the following agencies:

Jackson County Prosecuting Attorney’s Office
Kansas City, Missouri Police Department
Metropolitan Organization to Counter Sexual Assault (MOCSA)
Kansas City, Missouri, Police Department Regional Criminalistics Laboratory
Saint Luke’s Hospital
Truman Medical Center
University of Missouri-Kansas City Center for Academic Development

In 1996, KCIRSA developed a community plan that included four components.

- 1) Improve the collection and analysis of physical evidence after sexual assaults.
 - Statewide collaboration was initiated to develop a standardized Missouri sexual assault evidence kit
 - The Regional Criminalists Lab purchased CR DNA testing equipment.
 - Two area hospitals implemented a Sexual Assault Nurse Examiners (SANE) program with special rooms for victims to be interviewed and examined.
 - KCIRSA developed a system for tracking sexual assault cases.
- 2) Increase the capacity of the prosecuting attorney’s office.
 - A new assisting prosecuting attorney position was created to work with sex cases.
- 3) Train police, prosecutors, and medical personnel in prevention and evidence collection procedures.
 - Over 85 area nurses were trained in evidence collection procedures.

- 4) Improve prevention-related outreach and services to targeted communities.
- New outreach positions were created to assist African American and Hispanic persons.
 - An outreach site was established in Lee's Summit to provide crisis intervention
 - A joint committee in MOCSA was established to address outreach and training efforts.

KCIRSA met 14 times since 1996 and has initiated new, joint, and individual projects. In 1998, group members created new goals within their community plan to address the prevention and prosecution of sexual assault on a continuous basis. Some of the goals in the revised plan include:

- Expanding the SANE program to other area hospitals
- Increasing the number of technicians in the Criminalistics Lab
- Developing professional training material to support an expansion of the SANE program
- Instructing Kansas City police officers on new evidence collection and packaging procedures of sexual assault cases
- Arranging for prosecuting staff to attend specialized DNA evidence training sessions with an emphasis on PCR testing.

The Role of MOCSA

MOCSA has taken a leadership role in the collaborative effort established under KCIRSA. MOCSA, a non-profit social service group, provides sexual assault services, child abuse treatment, a 24-hour crisis line, and educational and outreach support for the greater Kansas City area. Within the context of KCIRSA, MOCSA is the coordinating agency for meetings by developing a schedule of meetings, setting the agenda, and hosting meetings. Additionally, MOCSA staff have been helpful in providing member agencies consulting services with regard to funding opportunities and the grant process. This coordination began under VAWA funding in years past, but as funding eroded, MOCSA's efforts continue.

STOP Funding

The state agency responsible for allocating STOP funds in Missouri is the Department of Public Safety. KCIRSA has been the driving force in the development of projects submitted for Violence Against Women Act (VAWA) funding. The main groups that received significant VAWA funding through the STOP bloc grant program are the Kansas City Police Department, the Jackson County Prosecutor's Office, and MOCSA. The following sections will discuss STOP funding received by the police department and prosecutor's office, how the funding was used, and descriptions of the programs along with status reports. Appendix A includes a list of all the funding awarded from 1997 to 1999 to the agencies involved with KCIRSA, with local matching funds and amount spent.

Sexual Assault Nurse Examiner's Program (SANE)

Undoubtedly, the forensic medical exam is the most important tool in evidence collection in sexual assault cases. In 1995, the Regional Criminalistics Lab of the Kansas City Police Department conducted a review of the reliability and accuracy of sexual assault evidence collected by hospital emergency room staff for the investigation and prosecution of criminal cases. This study found widespread procedural inconsistencies and an error rate that ranged from 25 to 65 percent, depending on the hospital. Common errors included an insufficient number of body hairs and blood stain samples, improper drying and packaging of evidence, and inadequate blood smears. In order to improve services and evidence collection, KCIRSA worked to develop a solution.

As a consequence of this study, KCIRSA sought funding opportunities through STOP to implement a strategy that would remedy the problem of evidence collection. These strategies included:

- 1) Institutionalize the Sexual Assault Nurse Examiners (SANE) program,
- 2) Develop a model protocol for SANE emergency room response for sexual assault victims,
- 3) Develop a state-of-the-art laboratory response to sexual assault evidence using PCR testing, and
- 4) Develop a comprehensive and efficient case management system for sexual assault.

Kansas City established the first SANE program at Truman Medical Center (West) in 1997. This was followed by a second SANE program at Saint Luke's Hospital. STOP funds were used to provide training to nurses, detectives, prosecutors, and other law enforcement personnel.

Training

Staff turnover has been a problem since the SANE program began. On a monthly basis, the Truman Medical Center experiences a turnover rate of nearly 31 percent in nursing staff specializing in sexual assault response. Due to this high turnover, training has been a critical aspect of the SANE program. KCIRSA representatives developed instructional material and conducted local training sessions. In 1996, a total of eleven nurses received SANE training from hospital staff and representatives from the Regional Criminalistics Lab and Kansas City Police Department. The training, developed in collaboration with area hospitals, the criminalistics lab, and the police department, consisted of a 4-day training session. The course covered the following subject matter:

- Rape trauma syndrome
- Forensic evidence collection
- Female anatomy and normal sexual response
- Medical protocol
- Illicit drugs.

Mock exams and pre- and post-testing were employed to allow nurses to learn “hands on” and to test nurses on the knowledge they gained from the sessions. Training sessions are now conducted four times a year. The list of participants has expanded to include nurses from the greater metropolitan area as well as surrounding jurisdictions.

Sessions have been held as recently as February 1999, with sessions scheduled for May, July, and September. A core group of nurses has received training in the SANE program from the two hospitals. Over 140 nurses and other emergency care providers have been trained in physical evidence recognition, collection, and preservation. So far, the training program has been offered to nurses in 13 of the 15 hospitals in the Kansas City area.

As a testament to the success of the training program as well as the SANE nurses program in Kansas City, interest from nurses and hospitals throughout Missouri and neighboring

communities in Kansas have requested training and have inquired about possible replication of the program.

Protocol Development

Once training was underway, those hospitals involved worked to develop standard procedures to ensure quality evidence collection. In 1997, the two hospitals developed protocols to complement the training of specialized nurses and the institutionalization of SANE programs. Although both hospitals developed their own protocols to deal with sexual assault cases, there are similarities. The subjects covered in Truman Medical Center's manual indicate a comprehensive approach to sexual assault: guidelines and procedures; triage (decision-making and protocol); consent (medical screening and SANE); SANE report template; sexually transmitted disease (STD) protocols; pregnancy protocols; tetanus protocols; photography protocols; medications (protocol, facts); aftercare instructions; and quality improvement forms.

Both Truman Medical Center and Saint Luke's Hospital retrofitted their facilities to better accommodate sexual assault victims and enhance evidence collection. Currently, the hospitals have a designated room near the emergency room that is equipped with examining tables, colposcope, and supplies for sexual assault victims. The protocol at Truman Medical Center lists objectives for the Kansas City SANE program.

- To promote the recognition and care of injuries commonly seen in victims of sexual assault, including psychological and physical aspects.
- To provide immediate collection of evidence from rape victims in a compassionate and sensitive manner.
- To provide education regarding sexually transmitted diseases (STD) and prophylactic treatment of gonorrhea and chlamydia.
- To provide education and support for treatment regarding prevention of pregnancy resulting from sexual assault.
- To properly collect evidence that will be legally admissible in court and will assist the judicial system if an assailant is brought to trial.
- To provide initial crisis intervention and make arrangements for ongoing emotional support in collaboration with MOCSA.

Saint Luke's Hospital fully implemented the SANE program in 1998 when emergency room doctors gave full approval to the program. The hospital then began having nurses on call to specifically handle sexual assault cases. Saint Luke's is unique in the fact that nurses are specially trained to deal with sexual assault cases, but doctors in the emergency room take charge

and conduct the examinations while the nurses assist. St. Luke's protocol for the SANE program lists objectives that include:

- To ensure recognition and care of all injuries, including psychological and physical.
- To properly collect evidence legally admissible in court, which will be required by the prosecuting attorney's office in the event that the assailant is brought to trial.
- To test for baseline pregnancy and sexually transmitted diseases (STD) as necessary.
- To provide initial crisis intervention and make arrangements for ongoing emotional support.
- To assess the patient and significant other's abilities and learning needs.
- To educate both verbally and in writing regarding:
 - a. How to reach the MOCSA or other agencies for support and psychological follow-up.
 - b. When and how to obtain further treatment as necessary.
 - c. Safe and effective utilization of medication for the prevention of STD and pregnancy.
- To offer the patient a "safe" place to stay where injury is unlikely.

Saint Luke's also utilizes a triage when deciding upon treatment and includes a consent protocol, report to prosecuting attorney, and form for charges related to medical examination of victims. Charges resulting from these examinations are at times absorbed by the hospital, paid by the victim's insurance, or billed to the victim.

Presently, the SANE program is in its second year at both hospitals. Both hospitals plan to apply for continued program funding. Plans include continuing SANE training and recruitment of nurses in the area and surrounding jurisdictions. The hospitals plan to work toward continual service for victims within an hour of admission to the emergency room, encourage police officers to bring victims to KCSANE, and assist other hospitals in establishing SANE programs. Furthermore, the hospitals have hopes of collaborating with the University of Missouri at Kansas City Center for Academic Development in the development of video training for SANE programs at other hospitals.

Evaluations have been conducted by the hospitals to rate the usability of evidence collected for the lab. Saint Luke's reports a 92 percent usability of evidence, while 96 percent is reported at Truman Medical Center. The SANE program has also enabled victims to obtain medical attention within an hour or less of arriving at the hospital.

Both hospitals report a common problem: the availability of SANE nurses on an around the clock basis. Currently, Truman Medical Center is sufficiently staffed with SANE nurses.

However, when a nurse is on 24-hour coverage that does not fall on the nurse's normal shift, this duty is unpaid by the hospital unless the SANE nurse treats a victim. When treatment is given, the nurse receives compensation for the time worked. At Saint Luke's Hospital a different problem exists. While many of the nurses received the initial SANE training, relatively few are able to complete the exams alone because of the low number of emergency room admissions that has limited the number of hands-on training sessions.

Truman Medical Center advertised their program by distributing a brochure to law enforcement personnel in the metropolitan area. Consequently, police officers and community advocates are likely to transport victims to Truman. In response, Saint Luke's developed a brochure and is attempting to increase the public and police awareness that the SANE program is also available at Saint Luke's.

Impact

The development of the SANE program has created challenges for law enforcement and prosecution. The two areas that have been most affected by the SANE program are: (1) police analysis of DNA evidence and (2) the prosecution of sexual assault cases.

Police Analysis of DNA Evidence

With the implementation of the SANE program and improved evidence collection, the Criminalistics Laboratory moved to establish a quicker, more efficient way to analyze DNA evidence. As a result, the lab moved to implement PCR testing of sexual assault evidence. This move was also viewed as a way to ease the backlog of DNA samples the lab has in storage. Funding was used by the criminalistics lab to hire chemists trained in the new testing method.

The lab is currently entering DNA samples into the Missouri State DNA Index System. This system will allow for an exchange of DNA profiles of known offenders within the state and at the national level through the National DNA Index System (NDIS). To update the state database, the lab must enter a backlog (nearly 200 cases) of sexual assault cases, in addition to the approximately 350 new rape kits they receive for analysis on a yearly basis.

With the implementation of PCR testing, which is a faster and more sensitive method of genetic analysis, criminalists within the lab will be able to process evidence more efficiently. The lab handled a further complication by relocating to a newly refurbished, state-of-the-art

laboratory in the metropolitan Kansas City area from a smaller facility that did not allow for proper storage of DNA samples or case evidence. This move caused some delays, but also increased work, storage, and laboratory space. PCR testing should be fully implemented and begin in July 1999. The goal of the project is to double the amount of known suspects in the DNA database at the state-level by the end of 2000.

The new chemists were to begin work on the testing of sexual assault evidence, however, due to the training involved with the DNA testing equipment, they are presently undergoing the required six months of training before they can begin PCR testing. Additionally, funding allowed a senior criminalist to participate in the training of those involved in the SANE training. Funding allowed the criminalist time to provide training eight times a year. The training curriculum developed includes the topics of evidence (reconstruction, associative, and test case), types of physical evidence (class, individualization), evidence transfer and persistence, evidence collection (preservation and packaging), and chain of custody.

In order to assess the importance of removing the backlog of cases that exist within the lab, it conducted its own review in which 16 unworked cases were selected and tested. This review found a connection in which hits were made using the state's known offender database. In the past, cases that have been worked and compared with the offender database have also met with success. Twelve hits were made when the samples were sent to the Combined DNA Index System (CODIS) that the FBI maintains. This led to solutions in six cases from 1997 and eight from 1998. The lab recognizes that the database will be useful in solving other previously unsolved cases by providing a DNA link of cases and is working to upgrade the number of samples included within it. Presently, the backlog consists of about a year of cases or around 200. Work has been ongoing and the backlog should be cut in half by the end of 2000.

Prosecution of Sexual Assault Cases

The Jackson County Prosecutor's Office has seen a rise in the number of sexual assault cases that are prosecuted within its jurisdiction. The efforts of the Regional Criminalistics Laboratory and the SANE program have increased the quality and quantity of DNA evidence, which in turn, has increased the number of chargeable cases in the Sex Crimes Unit. As a result, the prosecutors and victim advocates struggled with an increased caseload.

The prosecutor's office used STOP to continue funding two experienced attorneys. The attorneys specialize in the review, charging, and prosecution of cases related to rape and sexual assault. These prosecutor's handled 125 cases in 1997 and 90 cases in 1998. Since more prosecutors were available to the office, they were able to spread the caseload. Additionally, the prosecutor's office was able to continue funding for a victim advocate and office secretary. The present victim advocate has assisted adult and child victims; her workload has increased due to a higher level of prosecuted cases resulting from improved evidence collection. In 1997, the advocate provided services to victims in approximately 500 cases and near that amount in 1998. With the increase in cases, the office has also seen a rise in the amount of administrative duties associated with the office.

Conclusions and Recommendations

The Kansas City Interdisciplinary Response to Sexual Assault (KCIRSA) is comprised of a staff of dedicated professionals. The group has been successful in developing a thorough response catered to the needs and concerns of all participating parties. The group has also been successful in bringing together diverse backgrounds into an environment without agency or individual related conflicts. Since this effort is well organized, high participation has been seen; this has optimized the group meetings that include briefings and "hot topic" discussions. These discussions include new developments in the field or situations encountered that warrant discussions (i.e. use of Rohypnol⁴ in sexual assaults).

Although this report focused mainly on the efforts of the Kansas City Police Department and the Jackson County Prosecutor's Office, the recommendations that will be presented are a collection of concerns expressed by the representatives of KCIRSA interviewed during the site visit. The recommendations pertain to

- Staffing within the prosecutor's office
- Program assessment
- Training for patrol officers.

⁴ Rohypnol is a tranquilizer like Valium, yet is 10 times more potent. The drug produces sedative effects, including amnesia, muscle relaxation, and the slowing of psychomotor performance. The perceived safety of the drug along with the trend of use in combination with other substances, creates the possibility of Rohypnol becoming a gateway to harder drugs. An equally serious danger is the reported use of Rohypnol as a "date rape" drug of choice.

Staffing

A second victim's advocate for the prosecutor's office would be a helpful addition to the prosecutor's office. One advocate has handled nearly all of those cases involving victims aged 17 and older. The victim advocate assumes numerous duties related to sexual assault cases. The prosecutor's office did not receive funding for a second advocate, and therefore, a single advocate must handle the entire caseload of victims (500 per year). While additional funding remains the preferable solution, the prosecutor's office should consider collaborating with MOCSA to provide additional support services to victims (i.e., providing updated case information, counseling and referral, and liaison with criminal justice personnel. This would also strengthen the connection that MOCSA has with the prosecutor's office.

Program Assessment

A second recommendation calls for the development of an assessment tool that measures victims' perceptions and satisfaction with the criminal justice system and, in particular, the SANE program. KCIRSA developed a case tracking system in the form of a one-page sheet that each agency completes after they handle a case and forwards it to the next agency. The information that is tracked includes such items as case number, date/time of assault, date of evidence collection, and filing date of the prosecutor's office. A missing piece of the assessment is the victim's perception of her treatment within the criminal justice system. An assessment tool could be created that gathers information such as the victim's opinion of services provided, her view of the criminal justice system and the SANE program, her perception of criminal justice and medical personnel who handled the case, and satisfaction with how the case was handled. An instrument in the form of a follow-up telephone or mail-out survey could be used to collect this type of information. The information could be used to critique and improve the current system.

Training

Action is being taken on a third recommendation: the training of police officers. A number of KCIRSA representatives voiced concerns about patrol officers' treatment of sexual assault victims. A training program is already in the works for officers. This training is being developed by the Kansas City Police Department and is preliminarily going to be done via

videotape for patrol officers at roll call. The proposed training will give officers information on how to handle victims, evidence, and circumstances related to sexual assault cases. It will also be accompanied with a brochure on victim compensation. Additionally, it may be useful to develop a quick reference card for officers to carry. This would allow them to have a quick reference list of the services available to victims, what to look for when they arrive on the scene, and how to take proper care of evidence.

Appendix A

Total STOP Funding

Kansas City/Jackson County, Missouri, Community Plan for the Prevention and Prosecution of Sexual Assault

Agency/Organization	Calendar Yr	Fed. Award	Expended	Fed. Share	Local Share
Kansas City Police Department	1997	\$103,000.00	\$72,607.32	\$72,607.32	\$26,842.72
	1998	\$ 67,494.00	\$63,335.03	\$63,335.03	\$21,789.27
	1999	\$ 68,000.00	n/a	\$68,000.00	\$22,667.00
Jackson County Prosecutor	1997	\$ 31,913.00	\$21,572.39	\$21,572.39	\$ 7,190.81
	1998	\$ 28,264.00	\$28,125.85	\$28,125.85	\$ 9,375.27
	1999	\$ 49,000.00	n/a	\$49,000.00	\$28,153.75
MOCSA	1997	\$ 71,000.00	\$71,000.00	\$71,000.00	\$ 0.00
	1998	\$ 72,420.00	\$72,420.00	\$72,420.00	\$ 0.00
	1999	\$ 65,000.00	n/a	\$65,000.00	\$ 0.00
Truman Medical Center	1997	\$ 56,902.82	\$49,161.53	\$49,161.53	\$ 0.00
	1998	\$ 47,430.00	\$47,430.00	\$47,430.00	\$ 0.00
	1999	\$ 38,720.00	n/a	\$38,720.00	\$ 0.00
St. Luke's Hospital	1999	\$ 19,628.00	n/a	\$19,628.00	\$ 0.00
TOTAL	1997	\$262,815.82	\$214,341.24	\$214,341.24	\$34,033.53
	1998	\$215,608.00	\$211,310.88	\$211,310.88	\$31,164.54
	1999	\$240,348.00	n/a	\$240,348.00	\$50,820.75