

WOMEN's eNEWS

Sexual Assault Team Tackles Ultra-Urban Bronx

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By Asjlynn Loder, WeNews correspondent

This month, a mobile sexual-assault response team will open in The Bronx. The program adds New York to the growing list of cities that is trying to reach rape victims faster and deliver a full range of medical and advocacy services under one roof.



(Left to right) Sandra Chaiken, Brigitte Alexander and Sara Rosenthal

(WOMENSENEWS) – One phone in the North Central Bronx Hospital emergency department is expected to make an enormous difference to sexual assault survivors in The Bronx, the northernmost of New York City's five boroughs.

The phone has a special ring – more shrill than the rest in the emergency room – and it will only sound when a sexual-assault victim comes through the door of North Central Bronx or two other borough hospitals participating in New York City's first Sexual Assault Response Team, also known as SART.

Beginning this month, that one central phone will set in motion a team of on-call rape counselors, sexual-assault forensic examiners, social workers and law enforcement officers who will meet the victim at one of the three hospitals. From there they will coordinate efforts to provide care to the victim and bring the alleged perpetrator to justice.

The team adds New York – often a model for national law-enforcement practices – to a growing roster of cities, including Los Angeles, adopting the approach. If successful, New York's pilot program will be expanded to the city's other four boroughs and if it makes it here, it can make it anywhere.

“The SART model is really the model that is catching on,” said Linda Ledray, director of the Sexual Assault Resource Service in Minneapolis, which helps institutions start up such teams. Ledray, a registered nurse, began one of the first such teams in Minneapolis in 1977. Now, her Web site counts at least 50 sex-assault response teams scattered throughout the country.

General Push in Rape Services

The teams are part of a general push to improve rape treatment and make it so that victims are not re-traumatized by long emergency-room waits and inexperienced clinicians.

Ten years ago, Karen Coleman, a registered nurse, was raped by her estranged husband. Her physician had to read the directions on the rape kit. “I actually had to walk the doctor through my rape exam,” Coleman said. She later became a sexual-assault nurse examiner and coordinates on-call forensic for New York’s Westchester County “so no one else would go through that,” she told Women’s eNews in a recent telephone interview.

Although centralized data on sex-assault response teams is still lacking, proponents say they have been shown to improve evidence collection, reduce the wait time for victims and improve cooperation among agencies that assist sexual-assault survivors. They also increase the likelihood that victims will have the support, information and evidence they need to see their attacker convicted.

The Bronx was chosen as the site of New York’s program because of its disproportionately high level of rapes. With 16 percent of the city’s population, the northern New York bureau reported 26 percent of the city’s rapes in 2003.

The Bronx team will have up to 15 sexual-assault forensic examiners, approximately 50 rape-victim advocates, more than 5 social workers and members of local law enforcement and the district attorney’s office. The teams will respond to three hospitals in The Bronx and are funded with \$400,000 from a Crime Lab Improvement Program Federal Grant from the U.S. Department of Justice, the National Institute of Justice, Washington, D.C., and the Violence Against Women Act grant administered by New York State.

Physical and Mental Health Services

The swift response introduces victims to a team of professionals who will provide physical and mental health services. By providing high-quality care, the Bronx team hopes to have a ripple effect on the community by raising awareness of sexual assault and boosting confidence in an emergency-response system.

“We’re hoping that as word gets around in the community that more people will come in and get the medical care they need,” said Sandra Chaiken, director of social work for the Jacobi and North Central Bronx Hospitals, a network of public hospitals and clinics in the borough.

Popular television shows like “CSI: Crime Scene Investigation” and “Law and Order: Special Victims Unit” have dramatized the importance of gathering evidence such as DNA samples and photographic evidence. However, forensic evidence is not foolproof.

The victim may not report the assault within the recommended window for forensic exams – ranging from 72 to 96 hours. Most rapes do not leave the visible, traumatic injuries that television often portrays. The assault may leave no DNA evidence.

Beyond the Forensic Exam

Experts involved in some of the nation’s first sex-assault response team programs caution that forensics is just a small part of their mission.

“We’ve had SARTs since the 1970s, and it is time to look beyond the forensic exam,” said Joanne Archambault, training director of Sexual Assault Training and Investigations in Addy, Wash., and former police sergeant with the special victims unit in San Diego “Parts of the SART concept – nurses collaboration, providing validation and support – those are all still concepts that can be applied.”

From 2000 to 2002, only 46.8 percent of sexual-assault victims nationwide reported the crime to police, according to the Bureau of Justice Statistics National Crime Victimization Survey.

Only half of all police reports of sexual assault result in an arrest. Approximately 80 percent of arrests will result in prosecution, and 58 percent of prosecutions will result in a felony conviction, according to the National Center for Policy Analysis, a nonpartisan research organization based in Washington, D.C.

For 2002, that would mean that of the 247,730 rapes and sexual assaults estimated by the National Crime Victimization Survey, just under 11 percent resulted in a felony conviction.

Sex-assault response team members say they are careful not to pressure victims into filing a police report. But improved services may prevent victims from “dropping out,” which could help strengthen rape-prosecution statistics.

“It’s the hope,” said Dr. Brigitte Alexander, medical director for of the SART team at North Central Bronx Hospital. “The bottom line is that when you get good care and compassionate care, and you have someone competent who is giving the gynecological exam, you are more likely to follow up with the OB-GYN, you are more likely to follow up with counseling and you are more likely to follow up with a police report.”

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For more information:

National Sexual Assault Hotline:
1-800-656-HOPE

Sexual Assault Resource Service Sexual Assault Nurse Examiner/Sexual Assault Response Team (SANE-SART):
<http://www.sane-sart.com/>

Sexual Assault Training and Investigations:
<http://www.mysati.com/>

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