Testing the Efficacy of SANE/SART Programs

Do They Make a Difference in Sexual Assault Arrest & Prosecution Outcomes?

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Over the past 25 years, there has been significant reform in sexual assault law and the protection of women. In the early 1970s, little attention was paid to the issues of rape, survivors of rape, and sexual offenders. As a result of a handful of very public rape forums and attention from feminist groups, the anti-rape movement began to take shape and bring about social change with regard to how the public and policy makers viewed sexual offenses and perhaps more importantly, how the medical community and criminal justice system handled sexual offenses.

This movement highlighted some of the most significant issues with regard to the treatment of rape and rape survivors. In particular, rape victims were often “blamed” by medical and law enforcement professionals; rape examinations were humiliating and de-humanizing, were often not thorough, and lacked a systematic method for evidence collection (Bahm, 2001; Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Girardin, 2005; Holmstrom & Burgess, 1983). As these issues came to light, communities across the country began to involve nurses in the care of sexual assault victims (Lang, 1999; Ledray, 1999). Nurses were provided training on first response care to sexual assault victims, collecting forensic evidence, conducting evidentiary examinations, and maintaining the chain of evidence and evidence integrity (Campbell, 2004). These nurses became known as Sexual Assault Nurse Examiners (SANEs).

Building on the success of SANE programs, communities began creating teams of primary and secondary responders called Sexual Assault Response Teams (SARTs). SARTs bring together law enforcement, detectives, victim advocates, and healthcare providers to assist sexual assault victims through the criminal justice process. The intent is two-pronged: 1) to increase the odds of prosecution by enhancing evidence collection
and facilitating communication between all parties in the process, and 2) to help victims recover from and cope with their experience through counseling and support (Girardin, 2005; Wilson & Klein, 2005).

**Current Research on SANE/SART Interventions**

To date, research on SANE/SART interventions has been limited to descriptive case studies. For example, one early study showed that 90 percent of victims who had been served by a SANE program elected to file a police report and that 61 percent of the cases resulted in arrest or successful conviction (Solola, Scott, Severs & Howell, 1983). Another study of cases involving SANE examinations over a 3-year period in Madison, Wisconsin showed a 100 percent conviction rate, which was attributed to the quality of evidence collected and testimony by SANEs (O’Brien, 1992). Still other studies have shown an increase in the number of charges filed and the number of guilty pleas (Crandall & Helitzer, 2003).

Other studies have shown that the consistent documentation and evidence collection by SANEs contributes to conviction rates and that the evidence is collected more accurately when collected by SANEs (Crandall & Helitzer, 2003; Ledray, 1999, 2001; Lenehan, 1991; Little, 2001; Sievers, Murphy & Miller, 2003). In addition, research indicates that SANE interventions increase victim participation in the justice process (Ledray, 2001; Ledray & Summelink, 1996).

However, the impact of SANE/SART interventions on judicial processes is not always immediate. Wilson and Klein’s (2005) study of the Rhode Island SART found the impact on judicial processes to be negligible but did have positive results for victims.
Overall, the research to date seems to indicate that SANE/SART interventions have merit. However, these interventions have yet to be subject to more rigorous research using control groups of cases in which SANE/SART interventions were not used as a basis for comparing judicial outcomes. The American Prosecutors Research Institute (APRI) and Boston College (BC), with funding from the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice, designed a study to examine SANE/SART interventions more rigorously, using a quasi-experimental design. Moreover, the APRI/BC study draws from data collected in three geographically and demographically diverse communities allowing for a comparative approach rather than a case study approach.

**Overview of Study Methodology**

The goal of this study is to test the efficacy of SANE/SART programs as a tool in the criminal justice system. In particular, the study was conceptualized to determine if the performance of a SANE exam or a SART response impacts sexual assault case outcomes by comparing cases in which there was a SANE/SART intervention and those in which there was not. In testing this hypothesis, APRI and BC focused on the following questions:

1. Is the arrest rate higher in cases where a SANE/SART exam is performed as compared with cases in which no exam is performed?
2. Is the indictment/charging rate higher in such cases?
3. Are guilty pleas more likely to be entered in such cases, and are pleas likely to be to the existing charge or to a lesser charge?
4. Is the conviction rate higher in such cases?
5. Is the sentence more severe in such cases?
It is important to note that this study focused on the impact of SANE/SART interventions on the formal criminal justice response, not the victim’s decision or likelihood to report the assault to the police or to obtain services.

To test the study hypothesis and answer the research questions, APRI and BC collected case information from SANE/SART, police, and prosecution files in three jurisdictions: Monmouth County (Freehold), New Jersey; Sedgwick County (Wichita), Kansas; and Suffolk County (Boston), Massachusetts. In each study site, the project team randomly selected up to 125 sexual assault cases in which there was a SANE or SART intervention and 125 cases in which there was no SANE/SART intervention. 1 Exhibit 1 shows the final sample of cases collected from each study site.

### Exhibit 1: Number of Cases Collected for Each Study Site

<table>
<thead>
<tr>
<th>Study Sites</th>
<th>SANE Only</th>
<th>SANE/SART</th>
<th>Non SANE/SART</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Jersey</td>
<td>0</td>
<td>79</td>
<td>72</td>
<td>151</td>
</tr>
<tr>
<td>Kansas</td>
<td>0</td>
<td>77</td>
<td>108</td>
<td>185</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>106</td>
<td>0</td>
<td>88</td>
<td>194</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>106</strong></td>
<td><strong>156</strong></td>
<td><strong>268</strong></td>
<td><strong>530</strong></td>
</tr>
</tbody>
</table>

Comparisons were made between SANE/SART cases (both SANE only and SANE/SART combined) and non-SANE/SART cases to determine if the intervention predicted the likelihood of certain criminal justice system outcomes. These outcomes included identification/arrest of a suspect, the filing of charges, case disposition, type of penalty, and length of sentence. In addition, APRI and BC collected information on a

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1 The study focused only on adult female victims over the age of 18 at the time of incident.
2 SANE only cases were defined as cases in which a SANE conducted an examination of the victim; SANE/SART cases were defined as cases in which there was a SART response including a SANE exam or response. Non-SANE/SART cases were defined as those cases in which a victim refused a SANE/SART intervention, never sought assistance from a SANE/SART, or did not have a SANE exam. Non-SANE/SART cases did, however, include cases in which victims may have received treatment by non-SANE personnel in medical facilities.
number of other variables that could impact or mitigate the effect of SANE/SART interventions and case outcomes. These variables included the following:

- Victim/offender relationship – stranger, non-stranger
- Whether or not services were offered and refused
- Number/types of services provided
- Time between the incident and the report (in days)
- Level of participation of the survivor in the criminal justice process – statement given, testified, victim impact statement, contact with prosecutor
- Race of victim
- Race of perpetrator
- Use of force, particularly of a weapon
- Previous arrests
- Previous convictions
- Level of evidence collected – videotape, pictures, clothing, fabric/fibers, hair samples, bodily fluid, nail scrapings, rape kit
- DNA collected
- Documented injuries by police
- Number of witnesses
- Suspect claimed sexual act was consensual
- Victim refusal to move forward with charges

The APRI and BC project abstracted information on all the variables discussed above from case files maintained by SANE programs, police incident/arrest reports, and prosecution files during intensive 5-day site visits.

As originally conceptualized, the project team intended to conduct analyses on each site and then to conduct comparative analyses. However, because the sample size within each site was smaller than the intended 250 total (125 SANE/SART; 125 non-SANE/SART), the results would not have been reliable. Therefore, to increase statistical power, the information was aggregated together for all sites. The analyses included descriptive statistics for key variables such as victim/offender relationship, types of services documented, etc. These descriptive statistics included averages and a comparison of the averages to determine if there are differences between SANE/SART
cases and non-SANE/SART cases. More complex multivariate and inferential statistics were used to examine the relationships between a SANE/SART intervention and case outcomes (arrest, charges filed, conviction, penalty, and length of penalty).

**Overview of Study Findings**

Before addressing the primary research questions, APRI and BC staff conducted descriptive analyses on the SANE/SART intervention itself to determine if cases involving a SANE/SART are statistically different from cases without a SANE/SART intervention.

These analyses identified several important differences between SANE/SART and non-SANE/SART cases. First, SANE/SART cases are reported more quickly than non-SANE/SART cases. Specifically, an average of 3.4 days elapsed between the time of the incident and the report in SANE only cases. For SANE/SART-cases, the average time between the incident and the report was 5.6 days. For non-SANE/SART cases, however, an average of 33 days elapsed between the time the incident occurred and the time when the victim reported the assault. These findings are statistically significant, meaning that they did not happen by chance alone and there is a difference between SANE/SART cases and non-SANE/SART cases in terms of the elapsed time between the incident and report.

Second, more evidence, and in particular, more DNA evidence, is available in SANE/SART cases as compared with non-SANE/SART cases. SANE/SART cases yielded an average of 3.1 types of evidence; SANE-only cases produced an average of 2.6 types of evidence; and whereas non-SANE/SART cases yielded only 1 type of evidence. More importantly, DNA evidence was collected in 97 percent of SANE-only
cases and 37 percent of SANE/SART cases. DNA was collected in only 10 percent of non-SANE/SART cases.

Earlier research on SANE/SART interventions indicated that one of the positive outcomes of such interventions was increased victim participation in the system—making police reports and giving formal statements, testifying and/or appearing at court hearings, providing victim impact statements, and cooperating with the prosecution. APRI and BC did find that victims who received a SANE/SART intervention averaged higher participation levels than those who did not receive SANE/SART services (1.3 compared to 0.9, on a scale of 0 to 4). Surprisingly, the lowest participation levels observed were for victims who received SANE-only services.

**Likelihood of Identification and Arrest**

Previous studies have shown that SANE/SART cases tend to increase the likelihood of arrest; however, no comparative data existed that allowed researchers to determine if increased arrests were related to a SANE/SART intervention. By incorporating a control group (i.e., the non-SANE/SART cases), APRI and BC were able to examine if having a SANE/SART intervention increases the likelihood of arrest, given a host of other factors such as:

- The number and types of services offered to victims
- The time between incident and report
- Victim participation in the justice process
- Victim and offender race
- Victim/offender relationship
- Use of force
- Use of weapon

Overall, 39 percent of the cases resulted in arrest, and an additional 71 suspects were issued a summons to appear or were indicted at Grand Jury but not arrested. The
analysis showed that a SANE/SART intervention is a factor, but not the strongest predictor, in the identification and arrest of a suspect. SANE/SART cases are 1.7 times more likely to result in an arrest than cases in which there was no intervention. However, victim/offender relationship (i.e., if the victim knew her assailant) and higher levels of victim participation were the strongest predictors of arrest. The use of force was also a factor.

Likelihood that Charges will be Filed

Overall, 62 of the 208 cases in which an arrest was made (12%) were not charged, either because the case was administratively dismissed by law enforcement (6.5%), the prosecutor decided not to file charges (40.3%), or the Grand Jury returned a no true bill (53.2%). Nearly 60 percent of these cases were non-SANE/SART cases. In addition, there were 251 cases in which no arrest was made and no charges were filed. The victim refused to move forward with charges in 135 of these 251 cases (54%). In 81 of these cases (32%), a suspect was never identified.

APRI and BC found that a SANE/SART intervention is the strongest predictor that charges will be filed in an adult female sexual assault case. In fact, SANE/SART cases are 3.3 times more likely to result in the filing of charges than cases without a SANE/SART intervention. SANE-only cases are 2.7 times more likely to result in charges being filed.

Likelihood of Guilty Pleas and Convictions

In this study, the majority of cases that were charged resulted in convictions (68% compared to 32%). Nearly half of the cases (47.7%) were disposed via guilty plea, and a
third (33%) were disposed at trial—23 percent of which were convicted at trial as shown in the Exhibit below.

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Number of Cases</th>
<th>Percentage of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dismissed</td>
<td>28</td>
<td>18.8%</td>
</tr>
<tr>
<td>Plea (lesser charge)</td>
<td>48</td>
<td>32.2%</td>
</tr>
<tr>
<td>Plea (existing/most serious charge)</td>
<td>23</td>
<td>15.5%</td>
</tr>
<tr>
<td>Hung jury/retrial</td>
<td>2</td>
<td>1.3%</td>
</tr>
<tr>
<td>Not guilty at trial</td>
<td>14</td>
<td>9.4%</td>
</tr>
<tr>
<td>Guilty (lesser charge)</td>
<td>11</td>
<td>7.4%</td>
</tr>
<tr>
<td>Guilty (existing/most serious charge)</td>
<td>23</td>
<td>15.4%</td>
</tr>
</tbody>
</table>

Basic analyses indicate that SANE/SART interventions are more likely to result in convictions than cases without a SANE/SART intervention. However, when other factors are taken into consideration, the relationship between a SANE/SART intervention and a conviction is diminished significantly. It would appear that although having a SANE/SART intervention helps to increase the likelihood of conviction, the strongest predictors of conviction are the victim’s participation in the process and the relationship between the victim and offender.

**Impact of SANE/SART Interventions on Penalty and Length of Sentence**

Unfortunately, the amount of information about penalties and sentences was limited in the data set. However, of the 73 cases for which information was available, the majority of convictions (43.8%, n=35) resulted in a sentence of incarceration, followed by a combination of incarceration and probation (33.8%, n=27). The average sentence length was 85 months or just over 7 years.

It does not appear that having a SANE/SART intervention impacts either the sentence or the length of penalty. However, this conclusion is drawn with caution, based on a very small number of cases overall, and warrants further examination.
Summary

Overall, the study findings are quite supportive of SANE/SART interventions as valuable tools in the criminal justice system’s ability to respond to adult female sexual assault cases. Of particular note are the following: SANE/SART interventions are effective tools in collecting and preserving valuable evidence for prosecution, including DNA evidence. This may be due in part to the amount of time that elapses between incident and report in SANE/SART cases.

SANE/SART interventions significantly increase the likelihood that charges will be filed in sexual assault cases. This is a particularly important finding in that it parallels findings from earlier studies and provides the first comparative evidence supporting the hypothesis that SANE/SART interventions are a valuable tool in the criminal justice system and for prosecutors in particular. In addition, although not the strongest predictor of arrest, the study’s findings that SANE/SART interventions are more likely to lead to arrest than cases in which there is no intervention. These are particularly important findings because they affirm what earlier case studies showed.

The findings are less clear with regard to the hypothesis that SANE/SART interventions increase the likelihood of conviction. While the study did find an association between SANE/SART interventions and convictions, it is not necessarily a direct association, and in fact, other factors were more likely to predict conviction than a SANE/SART intervention. Another factor not included in this study that might shed additional light on the relationship between SANE/SART interventions and convictions is the inclusion of SANE testimony at court proceedings.
Another important, albeit negative finding, with regard to the efficacy of SANE/SART interventions, deals with victim participation in the criminal justice process. Earlier studies suggested that SANE/SART interventions, because of their more sensitive treatment of victims, increased the likelihood that victims would participate more fully in the justice process. The APRI and BC did find that a combined SANE and SART response yielded higher levels of participation than non-SANE/SART cases. However, SANE-only cases showed the lowest levels of participation. This finding has implications for SANE programs and the types of services and support given to victims by SANE nurses. It also affirms that coordinated approaches, involving first responders from different disciplines, help to keep victims informed and engaged in the process.

Despite this last major finding, the results overall are in favor of SANE/SART programs and help to establish their efficacy as a tool in the criminal justice system. As is often the case, research findings beget new questions to be answered, and the current study’s findings are no exception. In particular, questions about victim’s motivation for seeking out SANE/SART services are important not only for understanding why some women get services and some do not but also for potentially examining the extent to which this motivation carries over to their willingness to participate in the justice system process.
REFERENCES


