

Just Standardizing Sexual Assault Kits

Introduction [00:00:05] Now this is recording, RTI International Center for Forensic Science presents Just Science.

Voiceover [00:00:20] Welcome to Just Science, a podcast for justice professionals and anyone interested in learning more about forensic science, innovative technology, current research, and actionable strategies to improve the criminal justice system. In episode eleven of our Research and Considerations for Sexual Assault Cases season, Just Science sat down with Maureen Platt, Denise Covington, Danielle Lindgren, and Bonnie Bentley to discuss standardizing sexual assault kits. The standardization of sexual assault kits limits variability in the collection and processing of different cases, allowing for more reliable evidence gathering by those who investigate these crimes. Listen along as this expert panel from Connecticut, a state that has achieved success in standardizing sexual assault kits, has used standardization to improve the efficacy of investigating and prosecuting sexual assault cases in this episode of Just Science. This season is funded by the National Institute of Justice's Forensic Technology Center of Excellence. Some content in this podcast may be considered sensitive and may evoke emotional responses or may not be appropriate for younger audiences. Here's your host, Tyler Raible.

Tyler Raible [00:01:29] Hello and welcome to Just Science. I'm your host, Tyler Raible with the Forensic Technology Center of Excellence, a program of the National Institute of Justice. Our topic today is the concept of a standardized sexual assault kit. And to help lead us in that discussion, I'm joined by a panel of experts from Connecticut, a state that has seen great success in the standardization of their sexual assault kits. Today, our guests are Maureen Platt, State's Attorney for the Judicial District of Waterbury; Danielle Lindgren, the Sexual Assault Kit Initiative Coordinator and Forensic Science Examiner; Denise Covington, Program Manager at the Gail Burns-Smith Sexual Assault Forensic Examiner's Program; and Bonnie Bentley, the Senior Assistant State's Attorney. It's great to have you all. Welcome to the show.

Bonnie Bentley [00:02:06] Nice to be here. Thank you.

Denise Covington [00:02:08] Thank you.

Maureen Platt [00:02:08] Thank you.

Danielle Lindgren [00:02:09] Thank you.

Tyler Raible [00:02:10] So you all are highly respected subject matter experts in the field of sexual assault response, and I know that you all wear many hats in that arena. So let's start today's discussion with a brief introduction into what each of you do as professionals. Maureen, would you like to kick us off.

Maureen Platt [00:02:25] Sure. I'm Maureen Platt. I am the State's Attorney for the Judicial District of Waterbury. I'm one of thirteen state's attorneys in the state of Connecticut, and I am the chief law enforcement officer and prosecutor for the Judicial District of Waterbury.

Danielle Lindgren [00:02:40] I am Danielle Lindgren. I am a forensic science examiner at the Division of Scientific Services. I work in the DNA biology unit and I also am the Sexual Assault Kit Initiative site coordinator.

Denise Covington [00:02:51] So my name is Denise Covington. I am the program manager of the Gail Burns-Smith Sexual Assault Forensic Examiner's Program. I oversee all of the SAFE response and training in the state of Connecticut for the judicial branch's Office of Victim Services.

Bonnie Bentley [00:03:09] I am Bonnie Bentley. I'm a Senior Assistant State's Attorney in the state of Connecticut assigned to the Windham Judicial District. Prior to working out here, I was the coordinator for the Commission on the Standardization of Evidence Collection in Sexual Assault Investigations that began its work in the Office of the Chief State's Attorney in 1993, and I was in that position for approximately 12 years.

Tyler Raible [00:03:35] We definitely have a lot of varied expertise in the room with us today. So, I do want to know how you all started working together? How did this multidisciplinary collaboration actually get off the ground?

Danielle Lindgren [00:03:46] So we do work very regularly with one another, maybe not on a day-to-day basis, but I frequently speak to both Maureen and Denise about different trainings going on, implementations that we're going to be moving forward with. So, we definitely are in constant communication about the sexual assault kit process and updates that are needed, questions that are brought up, and really where those need to be directed towards.

Denise Covington [00:04:15] This is Denise - on our end, we talk regularly with the lab. We just recently concluded a training to refresh all of the SAFEs on techniques in sexual assault evidence collection. This morning, I was in communication with a state's attorney about education of prosecutors and law enforcement about, you know, why we do certain aspects of the kit for the lab, as well as what law enforcement needs to know, what prosecutors need to know, and how what we do is used, why we do what we do.

Bonnie Bentley [00:04:46] And Tyler, this effort was actually something that was created by our legislature, I should say. We have a statute in Connecticut, Connecticut General Statutes, Section 19a-112a that created the Commission on the Standardization of Evidence Collection in Sexual Assault Investigations, and that statute with great input from everyone named the members of this commission so that it would be a very multidisciplinary group that would bring to the table the viewpoints and the perspectives of different aspects of our state's response to victims of sexual assault. So that was the genesis of us all working together that has been tweaked a little bit over the years as agency names and affiliations change. But generally, it's the same. It's health care, victim services, law enforcement, scientific services, and prosecution all working together in this effort.

Tyler Raible [00:05:44] I definitely love to see the multidisciplinary collaboration going on, and that actually is a great transition into the topic of our conversation today. So, I know that the four of you were involved in one manner or another with the creation of a standardized sexual assault kit for the state of Connecticut. Now, our audience may not be familiar with a standardized kit. So, Danielle, what does this term "standardized SAK" mean? Can you give us a little of an explanation?

Danielle Lindgren [00:06:08] Absolutely. So, a standardized kit will allow consistency in terminology, the content of the kit, the structure, and it really helps to limit variability seen in the collection and therefore limit variability and time spent for processing. So it's really to

make sure that we are able to train throughout the state in one specific manner - everyone collects uniformly, and this not only will help ease those processes and have it be uniform within certain disciplines, but the throughput and downstream applications of that are very heavily impacted on the way that the kits are collected and the terminology that's used. So it's very important and we've - we wouldn't be able to have implemented a lot of the things that we currently have within the state if we didn't have that standardized uniform kit. So I definitely think it's an important topic and I'm glad we're getting to talk about it.

Tyler Raible [00:07:07] Me too. I think it's great that we have such an excellent panel here to discuss it. In some jurisdictions and states, there isn't any standardization, but I know that Connecticut has implemented the kit standardization since the 90s. Maureen, can you tell us a little bit about the Commission on Standardization for the Collection of Evidence for Sexual Assault Kit Investigation?

Maureen Platt [00:07:25] The Commission on the Standardization for the Collection of Evidence in Sexual Assault Investigations has been operating in Connecticut for an excess of twenty-eight years. And what this commission does is, among other things, is it sets forth and adopts regulations for - which we refer to as technical guidelines - for the administration of the kit. Now, this is extremely important, and I would concede that we in Connecticut have an advantage in that we're a small state. Certainly, in other states, a county could be larger than the entire state of Connecticut. But we in Connecticut have really sought to have a kit that is standardized, easy for medical health care professionals to administrate and very clear. And this is important for a variety of reasons. First and foremost, by making sure that there are standard regulations, that health care professionals are getting training, and that these regulations are widely available - it gives the results obtained by the kit greater credibility. Secondarily, it also makes sure that the collection of evidence is done in a complete and thorough fashion, that steps are not overlooked and valuable evidence are lost. And third, and most importantly from a prosecutorial perspective, it helps us in preventing challenges from defense attorneys based on the validity of our science. In Connecticut, we have done a variety of things to further increase the kit's credibility. The last thing that we did was we now track all kits by a bar code such as you'd see in a grocery store. So this enables us at any time to look at the progress of a kit as it winds its way through the system.

Tyler Raible [00:09:25] Excellent. Thank you. I am a little curious what Connecticut looked like before the commission. So, Bonnie, prior to the commission, what was the state of sexual assault evidence collection in Connecticut?

Bonnie Bentley [00:09:36] First, I'll say that before the commission was assigned for administrative purposes to the Division of Criminal Justice, of which Attorney Platt and I belong, it was with the Department of Public Health. And what they did was adopt a standardized kit, but just shelf-ready standardized kit for use in the state. While we were taking a look at what would be best when I came on board in 1993 was a meeting with law enforcement, victim representatives to get a sense of what was happening and what was important from those perspectives. And we learned that there were horror stories, and Attorney Platt may be aware of some of these as well, of police officers showing up at the hospital and having to empty their lunch out of their paper bag in order to collect clothing from a victim who had presented to the hospital. There was collection of whatever the police officer instructed the hospital personnel to collect, and it certainly was not what we would hope for to be the best evidence that, as prosecutors, we would have to present a case in court and to hold offenders accountable. And certainly not the best situation for victims having no- I guess no sense of that this was being done in a professional manner.

So it was the Wild West of evidence collection, is my understanding, from meeting with all of those police officers and victim advocates.

Tyler Raible [00:11:08] It's fascinating to see the sheer turnaround after the commission. And Danielle, it sounds like having multiple types of sexual assault kits in a state can be problematic in terms of processing in addition to all of the other considerations. So do you have any thoughts on how having a standardized kit has helped processing the kits?

Danielle Lindgren [00:11:28] Absolutely, for processing the kits and especially for downstream applications of anything that we can collect from those kits to use and move forward, what we're able to see is having a standardized kit, all of our policies and procedures are adjusted for those types of samples. So to give you an example, we've also been able to update the kits as the technology has grown. So we were able to add things like touch DNA as the kits for DNA collection have actually become more sensitive. Now, that's something that would have been significantly harder to implement had we had multiple kits throughout the state trying to make sure each one of them had a step in there for touch collection. The same thing would also go for if one type of kit from a specific vendor and only certain types of hospital use- uses that one. If they collect a different number of kits from different body swabs or orifice swabs, if they collect four kits instead of two, our protocols in the lab would have to be adjusted or may not be suitable for certain types of collection or the number of swabs that are collected. So having that standard number of swabs collected in the manner that they're collected really does have- allow us to have a higher throughput of sample processing and would potentially cause problems downstream if we were having to potentially change protocols and revalidate certain things. But as Maureen said, one of the biggest things is the tracking of the kits. Having multiple vendors - and a lot of this also does play into having this multidisciplinary outreach towards it - during COVID, we had a shortage of swabs, and our vendor was able to reach out and discuss with us - we can't get the type of swab that we normally have. Here is what we have available. They sent us those types of swabs at the lab, which was coordinated through Denise and able to make sure that they didn't have any effect downstream. Now, if we had multiple vendors regularly, that one problem we would potentially see all the time. And it was something that we were very able to quickly fix, quickly make sure that there was no issue with having that different type of swab, that it didn't play any role in the downstream effects. But having multiple vendors, and then again, which vendor am I actually sending to which health care facility, all of that wouldn't really be feasible if we had multiple types of kits.

Tyler Raible [00:14:05] It does seem like a little bit of a logistic nightmare to try and coordinate between vendors and to make sure that all of the different kits can be processed in the lab. I definitely can see the value in streamlining that process. But in terms of Sexual Assault Forensic Examiners training, since we're already on the topic of multiple kit types - Denise, are there any considerations for SAFE training? It seems like if there are multiple kits in a state, the SAFEs really have their work cut out for them.

Denise Covington [00:14:37] That would be true to a degree. It's certainly true, though, we have one kit in Connecticut and we- it's not so much a consideration for us, it's true across the board that the patient rather than the kit is actually the central focus of evidence collection. And you know, across the country, the patient's history of the assault does guide the focus of the exam, location of injuries, location of evidence. And that holds true regardless of which kit is used. However, one of the things that we really emphasize to the SAFEs is that when we use a standardized approach to evidence collection, it allows us to identify issues that deviate from a norm, because now we have a standard. We're able to

match things up to that benchmark, if you will. It allows us to work more closely with the forensic lab to develop better use of resources and engage in process improvement. A few years ago, there was some swabs that were very dependent on biology. And so we asked the lab, what do you think you are getting when you get this from us? And based on the biology of the location of the evidence of the swab, we learned that what they thought they were getting was maybe not quite what they were actually getting. So we were actually able to go back and reword things in the kit, make the the language that was used, the terminology and the definitions used were standardized across the board. So now they know what they're getting, and we know what they need. So that's one example of that. We know that when we use a standardized approach, we know that it allows for evidence that is reliable. We know it allows for documentation, too, that is predictable, and it allows everyone to have a confidence level that wouldn't exist with multiple kits, that the quality of the evidence that we submit to the lab allows them to have better quality evidence to examine and allows for a better outcome. And it allows us all to work together more collaboratively, quite frankly, as community partners.

Danielle Lindgren [00:16:48] Absolutely. As Denise pointed out, the lab actually does now participate, too, in the trainings for the SAFE program. So not only is it collaborative when making any kind of revisions to the kits themselves, but for the actual training, we're constantly keeping each other informed.

Denise Covington [00:17:05] That's correct.

Maureen Platt [00:17:06] I think what Connecticut and many other states realized very early on is that cases involving sexual assault are difficult to prosecute. There are obstacles we face in these cases that we don't face in any other form of criminal prosecution. If you say your purse was stolen, no one is going to say you consented to that or that you're making it up as a vendetta. So Connecticut felt very strongly we were going to overcome these obstacles and fulfill our obligations to prosecute these cases in the best possible manner with sensitivity toward survivors of sexual assault. We owed it to them to create a multiple disciplinary team, which without question is a more efficient and better way to handle these cases. Out of that multiple disciplinary team grew the standardized sexual assault kit. And it makes our job as prosecutors much easier. I think it instills a greater confidence in the survivors of sexual assault, and I think it makes it much easier for us to gain convictions of individuals that commit sexual crimes against other people.

Tyler Raible [00:18:29] I want to know how you all went about creating a standardized kit. Was there a task force? Was it a matter of just getting everybody in the same room? What was- what was the process for creating a standardized sexual assault kit for the state of Connecticut?

Bonnie Bentley [00:18:42] When I began work with the commission back in 1993, as I said, the Department of Public Health had selected an off-the-shelf kit, and that was our starting point. As I indicated, the commission was created by statute and we had representatives from all of those perspectives as part of that discussion. And we looked at the kit that the Department of Public Health had selected and decided that we could do better. We then, with input from the lab, with input from survivor services, from the physician's organizations that were part of this discussion, from the nursing organizations that were part of the discussion, started basically step by step going through steps that were in that kit to see if they needed to be tweaked, if they needed to stay or go. We took some out. We added some. We went as far as determining what instructions should be on each of the envelopes and what the outside of the box would look like. We decided on

forms that would be included in the kit, specific forms that could be used both for medical purposes and for prosecution. And that was also, I should say, when we developed the technical guidelines that would then be used to train hospital personnel, law enforcement, prosecutors, judges, victim services organizations on how the kit would be completed and then processed. The technical guidelines initially covered everything from the steps of the kit to how the kit would be collected from the hospital by law enforcement, how it would be stored, what would happen if a survivor was not ready to report to law enforcement about their sexual assault experience? And what I will say is that most of our discussion was driven by the science. So I know Danielle is very involved now. At the time, we had other representatives from the forensic laboratory here in the state. And so they were very helpful in helping us understand why certain steps were not as helpful as others from the laboratory perspective and from the forensic science perspective.

Maureen Platt [00:21:11] To realize as well that the technical guidelines are a living document. They are revised pretty much every year to keep pace with both the practical experience of our forensic examiners, the current science, the lab's experience, and the experience of prosecutors. For instance, traditionally for many years, we had a requirement under the technical guidelines that certain hairs be collected. This was not only extremely uncomfortable for the survivor of sexual assault, we found out through the science that it would generally not result in any useful evidence. So that was taken out of the technical guidelines. Revisions such as that occur every year. And as important as it is to have technical guidelines, it is equally important to review them periodically, at least every year or two, to make sure that we are giving the best possible care to survivors and being able to prosecute those individuals that have assaulted them.

Bonnie Bentley [00:22:17] I would just add that having it be a living document subject to change as science changes and as our experience grows was the intent from the beginning. There was a push for us to make these actually regulations in the state of Connecticut, which would have required a very lengthy, burdensome process to make any of those little changes. And so we fought pretty hard to make sure that it would remain as a living document. And I think that that is a very important piece of it. Thank you, Maureen.

Tyler Raible [00:22:53] With this living document and since it's constantly evolving, I want to know a little bit about training programs associated with the standardized kit. So, Denise, can you talk a little bit about SAFE training programs? And then I want to talk about how other stakeholders might have to adjust the way they do things, but I figured we'd start with the SAFE perspective.

Denise Covington [00:23:12] Certainly - for all of the training, the SAFE training that we do here in Connecticut, it is accredited, and it meets the national standards of the International Association of Forensic Nurses. So we make certain that we are meeting national benchmarks. A lot of the training is actually governed by statute here in Connecticut. Back in 2009, we had a public act that essentially authorized the Office of Victim Services within the Connecticut judicial branch to establish a program to train and make available sexual assault forensic examiners to adult and adolescent victims of sexual assault at what was known as participating SAFE hospitals, which essentially was a group of hospitals that were response locations for our SAFEs. We worked closely with the lab. Some of what Maureen and Bonnie have alluded to took place during those days where we worked together to train the SAFEs. The lab was very involved in the training of evidence collection techniques, but we realized quickly that the training that was available to participating hospitals in the response locations was not available to the rest of the state. So then Public Act 1799 basically provided the ability to us to train across the entire

state in every hospital, assuming that they entered into a contract with the Connecticut judicial branch to allow them to send their health care personnel to train as SAFEs. And then most recently, Public Act 19-114, it essentially brought it all together. It established an advisory committee to oversee and make recommendations for SAFEs in Connecticut. It added two health care providers who could train to become SAFEs. For instance, physicians' assistants and midwives were not able until Public Act 19-114 to actually train as SAFEs. And then basically it's a regulation at the state level of who can basically practice with the acronym of SAFE underneath their name. And essentially all of those people who train, they have to do the initial training with us. It's a minimum of 40 hours of didactic training. We have at least 21 content experts who come in and train on each and every aspect of the role of the SAFE. There is a clinical perspective of this, which includes the forensic lab. Prior to the pandemic, we were actually able to go to the lab. Now they do it virtually and do a virtual tour. But they demonstrate the techniques. They make sure that what we are doing in terms of evidence collection meets their needs so that they can process quality evidence. Finally, annually, all of those who train have to come back for a full day of refresher training, which includes a review of the technical guidelines by the commission, the current edition and any changes that are taking place, as well as refresh their training on the evidence collection itself and any changes that took place in that. And that is annual refresher training that is required to maintain that SAFE designation.

Tyler Raible [00:26:29] It definitely sounds like the SAFE training is comprehensive, which is excellent. I mean, that's wonderful to hear. Danielle, in terms of lab processes, how does this living document affect the implementation of new processes in the lab?

Danielle Lindgren [00:26:43] So one of the things more recently that has shifted a little bit in terms of the processing, as I mentioned before, as a technology changes, this living document has to reflect the collection necessary for that implementation of new technology. So the differentiation, especially between like moist specimens or dried secretions swabs versus touch DNA, I think Denise kind of alluded to it a little earlier, that those are two very different things. And for us, that type of terminology plays a bigger role and especially, again, as a technology has been able to adapt and grow, the types of collection that we can use now will be able to adapt and grow with it. One of the other things that's been implemented more recently into the technical guidelines is the tracking system that the state was able to implement. And the tracking is housed at the lab. And again, we work with pretty much everyone to make sure that this tracking system is doing what it's supposed to, that people understand what it is, that victims understand what they're- information they're able to glean from that tracking system, and how it's best used. So we actually work heavily with the Connecticut Hospital Association to implement trainings for their hospital staff and charge nurses so that when a SAFE provides them with a kit that is completed, they understand what their role is in terms of logging that step into this tracking system. So a bigger part of my role is helping provide training, getting users up and running at different health care facilities. And I do know that Denise has done a good job of explaining to these SAFEs what their role is, the information that they need to provide to the charge nurses for that tracking system. So, again, all of it is very intertwined, but that is something that was brought into this living document that we make sure that they understand what's being used to track.

Tyler Raible [00:28:46] It definitely seems that the tracking system is just a home run. It helps create these open lines of communication and having this living document that reinforces that, from my outsider perspective, seems like it makes it a lot smoother. From the legal standpoint, how does this living document that can change over time, how does

that impact the work that you all do? Is it just a matter of making sure everybody's up to date on terminology and definitions, or is it more complex than that?

Maureen Platt [00:29:14] I think what it does from a legal perspective and a practical perspective in terms of prosecuting these cases is in order for us to gain a conviction, a jury has to have confidence in what we do. And I don't think anything inspires confidence as much as clearly set forth standards done in any reliable, predictable, and orderly manner. The fact that our expert witnesses from the lab or the SAFE organization can get up there and testify about not only exactly what happened in this case, but what the standards are, makes their testimony so much more credible and powerful for the jury. The fact that at any moment in Connecticut, we can find out where that kit is in the system and that everything is scanned in - when the police bring it to the lab, when it leaves the lab, all that information is readily available and very important for the jury. Connecticut also took a pretty important step three or four years ago, and we by law, set forth very strict time standards for the testing of kits. There was a lot of publicity that sometimes kits had languished in evidence lockers for years. And in order to make sure that that never became a problem here, we took that very seriously. And in Connecticut, an officer only has 15 days to pick up the kit from the hospital. The lab also has very strict time standards on when they can test it. And again, this ensures the fact that that valuable information is not only found out quickly, it's much fairer to the victims. And it's also extremely important that this evidence be entered into the CODIS system, which, as you are aware, is a nationwide system which attempts to find links in DNA testing between cases. By doing this, we are sometimes able to connect a single offender to several sexual assaults, not only solving cases that we would not otherwise solve, but also greatly enhancing our ability to prosecute these cases and to get significant time as a matter of public safety when we do gain a conviction.

Tyler Raible [00:31:45] Right. I mean, if you can get this perpetrator off the streets, it prevents them from continuing down that certain path. So it seems like it's a win-win across the board. In terms of the actual implementation and the creation, I know that it was mentioned in the statute, but I want to be certain that it's clear for our listeners, who are some of the key stakeholders involved in the discussions for sexual assault kit standardization? We've kind of hinted at law enforcement, medical personnel, advocacy, lab perspective - who needed to be at the table to have these discussions?

Bonnie Bentley [00:32:18] So from health care, it includes representatives from nursing organizations, our Connecticut Association of Nurses and the Emergency Nurses Association; for physicians, we had an OB/GYN and a pediatrician who specialized in examining child victims of sexual assault; a representative from the Connecticut College of Emergency Physicians. We also had a representative from the Connecticut Hospital Association, which is the association, which I believe now all of our hospitals in the state belong, and so they dealt with more of the perspective of administration and risk in hospitals, getting their people on board with all of this. Victim services - we had sexual assault victim advocates, representatives from what was then Connecticut Sexual Assault Crisis Services. We had representatives, although they were not designated by statute from what was then known as SANEs, Sexual Assault Nurse Examiners, which has now become Sexual Assault Forensic Examiners. To that perspective, because we were very early putting together what was then considered a SANE program, which then really had taken off a bit later with Denise's and others' input. We had representatives from what was then the Permanent Commission on the Status of Women, which I believe now is the Commission on Women, Children, Seniors, Opportunity and Equity or something. We had a representative from the Department of Children and Families. From law enforcement, we

had a representative from the Department of Public Safety, our Connecticut State Police, and also a representative from the Municipal Police Chiefs Association. And from the forensic lab, obviously representative who was involved both in the administration of the lab at the time, but then also in actual testing. So we had people at various meetings at different times. Sometimes it would be both. And then prosecutors - when we first started, I was brand new. So I was very reliant on the expertise of more experienced sexual assault prosecutors who were more than happy to participate in the discussions. That's pretty much who was involved in that effort. We brought in others as issues came up. We also had someone from the Office of Victim Services at the time because we were developing a compensation program for the payment of the sexual assault evidence collection portion of medical bills for victims who presented to a hospital.

Tyler Raible [00:35:00] There were obviously tons of perspectives in it. From an outside perspective, it feels like there were a lot. But I can imagine that having so many people in there really, really broadens your understanding of the problem, and you can take kind of a holistic approach. And it's obviously hard to argue with the results. What have been some of the benefits of having a standardized kit for the entire state?

Danielle Lindgren [00:35:23] So one of the benefits of having a standardized kit for the entire state is, you know, as these Public Acts were put into place, I know Maureen touched on them, but we do have Public Act 15-207 for the submitting agencies, you know, delivering the kits within 10 days of collection, and then the entire process of analysis being completed within 60 days. That is something that we now work and do trainings with different police departments to make sure that they understand what's required of them. The tracking system is something that not only the lab and the hospitals and the SAFEs need to be aware of, but it's also something that we have opened up and it is public for the victims to actually be able to track their own kit, which we obviously work with the Office of Victim Services for, but also the Connecticut Alliance, which has victim advocates. And they've actually been able to do trainings within their member centers so that when a victim comes to them and says, you know, I was given this, how do I use it? What do I need for it? They're able to help them along the way and provide them with information about what they can actually glean from it. The commission was a huge, along with obviously victim services, were hugely important in creating an instruction sheet for that tracking system. And again, without having that one kit, it would have been very, very difficult for us to be able to implement instructions on how to use a tracking system, let alone to actually implement a tracking system at all. And all of that goes back to what Maureen had mentioned before and why a lot of these Public Acts, which the tracking is actually required by a Public Act in Connecticut, 1883, to track all the kits. And all of it goes back to the idea of we want to be able to say at any point in any given time, this is where this kit is. We can, with 100 percent certainty, say that there are no kits lingering in the back of a hospital shelf or a police department and not knowing where they were. And I know that that was a huge problem and why the sexual assault initiative was really brought on to begin with. So having that standardized kit allowed us to pull all of these things together to prevent that from ever happening again.

Denise Covington [00:37:40] And I would like to just tag on to that, that from the health care perspective, if we had multiple kits, nurses wouldn't really know which - I mean, they - in the two o'clock in the middle of the night, a busy ER nurse is looking at a kit as like which one is this? Having a standardized kit is easily identifiable to them. They know what it looks like. They know what to expect. They have a set of directions. It's a very step by step, even at two o'clock in the morning in a busy emergency room. So that's one of the advantages of having a standardized kit.

Danielle Lindgren [00:38:13] They also know exactly which one they're ordering when they place an order with me for new kits - I don't have to go and say I need version A to go here. I need version B to go here. It's all the same. And they know when there's an update, it's an update that they're going to get in whatever kit they have, they don't have to worry about "Oh, well, that's only an update for those hospitals that get this type of kit, not ours." It seems to be that it would make it more simplified, but again, it adds strength into what's actually being collected.

Maureen Platt [00:38:47] I think also, while we've all been talking about the advantage of having a standardized kit, I don't think any of us can think of a benefit in having multiple kits. The downsides are very easy to articulate, and there is simply no good argument for the position that multiple kits used in the same area or even in the same state produce a better result. It can only make these cases more difficult. It can only make training more difficult. It can only make processing of these kits more difficult, and prosecution of the cases more difficult. Whereas the argument for a standardized, easily trackable kit backed up by the latest science and input by a multiple disciplinary team is quite a simple and compelling argument in favor of a standardized kit.

Danielle Lindgren [00:39:43] To add onto what Maureen was saying, I actually have worked, obviously not in Connecticut, but at another state where I worked for a third-party lab where we had multiple types of kits come in. And it did make things significantly more time consuming. It made things more difficult to process. And then on the stand, it was hearing other people's testimonies and whatnot, having to kind of readjust every time you did that - it did add another layer of complication, which, again, as Maureen has said, that the more strength you can have behind that, the better moving forward. So strength and simplicity, basically.

Tyler Raible [00:40:26] We always hope that anybody who might be listening might be inspired to adjust the way they do things. So, if one of our listeners was considering moving forward with creating a state standardized kit, do you have any insight you would offer them? You know, if a state already has multiple kits in play, do you have any advice for moving forward with standardization?

Denise Covington [00:40:45] One of the things that I think has been helpful to us to look at the issues, who is impacted by these issues? And when you look at who's impacted by the issues, those the folks that need to be at the table, to sit here and say, here's what I need, here's what you need, what's the commonality? What are the issues, and how can we accommodate everyone's needs?

Danielle Lindgren [00:41:08] And then from that, who needs to be at that table to make sure that all those needs are accounted for? Again, to make sure that you're looking at it not just from the perspective that you think is important and who you can off the top of your head think of these four people I know need to be part of this discussion. Well, there is probably ten more people that you aren't even thinking about that need to be involved in that discussion and I mean, as you have heard today, the four of us talked to multiple groups across the board every other day. As Bonnie said, I wasn't even involved in the beginning. So it's something that you really need to take into consideration, looking at not just from your perspective and what is valuable for you, but looking at what's valuable from, again, what you're actually trying to do, and then making sure that those people are at that table.

Maureen Platt [00:41:57] I also think it's important that there's no need to reinvent the wheel, so to speak. The issues that arise in other states are identical to the issues that arise here. There is a wealth of information out there regarding what other states have done to introduce standardized kits. Indeed, our technical guidelines are readily available to the public online, as is the case in most other states. And we certainly have borrowed from the knowledge and experience of other states, and I'd like to think they have done the same with ours. So, I think the first thing to do is certainly to gather all the important players together, all the important experts together in one room, and then secondarily to look at what other states have done - to look at their living documents, so to speak, to look at their technical guidelines. And by doing that, I think it would not be a terribly difficult process to create one standardized kit. Oftentimes, the kits are very similar in nature. Perhaps just the order of collection is different or some of the instructions, but many of the concepts are identical in most of the other kits out there. So I don't think standardization is a terribly cumbersome process, and in the long run has been correctly articulated before, it saves a tremendous amount of work and resources.

Denise Covington [00:43:34] Also, there are evidence-based practice standards out there. There's- I know NIJ has its National Best Practices, which we actually utilize - we review that here in the program. We've used it to back one of the things that the lab was telling us about not dividing our sample too much and diluting it. We also have, of course, the national protocols, the IAFN - the International Association of Forensic Nurses education guidelines. There are a number of evidence-based practice standards out there, in addition to what Maureen is saying is talk to other states and see what they're doing and then use those national standards and then bring it home and see what is specific to your state that you can bring home to your state.

Tyler Raible [00:44:20] Perfect. Thank you all. And we'll make sure to include some of the links to these relevant resources for anybody who might be interested. We'll put that on the landing page for this episode. Unfortunately, we are running near the end of our time together. I'm blown away by the teamwork and the passion that all four of you exude. And one thing that I want to make sure is I want to give each of you an opportunity for a, you know, final thoughts on the topic. So are- is there anything you'd like to share with our listeners before we wrap up today?

Danielle Lindgren [00:44:47] As Maureen and everyone has mentioned, our stuff is public. Definitely, definitely seek advice from other sites, from other states that have a standardized kit, or if you need assistance in implementing something like a turnaround time, a tracking system, a SAFE program, trainings, ask other states, other sites - we're more than welcome to assist in any way that we can, making sure that, you know, if that's something that they are trying to implement, to get the ball rolling for them.

Denise Covington [00:45:19] Yes, I totally agree with Danielle. It's a great point. Yesterday, I was in a meeting with state coordinators, and they were talking about - and this was news to me because we don't have such an issue - but they were talking about the issues of the equipment not scanning the barcodes. Some of them just started tracking, and they were talking about difficulties with the tracking system and the barcode readers. It was a surprise to me that this was even an issue, but it is with other states and they were reaching out to each other, say, hey, what are you doing? So I think looking at what other states are doing and really having those cross-the-border conversations is basically very helpful and very informative.

Maureen Platt [00:45:59] I guess I would just like to end with having been involved in prosecutions in these areas for since the 80s, I can tell you that it's a field of constantly evolving knowledge and consciousness. Things that we believed were state of the art 20 years ago are now looked upon as archaic. So we in the field have to continue to learn. No one knows it all. I think in Connecticut, we have, when possible, learned from the examples of other states, and I think we and I'm sure most of the listeners out there have a true commitment to holding people accountable for these horrible assaults and a true feeling that we owe nothing less than excellence in the way we handle ourselves to those individuals that are brave enough to come forward and trust us enough to tell us their story and submit to these examinations.

Bonnie Bentley [00:47:02] We often, as prosecutors, and I'm sure victim advocates hear from sexual assault survivors that they feel re-traumatized by the process, by the system. Typically, that process begins when they present at an emergency room or a health care facility for treatment and evidence collection. And I think the overarching goal here in Connecticut and all the work that we've done has long been to balance that minimization of trauma for survivors while providing an evidence collection process based in science, including this customized sexual assault kit that's used statewide that would enable us to hold offenders accountable at the same time. Process and the kit that were developed with input from all entities, including all involved entities, including victims, I think was a real step forward for Connecticut. And having that process and that kit available throughout the state, I think means that survivors will get the same excellent response and what we believe is the most up to date valuable evidence collection and treatment, regardless of which county or town or hospital they end up presenting to. And I think that's really important. It's important for us as people who work in the system and who want to hold offenders accountable, but I think it's important for victims as well, because I think they can be confident that we're doing everything that we can to make the process as minimally difficult for them as possible and most valuable for our needs.

Tyler Raible [00:48:46] Thank you all for your insight. It's been wonderful to have so many excellent perspectives and this level of expertise and passion in the room. So I want to thank Maureen, Danielle, Denise and Bonnie for sitting down with Just Science to discuss the process and benefits of having a statewide standardized sexual assault kit. So, once again, thank you all so much for being here today.

Bonnie Bentley [00:49:07] Thank you.

Maureen Platt [00:49:07] Thank you.

Danielle Lindgren [00:49:08] My pleasure.

Bonnie Bentley [00:49:08] Thank you.

Tyler Raible [00:49:09] And to our listeners at home, if you enjoyed today's conversation, be sure to like and follow Just Science on your podcast platform of choice. For more information on today's topic and resources in the forensic field, visit ForensicCOE.org. I'm Tyler Raible, and this has been another episode of Just Science.

Voiceover [00:49:28] This episode will conclude our Research and Considerations for Sexual Assault Cases season. Stay tuned for our next season coming soon. Opinions or points of views expressed in this podcast represent a consensus of the authors and do not necessarily represent the official position or policies of its funding.