

## **Just Supporting Evidence Collection in Sexual Assault Cases**

**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 one of our Perspectives on At-Home Sexual Assault Kits season, Just Science sat down with Dr. Julie Valentine, a researcher, sexual assault nurse examiner, and the Associate Dean of Brigham Young University's College of Nursing, to discuss the use of at-home sexual assault kits. As a researcher in sexual assault response reform and a sexual assault nurse examiner, Dr. Valentine is a subject matter expert on collecting evidence in sexual assault cases. Listen along as she discusses her work in sexual assault response reform and her perspective on the role of at-home sexual assault kits in 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 [00:01:20]** 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. We're beginning a new season of Just Science today, and for this season, we'll be discussing a new topic in the sexual assault response arena: at-home sexual assault kits. To help introduce the topic and guide us in our discussion today is our guest, Dr. Julie Valentine, Associate Dean and Associate Professor at Brigham Young University in the College of Nursing and a Certified Sexual Assault Nurse Forensic Examiner. Julie, welcome to the podcast. It's great to see you.

**Julie Valentine [00:01:50]** Thank you, Tyler. Great to see you.

**Tyler Raible [00:01:52]** So, Julie, you're a highly respected subject matter expert in the field of sexual assault response, and I know that you wear many hats. Can you tell us a little bit about what you do?

**Julie Valentine [00:02:01]** Absolutely. Regarding my forensic nursing expertise, I am a certified sexual assault nurse examiner with Wasatch Forensic Nurses that covers two of the most populated counties in Utah and remains very busy. I also do research and my research focuses on sexual violence. I have a National Institute of Justice grant to develop a machine learning model to help in decision making on sexual assault kit evidence analysis. And we're currently doing a lot of work in that area, not only in Utah but in a couple other states as well.

**Tyler Raible [00:02:45]** So of those projects, and anything else really, is there any particular project or event that's currently on your mind or that you're especially passionate about?

**Julie Valentine [00:02:54]** Yes, a lot of my research regards sexual assault kits, everything from submission of sexual assault kits to what are the DNA analysis findings and what are the predictors that indicate that we're going to get helpful DNA from a sexual assault kit that really will help guide forensic nursing practice and forensic science practice? I'm currently- I've been involved in looking at prosecution of sexual assault cases

in which the victim received a sexual assault kit and wanted to prosecute, wanted to talk to law enforcement, and looking at prosecution rates along with sexual assault kit submission rates. So that- that's a big area for me. Overall, I would say my umbrella is doing research to decrease sexual violence in our society and improve survivor support.

**Tyler Raible** [00:03:53] Excellent. And that actually provides a very great segue into really the topic of today's conversation. But before we begin, I was hoping you could provide a little recap about what is a sexual assault kit? You know, what's included in the kit? What does the collection process look like? Could you give us a little background information before we- before we really dive in?

**Julie Valentine** [00:04:12] So sexual assault kits, which oftentimes can be referred to as rape kits, are almost shoe box looking items that are filled with swabs and envelopes and forms and are used to collect evidence following sexual assault. The focus is looking for DNA that is from, we often refer to as, a foreign contributor or not the person or the victim. And along with the sexual assault kits is a very detailed examination form in which the examiner or nurse will complete information about the assault, about the victim, about their findings, everything from injuries to where the evidence is collected and the history of the assault. And sexual assault kits are not just- just made up what's in them. We actually have national guidelines. The most recent national guidelines were published by the National Institute of Justice, the National Best Practices for Sexual Assault Kits: A Multidisciplinary Perspective. And in these guidelines are clear descriptors about what is best practices to include in kits and also guidance for multidisciplinary stakeholders to get together frequently to reflect on what is in the kit. Does recent research indicate that we need to make changes to the kit or changes to our form? So there's a lot of thought and feedback from many in determining what is in sexual assault kits.

**Tyler Raible** [00:06:01] You said something that kind of piqued my curiosity is - what's in a kit? Is there- are there any movements to standardize kits? I know that there are some states that do it, but is there any traction on trying to standardize across states or nationally or even just in- in your state?

**Julie Valentine** [00:06:17] Yes, there is definitely a movement to standardize kits, and that's why we have these national guidelines. It will vary from jurisdiction or state to state. In the state of Utah, where I am from, we have a state of Utah sexual assault kit. In other states, there might be changes by jurisdictions. There might be changes state to state. So there is discussion and a movement to standardize, to have a national standardized kit, which certainly would help in disseminating best practice guidelines about what would be included in the sexual assault kits. And overall, the goal is to improve patient care.

**Tyler Raible** [00:07:04] Absolutely. Patient care is at the core of everything that you do, right? So I think that actually leads into- into the main topic today, and it's something that's emerged possibly in relation to the pandemic. There might be other issues afoot, but I want to talk about this concept of the sexual assault evidence collection kit that is publicly available and not associated with a hospital or medical facility. So we've been referring to them as at-home sexual assault kits as we were preparing for this season. So could you tell us a little bit about an at-home kit? You know, what is it, and maybe why it's used?

**Julie Valentine** [00:07:39] Yes, to share about an at-home kit, I first want to just reflect a little bit. We talked about sexual assault kits, but let's also talk about the process of evidence collection for a sexual assault kit. And so that gets into talking about a sexual assault medical forensic examination. And we have national protocols for conducting a

sexual assault medical forensic examination and the primary responsibility, the primary goal of these examinations is to provide healing to survivors, and that is accomplished in a number of different ways. First and foremost, survivors are given choice in what they want in the examination process. So a survivor may come in and may not want evidence collected, and that's- the evidence is secondary. The primary focus is nursing care, medical care for that survivor and providing resources to them. So if they do not want evidence collection, we discuss other options for resources. They may want evidence collection but want it to be collected anonymously, which can be done in some states. Or they may have it collected and opt not to talk to law enforcement at that time to give them time to process. So depending upon a jurisdiction a survivor or victim can report at an emergency room, they can report to a clinic. They can call 9-1-1 and report and be referred where to go for a sexual assault medical forensic examination. And different jurisdictions will apply this in different ways, meaning that in some jurisdictions there might be a specific hospital or clinic where they are best suited to care for survivors. In other jurisdictions, like where I work with Wasatch Forensic Nurses, is we're a mobile team and we'll respond to any hospital where a victim reports. So once a sexual assault nurse examiner reports to see a patient, the first thing they do is tell them about their options and choices. And if they decide that they want evidence collected, then the nurse will have them sign consent forms and will complete evidence collection in a sexual assault kit following the protocols.

**Tyler Raible** [00:10:16] So your insight into this process is fascinating. I think a lot of people, and potentially myself included, see this process as being kind of one way, but it sounds like there's actually a lot more agency involved, right? There's a lot more decision making and opportunities to empower the survivor, the patient. Is that fair to say?

**Julie Valentine** [00:10:35] Oh yes. One of our goals is to empower survivors. Rape takes away someone's autonomy in every aspect, and to promote healing, we need to provide that autonomy, that choice back to survivors. And so that- that's one of the first things that happens when they report at an emergency room or clinic is given that choice. When we think of the at-home sexual assault kits also have swabs and envelopes, just like the sexual assault kits that professionals use in the health care environments, but they won't have the health care expertise with them in person to collect that evidence.

**Tyler Raible** [00:11:26] Wonderful. So just to make sure I'm understanding this correctly, please correct me if I'm wrong, the kits will have similar items in them, but it sounds to me that the difference here is going to be working with a- with a professional who can make sure the patient, the survivor, the victim is taken care of. Is there- are there any other differences that I might be overlooking?

**Julie Valentine** [00:11:47] There are a vast amount of differences between an at-home kit and a standardized sexual assault kit that follows national protocols and guidelines. We discuss when a victim comes in as a patient for a sexual assault medical forensic exam and is met with a nurse, they're also met with a victim advocate, and the victim advocate in most jurisdictions is with the nurse and the nurse provide a healing presence for the survivor. I already talked about that they give them choices, and I always consider as help place them on a pathway for healing. In the examination forms that the health care professional has gotten education on how to complete will be documentation of the assault, documentation of injuries, documentation of medical concerns that we may need to address during the examination that may be exacerbated by this trauma. We also have an expert that will do a head-to-toe examination and do photo documentation and diagram out any injuries. Now, in most rapes and sexual assaults, we do not see serious injuries,

but we do see injuries that many times corroborate the story of what the victim shares with us about the assault. So I have a large database of over 8,000 rape cases, and in this database I have found that over 70 percent of victims have non-anogenital injuries. They are usually on extremities, arms or legs, and they're usually bruises or abrasions. And when you ask the victim about these injuries, they will talk about many times struggling to get away or being pushed. And at some point, many times the protective mechanism of the brain kicks in and the victim oftentimes stops struggling, and then we may not see as many injuries then. But to stop struggling is just the brain's way of saying, we're going to survive and get through this. We see anogenital injuries in about 50 percent of the cases, and forensic nurses and forensic examiners have undergone a lot of education about identifying these injuries and documenting these injuries. We use specific items. One is toluidine dye that helps us to visualize injuries, and we take photographs of those and document those. Some facilities use something called a colposcope, which is almost a magnifying glass to really show that you can take photographs with that will really help to identify injuries. We also will evaluate the need for prophylactic medication to prevent sexually transmitted infections and pregnancy. We screen survivors to see if they need to have prophylactic medication for HIV, which is a huge concern after a sexual assault. And then we coordinate resources with the victim advocate so that when the survivor leaves that sexual assault medical forensic exam, they not only feel empowered and feel like they're starting to be at a place where they can heal, but they have resources to continue that pathway to healing. So with the at-home kits, those in-person services by educated professionals are missing.

**Tyler Raible** [00:15:44] I mean, that list alone was incredible. So there's something that you- that you mentioned earlier that I want to touch base on. You mentioned that you have a mobile team - how does that work?

**Julie Valentine** [00:15:56] Yes. So forensic teams oftentimes will be embedded in a certain hospital or clinic. And so if there's a city where it is in that method of embedding it in the hospital or clinic, then that's where survivors or victims are taken for the sexual assault medical forensic exam. In the jurisdiction that our team covers, the two counties, there are a multitude of hospitals. And when we initially started many, many years ago, we were just a one hospital-based system, but we found that victims would report at a hospital several miles away from that hospital and then be told, well, you need to transfer elsewhere for your examination. And they oftentimes wouldn't show up. So we found that our best mode of caring for every patient that reports is to actually travel to that hospital. So we have MOUs with multiple hospitals in these counties, and the forensic nurses take call and have all the equipment and stuff they need in a rolling bag with a camera and a computer for us to do our electronic forms. And when we are called, we respond to the hospital wherever that patient is to provide care.

**Tyler Raible** [00:17:23] That is truly fascinating. So that's awesome. I am from a small rural town in Ohio, and you know, our nearest hospital is 45 minutes away. So I could imagine that- that in a situation like that, driving 45 minutes to a hospital only to find out you have to go to a different one is probably taxing. Not to mention the fact that there's probably, you know, the difficult decision of actually deciding to go in.

**Julie Valentine** [00:17:44] Right. And, you know, and then you think they have to just then tell one more person. And so just trying to meet survivors where they report has been really beneficial for our communities.

**Tyler Raible** [00:17:55] So, Julie, now that we've talked a little bit about the advantages of coming into the hospital and getting the forensic exam in person, I do want to talk a little bit about the at-home evidence collection. So do you have any concerns or cautions about a person attempting to collect evidence with one of these at-home kits?

**Julie Valentine** [00:18:15] I think when we look at the at-home kits, before I go into the cautions and concerns, we kind of have to consider why these came about. And I really think they came about because many survivors are frustrated, and these grew out of that survivor frustration. And the frustration comes from feeling that their process through the criminal justice system and their healing was not supported. So I think this is really a call for action for all of us that work in this space. And we need to think, how do we help empower survivors? How do we help empower survivors while they also receive professional health care and receive professional evidence collection? I am all for survivor empowerment and my work is dedicated to that. My concerns with the at-home kits is that when I look at the prosecution rates of cases where the victim received a professionally collected evidence kit and said, I want to talk to law enforcement and it was within five to seven days of the assault and we're talking 10 percent or single digit of those cases are prosecuted. I worry that survivors may have this false hope that collecting evidence on their own will increase that ability to prosecute, which we have no evidence that that will do. And in my professional opinion, it will actually be the opposite. So I worry about the false hope that this can give survivors. I really worry that they won't receive the health care and the advocacy that they need. And that's my biggest worry, because I want survivors to heal. I want them to feel empowered and we need to work on that - all of us in this space, in the criminal justice system space, in advocacy, in health care - and consider what can we do to help those victims feel empowered while they still get professional care.

**Tyler Raible** [00:20:54] I'm at a loss for words because it sums it up perfectly. Helping survivors and victims and patients and making sure that everybody has the health care that they need. The independence and autonomy. Is that maybe a false thought that this at-home kit provides you with that independence and like an opportunity for self-care in against maybe a system that hasn't treated survivors the way they deserve to be treated? I don't- I'm kind of at a loss in that regard.

**Julie Valentine** [00:21:24] Well, I think the at-home kits, the appeal is that someone can use an at-home kit and not tell anyone. But the negative side of that is that they don't tell anyone and they suffer alone. So when they report for a sexual assault medical forensic exam, they do share what happened to them, to a nurse and a victim advocate who can be with them in person and say, I am so sorry this happened to you. What can we do to help you heal? And that missing component, that saying you can do this alone without having that professional in-person care worries me because sexual assault can be very isolating. In our university, we did a campus climate survey and we asked, one of the questions was if the victims, who they had told about their sexual assault, about their rape. And we found that 24 percent of those victims that reported that they had been sexually assaulted in their life had never told anyone - that the first item that they had ever chosen to disclose this to was to this survey, this campus climate survey. That was one of the most heartbreakingly statistics that I read. I don't want anyone to be alone in this process, and I am a firm believer in in-person contact. I think we've seen with the pandemic that not being in-person can be rather isolating. We have this wonderful technology now, but not being in-person can be isolating, and for someone who's recovering from a traumatic event that can be even more isolating.

**Tyler Raible** [00:23:22] Julie, it's fascinating to me that you bring up this concept of isolation because I think in the last, goodness, year and a half of this pandemic, we've all probably felt isolated in some capacity. So are there any precautions that hospitals are taking to ensure the safety of sexual assault victims or survivors, or to even encourage, you know, reporting and coming in and getting the examination?

**Julie Valentine** [00:23:43] Yes, with the pandemic, some modifications have been made so that survivors can feel comfortable coming into a health care facility. In some areas, forensic nursing teams have switched from doing examinations in hospitals or emergency rooms to more private clinics. My forensic team was still responding to hospitals, but we also had options. We had clinics that we could go to if needed. All hospitals have taken on immense precautions so that everyone's safe - screening people by temperature checks, asking them if they've been exposed. I mean, health care facilities, everybody needs to be masked and that benefits everyone, including our patients. In addition, when we go into emergency rooms to see our patients, we generally make sure we are masked, any visitors are masked, they are masked, and then we limit the number of people in the room to prevent exposure and also just for the privacy and healing for that survivor. Generally, we can allow survivors to have one support person of their choice in the room during the examination as well, so we weigh possible exposures with also providing that very important emotional support. So health care in general, you know, in many ways, you're probably a lot safer going to a hospital right now than to your local mall. So a lot of precautions are in health care facilities.

**Tyler Raible** [00:25:29] That is very true. I can't even remember the last time I stepped into a mall. We've covered a lot and I'm curious about the different types of appeals that might be associated with this kit. So is it possible that one of the reasons somebody might opt for an at-home collection kit is just because they don't know where to go?

**Julie Valentine** [00:25:48] Yes. I mean, many times people don't think ahead of time, Oh, if I were to be raped, what would I do, right? And so we have a lot of resources and, you know, thank goodness for the internet where we can get a lot of our resources. Every place in the country is going to have advocacy services at some level. We also have national advocacy services. We have RAINN. There's a crisis text line. So we want survivors to reach out if they're not sure where to go and find out where can they receive services? The rape crisis lines are open 24/7 and those are confidential reporters, meaning someone can call them anonymously and say, I'm not sure what to do here. So this happened to me. I don't know where to go, and they can give them the options and say, here are places where you can go to receive health care, here are places you can go to receive an examination. And so reach out. There are a number of anywhere from national to regional to local resources for individuals to find that information. And if someone is feeling like I can't even go there, reach out to a friend, someone that you trust and say, I'm not sure what to do and I'm not sure where the help is. And have your friend work with you in finding those resources that you need that support.

**Tyler Raible** [00:27:27] I don't think there's enough that we could say about finding that support and that that human connection and getting the care that you need. And in that same vein, Julie, can you tell me a little bit about what a TeleSANE option would be?

**Julie Valentine** [00:27:38] Yes, so TeleSANE is a wonderful new technology where a number of sites in the country are developing TeleSANE processes and teams. And what TeleSANE means is- I shared that we have sexual assault nurse examiners or nurses or health care examiners that have specialized education in working with victims after sexual

assault trauma and knowing how to collect the history of the assault information. How to document injuries, how to collect the evidence. Well, in some rural areas, they do not have that level of expertise. And so TeleSANE has developed and TeleSANE is health care provider to health care provider. So if there's a rural area that does not have expertise in forensic nursing, they can reach out to their TeleSANE provider when a survivor comes in and that forensic nursing expertise will then guide the health care professional in the rural setting about how to approach the examination, what questions to ask regarding injuries, how to document the injuries, how to collect the evidence, what kind of medications should be offered, etc. So it's health care professional to health care professional that has really improved care for survivors in rural settings.

**Tyler Raible** [00:29:13] So as far as supporting survivors of sexual assault, so far, things that we've kind of brought up in regards to how the pandemic has impacted a lot of this - we have- we have the mobile care units, we have TeleSANEs. Is there anything else that has been kind of brought to the forefront that might be seen as a positive from the SANE perspective?

**Julie Valentine** [00:29:33] I think the positive, not only from the SANE perspective, but from nursing in general with the pandemic is an increased appreciation of the general public for nurses and that nurses will do whatever they need to do to provide best care for their patients, whether that be a forensic nurse, an ICU nurse, an emergency department nurse, and the list goes on and on. We want to provide patient care. Having patients come in for in-person sexual assault medical forensic exams allows us the opportunity to step in to be a healing presence, to professionally document the assault, to professionally document the injuries, to do photo documentation, and to provide resources to patients to place them on a pathway of healing. So nurses are there. We are there to support the public. We're there for healing and for health. And I believe the pandemic has really brought that to the forefront, that nurses will do what is needed to care for patients.

**Tyler Raible** [00:30:54] I love that. Unfortunately, Julie, we are nearing the end of our time together. I have to ask what's next for you? You're such- you're such a busy person. Is there anything coming up that you're excited about? Do you have any future projects or events or resources that you'd want to- that you want to plug here?

**Julie Valentine** [00:31:09] I'm excited about everything. Any research, any work I can do and caring for patients and working to decrease sexual violence. We have three articles that have been submitted and will soon be published about the intersection between mental health and sexual violence. We really see mental illness as a vulnerability for sexual assault, and we want to do a lot more education on that with primary care providers and mental health providers. And that's with one of my colleagues, Dr. Leslie Miles. We also have been working on a research study related to dating apps and sexual assault and have that soon coming out. So lots of plates spinning, but hopefully all to accomplish some good work because that's what it's all about.

**Tyler Raible** [00:32:12] That absolutely is what it's all about. Julie, is there any, any final thought you'd like to share with our listeners before we wrap up today?

**Julie Valentine** [00:32:19] I guess my final thought is for listeners that are survivors out there or for listeners who help provide services to providers is to know that what happened to you mattered. And there are a whole host of resources at your disposal, professionals who are ready to help you and to help place you on this pathway of healing and to look for

those resources. Because when people heal, then we're healthier as a whole society and that- that benefits everyone.

**Tyler Raible** [00:32:58] Excellent. What an inspiring note to end on. Thank you. With that, we are going to close out. So first and foremost, Julie, thank you so much for sitting down with us. I mean, this was a truly powerful conversation. So thank you for sitting down with Just Science to discuss the at-home evidence collection kit. This has been wonderful.

**Julie Valentine** [00:33:15] Well, thanks, Tyler. Always wonderful to chat with you.

**Tyler Raible** [00:33:18] Same to you. And for those of you listening at home, on your drive, or wherever you listen to podcasts, if you enjoyed today's conversation, be sure to like and follow Just Science on your 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** [00:33:39] Next week, Just Science sits down with Monica Gardner to discuss at-home sexual assault kits from a survivor's perspective. 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.