

416 S.W. First Avenue
Fort Lauderdale, Florida 33301

BROWARD COUNTY
SEXUAL ASSAULT
TREATMENT CENTER

EVALUATION

63473

NCJRS
SEP 5 1978
ACQUISITIONS

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EXECUTIVE SUMMARY

In evaluating the response of the Broward County Sexual Assault Treatment Center (SATC) to the victim of rape, this evaluation focused not only on the victim, but the crime, the law, the public, the criminal justice system-police, hospital, prosecutor, victim-counselor. Of central concerns were whether the program had impacted on the incidence of reported cases resulting in prosecution and whether the program was providing continuing support to a victim throughout--from police contact to trial.

Our survey revealed, among other things, that a majority of victims found the SATC effective in providing medical and emotional treatment. Of course, constructive suggestions were made on increasing the SATC's efficacy, but overall the reactions were positive.

Without a doubt, coordination with medical and law enforcement personnel is one of the most important factors for an effective response to rape. The agencies queried all voiced continuing support of the program. Notwithstanding overall commendation of the SATC, these agencies made certain recommendations for program modifications.

The evaluators reviewed all recommendations and eliminated those that, based on the data and program objectives, were insignificant and/or unrealistic. Discussed below are those recommendations supported by the data and which merit consideration.

Recommendations and Feasibility

1. Recommendation: Employ a proctologist or establish means for proctological examinations at SATC.

Unfeasible: Although suggestion is not without merit, budgetary restraints limit employment of proctologist and County, at this point, cannot provide same.

2. Recommendation: Ensure medical reports are confined to medical opinion.

Feasible: Project doctors have been carefully briefed on procedure to follow to ensure correct preparation of medical reports.

3. Recommendation: On-the-spot hospital analysis of blood specimen.

Unfeasible: Project has no access to laboratory or personnel.

4. Recommendation: Back-up system for doctors to prevent delay.

Feasible: Doctors are aware of need for back-up system and procedure has been developed to prevent unnecessary delay.

5. Recommendation: Strengthen follow-up to eliminate victim's feeling of being abandoned or neglected.

Feasible: Greater follow-up will be provided in the future because of employment of five (5) full-time counselors as of October 1, 1978.

6. Recommendation: Provide specialized counseling for children who are victims of sexual assault.

Feasible: Employment of five (5) full-time counselors by October 1, 1978, will result in specialized counseling for sexually abused children.

7. Recommendation: Increase the use of pagers for on-call counselors.

Unfeasible: At this time, budgetary restraints limit increasing use of beepers.

8. Recommendation: Include victims in panel discussion during training session for volunteer counselors.

Feasible: Implementation of this recommendation is dependent on whether enough victims will volunteer for panel discussion.

9. Recommendation: Establish victim group encounter sessions as mechanism to deal with rape trauma.

Feasible: Viable recommendation, which is presently being instituted.

10. Recommendation: Furnish police with wallet-sized SATC referral cards.

Feasible: The project is presently preparing wallet-sized referral cards.

11. Recommendation: Employ a photographer, in certain cases, to capture sexual battery for subsequent trial

Feasible: This is a workable suggestion which project staff and evaluators believe can be effectuated if State Attorney's Office and Police Departments coordinate its implementation.

12. Recommendation: Institute a "special rape unit" in each police department.

Feasible: This recommendation is workable in larger police departments, but not feasible for smaller departments. It will be up to local policy makers to consider the overall merit of implementation.

13. Recommendation: Increase publicity and public awareness.

Feasible: This is a priority goal for this fiscal year since last year's main concern was actual start-up and implementation.

14. Recommendation: Establish treatment facility nearer to cities in Northwest section of the County.
Feasible: Decisionmakers would have to approach Broward General Hospital to discuss possibility, if any, of implementation.

15. Recommendation: A follow-up should be commenced by SATC to track a file from prosecution to final disposition.
Feasible: Attempts will be made with State Attorney's Office and Victim/Witness Liaison Program to initiate a follow-up system.

16. Recommendation: Provide legal counseling.
Feasible: It is not feasible for project to provide an attorney. However, project has prepared literature describing legal terminology and processes.

17. Recommendation: Request from telephone company space for a listing in the "Emergency Numbers" front cover section of White and Yellow Pages of Southern Bell Directories.
Feasible: Southern Bell has agreed to do this, without cost, when directories are printed next year.

Finally, although it is too early in the program's life to measure impact, this evaluation will assist project staff and decision-makers in assessing its programmatic and administrative goals and in instituting programmatic modifications, where necessary.

INTRODUCTION

Until quite recently, most professionals in law enforcement and medicine and virtually all citizens felt that the victim of rape did not merit special attention. Amongst the various prevailing societal myths were such distorted proverbs as "She was asking for it." A woman who was sexually assaulted did not receive the empathy and understanding generally extended to the victims of the more "popular," traumatic criminal incidents, such as robbery, felonious assault, etc.

Other myths obscured the true nature of rape: "All women want to be raped;" "No woman can be raped against her will;" and "If you're going to be raped, you might as well relax and enjoy it."

In addition, the image of a rape victim was that of a young sexually attractive woman, who exposed herself to an avoidable danger and cried rape to avoid social stigma.

The risk of being raped is present whatever one's age, sex, race, physical appearance or lifestyle. Victims of rape can range from a child of 15 months to a woman of 82 years of age. According to the National Commission of the Causes and Prevention of Violence Task Force, half of all rape victims (53 percent) were total strangers to their attackers; another 30 percent were slightly acquainted. Seven percent had a family relationship to their rapists (daughter, sister, niece, or cousin)

and 3 percent were not related but had a previous close association. Moreover, although the majority of rapes occur in the victim's residence, a rape can occur in any locale, be it, office, car, lighted street, dark street, alley, campus, parking lot, at any hour of the day or night, any day of the week.

The physical and psychic trauma felt by the victim of rape are vividly illustrated in testimony cited in Susan Brownmiller's outstanding work on this subject, "Against Our Will:"

Testimony:

It was like a delayed terror reaction. Like, when I started thinking how easily he could have killed me behind the building. I was shaking. I didn't want to tell my husband and I never reported it to the police. I just went into this whole terror thing. I was afraid to take the same way home again and I was afraid to go on the subway alone at night. I was just generally shaken.

Testimony:

For about nine months afterwards I was sure I was going to die of syphilis. I was also sure I was pregnant....

Testimony:

I went to the police station and said "I want to report a rape." They said "Whose?" and I said "Mine." The cop looked at me and said, "Aw who'd want to rape you."

Testimony:

Anyway I did not have any witnesses, it was his word against mine. My case was thrown out of court. One of the cops was in the courtroom and he tried to be consoling and sympathetic. He said, "Oh look, honey,

at least we kept him in jail overnight. That ought to make you happy."

These statements glaringly and shockingly point out that the victim of rape faces, at the outset, the immediate danger of being beaten, maimed or even killed, and subsequent traumas associated with possibility of contracting venereal disease or becoming pregnant, or both. Secondly, he or she faces shock, disbelief, humiliation, followed by distress, anxiety and fear. Compounding the victim's feelings of guilt, anxiety and fear are prevailing community attitudes towards the female victim of rape: "She asked for it." Further, family and friends may suffer some trauma.

Finally, the victim is confronted with the inquisitorial probing of the police and prosecutor and forced to relive the complex and emotion-wrought crime of rape.

In short, the victim of rape needs empathy, concern and understanding by the medical profession, the criminal justice system and the public-at-large in order to overcome the physical and psychic trauma following the violent crime of rape.

II HISTORY

The Broward County Sexual Assault Treatment Center (hereinafter "S.A.T.C.") was designed to deal with the multitude of problems surrounding the victims of sexual assault. The S.A.T.C. was adopted and approved by way of resolution by the Broward County Board of Commissioners and it is organizationally part of the County's Criminal Justice Division. The project has received its funding from the U. S. Department of Justice's Law Enforcement Assistance Administration (LEAA) and is being monitored both programmatically and fiscally by the staff of Criminal Justice Planning of Broward County.

The goals of this program are to:

- provide the support, information and immediate medical and psychological services needed by victims of rape, child molestation and incest.
- provide law enforcement officials (with victim's consent) , with the evidence and testimony necessary for prosecution of sex offenders.
- educate community on all aspects of sexual assault, particularly prevention.

On July 1, 1977, the Broward County Board of Commissioners accepted an award of \$55,000 from the Law Enforcement Assistance Administration to fund the project's first year of operation. The LEAA Grant was supplemented with \$3,056 and \$22,321, representing State and local matching funds respectively. The total operating budget of the project was \$80,377. The grant's original funding was from July 1, 1977, to June 30, 1978.

An application for second year continuation funding has
been approved in the amount of \$75,052.

This program which provides victims of sexual assault with 24-hour hot-line service; round-the-clock emergency medical and psychological services; follow-up therapy; and related services originated through the efforts and energies of Ms. Joanne G. Richter, Project Coordinator, in conjunction with Mr. John A. Woodward, Director, Criminal Justice Division for Broward County, and the original S.A.T.C. Board (See Exhibit B).

As a former victim advocate for the Fort Lauderdale Police Department, Ms. Richter personally counseled the victims of sexual assault and gained increased awareness of the difficulties encountered by the criminal justice system in dealing with rape victims. For example, there was (1) a lack of special treatment facilities where sexual assault victims could be taken to receive proper and prompt medical and psychological care by trained personnel; (2) a lack of empathy and understanding for the victims of sexual assault on the part of some of the law enforcement and medical personnel, and even family and friends; (3) a lack of community awareness of the trauma resulting from a sexual assault.

Subsequently, in her capacity as Executive Director of Woman in Distress of Broward County, Ms. Richter again came in contact with sexual assault victims. These experiences led to the design and development of a center, with specialized procedures, where a sexual assault victim could be taken for medical and psychological treatment and/or consultation; where referral and follow-up services

could be provided; and where relevant evidence could be preserved. Hence, the birth of the Sexual Assault Treatment Center of Broward County (S.A.T.C.).

Since the S.A.T.C.'s inception, the program has received a wide range of community support and both public and private acclaim. Amongst its endorsers are the Department of Health and Rehabilitative Services, the Crisis Intervention Center, the Victim-Citizen-Police-Witness Liaison Program, the Broward Community College Criminal Justice Institute (Police Academy), and the Broward County Chiefs of Police Association.

The project is monitored through the local Criminal Justice Planning Unit, under the County's Criminal Justice Division, and also by an Advisory Board comprised of community leaders and appointed by the Board of County Commissioners. (See Exhibit B). S.A.T.C. enjoys the respect and recognition of the Broward County Sheriff's Office and the Police Departments of the Cities of Broward County.

The Office of the State Attorney has played an important role in the successful operation of the S.A.T.C. During the S.A.T.C.'s formative stages, the present State Attorney, Michael Satz, (then an Assistant State Attorney) was instrumental in securing funding and assisting in the "institutional" acceptance of the program by diverse components of the criminal justice system.

Medical assistance and support are provided, primarily, by Hollywood Memorial Hospital and Imperial Point Hospital. Imperial Point provides Emergency Room staff and a decreased rate of billing for Emergency Room Services. Hollywood Memorial also provides office facilities at no cost to the program (Central Facility). Furthermore, both hospitals are not billing sexual assault victims for any expenses incurred while at the hospital.

The project has been the recipient of both national and statewide recognition through involvement of its Project Coordinator and Board Members in a number of conferences. For example, nationally, the project coordinator served as a panalist at two sessions of the National Association of Counties Conference on Victim Services held in Racine, Wisconsin. Locally the project coordinator has been a panelist at the conference on Victim Services sponsored by the State Planning Office. Robert Kelly, Board Member, served as a panelist at a Criminal Justice Conference sponsored by the Florida Supreme Court and the Department of Offender Rehabilitation.

Finally, a discussion of sexual assault would not be complete without an examination, inter alia of § 794.011, Florida Statutes, which defines sexual battery. (See Exhibit C).

Prior to 1974, rape was narrowly defined by the state legislature to mean only vaginal penetration by a male. In that year, however, the rape law was repealed, and a new statute enacted, F.S. § 794.011, et seq. It defines "sexual battery" as "oral, anal, or vaginal penetration by union with, the sexual organ of another or the anal or vaginal penetration of another by any other object..."

The purpose of the sexual battery act is to enable the prosecution of a greater number of those persons committing sexual assault which did not fall within the narrow definition of "rape." The law further makes sexual assault of anyone under 11 years of age a capital felony. In addition, the degree of force used is determinative of the penalty. Lastly, a woman need only express fear of bodily injury rather than actual violence to render participation involuntary.

III

OPERATIONS

F.B.I. statistics for Fort Lauderdale and Hollywood show violent crimes are down. But rapes have increased 40 and 35 percent respectively in the two cities. Police say that the figures reflect a change in attitude of woman, who now report attacks rather than remaining silent. Also credited with a truer picture, police say, are newly created rape treatment centers that aid in providing description and information on suspected rapists.

Fort Lauderdale News and Sun-Sentinel, Sunday, December 18, 1977.

S.A.T.C. became fully operational on August 29, 1977, and has since been providing a wide-range of services to sexual assault victims, their families and friends. It is meeting a crying need in the community as evidenced by the Crime in Florida 1977 Annual Report which provides the following statistics:

A total of 3,342 rapes (including attempts) were reported by law enforcement agencies in Florida for the year 1977 -- 2,532 were rapes by force and 810 were attempted rapes. There was one forcible rape every 2.6 hours.

Forcible rapes accounted for 5.8% of all violent crimes and 0.6% of all index crimes reported.

The forcible rape rate for the year 1977 amounted to 38.2 for every 100,000 persons in the state.

A total of 1,851 forcible rapes were cleared by arrest or exceptionally cleared, amounting to 55.4% clearance rate statewide.

54.7% of the reported arrests for forcible rape during the year were persons under the age of 25. 48.2% of all persons arrested for forcible rape during the year of 1977 were white, 50.9% were Negro and 0.9% were of other races. The percent of rape cleared has increased by 2.2%. (Exhibit D)

It is noteworthy that in Broward County in 1977, there were 262 reported rapes. In sharp contrast, in the first eight months of its operations (September 1, 1977 to April 30, 1978) S.A.T.C. had provided a wide range of services to over 250 victims, their families and friends.

The S.A.T.C. presents a community oriented approach to the problems of sexual assault. The operation of the S.A.T.C. concerns itself with the interaction between the assault victim and the medical and criminal justice systems.

These victims become involved in the program in any of the following four (4) ways:

1. Contact police
2. Call 24 hour Hot Line, 472-RAPE
3. Go directly to hospital facility
4. Go directly to the Sexual Assault Treatment Center located at Broward County's Initial Care Treatment Facility, 801 S.W. Douglas Road, Pembroke Pines, Florida (hereinafter "Central Facility")

Procedures:

1. Police Contacted:

- a. Patrol officer transports victim to the hospital after notifying hospital to expect victim.
- b. Hospital notifies both gynecologist and counselor on call.
- c. Victim is taken to private area in the hospital by police to await physician and counselor.
- d. Physician conducts an examination with psychological support provided victim by counselor. Pertinent medical information will be provided victim.
- e. Follow-up call is made by counselor the following day to set up appointment at Central Facility and determine status of victim.
- f. Victim is contacted by personnel from Victim/Witness Liaison Program* who explains all criminal justice proceedings and who is available along with the S.A.T.C. Clinical Coordinator as support throughout the legal process.
- g. Follow-up examination for V.D. and pregnancy and follow-up counseling is provided through the Central Facility.

On call lists for physicians and counselors are monitored by the Clinical Coordinator and located at each of the Emergency Rooms of hospitals participating in the Program.

*Victim Witness Liaison Program is funded by an LEAA Discretionary Grant, housed in the Broward County Courthouse and operates in conjunction with the State Attorney's Office for the 17th Judicial Circuit.

2. Call 24 Hour Hot Line:

- a. Determine assistance required.
- b. Refer to appropriate law enforcement agency or directly to emergency room of nearest participating hospital.
- c. Crisis Line notifies emergency room. Gynecologist and counselor will be notified upon the victim's arrival.
- d. If victim has had police contact and wishes to prosecute, procedure is the same as in #1.
- e. If victim chooses not to have contact with the police, an anonymous report will be filed with the appropriate law enforcement agency. The same examination will be performed with evidence collected and stored in the event the victim changes his/her mind. Psychological and medical support is available through follow-up with the Central Facility.

3. Directly to Emergency Room at Hospital

- a. Emergency room staff contacts gynecologist and counselor.
- b. If requested, police agency is also notified.
- c. Procedure as set forth in 1(d) through (g) is carried out.

4. Directly to Sexual Assault Center

- a. All sexual assault cases reported during the day are handled at the Central Facility.
- b. Transportation to Central Facility is provided by police personnel regardless of whether or not the victim chooses to prosecute.
- c. Examinations are performed by the physician on call and psychological support is provided by Clinical Coordinator on staff at the facility.
- d. Procedure as set forth in 1(d) through (g) is carried out.

The South Broward Hospital District has made available the use of its Initial Care Treatment Facility located at 801 S.W.

Douglas Road, Pembroke Pines, Florida, as the location of the Sexual Assault Treatment Center. The Facility was opened in November, 1976, and provides the program with exceptional office space and examining facilities in addition to a conference room and an area specifically designated for use by police personnel. The physical layout of the Facility assures the much needed privacy required by a program of this type. In addition to a private on-call physician, the Facility's emergency room physicians are available to perform examinations.

Examinations required after 5:00 p.m. in the north part of the County are conducted at Imperial Point Hospital. This facility is providing use of emergency room space and personnel sensitive to the problems being encountered by the sexual assault victims. Additionally, a private interview area is available for both counselors and police personnel.

The Crisis Intervention Center, a United Way Agency, is providing staffing to answer calls on the Sexual Assault Treatment Center Hot Line from 5:00 p.m. to 8:30 a.m. each weekday and 24 hours a day on weekends.

Six (6) Obstetrician/Gynecologists are participating in the Program as on-call physicians in addition to those Emergency Room physicians serving at the Initial Care Treatment Facility.

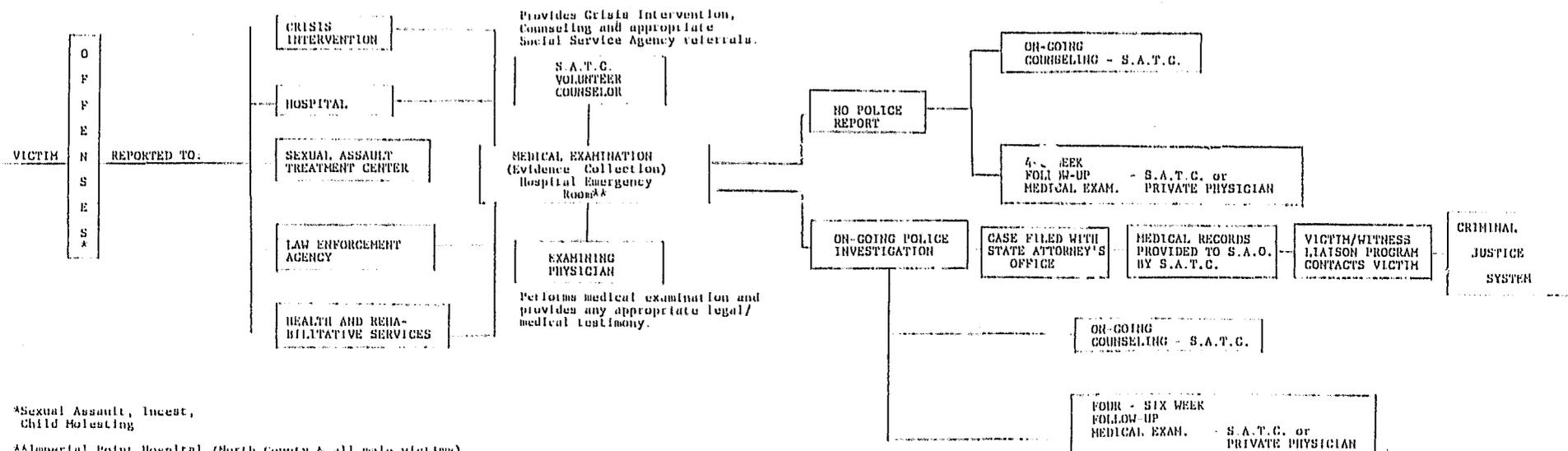
The project staff provides training to law enforcement personnel both directly at the police departments and through classes taught at Broward County's Criminal Justice Institute (Police Academy). Training in Crisis Intervention techniques is also ongoing for the project's volunteer counselors.

With its close involvement with medical procedures, the Project maintains an integral working relationship with those medical facilities and physicians actively involved in the program. Training materials such as films, questionnaires, etc., have been provided for the training of the medical component. Another cooperative effort made on behalf of the Program involving medical procedures is the donation of penicillin and equipment necessary for the prophylactic treatment of venereal disease. All necessary supplies are provided by the Broward County Health Department. Treatment for possible venereal disease is an option provided each assault victim.

As with any program of this kind, community education is an essential ingredient. The staff members are available for speaking engagements, interviews, and informational articles and a concerted effort has been made towards an increased knowledge regarding the program in the community. In this regard, several brochures were printed; one dealing with the overall program, the other with specific information geared to high school students. (See Exhibit E)

A flow chart depicting the project's activities follows:

SEXUAL ASSAULT
TREATMENT CENTER



*Sexual Assault, Incest, Child Molesting

**Imperial Point Hospital (North County & all male victims)
Initial Care Treatment Facility (South County & all Daytime cases)

IV

STAFF

The SATC staff presently consists of (1) project coordinator, (1) clinical coordinator and (1) secretary (CETA position).

The Program Coordinator, Joanne G. Richter, is responsible for the overall activities of the project, both administratively and fiscally. She also provides all pertinent information to the Advisory Board and Broward County Board of Commissioners.

The Clinical Coordinator, Franklin W. Nooe, is responsible for the psychological component of the project.

The Secretary, Jennifer Bartlett, is responsible for the secretarial and clerical affairs of the SATC.

In addition, the program has six (6) Obstetrician/ Gynecologists, who are participating in the program as on-call physicians serving at the Initial Care Treatment Facility and approximately 30 volunteer counselors, on-call, who provide psychological/emotional counseling.

EVALUATION DESIGNPurpose of Evaluation

The Broward County Sexual Assault Treatment Center was selected as the subject of the first evaluation to be completed by the Broward County Criminal Justice Planning Office this year in compliance with planning grant requirements. This project was chosen over other active projects for several reasons, as follows:

1. The SATC is the only active project, locally funded by LEAA, which was initiated with FY '77 funding.
2. The SATC has not progressed beyond the point where more effective data collection instruments or procedures can be introduced, if necessary.
3. The project director of the SATC is amenable to the idea of a project evaluation and willing to implement change, if necessary.
4. The SATC is funded in large part (\$22,321) by Broward County. Local decision makers will require information on the project's effectiveness upon consideration of refunding the project.

EVALUATION OBJECTIVES

1. To determine the degree to which the project has effected an increase in the reporting of sexual assault in Broward County.

- To determine the extent to which the project has resulted in an increase in the number of sexual assault victims who initiate prosecution against their assailants.
3. To determine the perceptions of criminal justice, psychology and medical professionals concerning the SATC program and its effectiveness.
4. To determine the extent to which the program, within its intended framework, is meeting the needs of its clients.
5. To determine the internal efficiency of the project in terms of its programmatic objectives and fiscal guidelines.
6. To determine the characteristics of sexual assault victims, offenders and occurrences in Broward County, isolating any correlations which may be of benefit in preventing or dealing with assaults in the future.

VII

EVALUATION MEASUREMENT

Objective:

1. To determine the degree to which the project has effected an increase in the reporting of sexual assault in Broward County.

Measurement:

- (a) The project maintains data on the number of sexual assaults which are reported within the county on a monthly basis. All victims who report assaults to the police are transported to participating hospitals and SATC counselors are notified. Data is available concerning the number of sexual assaults which were reported from January 1, 1976 through December 18, 1976 (however this data cannot be broken down by month). Projections will be made based on current monthly data and comparisons will be made with previously compiled data.

- (b) In order to isolate the effect of the project in any increased reporting, a follow-up questionnaire will be administered to sexual assault victims who have reported offenses since the project became operational. They will be asked whether they were influenced to report the offense by any of the project's public information efforts or by personal knowledge of the available services of the program. The questionnaire will be developed by the program evaluator (MPU) in cooperation with the project director and mailed out by the program to protect client confidentiality. Forms will be returned anonymously to the MPU in stamped self-addressed envelopes.

Objective:

2. To determine the extent to which the project has resulted in an increase in the number of sexual assault victims who initiate prosecution against their assailants.

Measurement:

- (a) Using the data described under Objective 1, comparisons will be made concerning the number of reported assaults (in which the offender is known) that are filed for prosecution. Monthly figures since the program's inception will be used as a basis for projections and compared with previously compiled data.
- (b) Through the follow-up questionnaire, to be administered to program clients, a determination will be made as to whether or not the program had an affect on the client's decision to follow-through on prosecution.

Objective:

3. To determine the perceptions of community agencies (police, nurse, medical-psychological care, state attorney) concerning the SATC program and its effectiveness.

Measurement:

Based on crime report information (located at the program) a list will be compiled of all police officers who have referred clients to the program. A questionnaire will be administered to these officers to determine their attitudes concerning the program and to ascertain their comments for program improvement. Similar questionnaires will be developed for cooperating medical personnel and participating referral agencies. These questionnaires will be returned to the MPU for compilation.

Objective:

4. To determine the extent to which the program, within its intended framework, is meeting the needs of its clients.

Measurement:

A list of specific client needs will be developed in cooperation with the project director. Clients will be asked, when filling out the follow-up questionnaire, to indicate the extent to which these needs were met by the program. Space for client comments will be provided.

Objective:

5. To determine the internal efficiency of the project in terms of its programmatic objectives and fiscal guidelines.

Measurement:

On-site visits will be made to inspect project record keeping systems and operating procedures. Interviews will be conducted with primary project staff members. Based on information available from these sources and other previously stated measures, an assessment will be made as to the program's progress in meeting its programmatic objectives. Based on the above information and a review of the county's financial records regarding the program, conclusions will be made regarding the program's compliance with fiscal guidelines. The project was monitored by MPU staff on February 3, 1978 providing some necessary information.

Objective:

6. To determine the characteristics of sexual assault victims, offenders, and occurrences in Broward County, isolating any correlations which may be of any benefit in preventing or dealing with assaults in the future.

Measurement:

Necessary data for obtaining the above is available in the individual folders of project clients at the SATC program. Some of the data is already compiled by project staff on a monthly basis. Other necessary data will be extracted either by the MPU evaluator or a volunteer graduate student who is doing data collection for the program.

VIII

DATA ANALYSIS

The Sexual Assault Treatment Center did not open, officially, until August 29, 1977. Therefore, actual program data will only be available for a period of approximately five (5) months at the time this evaluation begins. Therefore, the evaluator will not attempt to assess impact except to track the program's progress to date relating to its measurable objectives. A more comprehensive comparison with model projects, etc., can be made upon completion of one full year of operation. The results of the current evaluation will be useful primarily to the project director and the county administrators responsible for the effective operation of the program.

IX

DISTRIBUTION OF REPORT/IMPLEMENTATION STRATEGY

Prior to publication of the full evaluation report, the evaluators will review a draft report with the project director, allowing for necessary corrections and additional input. The SPA, MPU, Project Director, and Criminal Justice Division Director (Broward County) will receive full copies of the evaluation report. Summary reports will be distributed to members of the project's advisory board and members of the County Commission as well as to others, upon request. At the time of reviewing the draft evaluation report with the project director, a timetable will be agreed upon for the implementation of recommendations included in the report.

EVALUATION PROCESS

The procedure for gathering data involved the following:

1. Initial contact with project director and staff to determine evaluation process.
2. Review of victim's file by evaluators, under project's staff supervision, to preserve confidentiality. From the file, a listing was made by code number of each victim, date of incident, date of criminal filing, if any, disposition and prosecutor, police officer and/or detective, nurse and volunteer counselor involved. (No attempt was made to evaluate doctors involved because of recent programmatic modification from a full-time project physician to the use of private and emergency room physicians).
3. Preparation and mailing of cover letters, questionnaires and return-self-addressed, stamped envelopes concerning key project events and/or elements, as follows:
 - a) Victim's letter of transmittal and questionnaire.
(This correspondence was mailed by SATC to preserve confidentiality). (See Exhibit F).
 - b) Police officer's and detective's letter of transmittal and questionnaire. (See Exhibit G).
 - c) Prosecutor's letter of transmittal and questionnaire. In addition, arrangements were made to interview Thomas Kern, Assistant State Attorney, after his review of the questionnaire. (See Exhibit H).

d) Volunteer counselor's letter of transmittal and questionnaire. (See Exhibit I).

e) Nurse's letter of transmittal and questionnaire. (See Exhibit J).

4. Compiled information from September, 1977, to April, 1978, concerning location of incident, sex and race of victim, day of week and time of occurrence, age and weapon, if any, to determine characteristics of sexual assault victims, offenders and occurrences. (See Exhibit K).
5. Conducted on-site visits to SATC to review data collection procedure, including intake and follow-up forms and, in general, to observe program's operations.

ANALYSES

and

RECOMMENDATIONS

OBJECTIVE ONE

TO DETERMINE THE DEGREE TO WHICH THE PROJECT HAS EFFECTED AN INCREASE IN THE REPORTING OF SEXUAL ASSAULT IN BROWARD COUNTY.

(a) Reported cases for 1976:

262 sexual assault cases
92 cases filed with State Attorney's office
40 actually reached judicial system

as compared to:

Reported cases from September 1, 1977, to June 5, 1978 (first 9 months of project's operations):

274 sexual assault cases
58 cases filed with State Attorney's office
51 being followed-up

The increase in reported cases, however slight, can be used as a measure of the program's success. Conversely, however, it is not clear what inference can be drawn since the data does not tell us what portion of the increase reflects an increase in the percent of victims contacting police and what portion, if any, is due to more rapes being committed.

(b) Whether the victim was influenced to report offense by any of project's public information efforts or any knowledge of the available services of the program revealed the following (Exhibit M):

Of a total of 40 victims surveyed, only 8% were aware of the existence of the program prior to the assault; the remaining 92% learned of the program after the assault 92% reported the assault to the police and 8% did not.

In response to the question: "How did you learn about the program?" We elicited the following:

Police	55%
Hospital	30%
Radio or T.V.	0%
Newspapers	2%
Leaflets	0%
Meetings	0%
Other, e.g., SATC speaker, friend	13%

In addition, 70% contacted the police right after the assault, 8% the hospital and 22% friends or relatives. None of the victims contacted the center initially.

Keeping in mind that these figures reflect the project's first eight (8) months of operations and that during start-up phases public relations efforts of most projects, generally, move at a snails pace, it is evident first, that the police have been cooperating with the program by advising a substantial number of victims of its existence, and secondly, that one of the goals of the program, i.e., education of the public, particularly in prevention, is not being fully met.

Recommendations:

- (1) To increase police referrals, the SATC should prepare a pocket-sized card to be carried by police officers listing pertinent information on Center: e.g., contact person, services, hours, etc. (This was one of the

recommendations drawn from the questionnaire to law enforcement officials).

(2) To increase public awareness, the SATC should concentrate on its community education and/or outreach efforts, particularly, media contact and circulation of literature. In this regard, perhaps wider use of public service spots in radio, T.V., and billboards and requests to civic and government organizations, i.e., Chamber of Commerce, Women's groups, utility companies, to include project's literature in their regular mailings, might be helpful. In addition, consider establishing a speakers' bureau with volunteers as speakers. These volunteers could be former rape victims and/or national speakers on the subject. Another suggestion would be to request from the telephone company space for a listing in the "Emergency Numbers" front cover section of the white and yellow pages. This could be facilitated by joining with other treatment centers (Miami, Palm Beach) for an "800" number similar to the one found in that section for "Child Abuse Registry."

OBJECTIVE TWO

TO DETERMINE THE EXTENT TO WHICH THE PROJECT HAS RESULTED IN AN INCREASE IN THE NUMBER OF SEXUAL ASSAULT VICTIMS WHO INITIATE PROSECUTION AGAINST THEIR ASSAILANT.

(a) As reflected in the chart on page 22, reported cases for 1976, 92 cases were filed with the State Attorney's Office and 40 actually reached the judicial system. In contrast, for the period September 1, 1977, to June 5, 1978, 58 cases were filed with the State Attorney's Office, with 51 being followed-up. It is difficult at this juncture in the program's operation to measure impact of the SATC's activities on increase in prosecutions. However, the continued collection of this data will serve as a reliable measure for future evaluation. Another reason why an accurate picture concerning prosecution or lack thereof cannot be drawn is that, out of the 40 returns, 50% did not know the identity of the assailant. Clearly, without a suspect, there can be no case. Interestingly enough, where the assailant was known 65% said they were cooperating or intended to cooperate with police in the prosecution of the offender; 27% said they would not and 8% gave no answer. When asked if SATC influenced their decision to cooperate in prosecution, 25% said yes, 40% said no, 35% gave no answer. Finally, of those who had filed a case with the State Attorney's Office, 12 were satisfied, 5 partly satisfied, 2 dissatisfied.

Recommendations: Presently, the program receives a memorandum from the State Attorney's Office concerning its receipt of a case and whether it will or will not prosecute. Where a case is taken to prosecution a follow-up should be commenced by the SATC to track a file from prosecution to final disposition. When reviewing files, the evaluators found that the State Attorney's Office in certain cases did not advise the SATC of final outcome.

OBJECTIVE THREE

TO DETERMINE THE PERCEPTION OF LAW ENFORCEMENT AGENCIES, MEDICAL AND PSYCHOLOGICAL PROFESSIONALS CONCERNING THE SATC PROGRAM AND ITS EFFECTIVENESS.

Police:

As evidenced by Exhibit N, 52 responses were received out of 121 questionnaires sent to participating police departments.

58% stated they had a "very positive" working relationship with the program, 34% answered "positive" and 4% revealed a negative relationship. More importantly, our inquiry whether "the procedures for dealing with sexual assault victims have been improved as a result of the program's services," met with the following answers: "Yes" 83%, "No" 4% and 13%, no answer.

It is obvious, then, that the SATC enjoys a good relationship with the Broward County police departments. A showing that 92% of the officers surveyed have a "positive" relationship with the SATC, is commendable, and reflects its success in coordinating its efforts with the police.

Nonetheless, of continued importance in building police rapport is ensuring that police-victim contact results in SATC contact so that a SATC counselor can be present during the police interview. Our responses to the inquiry "Approximately how many times have you been associated with the SATC Program when dealing with a victim of sexual assault?" disclosed the following:

Once	15%
Twice	19%
Three Times	15%
More then three times	45%
No answer	6%

These figures further indicate that a strong viable relationship exists with the police and that the Center has been effective in gaining the confidence and support of law enforcement personnel.

Of course, referrals by police to the SATC cannot be made if they are not aware of its existence. In this regard the police officers queried first learned of the program as follows:

Radio or T.V.	0%
Newspaper	2%
Hospital	2%
Police Training	79%
Other	0%
No answer	17%

The fact that 79% learned of the program through police training can principally be credited to police training sessions conducted by the SATC's staff. These sessions have served to ensure that police personnel are trained to be sensitive to the needs of the victim and have strengthen their awareness of the particular evidentiary needs for successful rape prosecutions.

Even through contact by the SATC with police is positive, the following constructive recommendations were made by some of

the officers queried:

- 1 - Provide wallet-sized information card as set forth above.
- 2 - Provide fresh clothing for victim when victim's clothing is retained as evidence.
- 3 - Employ a full-time proctologist at the SATC so that victim does not have to be transported elsewhere or establish mechanism for proctological examination at Center.
- 4 - "Police officers of all grades should have a thorough knowledge and understanding of what the examination and treatment at SATC consists of to ensure that all evidence is located and handled properly."
- 5 - Institute in each department a sexual assault investigation team ("Special Rape Unit") In addition, bring in a female detective at initial police-victim contact.
- 6 - Open a facility nearer to the cities in the Northwest section of the county.

OBJECTIVE FOUR

TO DETERMINE THE EXTENT TO WHICH THE PROGRAM,
WITHIN ITS INTENDED FRAMEWORK IS MEETING NEEDS
OF CLIENT.

Because . . . the circumstances of the crimes and victim vary from case to case, and because the data being evaluated involved the project's first eight months of operations, no attempt was made to assess impact except to track the program's progress to data relating to its measurable objectives. Thus the focal point of this evaluation is centered on client's needs and his/her satisfaction with the treatment provided by the SATC, hospital, law enforcement agencies and counselors.

As mentioned, out of 206 questionnaires sent to former clients, 40 replies were received. In response to the question "What is your overall impression of the effectiveness of the SATC Program in meeting needs of sexual assault victims?" 73% answered "very effective," 23% " answered "somewhat effective," and only 2% answered "ineffective." Clearly, the SATC received a vote of confidence from its prior clients.

The following are the responses to whether certain specific needs were met:

	<u>Exceptional</u>	<u>Adequate</u>	<u>Inadequate</u>	<u>Not Needed</u>	<u>No Answer</u>
Emotional support	50%	20%	10%	8%	12%
Information	55%	23%	8%	2%	12%
Privacy before Exam.	40%	23%	2%	8%	27%
Medical Exam.	55%	28%	2%	5%	10%
Follow-up Services	33%	25%	2%	15%	25%
Referral Services	30%	28%	5%	17%	20%
Other	0%	0%	0%	0%	0%

Again, these figures reflect that the SATC is meeting the specific needs of its clients.

In general the comments by the victims concerning the program were favorable. Most felt the program did not need to be improved. This was reflected in such laudatory words as "I was pleased with service; I had no idea City had such a service;" "Staff and doctor at SATC were very understanding." Among those that felt the program could be improved the following suggestions summarize their views:

- Follow-up should be strengthened
- Provide a mechanism for emotional support from previous victims
- Provide money for medication
- Provide on-going counseling and therapy
- Provide legal counseling
- Increase publicity and public awareness
- Provide clothing
- Provide specialized counseling for children who are victims of sexual assault.

State Attorneys:

The three state attorneys, who primarily handle sexual assaults were polled on the SATC's effectiveness, including a personal interview with Assistant State Attorney, Thomas Kern. Their concensus was that since the advent of SATC trial preparation has been facilitated, mainly, because doctors and police officers are more attuned to the victim's problem and the victim is better prepared. In general, all were satisfied with the SATC's collection of evidence; however, the following recommendations were made:

- (1) Photographs would be helpful in certain cases to prove sexual battery.
- (2) SATC should ensure that medical reports are confined to medical opinion.
- (3) Proctologist should be employed or mechanism established for rectal examination at Center.
- (4) Prompt analysis of blood and specimens should be ensured by using on-the-spot hospital analysis.
- (5) Blood and specimen samples should be carefully labeled and categorized to accurately preserve evidence for trial.

Nurses:

Questionnaires were sent to 33 nurses employed at Hollywood Memorial Hospital and Imperial Point Hospital. All responses were received. All agreed that the program and its services have improved the process of dealing with victims of sexual assault. However, in response to the question "Has the relationship of SATC Program personnel and medical personnel been positive" 5 said "yes," 6 said "no." "At times there seems to be friction." Some Initial Care Facility nurses felt the SATC should have its own nurse since their assistance at SATC examinations takes them away from their other duties. They, also, stressed the need to have a back-up doctor to prevent delays. Although not fiscally possible, several nurses recommended SATC become self-contained, i.e., have its own doctor and nurse.

Although this sampling is small and biased and, thus, is not conclusive, the following recommendations can be drawn from the comments.

- (1) To ease friction, appoint a nurse from each hospital to project's board.
- (2) Establish back-up system for doctors to prevent delays.

Counselors:

Questionnaires were sent to 18 volunteer counselors. 9 responded. A majority rated the program's procedure for providing immediate psychological counseling as "exceptional."

The main thrust of the questionnaire was what programmatic modifications, if any, were perceived by the counselors? The following recommendations were made:

- (1) Develop a coordinated approach among community agencies, hospitals, police officers and state attorney's office to assist children who have been sexually abused.
- (2) Conduct panel discussion with victims during training session.
- (3) Increase the use of beepers.

OBJECTIVE FIVE

TO DETERMINE THE INTERNAL EFFICIENCY OF THE
PROJECT IN TERMS OF ITS PROGRAMMATIC OBJECTIVES
AND FISCAL GUIDELINES.

Over four (4) on-site visits were made to the project by the evaluators to inspect the project's record-keeping system and operating procedures. During one of these visits, a walk-through was conducted for a view of the step-by-step treatment of a victim by SATC. (See Flow Chart, p. 13a).

Overall the SATC is meeting its programmatic and fiscal guidelines. The following objectives, although ostensibly being complied with, require strengthening, as reflected by some of the victims' responses to the questionnaires:

- psychological support on a long term follow-up basis.
- education of the public to eradicate myths and provide information on SATC.
- community awareness of the program.

Finally, the program is complying with its budgetary guidelines.

OBJECTIVE SIX

TO DETERMINE THE CHARACTERISTICS OF SEXUAL ASSAULT VICTIMS IN BROWARD COUNTY, ISOLATING ANY CORRELATIONS WHICH MAYBE OF ANY BENEFIT IN PREVENTING OR DEALING WITH ASSAULTS IN THE FUTURE.

A chart depicting data compiled by the project staff concerning pertinent characteristics is attached as Exhibit K .

These statistics reveal that 37% of the rapes in Broward County during September, 1977, to April, 1978, occurred in the victim's residence; 17% through abduction - street/car; 19% at suspect's residence; 9% in assailant's or victim's car and the remaining 18% in a variety of settings ranging from place of employment to vacant house. Thus, the street, the home and the automobile emerge as high-risk places.

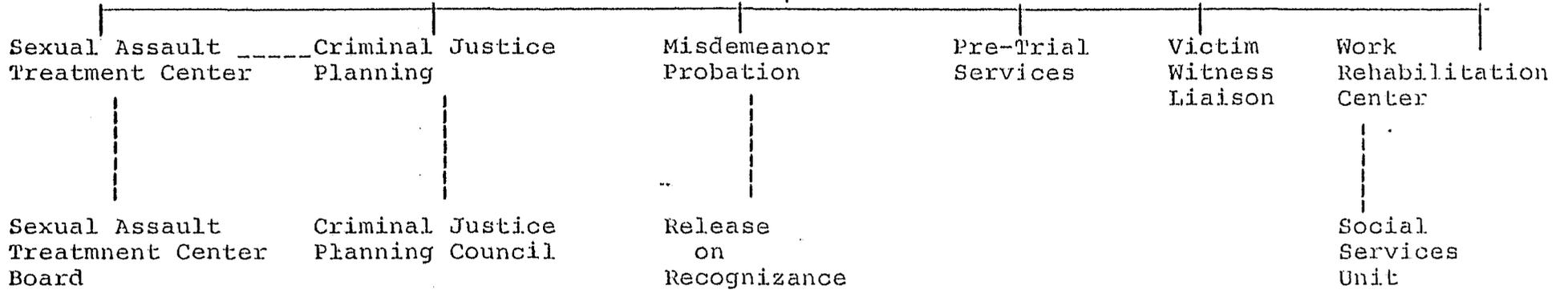
Moreover, 95% of the victims were female and 71% were white, with victim and suspect tending to be of the same race. SATC's data further disclosed that the most vulnerable age group is in the age range of 18 to 25; followed by ages 12 to 17. Lastly, Friday, between the hours of midnight and 3:00 a.m., is shown as a high risk period.

E X H I B I T S

ORGANIZATIONAL CHART

HUMAN SERVICES DEPARTMENT

Criminal Justice System ----- Criminal Justice Division ----- Offender Program Advisory Committee



CRIMINAL JUSTICE DIVISION

Sexual Assault
Treatment Center
Advisory Board

SEXUAL ASSAULT TREATMENT CENTER

Criminal Justice
Planning Unit

Project Coordinator

Clinical Coordinator

Clerical Staff

Liaison To

Counselors

Graduate Students

Health Department
Hospitals
Law Enforcement Agencies
Physicians
State Attorney's Office
Social Service Agencies
Victim/Witness Liaison
Program

SEXUAL ASSAULT TREATMENT CENTER

BOARD MEMBERS

<u>NAME</u>	<u>ASSOCIATION</u>
Patrick Callaghan, M.D.	Broward County Medical Association
Leo F. Callahan	Chief of Police Ft. Lauderdale Police Department
Gerald Dunleavy	Director, Venereal Disease Control Broward County Health Department
John Gardella	Associate Administrator Hollywood Memorial Hospital
Joseph Goldsmith, M.D.	Obstetrics/Gynecology Imperial Point Hospital
Robert Kelley	Director, Health & Rehabilitative Services - District 10
Alma B. Kelly, M.D.	Private Physician
Dr. Franklin Kilpatrick	Director, Behavioral Sciences Center Nova University
Claire Mitchel	Director, Womens Concern, Broward County Human Relations Division
Joanne G. Richter	Project Coordinator Sexual Assault Treatment Center
Gene Rifkin, A.C.S.W.	Director, Social Work Hollywood Memorial Hospital
Michael J. Satz	State Attorney, 17th Judicial Circuit
Sergeant Richard Slichter	Training Division Broward Sheriff's Office
Honorable George W. Tedder, Jr.	Chief Judge, 17th Judicial Circuit
Virginia Young	Vice-Mayor, City of Ft. Lauderdale
Jackquelyn Walkup, R.N.	Nursing Liaison
John Woodward	Director, Criminal Justice Division
Jack Stephens	Administrator, Broward General Medical Center
John Fidler, Liaison to Board	Administrator, Imperial Point Hospital

CHAPTER 794

SEXUAL BATTERY

- 794.011 Sexual battery.
 794.02 Common law presumption relating to age abolished.
 794.021 Ignorance or belief as to victim's age no defense.
 794.022 Rules of evidence.
 794.03 Unlawful to publish or broadcast information identifying sexual offense victim.
 794.05 Carnal intercourse with unmarried person under 18 years.

794.011 Sexual battery.—

(1) Definitions:

- (a) "Offender" means a person accused of a sexual offense.
 (b) "Mentally defective" means that a person suffers from a mental disease or defect which renders that person temporarily or permanently incapable of appraising the nature of his or her conduct.
 (c) "Mentally incapacitated" means that a person is rendered temporarily incapable of appraising or controlling his or her conduct due to the influence of a narcotic, anesthetic, or intoxicating substance administered to that person without his or her consent or due to any other act committed upon that person without his or her consent.
 (d) "Physically helpless" means that a person is unconscious, asleep, or for any other reason is physically unable to communicate unwillingness to an act.
 (e) "Serious personal injury" means great bodily harm or pain, permanent disability, or permanent disfigurement.
 (f) "Sexual battery" means oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object; however, sexual battery shall not include acts done for bona fide medical purposes.
 (g) "Victim" means the person alleging to have been the object of a sexual offense.
 (h) "Consent" means intelligent, knowing, and voluntary consent and shall not be construed to include coerced submission.

(2) A person 18 years of age or older who commits sexual battery upon, or injures the sexual organs of, a person 11 years of age or younger in an attempt to commit sexual battery upon said person commits a capital felony punishable as provided in ss. 775.082 and 921.141. If the offender is under the age of 18, that person shall be guilty of a life felony, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(3) A person who commits sexual battery upon a person over the age of 11 years, without that person's consent, and in the process thereof uses or threatens to use a deadly weapon or uses actual physical force likely to cause serious personal injury shall be guilty of a life felony, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(4) A person who commits sexual battery upon a person over the age of 11 years, without that person's consent, under any of the following circumstances shall be guilty of a felony of the first degree,

punishable as provided in s. 775.082, s. 775.083, or s. 775.084:

(a) When the victim is physically helpless to resist.

(b) When the offender coerces the victim to submit by threatening to use force or violence likely to cause serious personal injury on the victim, and the victim reasonably believes that the offender has the present ability to execute these threats.

(c) When the offender coerces the victim to submit by threatening to retaliate against the victim, or any other person, and the victim reasonably believes that the offender has the ability to execute these threats in the future. "Retaliation," as used in this section, includes, but is not limited to, threats of future physical punishment, kidnapping, false imprisonment or forcible confinement, or extortion.

(d) When the offender, without the prior knowledge or consent of the victim, administers or has knowledge of someone else administering to the victim any narcotic, anesthetic, or other intoxicating substance which mentally or physically incapacitates the victim.

(e) When the victim is older than 11 but less than 18 years of age and the offender is in a position of familial, custodial, or official authority over the victim and uses this authority to coerce the victim to submit.

(f) When the victim is mentally defective and the offender has reason to believe this or has actual knowledge of this fact.

(5) A person who commits sexual battery upon a person over the age of 11 years, without that person's consent, and in the process thereof uses physical force and violence not likely to cause serious personal injury shall be guilty of a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

History.—s. 2, ch. 74-121; s. 17, ch. 73-298.

FORCIBLE RAPE ANALYSIS
1971 - 1977

<u>YEAR</u>	<u>ATTEMPTED</u>	<u>BY FORCE</u>	<u>TOTAL RAPE</u>
1971	517 (30.5%)	1,191 (69.7%)	1,708
1972	537 (28.0%) + 3.86%	1,382 (72.0%) -16.0%	1,919 +12.5%
1973	658 (26.9%) +22.50%	1,792 (73.1%) +29.6%	2,450 +27.6%
1974	751 (25.9%) +14.10%	2,153 (74.1%) +20.1%	2,904 +18.5%
1975	827 (27.7%) +10.10%	2,158 (72.3%) + 0.2%	2,985 + 2.8%
1976	796 (26.1%) - 3.70%	2,255 (73.9%) + 4.5%	3,051 + 2.2%
1977	810 (24.2%) + 1.80%	2,532 (75.8%) +12.3%	3,342 + 9.5%

TREATMENT CENTER

The Broward County Sexual Assault Treatment Center was established by the Broward County Commission and the Law Enforcement Assistance Administration to:

- provide the support, information and immediate medical and psychological services needed by victims of rape, child molestation and incest.
- provide law enforcement officials with the evidence and testimony necessary for prosecution of accused sex offenders.

WHO TO CALL



Dial 472-RAPE, the Sexual Assault Treatment Center's 24-hour hotline, or dial 9-1-1, the police emergency number, also answered around the clock.

WHERE TO GO

A victim who dials 472-RAPE will be directed toward a local hospital or treatment center particularly designed to aid rape victims. If the victim reports the attack to the police, an officer will accompany her/him.

Depending upon the time of day the attack is reported and where it occurred, victims are directed to the:

- Sexual Assault Treatment Center's Initial Care Facility, 801 SW Douglas Road, Pembroke Park; or
- the nearest local hospital whose staff members have been specially-trained and equipped to treat rape victims.

At either location the victim would be met by a counselor from the Sexual Assault Treatment Center.

MEDICAL TREATMENT

A person who has been raped should be examined by a doctor as soon as possible to assure there are no physical injuries and to get the evidence needed for prosecution. The center pays for the examination, but not for the treatment of severe injuries. Victims should remember not to wash or clean-up in any way following a rape for they may unknowingly destroy important evidence.

All medical records of rape victims are stored at the center and kept strictly confidential. Records may not be examined unless the victim signs a release or the records are subpoenaed by the court.

Medical services include:

- Initial Treatment -- The doctor will treat any minor cuts, bruises, bites, etc. that occurred during the attack, and if necessary, perform a complete internal examination to determine the extent of injuries and collect specimens which may be used during prosecution. Information about treating venereal disease or dealing with pregnancy, resulting from the rape, will be provided.
- Follow-up Treatment -- Four to six weeks after the attack the center will contact the victim for a visit at the Initial Care Treatment Facility. During that visit any medical problems will be discussed, and tests for venereal disease and pregnancy also may be done. There is no charge for this exam.

PSYCHOLOGICAL COUNSELING

The psychological services provided by the center include "crisis intervention" as well as longer term counseling for victims and other persons affected by the trauma of the victim's assault. These services are free.

Counseling includes:

- initial counseling at the center or local hospital with a crisis intervention counselor to help the victim deal with his/her emotional response, while explaining legal or medical procedures.
- follow-up visit or contact with victim within 48 hours.
- additional individual, family, marital, or group counseling for assault victims and those affected by the trauma of the assault.

REPORTING SEX OFFENSES



Sexual assault bears a closer resemblance to violent crimes such as robbery and aggravated assault than it does to sexual relations with a consenting person. It is neither normal, nor pleasurable.

The center urges each victim of a sex offense, including fondling, child molestation, incest and other forms of deviate sex behavior, to report it to the police - even if he/she

does not intend to prosecute. Many rapists have a known method of operation, and an individual's testimony can help to strengthen a case against him. However, a victim is not

required to make a police report in order to receive medical treatment or counseling services through the treatment center.

ASSISTANCE WITH PROSECUTION

The State Attorney's Office prosecutes sexual offenders because rape is not only a crime against the individual, it is a crime against the state.

If a victim decides to prosecute, he/she will be contacted by a representative from the county's Victim/Witness Liaison Program.

The representative works closely with the State Attorney's Office and the victim to safeguard the victim's welfare. Services offered by the Victim/Witness Program may include:

- explaining court proceedings and the criminal justice system.
- accompanying the victim to depositions and court appearances.
- arranging victim's transportation to trial.
- notifying the victim about court postponements and appearances to minimize the amount of time the victim actually has to spend in the courtroom.

The press sometimes covers rape trials, but will not print the victim's name, although the name of the defendant usually is printed.

SERVICES FOR MALE VICTIMS

Although females usually are the targets of rapists, the center also provides medical and psychological services to males who have been sexually assaulted.

DON'T BE A VICTIM!

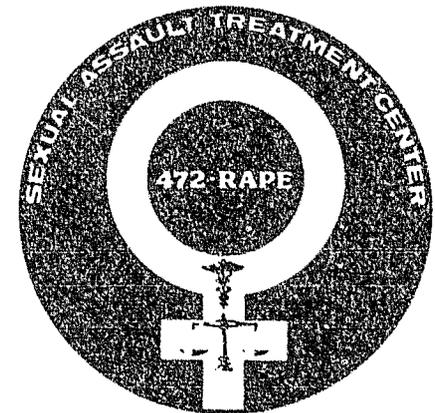
Part of the center's job is an educational role, teaching the public general safety precautions and how to act if confronted with a potentially dangerous situation. Speakers are available for groups. To arrange, dial 431-4880, the center's office number, between 8:30 a.m. to 5 p.m., Monday through Friday.



Check credentials of every repairman or maintenance man by calling his company's phone number. Use the number listed in the phone book - not on his ID card.

Broward County's Sexual Assault Treatment Center

BROWARD COUNTY COMMISSION
CRIMINAL JUSTICE DIVISION
SEXUAL ASSAULT TREATMENT CENTER
801 SW Douglas Road
Pembroke Pines, Florida 33025
431-4880





**BROWARD COUNTY COMMISSION
ON THE STATUS OF WOMEN
SEXUAL ASSAULT TREATMENT CENTER**
801 SW Douglas Road
Pembroke Pines, Florida 33025
431-4880

DON'T LET IT HAPPEN
TO YOU



**A Guide for
Baby-Sitters**

Rape Happens Rape Hurts Rape Humiliates

A rape is reported in this country every 12 seconds. Rape (sex against your will) can happen to "nice" girls....older women....young men....any one. It happens to pretty women and to plain ones. Nobody's safe.

It's no fun. You wouldn't want to be raped any more than you would want to be mugged. A man who rapes a woman is **not** gentle about it... and he may also beat you up in the process, or even kill you.

Protect Yourself

- WHEN YOU ARE BABYSITTING AWAY FROM HOME.....
- WHEN YOU ARE AT HOME WATCHING YOUNGER BROTHERS AND SISTERS.....
- WHEN YOU ARE AT HOME ALONE.....

Don't let anyone in. Talk through the closed door. Look through the peephole if there is one. If you have to open the door, keep the chain on.

Don't let anyone know you're alone. When people call up or come to the door, don't let them know the family is away. Or if they know, then pretend you have a friend with you.

Don't give strangers or casual acquaintances your name, address or phone number...or the

name, address or number of the family you're sitting for.

If you get a funny phone call, obscene or just weird, report it right away to the police (911).

If you see a prowler, or someone tries to get in, call 911...the police will come immediately.

If you are babysitting away from home, at the end of the evening, call your parents just before you leave...tell them who is driving you home, that you are just leaving, and that you will be home in a few minutes.

Help Available

WHAT IF YOU GET RAPED OR MOLESTED?

Dial 9-1-1

Dial 911 (police) to report the crime. The man who raped you has probably raped other women and he'll probably rape more women if the police don't stop him!

Dial 472-RAPE

Dial 472-RAPE at any time of the day or night! That's us...we're the Sexual Assault Treatment Center, trained people interested in helping you and advising you. We're on duty 24 hours of the day and night...and anything you tell us is strictly confidential. We will direct you to the center or the nearest hospital that is specially-trained and equipped to treat rape victims.

EXHIBIT E

EVAULATION PROCESS



SEXUAL ASSAULT TREATMENT CENTER

801 S.W. Douglas Road
Pembroke Pines, Florida 33025

The Sexual Assault Treatment Center is currently being evaluated by the local Criminal Justice Planning Unit and we need your help in providing information for their survey.

Enclosed is a questionnaire which they have asked us to provide to each of those individuals for whom our program has provided some form of assistance.

All information is CONFIDENTIAL; in fact, they will not be aware of your name or address as our office has numbered the questionnaires instead of putting names on them.

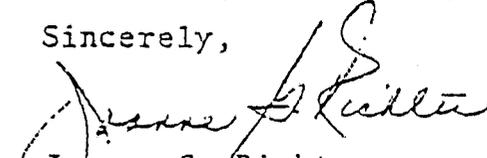
Not only will these questions allow them to study our program, but will also provide you an opportunity to suggest any changes which you feel should be made in the program.

It is very important that you complete the questions as soon as possible and return the information in the stamped, self-addressed envelope. Kindly return the attached questionnaire to the Broward County Criminal Justice Planning Office, not later than June 15, 1978. Once again all replies are anonymous.

We consider your thoughts on the program to be extremely important and urge you to return the questionnaire as soon as possible. If you have any questions either about the survey, or the program, please call me at 472-7273 or 431-4880.

Thank you for your assistance.

Sincerely,



Joanne G. Richter
Administrator

JGR/vw

Enclosure

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS

Hugh A. Anderson Howard C. Forman Kenneth C. Jenne Anne L. Kolb Jack L. Moss J.W. (Bill) Stevens Gerald F. Thompson

EXHIBIT F

CLIENT
FOLLOW UP
QUESTIONNAIRE

1. When did you first learn of the existence of the SATC program?

_____ Before your assault

_____ After your assault

2. How did you learn about the program?

- _____ police
- _____ hospital personnel
- _____ radio or TV
- _____ newspapers
- _____ leaflets
- _____ meeting
- _____ other, e.g., SATC speaker, friend

3. Whom did you first contact after your assault? Second contact?

- | | |
|--------------------|--------------------|
| _____ police | _____ police |
| _____ hospital | _____ hospital |
| _____ SATC program | _____ SATC program |
| _____ other _____ | _____ other _____ |

4. Did you report your assault to the police?

_____ Yes _____ No

If so, did the existence or efforts of the SATC Program influence your decision to do so?

_____ Yes _____ No

To which police department did you report your assault? _____

How do you feel about the treatment you received from the officer responding?

_____ Satisfied _____ Partly Satisfied _____ Dissatisfied

Approximately how much time did you spend in contact with them:

_____ 1 hour or less _____ 4 to 8 hours

_____ 1 to 4 hours _____ 8 hours or more

5. Is the identity of your assailant known?

_____ Yes _____ No

If so, have you or do you intend to cooperate in prosecution of the offender?

_____ Yes _____ No

If yes, has the SATC program played a role in your decision to do so?

_____ Yes _____ No

6. If you have filed a case with the State Attorney, are you satisfied with the way that it has been handled?

_____ Satisfied _____ Partly Satisfied _____ Dissatisfied

7. Of the specific needs listed below, please indicate the extent to which the SATC program provided you with needed services, where appropriate:

	<u>Exceptional</u>	<u>Adequate</u>	<u>Inadequate</u>	<u>Not Needed</u>
Emotional Support	_____	_____	_____	_____
Information	_____	_____	_____	_____
Privacy Before Exam	_____	_____	_____	_____
Medical Exam	_____	_____	_____	_____
Follow-Up Services	_____	_____	_____	_____
Referral Services	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

8. To which hospital did you go? _____

How did you feel about the way you were treated there?

_____ Satisfied _____ Partly Satisfied _____ Dissatisfied

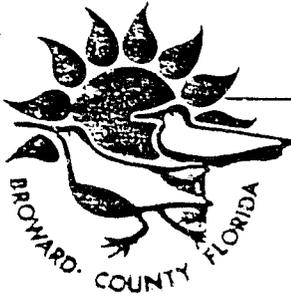
Please Comment: _____

9. What is your overall impression of the effectiveness of the SATC program in meeting the needs of sexual assault victims:

_____ Very Effective _____ Somewhat Effective _____ Ineffective

10. How could the program be improved? _____

11. Were there any services which you needed which were not provided by the project? _____



Criminal Justice Planning
416 S.W. First Avenue
Fort Lauderdale, Florida 33301

The Criminal Justice Planning Office of Broward County, in conjunction with Mrs. Joanne Richter, Administrator, is conducting an intensive evaluation of LEAA grant #77-A1-14-AG01, Sexual Assault Treatment Center, 801 S.W. Douglas Road, Pembroke Pines, FL.

In light of our LEAA evaluation efforts, we have prepared a law enforcement questionnaire for each police officer and/or detective from your agency who has had direct contact with the victim(s) of sexual assault and the Sexual Assault Treatment Center.

The purpose of this questionnaire, a sample of which is enclosed for your perusal; is to obtain the police officers' assessment of the Sexual Assault program.

We would appreciate your distributing said questionnaires to the designated officers and requesting him/her to return same to this office in the enclosed stamped, self-addressed envelope, not later than June 15, 1978.

Your assistance and cooperation in this request will be deeply appreciated.

If there are any further inquiries, please do not hesitate to contact this writer, or Ms. Gloria Roa, Planner, at 765-5860.

Sincerely,

Dennis H. Monahan, Director

DHM/vw

Enclosures

cc: Joanne Richter
Gloria Roa

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS

Hugh A. Anderson Howard C. Forman Kenneth C. Jenne Anne L. Kolb Jack L. Moss J.W. (Bill) Stevens Gerald F. Thompson

EXHIBIT G

SEXUAL ASSAULT TREATMENT CENTER EVALUATION
POLICE OFFICER QUESTIONNAIRE

1. By which law enforcement agency are you employed?

2. What is your position with the agency?

_____ police officer _____ police aide
_____ detective _____ other _____

3. Approximately how many times have you been associated with the SATC program when dealing with a victim of sexual abuse?

_____ Once _____ Three Times
_____ Twice _____ More Than Three Times

4. Where did you first learn about the SATC program?

_____ Radio or TV
_____ Newspaper
_____ Hospital
_____ Police Training
_____ Other _____

5. Have your working relationships with the program been positive?

_____ Very Positive _____ Positive _____ Negative

Comments: _____

6. Would you say that procedures for dealing with sexual assault victims have been improved as a result of the program's services?

_____ Yes _____ No

7. At what point in a sexual assault investigation do you interview the victim?

_____ At the crime scene
_____ At the hospital, before the medical exam
_____ At the hospital, after the medical exam
_____ Following the medical exam, at the detective bureau
_____ Later, at the victim's residence
_____ Other _____

8. How often have you been called upon to transport a sexual assault victim to a hospital participating in the SATC program?

_____ Once _____ Three Times
_____ Twice _____ More Than Three Times

9. Are you satisfied with the way hospital procedures have been designed to accept these victims?

_____ Yes _____ No

If not, why? Which hospitals? _____

10. In your opinion, what improvements could be made by the SATC program to improve services to victims of sexual assault?

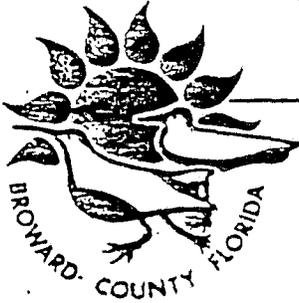
11. In your opinion, what improvements could your police agency make to improve services to victims of sexual assault?

12. Do you think it would be beneficial for the Sexual Assault Treatment Center to establish an information exchange between police agencies regarding the occurrence of sexual assault cases?

_____ Yes _____ No

13. Have you received any information concerning the SATC program through your department?

_____ Yes _____ No



SEXUAL ASSAULT TREATMENT CENTER

801 S.W. Douglas Road
Pembroke Pines, Florida 33025

As you may be aware, the Sexual Assault Treatment Center is funded by a Law Enforcement Assistance Administration grant. Conditions of this particular grant require that the program be evaluated on a formal basis by the local Criminal Justice Planning Unit.

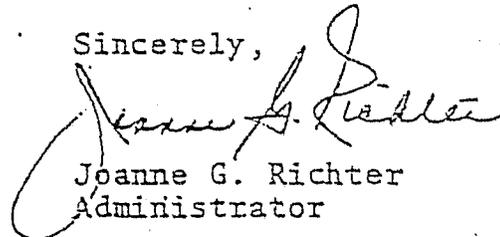
In the near future a member of the Criminal Justice Planning Unit staff will be contacting you regarding your involvement with one or more aspects of our program.

All comments are confidential and overall results of their survey of victims, law enforcement personnel, state attorneys, and medical staff will be made available in a report compiled by the Criminal Justice office.

Any information or assistance you can provide to these individuals would be appreciated. If you have any questions concerning their survey, please feel free to contact my office at 431-4880.

Thank you for your assistance in this endeavor.

Sincerely,



Joanne G. Richter
Administrator

JGR/vw

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS

Hugh A. Anderson Howard C. Forman Kenneth C. Jenne Anne L. Kolb Jack L. Moss J.W. (Bill) Stevens Gerald F. Thompson

EXHIBIT H

Sexual Assault
Treatment Center
Prosecutor's Questionnaire

- 1) Have you observed any increase in the willingness of the victim to cooperate in the prosecution since the advent of SATC?

Yes _____ No _____

Comments:

- 2) Have sexual assault prosecutions increased since SATC?

Yes _____ No _____

Comments:

- 3) How would you rate your relationship with the SATC program?

Very positive _____ Positive _____ Negative _____

Comments:

- 4) Are you satisfied with SATC's collection of evidence?

Yes _____ No _____

Comments:

- 5) Are you satisfied with SATC's preservation of evidence?

Yes _____ No _____

Comments:

6) Other than the victim's unwillingness to prosecute, what do you feel is the cause of so few cases eventually being filed for prosecution?

7) Since the advent of SATC, how many cases referred by SATC have you filed for prosecution?

8) Has trial preparation in any way been facilitated since the advent of SATC?

Yes _____ No _____

Comments:

9) Is there a prosecutor or groups of prosecutors responsible for the prosecution of rape?

Yes _____ No (go to question #10)

(a) How many prosecutors dealt with rape cases? _____

(b) Do the prosecutors who handle rape cases deal with other types of cases?

Yes _____ No _____

(c) What do these other cases include?

_____ other sexual assault

_____ other assault cases

_____ other non-assault cases

_____ any other criminal cases

10) List in what manner you feel STAC can be improved or be of more assistance:



SEXUAL ASSAULT TREATMENT CENTER

801 S.W. Douglas Road
Pembroke Pines, Florida 33025

As you may be aware, the Sexual Assault Treatment Center is funded by a Law Enforcement Assistance Administration (LEAA) grant which requires the program to be evaluated by the local Criminal Justice Planning Unit.

In an effort to collect data from those individuals who have had contact with one or more aspects of the project, several questionnaires have been developed.

Enclosed you will find such a questionnaire dealing with the program's interaction with medical and psychological support personnel. Your cooperation in completing this questionnaire and returning it in the stamped, self-addressed envelope will greatly benefit our evaluation efforts. Would you kindly return the attached questionnaire to the Broward County Criminal Justice Planning Office, not later than June 15, 1978.

All replies are anonymous and will go directly to the Criminal Justice Planning Unit office.

Results of the survey will be made available in a report compiled by the Criminal Justice office.

We consider your involvement and your input an extremely valuable component of our program, and strongly urge that you provide the requested information.

Thank you for your assistance.

Sincerely,

Joanne G. Richter
Administrator

JGR/vw

Enclosure

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS

Hugh A. Anderson Howard C. Forman Kenneth C. Jenne Anne L. Kolb Jack L. Moss J.W. (Bill) Stevens Gerald F. Thompson

EXHIBIT I

S.A.T.C.
Counselors

- 1) Approximately how many victims of sexual assault have you dealt with since the inception of the S.A.T.C. program? _____
- 2) How would you rate the program's procedure for providing immediate psychological counseling?

Exceptional _____ Adequate _____ Inadequate _____

a) If inadequate, how can it be improved?

- 3) Are you satisfied with the program's follow-up procedure?

Yes _____ No _____

a) If not, why not?

- 4) Are you satisfied with the S.A.T.C. procedures for contacting volunteers immediately after a sexual assault has occurred?

- 5) How long after you have been contacted, does it take you to reach the facility where the victim is being accommodated? _____

- 6) How would you like to see the contacting procedure improved?

- 7) Have you experienced any difficulties with your encounters with the victims?

3)

Did you participate in the training workshop?

Yes _____

No _____

a) If yes, were you satisfied with the program?

Yes _____

No _____

b) What, if any, improvements could be made in the training sessions?



SEXUAL ASSAULT TREATMENT CENTER

801 S.W. Douglas Road
Pembroke Pines, Florida 33025

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Thank you for your assistance.

Sincerely,

Joanne G. Richter
Administrator

JGR/vw

Enclosure -

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS

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EXHIBIT J

NURSES

1. Approximately how many victims of sexual assault have you dealt with since the inception of the SATC Program?

2. Do you feel that the program and its services have improved the process of dealing with victims of sexual assault?

Yes _____ No _____

3. Are there certain periods when you are on-call to do medical exams for these victims?

Yes _____ No _____

If yes: When? _____

How long? _____

4. Are police officers required to phone ahead to notify the hospital that they will be transporting a sexual assault victim?

Yes _____ No _____

5. What is the average length of time a victim has to wait at the hospital for a medical examination?

6. If there are delays, is there any way that these delays could be reduced?

7. Must a sexual assault victim comply with any requirements before being treated?

Yes _____ No _____

8. If so, what? _____

9. Do you wait for the SATC program counselor to arrive before initiating exams?

Yes _____ No _____

10. How long does it usually take these counselors to arrive at the hospital?

11. Who contacts the SATC program counselor?

12. If the counselor must drive to the hospital, who deals with the victim in the interim period?

13. Have the medical personnel at the hospital received training concerning methods for dealing with assault victims?

Yes _____ No _____

14. Has the relationship of SATC program personnel and medical personnel been positive?

Yes _____ No _____

15. What improvements can be made in the working relationships between the SATC program and medical personnel?

(1)

S.A.T.C. CHARACTERISTICS OF SEXUAL ASSAULT VICTIMS, OFFENDERS, AND OCCURRENCES

For the months September, 1977, through April, 1978, the S.A.T.C. examined (242) victims. Sixteen (16) of these cases were unfounded, and five (5) victims refused to provide any information. Total of (221) for statistical purposes.

A. LOCATION: The location of where the offenses occurred are listed in descending rank order as follows:

	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>	<u>Jan.</u>	<u>Feb.</u>	<u>Mar.</u>	<u>Apr.</u>	<u>Totals</u>	<u>Total Percent</u>
1. Victim's residence	19	4	3	13	7	6	7	11	70	37%
2. Abduction-car/street	8	3	5	7	8	3	2	2	38	17%
3. Suspect's residence	1	10	3	2	0	0	2	4	22	10%
4. Assailant's/Victim's car	2	0	0	2	7	0	5	3	19	9%
5. Hitchhiking	1	2	6	0	1	2	2	3	17	8%
6. Field/Woods	0	5	3	0	0	3	7	2	20	9%
7. Place of Employment	2	2	0	0	0	0	0	1	5	2%
8. Beach	0	3	0	0	1	0	1	1	6	3%
9. S.F.S.H.	0	1	0	1	0	0	0	0	2	1%
10. Jail	0	0	0	1	0	0	1	0	2	1%
11. Approached in parking lot	0	1	0	0	0	2	4	3	10	5%
12. Motel	0	0	1	0	0	0	0	1	2	1%
13. Physician's Office	0	0	1	0	0	0	0	0	1	1%
14. Vacant House	0	0	0	1	0	0	0	0	1	1%
15. Unknown	1	0	0	0	0	1	1	0	3	1%
16. Alley	0	0	0	0	0	1	1	0	2*	1%
17. Juvenile Detention Center	0	0	0	0	0	2	0	0	2*	1%

EXHIBIT K

*Feb. Apr. '78 only

(2)

Victim description is as follows:

B. SEX	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	Total	Total Percent
1. Female	34	29	21	23	23	17	31	31	209	95%
2. Male	0	2	1	4	1	2	2	0	12	5%

C. RACE	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	Total	Total Percent
1. White	24	22	17	10	16	16	22	23	158	71%
2. Black	10	9	5	9	8	3	11	8	63	29%

D. DAY OF WEEK	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	Total	Total Percent
1. Monday	5	4	1	5	4	5	7	1	32	15%
2. Tuesday	3	1	3	0	4	1	7	5	24	11%
3. Wednesday	7	3	3	2	2	1	3	4	25	11%
4. Thursday	3	6	5	2	2	2	7	3	30	14%
5. Friday	4	7	4	8	3	3	5	4	38	17%
6. Saturday	6	4	3	3	3	2	1	9	31	14%
7. Sunday	4	3	3	5	5	5	3	5	33	15%

B. AGE: Youngest - 3 Oldest - 71	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	Total	Total Percent
0 - 11*	7	4	3	5	3	4	3	5	34	15%
12 - 17**	10	9	10	5	4	7	8	5	58	26%
18 - 25	8	12	5	7	9	5	13	13	72	33%
26 - 49	5	4	4	9	8	3	8	8	49	22%
50 - 60	2	2	0	0	0	0	1	0	5	2%
over 60	2	0	0	1	0	0	0	0	3	1%

* Capital felony

** 17 and under minors

(3)

The time of day pattern is listed in descending rank order:

F. TIME OF DAY	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	Total	Total Percent
1. Midnight - 3:00 a.m.	5	8	4	5	6	8	10	5	51	23%
2. 9:00 p.m. - Midnight	3	7	7	6	4	2	4	8	41	19%
3. 6:00 a.m. - 12 noon	8	4	6	2	1	2	4	5	32	14%
4. Noon - 6:00 p.m.	4	2	4	7	4	3	7	4	35	16%
5. 6:00 p.m. - 9:00 p.m.	6	4	1	4	4	2	4	2	27	12%
6. Unknown	5	3	0	3	1	0	1	1	14	6%
7. 3:00 a.m. - 6:00 a.m.	3	3	0	0	4	2	4	6	22	10%

The weapons employed by suspects in the offenses are listed in descending rank order for frequency used:

G. WEAPON

1. Bodily force	10	13	11	12	8	15	25	10	104	47%
2. Verbal threats	11	4	4	4	4	0	0	9	36	16%
3. None	7	3	0	7	4	0	0	3	24	11%
4. Knife	3	6	3	1	4	1	4	3	25	11%
5. Gun	1	4	4	1	4	3	4	6	27	12%
6. Other	2	1	0	2	0	0	0	0	5	2%
7. Unknown	0	0	0	0	0	0	1	0	1	1%

H. Victim/Offender racial comparison:

Victim - Offender

White / White	16	0	0	14	9	12	17	18	87	39%
White / Black	7	0	0	3	7	4	5	5	31	14%
Black / Black	10	0	0	8	7	1	11	6	43	20%
Black / White	0	0	0	1	1	2	0	2	6	27%

SUMMARY: Client's Follow-up Questionnaire, Sexual Assault Treatment Center

Total Questionnaires: 206 Total Responses: 40
(11 were returned "addressee unknown")

1. When did you first learn of the existence of the SATC Program?

Before your assault:	3	8%
After your assault:	37	92%

2. How did you learn about the program?

Police	22	55%
Hospital	12	30%
Radio or TV	0	0%
Newspapers	1	2%
Leaflets	0	0%
Meeting	0	0%
Other, e.g., SATC speaker, friend	5	13%

3. Whom did you first contact after your assault?

Police	28	70%
Hospital	3	8%
SATC	0	0%
Other, friend/daughter	9	27%

Second contact?

Police	6	15%
Hospital	8	20%
SATC	14	35%
Other	12	30%

4. Did you report your assault to the police?

Yes	37	92%
No	3	8%

If so, did the existence or efforts of the SATC Program influence your decision to do so?

Yes	8	20%
No	26	65%
No answer	6	15%

To which police department did you report your assault?
 How do you feel about the treatment you received from the
 officer responding?

			<u>Satis.</u>	<u>Part.</u> <u>Satis.</u>	<u>Dissat.</u>
Broward Sheriff's Office:	10	25 %	7	1	2
Ft. Lauderdale:	10	25 %	6	3	1
Lauderhill:	1	2.5%			
Pompano Beach:	2	5 %	2		
Pembroke:	1	2.5%		1	
Plantation:	3	7.5%	3		
Dania:	3	7.5%	1	1	1
Carol City:	1	2.5%	1		
Cypress Community:	1	2.5%	1		
Hollywood:	5	12.5%	5		
Hallandale	1	2.5%	1		
Tampa	1	2.5%			1
No answer	1	2.5%			

Approximately how much time did you spend in contact with them?

1 hour or less	3	8 %
1 to 4 hours	17	42 %
4 to 8 hours	11	27 %
8 hours or more	7	18 %
No answer	2	5 %

5. Is the identity of your assailant known?

Yes	20	50 %
No	20	50 %

If so, have you or do you intend to cooperate in prosecution
 of the offender?

Yes	26	65 %
No	11	27 %
No answer	3	3 %

If yes, has the SATC Program played a role in your decision to do so?

Yes	10	25%
No	16	40%
No answer	14	35%

6. If you have filed a case with the State Attorney, are you satisfied with the way that it has been handled?

Satisfied	12
Partly satisfied	5
Dissatisfied	2
No answer	21

7. Of the specific needs listed below, please indicate the extent to which the SATC Program provided you with needed services, where appropriate:

	<u>Exceptional</u>	<u>Adequate</u>	<u>Inadequate</u>	<u>Not Needed</u>	<u>No Ans.</u>
Emotional support	20 50%	8-20%	4 10%	3-8%	5/12%
Information	22 55%	9-23%	3 8%	1-2%	5/12%
Privacy before Exam.	16 40%	9-23%	1 2%	3-8%	11/27%
Medical Exam.	22 55%	11-27%	1 2%	2-5%	4/10%
Follow-up Services	13 33%	10-25%	1 2%	6-15%	10/25%
Referral Services	12 30%	11-28%	2 5%	7-17%	8/20%
Other					

8. To which hospital did you go?

<u>Hospital</u>		<u>Sat.</u>	<u>Pt. Sat.</u>	<u>Dissat.</u>
SATC	8 20 %	6	1	1
Memorial	14 35 %	10	2	2
Imperial	6 15 %	5	1	
Miramar	1 2.5%	1		
Pembroke Pines	3 7.5%	3		
Plantation	1 2.5%	1		
Coral Ridge	1 2.5%	1		
No answer	6 15 %			

9. What is your overall impression of the effectiveness of the SATC Program in meeting the needs of sexual assault victims:

Very effective	29	72%
Somewhat effective	9	23%
Ineffective	1	2%
No answer	1	2%

10. How could the program be improved?

Comments incorporated in body of evaluation.

11. Were there any services which you needed which were not provided by the project?

Comments incorporated in body of evaluation.

SUMMARY: Police Follow-up Questionnaire
Sexual Assault Treatment Center

Number of Inquiries: 121 Total Responses: 52

1. By which law enforcement agency are you employed?

Broward Sheriff's Office	14	26%
Sunrise Police	1	2%
Pompano Beach	6	11%
City of Lauderhill	1	2%
Hollywood Police	9	17%
Ft. Lauderdale	5	10%
Wilton Manors	2	4%
Hallandale	2	4%
Miramar	3	6%
Plantation	2	4%
Dania	2	4%
Oakland	3	6%
Coconut Creek	1	2%
No answer	1	2%

52

2. What is your position with the agency?

Police officer	15
Detective	28
Police Aide	0
Other: Chief of Police	1
Deputy	4
Investigation Technician	3
Chaplain	1

3. Approximately how many times have you been associated with the SATC Program when dealing with a victim of sexual abuse?

Once	8	15%
Twice	10	19%
Three Times	8	15%
More than three times	23	45%
No answer	3	6%

4. Where did you first learn about the SATC Program?

Radio or TV	0	0%
Newspaper	1	2%
Hospital	1	2%
Police Training	41	79%
Other	0	0%
No answer	9	17%

5. Have your working relationships with the program been positive?

Very positive	30	58%
Positive	18	34%
Negative	2	4%
No answer	2	4%

6. Would you say that procedures for dealing with sexual assault victims have been improved as a result of the program's services?

Yes	43	83%
No	2	4%
No answer	7	13%

7. At what point in a sexual investigation do you interview the victim?

At the crime scene	30
At the hospital, before medical exam.	19
At the hospital, after medical exam.	19
Following the medical exam., at detective bureau	17
Later at victim's residence:	7
Other: At any point during investigation	1
-Varies depending on case	1
-Police dept.	1

*Some officers checked off more than one category

8. How often have you been called to transport victim to hospital?

Once	9	17%
Twice	11	21%
Three times	2	4%
More than three times	17	33%
No answer	13	25%

9. Are you satisfied with the way hospital procedures have been designated to accept these victims?

Yes	33	64%
No	8	15%
No answer	11	21%

10. In your opinion, what improvements could be made by the SATC Program to improve services to victims of sexual assault?

Comments incorporated into body of evaluation.

11. In your opinion, what improvements could your police agency make to improve services to victims of sexual assault.

Comments incorporated into body of evaluation.

12. Do you think it would be beneficial for the Sexual Assault Treatment Center to establish an information exchange between police agencies regarding the occurrence of sexual assault cases?

Yes	43	83%
No	0	0%
No answer	9	17%

13. Have you received any information concerning the SATC Program through your department?

Yes	36	70%
No (Broward Sheriff's Office, Ft. Lauderdale P.D.)	7	13%
No answer	9	17%

END