Turning back the clock on rape investigations?

Written by Jane Schorer Meisner Special to the Register
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Special team has dramatically improved care for assault victims, but funding may be at risk

One victim's story

In 1990, Jane Schorer Meisner wrote a detailed account of the experiences of a rape victim — from the woman’s initial confusion of where to turn for help to frustration with the slow-moving legal system to the emotional effects on her and her family. The five-part series won the 1991 Pulitzer Prize for Meritorious Public Service. More than 20 years later, Meisner decided to explore how treatment and services for rape victims had changed.

Sexual assault response teams in Iowa

Today, the Mid-Iowa Sexual Assault Response team works with Iowa Methodist Medical Center, Methodist West, Iowa Lutheran Hospital, Broadlawns Medical Center, Mercy Medical Center, Mercy West and Planned Parenthood’s Rosenfield Center.

Twenty-four sexual assault response teams operate in Iowa, including the mid-Iowa team and programs in Appanoose, Boone, Buena Vista, Calhoun, Carroll, Cerro Gordo, Clinton, Crawford, Floyd, Jasper, Johnson, Keokuk, Kossuth, Mahaska, Marion, Marshall, Mitchell, Poweshiek, Story, Tama, Wapello, Webster, and Wright counties.

Officials are working to develop teams in 15 additional counties: Clarke, Davis, Decatur, Franklin, Hamilton, Hancock, Humboldt, Jefferson, Lucas, Monroe, Pocahontas, Ringgold, Union, Wayne and Winnebago.

SART procedures

The Mid-Iowa Sexual Assault Response Team’s procedures ensure sexual assault victims who come to hospitals are taken immediately to private, designated exam areas instead of being subjected to potentially long stays in general waiting areas of emergency rooms.

• A sexual assault nurse examiner performs a medical exam and collects forensic evidence. Law enforcement officers are summoned.
• The nurse documents and collects evidence and identifies medical treatment needed. Each case is assessed individually, and no two cases are ever done identically, said Shannon Knudsen, the program’s coordinator.
• The victim decides how the examination will proceed. Even though police are notified, and even if victims decide on a full examination, they are not required to make a criminal report.

How to help

For more information about the Mid-Iowa Sexual Assault Response Team, go to www.midiowasart.webs.com. Donations can be made to the team’s account at the Community Foundation of Greater Des Moines.

About the writer

Freelance writer Jane Schorer Meisner is director of public relations at AIB College of Business in Des Moines. She can be reached at meisnerj@aib.edu.
As an intern in 1974, Dr. Linda Railsback saw firsthand a medical community failing sexual assault victims.

“If a woman was sexually assaulted and she went to the emergency room, she could expect to wait between four and six hours before being seen by someone who had no training on how to do such an exam,” said Railsback, an obstetrician and gynecologist. Doctors can treat injuries, she said, but they aren’t trained in dealing with the emotions of victims or proper evidence collection.

Almost 40 years later, care has improved dramatically.

Wait times for care are shorter. Crisis counselors are called immediately to talk with victims. Specially trained nurses handle evidence collection. Exam rooms at hospitals and clinics are properly equipped.

This is the work of the six-year-old Mid-Iowa Sexual Assault Response Team.

The team’s establishment took decades of work by a doctor now too stubborn to retire. Her unlikely collaborator? A longtime Polk County politician who stumbled into an issue he knew nothing about and would come to champion.

But now, the politician has just retired, and state and federal funding is at risk. Organizers fear a financial squeeze will undermine the care victims receive.

That care is critical to a positive recovery for sexual assault victims and to gather the evidence needed to pursue prosecution of suspects, supporters said.

Victims face a higher risk than the general population of depression, substance abuse and other problems, research shows.

“If we can reduce their experience of trauma and help them learn to cope and build resiliency in them, if we can increase their sense of safety, personal power and connectedness to the community, there’s a sense of hope,” said Brenda Bash, supervisor of Polk County Crisis and Advocacy Services. “Should some other trauma happen to them later, they’re more resilient.”

Forming the team

The Mid-Iowa Sexual Assault Response Team, commonly called SART, includes medical, legal and law enforcement professionals — a chorus of supporters who today sing the program’s praises.

In 2012, the mid-Iowa team treated 261 people, male and female.

It’s one of 24 programs in Iowa and 590 in the country that care for victims from their initial assault through their healing process and potential court proceedings.

But a team viewed as a necessity today was decades in the making.

From that first realization as an intern of the need for change, it took Railsback nearly 30 years to find a dogged kindred spirit who could push the levers of power to get the team launched.

Railsback’s initial efforts went nowhere.

“We had a lot of good cookies and coffee, but that’s about all we did,” Railsback said.

Then in January 2003, enter E.J. Giovannetti. After serving as the mayor of Urbandale for two decades, he had just joined the Polk County Board of Supervisors. A colleague asked him to fill in at a meeting of sexual assault response team organizers.

Giovannetti knew all about zoning issues, property taxes and city ordinances. But dealing with sexual assault
I was not comfortable talking about rape when we started this thing,” Giovannetti said. “In the beginning, I’d go to these meetings and there might be 20 people there and one man — me.”

The first meeting he attended included a curious mix of doctors, nurses and law enforcement people from Des Moines and the suburbs, plus representatives from the county’s crisis and advocacy departments. Their discussion shocked Giovannetti.

The crisis and advocacy representatives said Des Moines emergency room personnel weren’t trained to give rape victims proper care. The law enforcement people said rapists couldn’t be arrested and convicted without proper gathering of evidence.

“So I’m thinking, ‘Boy, this is not good,’ ” Giovannetti said. “Here we were, the largest county in the state, and we didn’t have an adequate procedure.”

Railsback needed the support of hospital executives citywide to start the team, but she had been able to exert little influence with them. The program needed designated areas to perform exams within each local hospital, plus Planned Parenthood’s Rosenfield Center.

“If I called, it might be six weeks before I got an appointment — and it wouldn’t be with the top person,” she said.

But when Giovannetti picked up the phone, his calls got through. In conversations with hospital leaders, he discovered they were concerned about liability in the proposed program, which would allow volunteer sexual assault nurse examiners to perform exams at any hospital in town.

Jeri Babb, director of emergency trauma services at Mercy Medical Center, said Giovannetti was relentless with his plea.

Giovannetti, an attorney, worked with Polk County’s legal experts on a way to assume liability for the program. He also suggested to each CEO that his hospital didn’t want to be the only one not providing an appropriate response to a community need. Each eventually agreed.

There would be many other hurdles to clear.

The examination rooms needed proper equipment — computers, software and culposcopes (magnifying instruments for viewing pelvic tissues).

“I think that it averaged about $12,000 a room,” Giovannetti said. “We raised a lot of money in the beginning to equip those rooms.”

An issue arose involving the availability of prescription drugs for victims, especially in the middle of the night. Giovannetti enlisted the help of regional managers of Walgreens, who worked with him on a plan in which several drugstores would dispense the necessary prescriptions and directly bill the Department of Justice’s Victims of Crime Assistance.

Early on, the nearest examiner training was at University of Iowa Hospitals in Iowa City.

“These volunteers are women who are full-time nurses. They can’t be taking a week off to go to Iowa City,” Giovannetti said.

So he called a lawyer friend in eastern Iowa who could get the attention of the president of the university. Soon it was arranged for nurses to come periodically from Iowa City to Des Moines to offer training on weekends.

“(Sexual assault is) a crime that people don’t like to talk or hear about,” said Betty Devine, 54, Polk County deputy director of Individual and Family Services. “But service for those victims is necessary, and E.J. Giovannetti and Dr.
Linda Railsback saw that. They are the forces that put SART together.”

Making an impact

Almost immediately, the team began making a difference for victims and prosecutors.

Tammy Gilmore, 43, has worked for Polk County Crisis and Advocacy since 1999 — long before the mid-Iowa team was organized.

“There are 17 law enforcement jurisdictions in Polk County, and before the formation of SART,” she said, “each law enforcement agency handled sexual assault cases its own way.”

Now, they use consistent methodology.

National Institute of Justice studies report that sexual assault response teams “enhance the quality of health care for women who have been sexually assaulted; improve the quality of forensic evidence; increase law enforcement’s ability to collect information, file charges and refer to prosecution; and increase prosecution rates over time.”

Assistant Polk County Attorney Nan Horvat, 55, who has prosecuted sexual assault cases in Polk County since 1983, said cases are handled more expertly now. Better methods of collecting evidence lead to better identification of suspects and better presentations in court. She credits the trained sexual assault nurse examiners of the sexual assault response team for making a “huge difference” for prosecutors.

“(Sexual assault nurse examiners, or SANEs) do collection of forensic evidence in a timely manner that is supportive of the reporting person,” Horvat said. “Because the collection of evidence is better, the lab has a better opportunity to present its findings. That eliminates any criticism that the investigation was shoddy.”

Fears of budget cuts

Supporters now fear funding cuts could undermine the team’s efforts.

The mid-Iowa team is not a public program, but a collaboration of private and public partners, Giovannetti said, and any time a program depends even in part on government money, it runs the risk of having funds reduced or eliminated.

“It is a very realistic concern that there is a possibility that we will experience funding cuts,” said Janelle Melohn, director of the Crime Victim Assistance Division of the Iowa Attorney General’s office.

Iowa as a whole could lose $1.5 million in federal funding because the Violence Against Women Act hasn’t been reauthorized, Melohn said. Automatic federal budget cuts known as the sequester, scheduled to take effect March 1, could cut 8.2 percent from four federal funding streams, she said.

State funding won’t be known until later this spring, when legislators set the attorney general’s budget and the governor signs it. The budget of the attorney general’s office doesn’t have a line item specifically for the mid-Iowa team’s funding, but cuts at the state and federal level could trigger related cuts at the county level.

Payment for the cost of sexual assault examinations themselves is not in danger of being eliminated, Melohn said. By law, the state pays for every sexual assault examination conducted in Iowa.

But the program has other expenses that are not eligible for government funding.

“We pay SANEs a tiny little bit of money to be on call 24-7,” said Bash, the Polk County Crisis and Advocacy supervisor. “But that tiny bit of money in our budget is a lot of money.”

The nurses are paid $2 per hour while on-call — a token compensation for volunteers driven primarily by passion. Specialized training for nurse examiners also is essential but costly, Giovannetti said.
Can team survive?

Giovannetti, 71, left his position on the Polk County Board of Supervisors in January. He voluntarily stepped aside when he was reassigned to the same district as a fellow Republican after census reapportionment.

He’s reflective now about his long political career and the 10 years he spent as a county supervisor. Helping to create the mid-Iowa team might well be his “proudest moment,” he said.

Bash said she’s concerned about Giovannetti’s departure from the county board because of his work in securing funds for the program.

“That’s the only reason we survived,” she said. “He’s really what has kept SART alive. This program goes away if we don’t have money.”

Ongoing donations are sorely needed, and Giovannetti would prefer a community funding effort rather than a grant from one or two corporate donors.

“I’m scared to death about this issue,” Giovannetti said. “I want the program to be sustained financially, and I think it can be sustained for less than $30,000 from the outside.”

Giovannetti said he’s not abandoning the effort. Before he left office, he told then-board Chairwoman Angela Connolly that he would like to continue to be involved with the mid-Iowa team.

“I see my role at this point as ‘consultant,’ or one who might facilitate resolution of any issues that would impact SART,” he said.

Railsback, 64, spent years in private practice and now leads several projects for Planned Parenthood. She has delivered hundreds of babies, and she has donated her own bone marrow to save the life of a stranger. But she counts her work in organizing the team as among her most significant accomplishments.

The mechanics of the operation, if not the finances, are firmly in place, and that part will be fine, even if she retires, Railsback said.

But to return to the methods used before the team formed is not a viable option, she insists.

“Nobody wants it to go back to the way it was.”
In the emotionless confines of a state government laboratory, criminologist Amy Pollpeter often whispers little prayers for strangers whose DNA has found its way to her microscope.

Her job at the Division of Criminal Investigation crime laboratory in Ankeny is to examine evidence in alleged cases of sexual assault, report her findings and sometimes testify at trials.

She prays, she said, because she’s been raped herself.

“They’re prayers for the victim that she or he will find healing, both physically and emotionally, and prayers for the perpetrators that they would turn away from their ways and never hurt another person,” said Pollpeter, 33, of Ankeny.

She was 16 when a former boyfriend offered to lend a sympathetic ear about problems Pollpeter was having at school. Instead of listening, he made advances, then pinned her to the floor and raped her, she said. She never reported the crime to authorities.

“I was young and scared,” Pollpeter said. “Rape wasn’t really talked about in 1995, when my assault occurred.”

Many people still don’t want to talk — or even think — about the prevalence of sexual assault and the long-term psychological ramifications on victims and their families, said Pollpeter, a liaison with the Mid-Iowa Sexual Assault Response Team.

“Relatively speaking, Iowa is a very safe place to live, but that does not mean we are immune from crime,” Pollpeter said. “The crime of rape happens — to all groups of people in all sizes of cities. I have worked rape cases with victims as young as 2 years old and as old as 96, and every age in between. I have worked cases from the big cities in Iowa and in just as many cases from very small towns, sometimes so small you can’t find them on a map.”

The DCI investigates more than 500 sexual assault cases a year in which DNA is collected, Pollpeter says, “and those are only the cases that get reported and have physical evidence collected.”

In 2012, nearly 1 in 5 women in the United States reported experiencing rape in her lifetime, according to the Centers for Disease Control and Prevention. Most victims treated by the mid-Iowa team are female, between the ages of 25 and 59, and know their assailant.

Said mid-Iowa team coordinator Tammy Gilmore: “If you look at those numbers ... you’re going to know somebody who has been affected — somebody in your family, or a friend or maybe in your religious community or school or work.”

“The fact is every person, every day, will be in contact with a survivor of sexual assault, and they likely will not be aware of it,” said Kim Tweedy, a sexual assault nurse examiner.
Nurses driven by compassion for victims

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Shannon Knudsen is on call 24 hours a day.

“I have been interrupted during about everything you can think of — sleep, grocery shopping, family pictures, kids’ ball games, church, vacation, reading a book with my kids, kids’ bath time, family game night, you name it.”

Knudsen, 30, of Madrid, coordinates the sexual assault nurse examiners, or SANEs, for the Mid-Iowa Sexual Assault Response Team. She also works as an examiner 30 to 40 hours per month.

Of the 21 active nurse examiners on the team, some serve on call a few hours a month and others for 100 or more hours, she said.

The factors that draw nurses to the job vary, but many are looking to expand their knowledge and skills beyond a typical nursing role, Knudsen said.

“A lot of nurses have compassion for the victims of crime and have a strong desire to make sure the victims are given the best individual care,” she said.

Kim Tweedy, 42, of West Des Moines was earning a certificate in forensic nursing in 2006 when she responded to an ad seeking nursing professionals who had a passion for working with crime victims.

Sexual assault nurse examiners must be registered nurses, preferably with at least one year of experience. They must complete a 40-hour training course and unpaid shadowing time with an experienced examiner.

Tweedy, who has a master’s degree in nursing, completed sexual assault nurse examiner training through the University of Iowa and now is usually on call for the team 30 to 40 hours per month. She and her fellow nurse examiners are paid $2 per hour for being on call.

Like Knudsen, Tweedy said she never knows when a call may come. Once, her on-call shift was almost over, so she took a chance and ran an errand.

“Sure enough, I got called standing with my dogs in PetSmart,” she said.

The victims she cares for are hard to dismiss from her mind, Tweedy said.

One woman was brought to the hospital by her husband. The couple had been at a function together, but he left early, she said. The woman got a ride home with a friend and five men she thought her friend knew.

“After dropping her friend off, the men took her somewhere where she was beaten, strangled and gang-raped,” Tweedy said. “Her husband felt guilty that he had left early, and he was inconsolable. She was inconsolable, too. It was so hard for her to tell her story. I was with them for hours.”

Tweedy said emergency room personnel generally are relieved when nurse examiners arrive.

The victims often think their case will evolve as quickly as an episode of TV’s “CSI,” she said.

“As much as we wish this was how the process occurred, it isn’t, and SANEs are in a better position than emergency department staff to answer many of these questions,” Tweedy said. “We are dedicated to that single patient and do not have to triage our time between multiple patients, like the emergency department staff.”

Victims do not have to make a report, be examined or have an advocate present, Tweedy said.
“But victims have the right to health care services, to victim advocates, to have evidence collected and to make a report when they are ready,” she said. “The victims decide what is in their best interest. We want them to feel empowered and to know they have control back.”
The team’s procedures to help
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Dr. Linda Railsback and E.J. Giovanetti walk through some of what a sexual assault victim would experience when coming to the Rosenfeld Center for treatment. / Mary Chind/The Register

When Brenda Bash, supervisor of Polk County Crisis and Advocacy, arrives at a call for the Mid-Iowa Sexual Assault Team, she first tells the patient that she’s sorry this is how they’re meeting.

“I try to give them information and do some emotional stabilization, if necessary,” said Bash, 39. “Sometimes I get the deer-in-the-headlights look. Sometimes I just sit and wait for the questions to come, if they have them. The biggest concern is whether they have to make a law enforcement report. They don’t.”

The team’s procedures ensure that sexual assault victims who come to hospitals are taken immediately to private, designated exam areas instead of being subjected to potentially long stays in general waiting areas rooms of emergency rooms.

A sexual assault nurse examiner performs a medical exam and collects forensic evidence. Law enforcement officers are summoned.

The nurse can expect to spend two to three hours with a victim, said Shannon Knudsen, coordinator for the mid-Iowa team.

The nurse documents and collects evidence and identifies medical treatments needed. Each case is assessed individually, and no two cases are ever done identically, Knudsen says.

Kim Tweedy, a nurse examiner, said a victim decides how the examination will proceed.

“Some victims want the entire exam, and some want to just give minimal information and want treatment options for infections with no evidence actually being collected,” Tweedy said. “The nurse allows the victim to be in control and decide how much of the exam the victim does or does not want.”

Even though police are notified, and even if victims decide on a full examination, they are not required to make a criminal report.

“At the end of the examination, if she chose not to report, the officer takes the rape kit and saves it, so if a day later or a year later she decides she wants to press charges, the kit will be available,” Knudsen said.