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Implementation of Tracking System for Sexual Assault Kits in South Dakota

by

Regan Enos

A Thesis Submitted in Partial Fulfillment
Of the Requirements for the
University Honors Program

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The members of the Honors Thesis Committee appointed
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ABSTRACT

Implementation of Tracking System for Sexual Assault Kits in South Dakota

Regan Enos

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The average number of sexual assaults occurring in South Dakota from 2012 thru 2017 was 759. Yet, there is no data collection system to track sexual assault exam kits. The main aspects of this paper are identifying the issue of sexual assault exam data collection in South Dakota and providing possible solutions to this issue. The recommendations provided are based off of a national review and analysis of successful programs currently in practice in other states, as well as public health theories for implementation of a new product or innovation. The process of how the national review was carried out is provided along with its successes and failures. No program is perfect, but the state of Idaho is pioneering in implementing a statewide sexual assault kit exam tracking system that is successfully catalyzing change. It is a free program designed to be shared with other public entities and with the capability to be modified to best fit the needs of the respective adopting agency. South Dakota is beginning at ground zero and would benefit from adopting the model that has been developed in Idaho. Idaho's model makes it possible for an entire state and its respective agencies to collaborate efficiently with key information to better work together in fighting for best practices in response to sexual assault.

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CHAPTER ONE

Issue

This paper began through the desire (originating with the Center for Prevention of Child Maltreatment) to improve data collection, with specific regard to sexual assault exam kits, in the state of South Dakota, and coupled with the goal to improve the collection process of relevant data associated with distribution and use of sexual assault exam kits. The problem to be addressed throughout this paper is simply stated: there is no data collection system in place surrounding sexual assault exam kits in South Dakota. Identifying a solution suitable for the state of South Dakota is less straight forward than identifying the issue, yet an endeavor that cannot be ignored. I was hired by the Center for Prevention of Child Maltreatment in August 2018 to help research a data collection tool for information regarding the distribution and use of sexual assault kits in South Dakota. The Center for Prevention of Child Maltreatment is an alliance of more than 25 public, private, and non-profit agencies who partner to fight child sexual abuse and maltreatment in South Dakota. To more fully understand the need for a solution, it is vital to look back on the history of sexual assault and the structures, or lack thereof, surrounding this issue in South Dakota.

History of Problem

The Summary of Sexual Violence Data for South Dakota clearly describes prevalence from a collection of reports, and further highlights the need for improvement to the infrastructure surrounding community response to sexual violence. From 2012 thru 2017, the average number of sexual offenses per year in South Dakota was 759, not

including data from tribal reservations (Summary of Sexual Violence Data 2018). This statistic comes from the Attorney General's Office Crime in South Dakota: 2012 – 2017 report and is compiled by the Division of Criminal Investigation (DCI) and the Criminal Statistical Analysis Center (SAC). Jolene's Law Task Force provides a report finding 890 accounts of child sexual abuse from six different agencies providing data for February, March, and April 2015. On an annual basis the Task Force found at least 4000 kids in South Dakota experience sexual abuse every year (Summary of Sexual Violence Data 2018).

Statistics including data from the nine Indian Reservations in South Dakota prove to show that the rate of occurrence for forcible rape per 100,000 people is 48.4, considerably higher than surrounding states and nearly double the national average (South Dakota Department of Health n.d.). South Dakota not only lacks a data collection system, but it also does not currently have an adequate amount of Sexual Assault Nurse Examiners (SANEs) or the system in place to train, support, and place them. South Dakota is in great need of data collection implementation and trainings for professionals expected to administer these kits.

This paper will primarily focus on the data collection issue in relation to sexual assault exam kits. A Sexual Assault Workgroup organized by the South Dakota Department of Health in the Fall of 2017 carried out an evaluation of sexual assault examination kits with the purpose of giving recommendations for ways to improve the sexual assault exam kit and process (South Dakota Department of Health n.d.). This workgroup identified a large gap in available resources in helping to direct proper use of the sexual assault kits, as well as developmental trainings for professionals responding to

sexual assaults. As mentioned earlier, on average 759 adult sexual offenses occur each year and it is all known that each year 600 kits are disseminated to agencies across the state. Unfortunately, once these 600 kits are distributed that is where they are lost. There is not a current system in place to provide information on what happens with the kits once the agencies receive them (South Dakota Department of Health n.d.). Key information such as which agencies are using the kits, if the kits are administered on adults or children, if forensic evidence was collected, and what ultimately ends up being done with the kits is unknown. The lack of infrastructure to follow and support sexual assault exam kits must be addressed for each kit tells a story of an individual that will help to further improve the culture around giving victims the best care and helping to prevent sexual assault.

The issue of sexual assault exam kits has hit some of our population's most vulnerable the hardest. Children facing sexual abuse have not, until 2018, been provided with pediatric sexual assault exam kits to meet their specific needs. If a child presents with sexual abuse, an adult sexual assault kit could be administered or the child could be transported to a Child Advocacy Center (CAC). Unfortunately, due to the rural nature and lack of medical professionals qualified to complete a pediatric exam, victims may need to drive up to 240 miles round trip to a Child Advocacy Center (South Dakota Department of Health n.d.). The need for training or medical professionals, and kits tracking surrounding pediatric sexual exam kits is imperative to improve the manner of care for children in these vulnerable and desperate circumstances.

Importance (why) Solve Problem

The importance of data collection and solving the problem to implement a data collection system cannot be overstressed. One of the key reasons behind the need for addressing this issue is that without clear data, there are no means to identify and understand what is really going on in the state of South Dakota in regard to sexual assault response -- without any kind of basis, improvements cannot be made. Data provides a light to shine on an issue that is largely, in the dark in terms of how the community is responding and the quality of care that is being given. Data makes it possible to quantify trends and identify the gaps in how the kits are being used or how and why they are not properly being administered. As stated in the Office on Violence Against Women grant proposal from the South Dakota Department of Health, “Without data tracking, there is no way to determine the value of the kit and to identify areas of change” (South Dakota Department of Health n.d.). Positive change does not happen without effort and intentionality, thus to be passive in regard to this issue is to agree to allowing the issue to get worse in the dark of ignorance to what is going on.

Another key reason to implement a sexual assault kit tracking system is that data gives traction to set specific goals, address localized issues, and track progress. Ideally, sexual assault could be eliminated completely, but while it is present, it is necessary to provide the best care and help for victims in this vulnerable place with a long-term vision in mind. A data collection system would make it possible to establish a baseline and set both short and long-term goals for improvement that could even be community specific.

Perceived Obstacles

A primary obstacle to overcoming the issue of not having a system for collecting data on sexual assault exam kits is convincing people at a macro-level, the importance to the adopting a change in mindsets and systems for progress.

Funding due to its nature and lack of time will not be addressed, but it is noted that funding would indeed be an obstacle to overcome in order to fund the cost of implementation of a data tracking system and its maintenance.

CHAPTER TWO

Benefit of Research

Diffusion of Innovations Theory

The Diffusion of Innovations theory is one of the most widely used processes for adoption of a new type of innovation or technology. Diffusion is the progression through which an innovation is dispersed via various mediums over time to members of society. It may also be referred to as Rogers' theory, as E.M. Rogers developed the theory. Rogers' theory is utilized across many fields of study as a blueprint for diffusion and adoption of a new technology. Technology, by Rogers, is specifically described as, "a design for instrumental action that reduces uncertainty in the cause-effect relationships involved in achieving a desired outcome" (Sahin 2006). Four main elements make up Rogers' theory including, innovation, communication channels, time, and a social system. Innovation describes the idea or model that is an original to the individual or group considering uptake of the idea. Communication channels are the means by which the idea or model is transmitted between two individuals or organizations, where one member is home to the

origin of the idea and the other is on the receiving end. Time is a component used to measure the rate of adoption as well as to classify members of society in relation to the relative time it takes for them to adopt the new idea or model. The social system in which the implementation of innovation occurs greatly impacts adoption; Rogers' describes a social system as, "a set of interrelated units engaged in joint problem solving to accomplish a common goal" (Sahin 2006). The characteristics of a social system directly impact the likelihood of individuals relative innovativeness and willingness to adopt new methods.

Applying the Diffusion of Innovation Theory will be helpful to the implementation of a new sexual assault exam kit data collection system in order to provide a framework for fully addressing the components necessary for diffusion of a new technology amidst a population of people. The technology will be the system or method chosen to track the kits and the it will be disseminated or "diffused" to the targeted audience through a variety of communication channels. This is done to reach and train groups impacted by the new system, such as law enforcement, forensics, medical personnel, and those impacted by sexual assault. Adoption of the system will take variable amounts of time depending on the social system within a community or agency.

The innovation – decision process of Rogers' theory is made up of five phases: knowledge, persuasion, decision, implementation, and confirmation (Sahin 2006). Each stage is uniquely characterized and typically occur in sequential order. The knowledge stage involves three subcomponents, which includes basic awareness of the innovation, how the innovation can be correctly used and why integration is necessary. The knowledge stage is rooted in cognitive understanding of the new model being clearly

explained, whereas the next stage, persuasion, is founded in emotional response of the potential adopters and can result in a negative or positive attitude toward innovation. After considering the innovation cognitively and emotionally, the decision phase is entered where the choice is made to adopt or reject. Next, implementation occurs where the innovation is put in to practice. And lastly, the confirmation stage takes place, where either continued adoption or discontinuation occurs (Sahin 2006).

A great benefit of applying the Diffusion of Innovations Theory to a kit tracking implementation is increasing the chance of successful adoption through thoroughly looking at the system in light of the theory. The first stage to occur, usually, is the knowledge phase, where it would be key to appeal to the potential adopters with a clear description of the new kit tracking system, as well how each respective agency would engage with and use the tracking system, and lastly laying out a clear why to explain what makes implementation absolutely necessary. The knowledge phase could be accomplished through person to person communication or through other forms, such as a brochure or presentation. It is important to eliminate confusion in this phase and seek clarity of understanding for the majority. The second stage, persuasion, is where a deepening of appeal occurs by connecting with the potential adopters on a more personal and less information based approach. This could include sharing real case studies from South Dakota where the current system has fallen short to provide the best care; another possible option is to having willing victims share their experience or frustration with the lack of a tracking system. After the presentation, potential adopters may choose to adopt or reject the proposed kit tracking system, or conditionally accept if changes are made. A tracking system chosen will then enter the implementation phase where integrating the

program across the state and training respective agencies employees on how to use the system will occur. The confirmation stage is largely dependent on the success of the implementation phase. For example, thorough trainings and educational information provided through the implementation process and access to support for questions could facilitate continued adoption.

Rogers' describes five different attributes of innovation that determine the likelihood of adoption. These factors are relative advantage, compatibility, complexity, trialability, and observability. Relative advantage is considered by Rogers' to be the most important factor and it is described as the "degree to which innovation is perceived as being better than the idea it supersedes" (Sahin 2006). Cost is a large determinant of the relative advantage of an innovation. The compatibility of an innovation is assessed by the manner in which it is cohesive with the needs and values of those considering its adoption. Complexity of an innovation is negatively correlated with adoption and relative to how difficult those considering the new idea perceive it to be difficult or cumbersome. Trialability is positively correlated to adoption and describes the extent to which a new idea can be used provisionally. The last attribute determining innovation is observability and describes how available results or outcomes of this innovation are. These five factors together are used to assess and determine the likelihood of adoption, but even Rogers' cautions, "getting a new idea adopted, even when it has obvious advantages is difficult" (Sahin 2006).

To further increase likelihood of the future kit tracking system being adopted, it is important to continue to apply the Diffusion of Innovation Theory to the level of the five established attributes that have been found to increase likelihood. For relative advantage,

it is quite clear that any system would be better than the present situation with no kit tracking in place, yet it will be beneficial to point this out and compare and contrast how the kits usage and data could improve the overall culture of how sexual assault is handled in South Dakota. Any cost of the new system will be an increase from the current state, since no system is in place, so it will be necessary to show why the cost will be worth it and where the funds will be coming from. As mentioned earlier, the deep dive into funding is outside the scope of this paper but will nonetheless be necessary to address strategically for successful implementation. To appeal to the compatibility attribute, it may be helpful to identify the mission of key stakeholders in the decision to adopt a system or not and demonstrate how implementation of a tracking system will align with their specific vision and goals as an organization. The more simply the tracking system is able to be taught and explained, the more likely adoption will occur. Lastly, if possible, it is helpful if the future kit tracking system is able to be used on a trial period or observed in a functional state. Observation could be possible if a system being used in a different state is able to be analyzed.

A key component of the Diffusion of Innovations Theory is the division of societal members who choose to adopt an innovation. Of the population of people who adopt, Rogers' describes five different groups that have different needs to produce their response. These five groups are innovators, early adopters, early majority, late majority, and laggards; they follow a bell curve in their response relating to time and amount of people. The innovators respond the quickest and the laggards respond last and each of these also have the smallest number of people in their group.

Social Marketing Model

The Social Marketing Model falls under the category of health communication where fields of health and communication strategically come together to connect, shape, and improve the health of the individual and the overall public. Product, price, place, and promotion are the four key elements of the social marketing model. Each element has its own unique qualities and yet they all are simultaneously interconnected. A product can be a concrete tool, a program, a type of service, or some type of behavior. The key to successfully creating or selecting a product is to know how the respective problem is perceived by the target audience and if the product will be a good solution to the problem. Price can be monetary or a more abstract cost and is defined as “what the members of the target audience must go through in order to get the product” (Diclemente, Salazar, & Crosby 2013). The key to price is minimizing the overall cost of the target audience and maximizing the benefits. Place defines the point at which the audience comes in contact with the product and can exist as a physical location or a variety of other channels such as through media. An important aspect of choosing key places is to identify and understand the common behaviors the target audience participates in and their contentment with current means of product delivery. The last of the four elements is promotion which involves the integration of many channels to communicate the message of the product and impact a community to buy in. Public service announcements (PSAs), DVDs, merchandise, media, person to person communication, public relations, advertising and editorials are all means that can be used for promoting a product. The main intent of promotion is to generate demand for the respective product by showing the

valuable benefits it offers and the reason why this product is important. The product, price, place, and promotion are related and interdependent on the context of the audience being targeting.

In applying the Social Marketing Model to a future kit data collection system, the product would be the system itself. This Model describes a key aspect of product selection to be knowing and understanding the potential adopters' perception of the current system of lack thereof. Thus, understanding perspectives of professionals currently handling kits will help to steer the selection of a kit tracking system that will meet the needs as best as possible of those who work with the kits the most. For cost, it is vital to weigh not only the financial cost of a system, but also the cost in time, energy for those involved and choose a system that achieves the maximum benefits with the least amount of cost. For the place component of this model, it will be important to identify the location behaviors of professionals working with the kits, such as law enforcement and medical personnel, for example. How would they interact with the system in their day to day duties? Is a paper model less convenient than an online model? Identifying key places for victims of sexual assault to potentially be able to track the progress of their respective kit through the work flow should also be considered to create an accessible place. Promotion of the new sexual assault tracking system could come through many avenues, and should be widespread to promote its uses and benefits to the general public and to professionals alike. The Social Marketing Models presents four main points to consider for helping with successful adoption of a new product that have the potential to help increase the strength of implantation of a new tracking system in South Dakota.

The Social Marketing Model has a plethora of strengths, a couple of which are its cost – effective and audience – motivated nature. Specifically, in regard to health related social marketing, the overall purpose is to enhance the health of a given target population not for the generation of revenue or to meet the needs of the vendor. The cost-effective nature of the Social Marketing Model is in large part due to the vast array of ways marketing messages can be communicated to fit the financial needs of an organization. Unique communication channels, as listed earlier, in different settings can be used to meet the social marketing needs. A couple addition strengths of the Social Marketing Model are its capability to influence change of societal norms across a large range of health behaviors and to inspire entire communities to a healthier way of life. A primary weakness of the Social Marketing Model is that it cannot realistically access the whole population, although its goal is to lower the mean of a particular high-risk behavior.

CHAPTER THREE

Identifying Data Collection Method

There is a definite need for a data collection system to track the use and flow of sexual assault examination kits in South Dakota. Public health social and educational theories provide helpful frameworks as a basis for implementation that simultaneously provide space for state leaders and professionals so shape the decision and implementation of a system to best suit the needs of the infrastructure and community of South Dakota. The central question that remains is thus, what data collection system will work best for South Dakota? This question leads to the review and analysis of current data collection systems in place across the United States. Since South Dakota currently

has no system in place, the state is a clean slate, so to speak, in need of a completely new foundation and practice in regard to tracking sexual assault exam kits. The intent from the start has been to review nationally the processes in place connected to the distribution and collection of sexual assault exam kits with the hope of learning from what other states are doing well and implementing those lessons in South Dakota.

National Review

The National Review began through directly calling State Health Department in states surrounding South Dakota and following the script below in hopes of getting connected with key stakeholders over the process of sexual assault exam kit tracking in their respective state. Upon reaching a professional involved in or familiar with the process, information would be gathered. In some cases, information about their respective process was shared via email or through a state website.

**Pediatric Sexual Assault Examination Kits
Example Phone Script**

Example Script: Getting the right person on the phone

Hello –

My name is _____. I am with the Center for the Prevention of Child Maltreatment at the University of South Dakota. I am hoping to find out more about how your agency collects data in regard to sexual assault exam kits. Is there someone I can speak with regarding questions about sexual assault exam kits?

Example Script: Asking questions about pediatric sexual assault exam kits

Hello –

My Name is _____. I am with the Center for the Prevention of Child Maltreatment at the University of South Dakota. We have partnered with the South Dakota Department of Health to provide pediatric sexual assault exam kits to hospitals and law enforcement around South Dakota. We have a goal of also collecting relevant data associated with the distribution and use of the kits. Would you be willing to share some information regarding how your agency collects data from sexual assault exam kits?

Note: data collection can be from either adult or pediatric kits – we are looking for data collection tools and information on any type of sexual assault exam kit. States or agencies may only have one universal kit for all victims, regardless of age.

Questions:

- 1) How is data collected regarding the distribution, use, and testing of kits in your area?
- 2) What type of data collection tool do you use? (paper copy or electronic submission?)
- 3) What data are you collecting? (What questions are you asking on your survey/ data collection tool?)
 - a. What agency is responsible for collecting that data?
 - b. What is your response rate?
- 4) What issues do you have with response?
- 5) Would you be willing to share a copy of your data collection tool?

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Failures of research process

Although calls were initially directed to the Health Departments, this proved almost entirely unsuccessful. A seemingly straightforward quest to find some basic information led to a wild goose chase of illusive information. Many transferred phone calls internal to an organization often led either to an answering machine or a final person who suggested getting in contact with a different agency. Emails were sent to various

state health professionals as well. Calls and emails were often returned communicating the organization was involved in an aspect of addressing and combatting sexual assault, but not specifically regarding data collection of key information surrounding sexual assault kits. The further in to the calls and emails, more questions were raised to if this information was being collected in a central manner that was well known among the professionals involved in various aspects of sexual assault or was this a search of a nonexistent end. Many states did not have one central mode of tracking sexual assault kits, but rather had different systems in place within different agencies across the state.

Successes of research process

A slight breakthrough came in a conversation with forensic biologist working for the state forensic department. This individual offered the most clarity on the kits themselves and although this specific state did not have a state-wide data collection flow, but rather was specific to various subgroups in the state, the suggestion to get in contact with other state and local forensic department proved to be of great value. Directly contacting state laboratories proved to be the most worthwhile in locating valuable information in regard to tracking of sexual assault exam kits. State forensic specialists often were able to give clarity to the process or were at least more familiar with a part of how the kits were being handled. The states of Utah, Kentucky, Arkansas, and Idaho have been chosen as highlight states that are modeling positive attention and making improvements to their means of kit data collection. Each of these states at some point carried out an assessment of some sort that quantified and gave a pulse to the issue in some way. Another similarity among the following states is each of them created or assembled some sort of task force to tackle the issue of kits and to carry out some sort of survey or assessment. Each of these states also had some type of policy or act in place

mandating certain policies in regard to kit tracking across the entirety of the state and were able to clearly map out the manner in which kits would flow through the respective agencies of interest, such as between a healthcare system and law enforcements.

Analysis of State Programs Utah

Upon contacting the Utah Bureau of Forensic Services, direction was given to public information available explaining and laying out the sexual assault kit tracking system. The Utah flow of kits begins with the crime lab receiving the new, unused kits and distributing them to various collections agencies around the state (Curtis 2015). The collection agencies are responsible for entering inventory information about the kit into a central collection website upon receiving them initially and then for entering exam information once a kit has been used. In addition to entering the exam information, the collection agency will then transfer the kit to law enforcement, recording the details of this transfer into the collections website. Once the collection agency enters this information, the next round of information will be entered by law enforcement using the same serial number throughout to accurately keep track of the kit of interest and then transferred back to the crime lab for processing. The lab will put in data and kit analysis once the processing is complete. Once the kit is processed, it will be released back to law enforcement (Curtis 2015). The collections site also has a site for survivors to view where the kit is at in the flow of processing.

Cohesive and clear flow of processing sexual assault kits came out of findings from a survey conducted in 2014 to evaluate how many unsubmitted sexual assault kits were present in Utah. The survey was carried out by a professionally integrated work group, focused specifically on the processing of rape kits. Completion of the survey was

done by all Utah law enforcement entities. A total of 2,690 kits were found to have been unsubmitted which sparked initiative to process the unsubmitted kits, as well as to establish a tracking system. \$1.3 million was received from the New York County District Attorney's Sexual Assault Backlog Elimination Program to help process the kits and \$1,999,680 was received from the Bureau of Justice Assistance for the National Sexual Assault Kit Initiative (SAKI) which was a part of a pilot to address the issues around unsubmitted cases (DPS & CCJJ Introduce New Resources for Sexual Assault Victims n.d). With allocated resources, the work group has established a Sexual Assault Kit Information Line and has created a Sexual Assault Kit Tracking System that was recently launched in 2018. The tracking system found a backing in the realm of policy, with the passing of House Bill 200 passing and requiring all sexual assaults be tested (Utah State Legislature 2017). Fresh change is occurring in the overall manner and process by which Utah is handling sexual assault on a macroscopic level, as well as in key processes impacting the whole process. The transformation, rudely simplified, has been due to key points of addressing/exposing the issue, long term collaboration of multidisciplinary stakeholders to come up with solutions, and the presence of support in the form of funding, and policy.

Kentucky

A similar story to Utah was found in Kentucky, beginning with a statewide audit in 2014 which revealed 3,000 Sexual Assault Forensic Exam (SAFE) kits unprocessed in law enforcements possession. In response to these findings, Kentucky State Police crime labs received \$4.5 million from the Office of the Attorney General for the purpose of laboratory improvements and \$1 million for helping law enforcement improvement of

sexual assault investigation. In addition to providing funding, the Office of the Attorney General put on a summit meeting with key individuals and organizations actively participating in the effort to bring an end to Kentucky's kit backlog (Sexual Assault Toolkit 2016). Further support from the Attorney's Office was provided through the creation of a sexual assault tool kit with the purpose of helping provide adequate direction and information for law enforcement in maneuvering each case; as well as statewide education on unprocessed backlog sexual assault kits. The SAFE Act of 2016 requires each SAFE kit be submitted, the completion of training for police in carrying out investigations victim focused, and the setting of a timeline in which the kit will undergo testing (Kentucky Office of the Attorney General 2016). A partnership was also established, in response to the unprocessed kits discovered, between the Office of the Attorney General and the University of Louisville, with the purpose for the University's Department of Criminal Justice to help establish data collection and with it, accountability for processing the kits in a timely manner. (Sexual Assault Toolkit 2016). The state of Kentucky created a roadmap of the workflow process, with the main details, similar to Utah. The individual steps of the process occurring after a sexual assault occur will indeed have state specific flavors, but it is key to outline the overall, birds-eye view of the process to ensure all of the components along the way understand the flow and goal of the process.

Arkansas

The Arkansas State Crime Lab responded to a concern of many states reporting a vast number of unreported kits with the Act 1168 in 2015 (Arkansas State Crime Laboratory 2018). Act 1168 required kit inventory from all law enforcement agencies and

all healthcare providers to be submitted at the end of each year into an Excel spreadsheet tracking document (Arkansas State Legislature 2015). These documents would be received by the state crime lab, aggregated together, and sent on to the President Pro Tempore of the Senate and the Speaker of the House of Representatives along with action points for addressing kits that were backlogged. The audit document addressed how many unprocessed kits were present and why. This document revealed a backlog of 1,300 kits (Arkansas State Crime Laboratory 2018). Although the Excel document proved successful in identifying unprocessed kits, over the course of 2015 -2017, the inventory response from agencies steadily decreased, which led to a search for a tracking system that would better assist hospitals and law enforcement agencies. This search led to a web based tracking system, adopted from the state of Idaho.

Idaho

The most thorough finding of the National Review came through contact with the state of Idaho where a website tracking system has been created and is in varying stages of adoption from other states, such as mentioned above with Arkansas. The Idaho Sexual Assault Kit Tracking System (IKTS) serves as a pioneer in the response efforts to sexual assault, as the first state to put into practice a tracking system across the entirety of the whole state (Sexual Assault Kit Tracking Report 2017). The web based tracking system was designed by a team of programmers and created to be accessible at a location with a connection to the internet, even on mobile electronics. Each entity along the way, such as medical personnel, law enforcement, and laboratory services receive login information for the purpose of tracking the flow of kits throughout the transfer process as well as specific findings along the way. The victim of the assault it also provided with the kit

identification number and can look up kit status using an interface of the website for victims. In the 2017 Idaho Sexual Assault Kit Tracking Report, the following statement was provided in summary of the year: “this tracking system provides more public accountability and transparency, allows victims to see the state taking this issue seriously, provides better direction and tools to law enforcement, provides more resources to the state forensic laboratory, and ultimately provides a better criminal justice system” (Sexual Assault Kit Tracking Report).

As of 2017 requests for information or software for the website had been made by the following states: New York, Kentucky, Arizona, Utah, Nevada, Illinois, Georgia, Washington State, Montana, North Carolina, Texas, Vermont, New Mexico, Arkansas, California, and Wisconsin (Sexual Assault Kit Tracking Report). Idaho Code 67-2919 mandates an audit report of sexual assault kits be submitted from the Idaho State Police Forensic Sciences by January 20th every year (Idaho State Legislature 2016). The information required these yearly reports includes the following: the number of kits tested by the Idaho State Police Forensic Service (ISPFS), number of kits not submitted, the number of sexual assault DNA database matches, and a collection of any agencies that failed to comply with the kit tracking process. The report may also possess any changes made to the tracking system and concerns present in regard to the tracking system.

CHAPTER FOUR

Recommendation

The recommended program for South Dakota to implement is the Idaho Sexual Assault Kit Tracking System (IKTS). Idaho State Police Forensic Services (ISPFS) has

been extensively participating in the discussions and meetings around sexual assault kit tracking on a national level. The vision of the Idaho State Police Forensic Services is to give the tracking software to interested states free of charge to encourage the implementation in as many states and agencies as possible. The Idaho Sexual Assault Kit Tracking System has not been created in isolation or without thought of this issue on a larger scale. A huge benefit of this system is the financial component. As mentioned, but not thoroughly explored through this paper, financial obstacles can be a very large hurdle to implementation and that fact that this state is freely giving this system to public entities interested is a great advantage to jumpstarting a data collection system in the state of South Dakota. No other state has a program ready to freely give. And Idaho was also the first state to implement a statewide The Idaho Sexual Assault Kit Tracking System has become nationally renowned and acclaimed since its successful implementation and ability to account for all sexual assault exam kits currently existing in Idaho.

The main and most prominent issue South Dakota faces surrounding sexual assault exam kits, is the absence of any type of tracking system. Sexual assault exam kits need to be tracked and the sooner this can begin the better. The major benefit the Idaho program offers South Dakota is a program that has already been implemented successfully. In relation to the Diffusion of Innovation Theory, the Idaho tracking system has a very high relative advantage because its implementation clearly supersedes the current state of no tracking system and it has zero monetary cost to receive the program. There would be implementation costs related to IT working implementing and supporting maintenance of the program, but the fact that the program itself is free would open up more funds to implement it well. This program is also compatible with South Dakota's

need for a tracking system. Since the program has already been implemented in Idaho and is being adopted by other states as well, it has a high degree of trialability and observability, both of which are positively correlated to rate of adoption of a new innovation. Countless medical facilities, law enforcement agencies, and legal representatives have invested hours of time auditing, gathering information, and ultimately contributed to the creation of this program. Idaho is truly pioneering in sphere of community response to sexual assault through high quality and comprehensive tracking. This program available is so valuable and could not only solve the issue South Dakota faces, but also catalyze long lasting change for the entire state in response to sexual assault.

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