

NELSON SANTOS: Okay. I'm going to turn it over to Susan who will moderate this session.

SUSAN HOWLEY: All right. Great. Thanks. This afternoon we're going to have an opportunity to focus on another participant with a strong interest in the justice process and a strong interest in the works of forensic science, and that's the victim.

As with defendants, victims have a need to have confidence in the justice system, and they can't have that confidence if they don't understand the processes at work and if they aren't kept informed of the status of the investigation and what happened to the evidence that they provided, and if they don't feel that they are respected and heard.

The panel you're about to hear from will remind us of the needs of the victims and survivors for respect and transparency, what can be done to help victims and survivors understand forensic evidence so they don't feel so at sea with everything that's going on, and how we can develop trauma-informed procedures to provide notice to victims throughout the processing of the forensic evidence.

I am pleased this afternoon to be able to present Natasha Alexenko who is a survivor turned advocate. She is using her experience and hard-won knowledge to improve the response to other victims through her organization, Natasha's Justice Project.

I'm also pleased to welcome Gina Scaramella, who runs the longstanding and well-regarded Boston Area Rape Crisis Center, one of the oldest in the country. BARCC recognized the need for victims to have basic information about DNA processing and undertook work to provide that information in a way that could be understood by victims and their friends and family.

And then Rebecca Campbell, a professor of Psychology at Michigan State University, who has used her talents as a researcher to inform change for sexual assault survivors. Her work evaluating Detroit's project to resolve the rape kit backlog included an examination of its challenges in locating and identifying and notifying victims. Together they illuminate the importance and potential of including the victim in our work to make forensic science more transparent. And with that, I'll turn it over to Natasha.

NATASHA ALEXENKO: Thank you, Susan. It's really an honor to be here, particularly sitting next to these two incredible women who work so hard for survivors and to create a safer community, so I'm honored, truly.

My name is Natasha. I am a survivor of sexual assault. I was raped, robbed, and sodomized at gunpoint while I was a college student. It's a day I will never forget. It's a day that continues to haunt me, and my family and friends as well. That's the thing about sexual assault, it's not just the survivor that is affected by the crime, it's the people around them that love them and care about them, and then the individuals they meet later in life who are also hurt when they find out what's occurred.

After I was sexually assaulted, my immediate desire was to take a shower. I wanted to jump in a hot shower and just stay there forever. If it weren't for a roommate of mine who said, "Look, your body is basically a crime scene right now, we need to get you to a hospital to do a rape kit exam." It is the last thing I wanted to do at that time, absolutely the last thing. It's basically a very invasive gynecological exam. And as you can imagine, after that much trauma to once again endure poking and prodding and answering a lot of questions to a crime that was just committed that you can't quite absorb yourself in that point in time.

But I knew that when it was explained to me that this was how we would eventually find the perpetrator, of course, it was something I wanted to do immediately. And, you know, afterwards, I was running under the assumption -- and this was in 1993 -- that my kit had been tested, because why else would I go through all of that for nothing. And I also was running under the assumption everyone was doing everything they could to make certain that this monster was put away.

And I received a phone call about a year-and-a-half after I was raped and robbed, and I was told that the case was cold and that they were closing it. And I remember exactly where I was when I received that phone call. I remember every detail of it. But what I remember the most was the profound sense of guilt I felt inside. I spent the year dealing in terms of, you know, being a victim of crime and doing my best to heal through the trauma, but this was suddenly a new feeling, a feeling of helplessness and a feeling of guilt that I couldn't do my part in putting away someone who is no doubt in my mind hurting other people.

And I was not aware my rape kit was not tested, so I went on assuming it was actually my fault, that perhaps I didn't do an adequate job in describing my perpetrator. Perhaps they didn't believe me. Maybe I didn't give the appropriate details, so I fought really through a lot of guilt. And I felt that any victim, of the man that raped me, met up with in this process was my fault as well, and that was really hard. That was a really hard thing to deal with.

In 2008 I received a phone call from the Manhattan DA's office, and I was told that my kit had a match in the CODIS database to a man named Victor Rondon, and, indeed, in all those years from 1993 to 2008, Victor Rondon was on a nationwide crime spree. He committed crimes in seven different states across the country. He created additional that victims. He was a burden on law enforcement. He was a burden on taxpayers. He was a monster.

But somehow knowing that that DNA contained in my rape kit had, indeed, found this man was something I'll never forget, just that feeling of relief. And I was fortunate enough to have my day in court, face my perpetrator, and work with incredible, incredible prosecutors, law enforcement, and the team, the forensic science team. And I was really grateful to face him in court and to testify as the complaining witness, and know that he is presently behind bars until 2057, where he can no longer harm anyone else. And that was just such a great feeling.

And I really like to point out the fact that being at trial and putting the man that raped me in jail wasn't necessarily what I needed to heal or what I needed to move on. You know, that came in a different way. That had nothing to do with identifying or putting my perpetrator behind bars. But what it did was it created an advocate in me. I became an advocate because, even when I was ready to give up on myself, it turned out the prosecutors had not given up on me.

I also became an advocate because the forensic science world really opened their doors to me, and I really felt like I was just part of this fantastic team. And I just really found strength in that, and just really knowing that each rape kit -- and we're looking at hundreds of thousands nationwide collecting dust -- each rape kit represents a human being whose body was a crime scene, and each rape kit represents someone like me who probably wanted to take a shower and instead went and did a rape kit test. And I know what that was like, and I don't want anyone else to feel like it again that helpless. I want to help empower others.

And, you know, it's certainly been very difficult to continually talk about my story, sometimes in great detail. But, you know, one of the reasons I find it so encouraging is because, as I kind of move forward, I meet these incredible people working in the field. And we'll get to talking and it feels like, you know, we can just kind of solve all the world's problems when we're finished. And I've just always really, really been grateful for than opportunity.

And because of that, it's like this multi-disciplinary team approach that's working so well right now. It's also working well in terms of advocates, because as a survivor I often have an opportunity to sit next to experts in forensics or who are familiar with the legal system, and I think that's a really powerful message. And I think that it does a really good job in communicating to the general public what we're doing to keep them safe from harm; what we're doing to ensure that they -- we're using the tools necessary to put people behind -- the appropriate and the right people behind bars and that's really empowering.

And I think one of the most important things right now is for me to continue to share my story in terms of my assault, and to be as open about it as I can, and to also share just what creates a victim from going to that to a survivor and then finally an advocate, what is that. And I wish I could take credit for becoming an

advocate because of some inner strength. But the real truth of the matter is I became an advocate because of the people around me that inspired me.

You know, I'm here and I'm looking at certain people I've worked with that I've learned from that I've met, seen at different conferences, and I'm just so grateful, because no one has ever really treated me like the victim. I'm being treated as a colleague. And as a colleague, I can impart that wisdom to the other survivors out there, because it's so important for them to understand the process. Because after you're assaulted it your head is just kind of swirling and you're not certain how to appropriately grasp what's occurred, and it's hard to know that, you know, a lot of us have never even had anything to do with the criminal justice system. So all of a sudden to be thrown into this process and all of a sudden to understand the process of DNA and forensics and how some of that works, that's something that's new to so many of us.

But what I do know, as the survivors across this country who have that knowledge and who are empowered with that wisdom, not only help move the justice system along but become the biggest cheerleaders for the field, because it's important. Because without this amazing scientific work and the work of the prosecutors and getting everything ready for court, I mean, we wouldn't have the strength and be able to, you know, wake up in the morning and know that the world is a better place. And, you know, I'm just so grateful.

It's interesting, Rebecca and I -- Dr. Campbell and I were in this very room. We don't remember when. But we were presenting with one another, and I always just enjoy presenting with her because, you know, she talks about the neurobiology and what goes on in our brains with trauma. And I'm always like, see, see, she's right. She gets me. But I'll never forget, and this is just -- there was someone in attendance at that conference -- and I hope I don't embarrass you, Dr. Campbell. But she was sitting there and she was like, "Oh, my God, oh, my God, I just met Dr. Campbell. Oh, my God." And it just goes to show you, I mean -- and this is not someone that was necessarily an expert in the field, it was a woman who just knew the great work that Dr. Campbell has done and how things have changed.

People know, it's not just this room. We're all sitting here and we have been working on this for many years. The word is getting out. Things are really evolving out there, thanks to, really, everyone's work here in the room. And I think the most important thing is just to continue this partnership, to continue to work with one another, because oftentimes we're able to kind of communicate to our constituents through each other.

I'm not a forensic scientist but I can kind of put things in laymen's terms to explain to survivors, and, you know, it's important. Often I'll go to a lab and talk to some of the criminalists that are working there and let them know how important their work is to me and how it changed my life.

So I hope that this great work continues. I think that we owe it to the general public. I know from my story alone, you know, we talk about public safety issue, and you can just really see real results. So, again, I can't tell you how grateful I am to be here and for all of your work through all of the years. And I certainly hope our paths will continue to cross. And I will continue to advocate for this work as long as someone will give me a microphone. Thank you.

SUSAN HOWLEY: Thank you so much, Natasha, for sharing. Gina.

GINA SCARAMELLA: Hi everybody. I think I have some slides that are going to come up. Yeah. Great. Well thank you for inviting me, too, to be on this great panel and to talk with you a little bit about some of the great work that's happening in Massachusetts. Oh, sorry, not good.

So I wanted to share with you just a few things, a little bit about the Boston Area Rape Crisis Center, a little about our role in forensics, and then the development of our access to Forensic Information Project, which was our effort at getting out to our communities. So, clicking. Okay.

So a little bit about BARCC. As Susan was saying, we are a long-standing center. We're one of the first in the country, and one of the largest and most comprehensive definitely in New England, but probably in

the country, and we do a high volume of service, both to survivors directly, their families, as well as prevention education in the community, and keep a large circle of partners around us to help continuing to improve so that survivors don't have to keep experiencing the not-so-good things that can happen.

So we work on a few different levels around forensics. The individual level, we work most closely when we accompany survivors to the hospital, and we do that well over 400 times a year, so that's more than once every day. And those are folks who are over the age of 12 and who have been raped within five days. And we do that in partnership with a sexual assault nurse examiner program at seven hospitals that are designated. But there's another, about 12 hospitals that are non-designated that we also respond to, and we do that through our hotline program. The hospital staff calls our hotline directly and we do patch somebody.

At the seven hospitals where we have a designation, the same nurse and the advocate get paged at the same time, and we both show up within 40 minutes. So that is our individual level. At the state level I'll talk more about our forensic project. And at the national level I just want to mention this great OVC supported pilot project that we've been on for the last few years, that's testing the ability of the telemedicine technology to work for increasing the quality of forensic exams in low volume or high turnover areas.

So it's a national project run through the Massachusetts SANE Program, where they're in several sites across the country, including military sites, trying to use telemedicine to increase that quality of service so that survivors are obviously getting better evidence collected and have a better experience, but also so that the clinicians involved start to feel like they can do this work and they can learn how to do a better job collecting evidence.

Our role in the project is to focus on the advocacy, so the circle outside of that clinical exam to make sure that there are people who are talking about sexual violence in the community, letting people know that the service exists, as well as ensuring that there are services for people to get attached to post-exam. So that is how we intersect.

So I thought I would just sort of chronologically tell you how we came to this access to Forensic Information Project, and it really started in the late '90s, when everything, as those of you who are in the field remember -- was about date rape drugs. I mean, date rape drugs, date rape drugs, it was pretty constant. And we had a case where -- actually, didn't need to go there yet -- where because all of that was going on the SANE Program, us, the crime lab, et cetera, had come together to create a toxicology kit and a consent form that we started to use, again, in the late '90s, and it was a survivor who taught us that we had a gap in our system, which was that if the survivor did not report the case, that those results from the toxicology kit were unable to be gotten.

So this survivor, Maria, was in a position of having a situation where she was raped by a coworker and didn't want to go forward and press charges unless she knew what the result of that toxicology kit said. So that was just not a mechanism that existed. So we worked with our partners in the State Crime Lab and came up with a strategy to do that, which was our toxicology line, statewide reporting line. And so, again, it's only for unreported kits, and it's only about the toxicology kit, not the whole evidence collection kit.

On a monthly basis the crime lab faxes results of the unreported kits to us by kit number, so it's anonymous. Survivors are given the information, that number, when they're discharged from the hospital and told to call it within 12 weeks if they're interested in finding out the results if they haven't reported by then. And so that was sort of our first foray into communicating more directly with survivors about forensic issues, and it's a great partnership. It continues. And we get about around seven calls a month to that line now.

So the second case, sort of fast-forwarding another five years or so, happened during sort the mid 2000s, when CODIS and DNA and backlogs and all of that started happening in the news, and we also had in Massachusetts a big exposé about problems in our crime lab. So the Boston Globe was pretty well smattered with stories about mismanagement at the crime lab, issues where cases weren't handled

properly. And so it really stirred up a lot of emotion for people who had, like Natasha, described, trusted the system to take care of what the efforts they had put into it.

And this case came to us in our legal advocacy program, and essentially the person, like many other people, was stirred up hearing about CODIS, not understanding what it was, what they should do. They had been raped probably 25 years prior at their college in another state but someone who had broken into their apartment, and they had gone and gotten a rape kit done at the time but had not heard anything since. And so we were able to work with her and get her to the right place. But we realized we really didn't have a way of talking with people about what they should do if they find themselves in that situation. And people are hearing all these words and it's talked about a lot in the media, but there really wasn't a way to get correct information.

So we started about a year-long project trying to learn a little bit more about how people were seeing what was going on and what was available. And so we did a little gap study to basically identify the information gaps between what survivors wanted to know and what they were able to access through the people and systems and the Internet. And so we did do surveys of survivors, of advocates. We did key informant interviews, and we did an Internet search. And that's the one that's the most interesting to me. We basically asked this guiding question. It's, "If you were going to go seek information about forensics, about DNA, about CODIS, what would you find?" So this is in probably 2008.

And what we found is that things sort of clumped into three groups. The first was that there was information out there but it was very technical high-level information. It was for people like you and me to understand the concepts, not really because you were asking a question. So it was not very accessible, even if it was current.

And then group number two, which was really concerning, because they were better at communicating directly to a survivor's needs were like the law firms and other people who basically had some hook to get you to want to go into their site. It was commercialized, ask-me sites were popular then. It was, you know, ask Mike and you could ask Mike anything and it would come up, things like that. So it was a lot of inaccurate information, very, like, inflammatorily presented, not professional, or commercialized.

And then the third thing that would come up was just news about cases. So it was, you know, all the newspaper stories, all the shows about it, the whole CSI effect was happening. So that was all coming up, but it didn't tell anybody anything about what they should do in terms of their own case.

So we've put together collaboration with these folks who are people we work with a lot. And I won't read through them because you can see them. And we've added people to that list since then, but this is skill kind of the core group. And we came up with three goal, which was to give survivors and their families accurate information, because we knew that our hotline counselor might say one thing to a question, and another hotline in the state might say something else. And we felt like if we could all come together and put all the information together and communicate it, we could all say the same thing.

The second was to make information available online and by phone in English and in Spanish with a survivor-centered feel. So it was for you, asking a question, getting your answer. And that we would create additional resources to go along with training, outreach materials, and ways of promoting the site. So that is what sort of merged the Mass Statewide Access to Forensic Information, the project, which has those three parts. And they're managed by my colleague, Katia Santiago-Taylor, who works both to keep that partnership going with bi-monthly meetings but also does directly to survivors through these services.

And, again, the services are the toxicology alert line, where people, 12 weeks after their unreported case, can get information about their toxicology kit results, and we're able to talk with them about what it means and what it doesn't mean. You know, we're in good communication with the crime lab. If we have questions, we can always ask them. And we could talk with them about possible next steps, depending on what is found.

And what we found is that not that many people actually change their mind at that point about reporting, but what they do do is think about -- it just changes how, you know, it's your body, it's your test result. It allows you to think about what happened to you with more clarity.

And then we started a surviverape.org website, which I hope you're go check out. It's in English and Spanish as a full site, and then also has an abbreviated site in Portuguese and in French. And this is where we put our accurate information for survivors and families in an accessible way. It has a frequently-asked-questions ability, so we have people come in, can ask their questions, and we answer them, and those tend to be highly-used pages. And as you can see, since we started in 2013, we went from about 7,600 sessions now to 116,000, and even in the first quarter of this year we're going to blow that out of the water. So it really is information that people want to see. It is going to have a redo, because some things have changed in Massachusetts, and just to improve the site as our understanding of how people use it improves.

And then because any of us who have been a health crisis or any other crisis know that a website is never enough, it has people with it. So these are advocates who answer the forensic information line in Spanish and in English. They can answer questions related to the evidence collection kit or the tox kit. They have all those partnerships. If there's a technical question we can reach out to SANE Program. We can reach out to the crime lab. We can reach out to the police, to the DA, and just ask hypothetical questions or make a connection for them if it's appropriate. So it really is just a person who can help facilitate whatever it is the survivor is needing or asking for.

So I don't know if we're going to do questions at the end, I think. Yeah. So thank you very much for having me.

SUSAN HOWLEY: Thank you. Gina, that's so inspiring to hear about that great work that you all are continuing to be leaders in the country. Now, with that, we'll turn it over to Dr. Campbell.

REBECCA CAMPBELL: Thank you. Good afternoon everyone. Clicking the mic. There we go. My name is Rebecca Campbell. I'm a professor of Psychology at Michigan State University. In that capacity I do basic research on trauma and how it affects the brain and the body. Natasha already embarrassed me on that. But what we try to do in that body of work is understand from a neurobiological perspective what is happening to survivors at the time of the trauma, and the immediate aftermath to help them understand and know why they feel the way they do, why they react the way they do, and I share that research now in trainings all throughout the country. Natasha and crisscross the country, often together, to talk about, from the survivor perspective and from the science perspective, about what we know about trauma.

Also in my research, I study how victims experiences with the criminal justice system unfold and how that affects their mental health, and the short answer is, not well, which led me to research in the City of Detroit in 2009/2010, when they discovered that they had about 11,000 untested rape kits sitting in storage. So from that work, I've been able to bring together what we know from basic research in psychology and trauma, what we know from applied work on victims' involvement in the criminal justice system to try to figure out what do we do about reengaging victims when we find out that their kits have not been tested. In many cases in Detroit it was for decades.

So in the brief time that I have with you today, I want to share with you what we know what the state of the research is on victim notification on previously untested rape kits and what are some of the issues we're trying to do and move forward to promote survivor engagement after what can be a very prolonged period of time, where they sat and they waited and they waited and they waited. So, first off, let's begin with getting this to click. Let's begin with getting this to click. There we go.

I'm a social scientist, not a forensic scientist, but, like your discipline, we have to start with an operational definition. I don't know any other way to begin anything without a definition. So what do we mean by victim notification? Hold on two seconds. Okay. So what we mean by victim notification is the process of re-contacting sexual assault survivors to inform them that their SAK, their sexual assault kit, has not been tested. It wasn't tested when they originally made the report, and now it either will be tested or it has been

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tested. And here I'm drawing a distinction that in some jurisdictions that they do reach out and try to talk to victims before they submit the testing. That's not super common. What's more likely is they've gone ahead and done the testing and now they need to reach out and talk to the victim about what that testing revealed. There are huge psychological implications of reopening survivor's trauma.

Now the other thing that happens in victim's notification is that survivors are often asked, do you want to participate in the reinvestigation and possible prosecution of your case. So in the midst of a very difficult psychological situation there's a very complicated legal issues that have to unfold. So there's two key things we need to think about in notification, so let's take two seconds to unpack them.

So, from a psychological point of view, what victim notification is, is a reactivation of traumatic memories, often completely out of the blue. Natasha told you she got a phone call, years -- how many years --

Years.

Year. A long time. She's going about her life, she gets a phone call. These survivors come home from work and there's somebody waiting for them at their doorstep. It is a long time. It is an out-of-the-blue notification, and we're reactivating traumatic memories. What does that mean? Well from a psychological standpoint, what you're doing is you're triggering a potential flashback by that completely out-of-the-blue reactivation of the trauma memory. If they've been struggling with post-traumatic stress disorder in the past, you're going to re-exacerbate those symptoms and other mental health problems they might have.

After the notification is over, it is not atypical that a survivor might turn to substance abuse because the reactivation of that trauma is so severe. And for those who have been struggling with sobriety, victim notification can be enough to compromise their sobriety and they will relapse. So we're talking about some very, very serious psychological consequences that go with victim notification, so we need to be mindful about that.

Now, from a legal standpoint, there is also some very complicated issues that are trying to happen. It's not uncommon that law enforcement, when they finally do find the survivor and they talk to him or her, there's a lot they want to do all at once. They might want to review the prior statement that the victim made. They might want to try to take a new statement. They might have photo lineups. They might want to try to discuss the DNA findings, and then they're going to basically put the \$6 million question in their lap of do you want reengage, do you want to prosecute, and they just came home from work. They just picked up the phone, and they've had this huge trauma reactivated, and then the police are like, "and do you want to do this." So it is a lot to take in all at once. It is an enormous, enormous ask of survivors.

So given that we have really complicated legal and psychological issues, it stands to reason, then, that we want to know what's the best way to do this? What are the best methods for victim notification? The problem is, is we don't know. And I want to take a second here to explain why we do not yet have best practices for victim notification.

In the context of sexual assault, this awareness of the problem of untested rape kits is still relatively recent, so there hasn't been a whole lot of research funding or anything along that way to promote research in this area. What limited research we do have comes from two jurisdictions, the one I worked with, Detroit, and the other, Houston. Both of these were funded through the National Institute of Justice to do action research projects, which were multi-year collaborations between researchers like me, practitioners like all of you, to focus on just those two cities to see what we could learn from that.

Now I ask you, do you want to make national policy on what happened in Detroit and Houston? Probably not; okay? But it's a start, but that's it. You know, when we talk about the state of the state of research, we're talking about empirical data from two studies and even in these two projects it was very hard to study this issue. For those of you with a social science background and familiar with the fact that we need institutional review board ethics approval to do research, IRBs are very skittish about allowing social scientists to collect data on active legal cases because maybe the research would somehow interfere with the process and the like material, you know, could be subpoenaed, I can explain that, I can't give it. It's

complicated. So IRBs do not want us to actually try to do research on this, and yet we very much need research on how to do this so that we can be attentive to the psychological and legal issues. It gets a little complicated.

This is also hard to figure out because of victim confidentiality. There's some information that can't be shared. It was not a good moment in our Detroit research team when I had to sit across the counter port to Gina, and I said, "Can you let me know this information," and the advocate said, "I cannot give you that information." And I said, "Why the hell not?" And they said, "Because the federal Violence Against Women Act protects victim confidentiality absolute." I'm like, "Absolute? I'm Becky. I'm a researcher. I'm here to help." They're like, "No, you can't have it." And I understand that, and we worked through that.

But there are times as a researcher there's information I want to have that I just can't have. And I get that, and I understand that. But it does make it difficult for us to understand how to do notification when sometimes, for very valid reasons, we cannot get to the very people who might want to give us that information.

And then a final factor of why it's hard for us to know what is best way to do this is the community context. This is not going to be a one-size-fits-all solution. And I want to talk a little bit more about why victim notification and idea of best practices is going to be very challenge for this issue. And I want to do this by taking you through a national tour very quickly of all the jurisdictions that have disclosed that they have large number of untested kits. So this started in New York City and Los Angeles; okay, number one largest city, number two largest city. And I think people are like okay, well this is clearly just a problem of the two largest cities. Well then Detroit and Houston also stepped up and said, "Well we have large number of kits." Houston is the number four city, and pretty much nothing surprises anybody about Detroit anymore in terms of its crime. But then Portland and Salt Lake City and Phoenix and Memphis and Dallas, and then more, and then more.

So this is what the map looks like now. This is from based on information from the Bureau of Justice Assistance Program that I now work with, the Sexual Assault Kit Initiative, SAKI. Once they made some resources available to jurisdictions that have large numbers of untested kits to say go ahead and put your hand in the air, nobody's going to hurt you. We can give you training and technical assistance. We can help you with funding to test the kits, training to work with survivors, this is how many places have now put their hand in the air to say we have not tested rape kits. And in some cases you can see there there's entire states that have said at the state level we have not been testing rape kits specifically.

So just looking at that map what is going to work for victim notification and engagement in Alaska and Jacksonville, Florida, is probably not the same thing because community setting is going to matter in terms of how you do victim notification. Are we doing this in an urban area? Are we doing this in a rural area where people know each other? Is this a Tribal land where we're going to be dealing with different jurisdictional legal issues? Is this a military setting? Is this a campus setting? So the idea that we could have best practices on victim notification you've got to take into account all of those different contexts and what's best in one city might not be best in another.

We also need to think about how to do victim notification from the survivor perspective, and whether what we're doing matters to victims of different culturally specific groups, immigrants, particularly in the current age of what their legal status might be. Victims with disabilities, victims from the LGBTQ+ plus populations, how you reengage someone matters who they are. And if they are a member of a marginalized or vulnerable population, how you do that might be very different.

How you're going to notify victims depends on how many you're trying to do. In Detroit, we were staring down about 10,000 notifications. So, if you're thinking about a protocol of trying to notify 10,000 survivors, it's a little different than what your protocol might look like if you're trying to identify 200 or 20.

And then, finally, what resources are in the community to help you do this notification? Do you have Gina? I mean, everybody wants to have Gina's center, but not every -- not all of us live in Boston. So, do you have a local rape crisis center? Many jurisdictions don't have that. Do they have system advocates,

someone in the police department or the prosecutor that can help do this notification? Do they have multidisciplinary response teams, or a SART, Sexual Assault Response Team? Basically, who do you have in your community that might be able to help you do this?

Some communities, Boston has the deluxe version. Detroit had none of these. None of these. They did not have a freestanding rape crisis center. At the time we started, they did not have system-based advocates and they did not have a SART team. So, there's going to be huge variability in jurisdictions in terms of where their readiness is to do this kind of work.

So, that pretty much shoots the idea of best practice kind of out the window, but I hope it gives you a feel for why it's going to be hard to get a one-size-fits-all, because we are going to have to tailor this to individual communities. So, as a social scientist, that doesn't make me particularly comfortable. How are we going to do this? So, what we tried to do in Detroit was think about, okay, if we can't say they're empirically-supported, you must do this, can we come up with empirically-supported questions to help you create your own victim notification protocol in each community.

So, that's what we did. We created an empirically-supported document, 12 essential questions for victim notification. It's now being released through BJA to help other jurisdictions that have large numbers of untested kits. I believe it's in your mystical, magical materials that were distributed to you. In the interest of time, I'm not going to take you through in detail all of these 12 questions, but I do want to just give you a little snapshot of them to give you a little bit deeper understanding of what kinds of complexities jurisdictions are wrestling with, and, again, try to highlight where the role of forensic science is going to be in many of these.

One of the first questions that a community has to deal with is trying to figure out who should be involved in creating the protocol. And I can say now that my work with the BJA-funded project, I see tremendous variability across the country, where there's some jurisdictions where the lab has said, "We're going to do this," and the advocates are like, "Really? Lab, you're going to do this?" And they're like, "Yeah, we're going to do this because we know DNA." And the advocates are like, "That's great. I'm so glad you know DNA. Tell me what you know about trauma." And they're like, "I know DNA. I know DNA really well." And that kind of conversation gets you very quickly to the need for a multidisciplinary team. Law enforcement, prosecution, crime lab, and advocates, and forensic nurses, you need all of those disciplines in the room because it is both psychological, legal, and forensic. The victims are going to have very technical questions about what this all means, so you need all of the disciplines there.

It's also really important, in the second question, to figure out what the protocol's guiding principles are going to be. And the reason why you need that is because there's going to be a lot of borderline calls here, and you're going to see some of those in a few seconds, where it's not clear what you ought to do. So, you're going to need something to fall back on to say what are we trying to do. We're trying to be victim-centered, "survivor-centered" was the term Gina used. We're going to try to let victims and survivors make their own choices about what they want. We want a principle that says we're trauma-informed so that the people interacting with survivors have the current knowledge about trauma and how it affects them.

Third key question jurisdictions have to figure out is what the heck kind of protocol do they need to develop. Broadly defined, you have two choices. Active outreach, are you trying to write a protocol where it says we are trying to find you, survivor, what Natasha experienced. They reached out to Natasha, active outreach. Are you trying to create an opt-in program where you create cool materials like Gina's folks have done, where survivors can reach out to the service providers to say 1-800-Where-The-Hell-Is-My-Kit? Or do you need both; okay? And jurisdictions need to figure out what they're going to do, is it active outreach, is it 1-800-Where's-My-Kit, is it a combination of the two?

The fourth key question that they need to talk about is when are you going to notify victims. Are you going to notify them before you send everything out for testing and give them a choice to opt in or opt out, or are you going to submit after testing? From a practical point of view, almost every jurisdiction I know is doing this after testing. If the survivor released the kit at the time she or he had the exam, and it can be tested,

most jurisdictions are saying we're good, survivor consented to release the kit, let's move forward with testing. If the survivor did not release the kit, like it's an anonymous kit or some other means, then obviously it should not go forward for testing. So, most jurisdictions are saying if there's consent, let's just go ahead and get this out for testing.

This fifth question is the one that's going to bring every jurisdiction to their knees. I've seen this in Detroit and I've seen this everywhere else. Why? Why are you calling Natasha? Why are you calling survivors? Why are you making this contact? And most likely this is going to depend on forensic testing results and possible legal action. What do I mean by that? Let's consider, very briefly, a couple scenarios.

What do you do if there's no DNA found in the kit and the case is beyond the statute of limitations? What's the right thing to do? Do you notify? Do you reopen someone's trauma to say, "I'm sorry your kit wasn't tested. There's no DNA. Your case is beyond the statute of limitations, but we thought you'd want to know"? Exactly. You're all like, "Uh, I feel kind of uncomfortable with this." Yes, everybody feels uncomfortable with this question, because you can be very paternalistic, "maternalistic," and you can also really put someone through hell with notification. So, that's one of the things the community has to decide on.

What if there's no DNA found in the case, but the case is still within the statute of limitations? So, there's no DNA to help you out, but you could go forward, but there's no DNA; what do you do in that situation? What do you do in the situation when DNA is found in the kit, but the case is beyond the statute of limitations? So, this, for stranger rape victims, could be the opportunity to say, "We know who did it, but there's nothing we can do because your case is beyond the statute of limitations." Is that a fair thing to do to survivors?

What about some other quick scenarios to consider? Technology is my friend. What if DNA is found in the kit, it has a CODIS-eligible profile, but there's no hit yet? Do you get someone's hope up, do you give them the heads up this could be coming, or do you just let sleeping dogs lie? What do you do if DNA is found in the kit, there is a hit, but the case is beyond the statute of limitations? What do you do if DNA is found in the kit, there's a CODIS hit, and the case is within the statute of limitations?

This also underscores why you need the multidisciplinary team approach, because prosecutors, bless you, will have very strong opinions about this, law enforcement will have strong opinions, advocates are going to have very strong opinions on this, and this is why, at the national movement, we're very happy to have Natasha and Natasha's Justice Project to help us bring survivor perspectives, those who've gone through these different scenarios. Like I said, this is going to bring a community to its knees in trying to figure out what to do with these situations.

And then who's going to make this decision? Is one person going to do it? Is it a single discipline? In Detroit, we decided it was a multidisciplinary team because everybody wanted to be able to sleep at night and nobody wanted that one decision on their shoulders. They're like, let's decide together.

What do you hope to happen in this first notification? You have to balance the legal and the psychological issues, and the brain's ability to take in complex information. That was a very interesting moment in the Detroit Project when the, bless them, the police brought in their list of everything they wanted to do in the notification, and I got to put on my psychologist hat and said, "There is no way, under God's green earth, that this is going to work." And they're like, "No, no, it will work." I'm like, "No, it won't. It really won't work. Trust me. Trust me. Trust me. You've just reactivated a traumatic memory. The brain is not processing complex information. This is going to take more than one meeting." And then the advocates went, "What? More than one meeting?" I'm like, "Oh, yeah, you're going to need two meetings." They're like, "Oh, my gosh."

So, we had to come up with a process for two different meetings, one was a short, then a long, to get everything accomplished. And who's going to do this? Next question. Is it going to be law enforcement? Is it going to be a systems-based advocate? Is it going to be a community-based advocate? Is it going to be a forensic nurse? Everybody has different ways to do this. Law enforcement's like, "We have to be there."

And the advocates are like, "Okay. Great. We have to be there, too." And they're like, at least in Detroit, they're like, "You can't be there. It's physically not safe." So, who's going to go out?

In other jurisdictions, they're like, "We want a multidisciplinary team approach, which everybody says, "That sounds great," and then you think about a team of people showing up on the doorstep after your day at work. And you're like -- there's no way, potentially to sort of hide the -- it's like, "Oh, whoops, never mind, all of us were wrong. We're going to leave now." So, they have to come up with sort of elaborate protocols for what if you show up at the wrong door. What if you show up at the door and the survivor is not in a safe place to talk to you, and you have this fleet of people standing there. You know, there's ways of -- you have to work through all of these different issues, very complicated things. And, again, what works in one place is not going to work in all.

How are you going to do this? Are you going to do it by phone? Are you going to do it in person? Are you going to do it in mail? Most survivors say, "Don't send me a letter. It's not safe." Phone sounds pretty good, unless you work with mobile-poor populations, like Detroit, where that's not going to be an option. So, you, very often, are going to be showing up on people's doorsteps. So, you have to think about safety and confidentiality and privacy issues.

A community has to grapple with what information they can give. This was a fascinating discussion to watch between the advocates saying, "You have to give the survivors all of the information, including the forensic testing results." And the prosecutor is saying, "Over my dead body." And the lab is saying, "Hmm, I'm not even sure how we would do that in a quick, coherent way." So, you have to think through what information you're going to give to victims once you notify them.

You need very extensive training for your people who are going to do this, on trauma, on the protocol, on working with different populations, and, as we learned in Detroit, self-care strategies. It was very hard for the people who did these notifications to see survivors yell at them, scream at them, tell them to "Get the - - off their porch," on the other hand, to cry, to invite them into their home, to ask them to pray with them, to have coffee or tea. You can see any number of reactions from survivors, and they had to take whatever they got, and then they had to somehow get on with their life the same. So, we had to think about how to support the people doing the notifications.

And then, finally, last key question, this is my training as a psychologist, your training as forensic scientists, how are we going to monitor and evaluate this to know that it's going well? That was a very odd question for everyone. I said, "So, we're going to do some research on this; right?" They're like, "No." I'm like, "Yeah, we are," because we need to know how to do this. And, again, that may not -- everybody may be so caught up in the prior 11 questions that they don't want to think about evaluation, but you need evaluation.

So, those are the questions. That's what communities have to struggle with. And when you can struggle with those and develop a protocol, as we did in Detroit, what does research say? Okay. This is not going to be the long part of my talk because there's two studies. So, if you want to think about the sort of state of the state of the literature, we have one study out of Detroit that was just published, Houston's still under peer review. This isn't going to take long. But it suggests that a trauma-centered -- victim-centered, trauma-informed principles will work. Most victims do not have an adverse reaction to notification, even if they yell and scream and tell you to get off the porch, it's possible they're going to yell after you, "Wait a minute, wait a minute, come back in here." Okay. Most will stay engaged. Most do choose to reengage and most do reconnect with services, and most do need extensive services, particularly in mental health and substance abuse after they've been notified.

So, it's a hard thing to do, but it can be done. It needs to be done and it has to involve all of the different disciplines that have anything to do with survivors and forensic issues. So, I thank you for this opportunity to address you today. And how are we doing on time? Did we do it?

MALE SPEAKER: [Inaudible].

REBECCA CAMPBELL: All right.

SUSAN HOWLEY: All right. That was a lot to take in. We have time for a couple of questions, if anyone has a question. And Cecilia, you can be first.

CECILIA CROUSE: First of all, I'd like to thank the panel. Natasha, sharing your journey can't be easy, especially as often as you said that you've done that. And I certainly appreciate you doing that. And also congratulations on your purpose that you explained so eloquently. I appreciate that. I've read, Dr. Campbell, almost everything that you've written. I've kept in very close contact with what's been happening up there. It's been -- there's been a lot of instances where we've used and not used, when it was suggested, some of the processes.

I have a question for Gina. Is an un-reporter the same -- let me back up. With our new Senate Bill 636 in Florida, if we have a non-reporter -- I guess my first question is at the same thing, but a non-reporter is someone in which they do not report with regards to law enforcement. So, there's no law enforcement report. However, sexual assault kit is taken in what we call our Butterfly House, and that is kept for one year. But until a report is written by law enforcement, the crime laboratory -- that's not -- we accept it into our evidence unit, but we can't go and get it. We can't do anything with it until the non-reporter, which have one year, and the victim advocate calls and says, "You know, the one year is coming up." So, I guess my question is with regards to the toxicology reporting system that you have, and did I understand you to say that they can request for toxicology to be done without having a police report or -- I mean, how does that happen?

GINA SCARAMELLA: [Inaudible]. Okay. In Massachusetts, all toxicology kits are tested, whether it's reported or non-reported.

CECILIA CROUSE: So, a victim doesn't request it. You just automatically --.

GINA SCARAMELLA: It's part of the consenting process for the kit. We let them know at the time they're consenting to have a toxicology kit done that it will be tested, and that, if they report, it would be part -- something they can get the results of through the jurisdiction where it happened with the prosecutor or police that they're working with, or, if it's unreported, we'll give them a number at discharge where they can call and get that information in about 12 weeks.

CECILIA CROUSE: And who gives that? Is it -- it's not the scientist, obviously.

GINA SCARAMELLA: No, for that reason that Rebecca was saying. No. So, they have trained us on sort of the basics of what typically comes up in the tox kits, which is obviously alcohol, number one. And then Xanax and that kind of stuff is probably number two. And I don't think we've had -- if we've had any, it's been only a very few of what we were thinking that we were going to find, which I'm sure you already all already know, Rohypnol and GHB never. So, yeah, that's the way it works. It's 100 percent testing for tox kits.

CECILIA CROUSE: Are you keeping metrics on the results, I mean holistically, not only just results, but the victims, if they decide to report?

GINA SCARAMELLA: I was thinking a lot about that as I was preparing for this presentation. And I think it's something we just haven't been able to focus on enough. And I think this is the time it's really important to go back and see what the impact has been of doing this. Anecdotally, I will, as I mentioned, say that it really has not turned cases. Just as extending the length of time for the evidence -- holding the evidence collection kit, because that's another function that we do is request an extension. In Massachusetts it's six months that they hold kits without reporting, and then you can request an extension and go another six. That is the law that's about to change to hold it for the entire statute of limitations of 15 years.

So, our local folks are -- our crime lab, we have a Boston crime lab and a state crime lab, are struggling with that because we're -- they're concerned that the view from the public is going to be that we have untested kits, but what we have is, of course, unreported kits that are being stored. So, we need to do those metrics and that work. Our crime lab is excellent and it's just something we haven't focused on enough in terms of pushing that information together.

SUSAN HOWLEY: Thank you. Dean.

DEAN GIALAMAS: Ladies, I want to thank you for your presentation. And in particular, Natasha, you know, you've taken this tragedy and as a personal story, and you've turned it into really a heroic effort that you've been doing all across the United States. It's benefiting groups like us. It benefits the criminal justice system. It benefits the survivors, you know, that are struggling as well. So, thank you for that.

I would be remiss in saying that we were one of the "posterchilds" up on your map. I'm from Los Angeles. And just to provide everyone with a little bit of closure, in case you didn't know, we had about 12,000 untested sexual assault kits between L.A. City and L.A. County Sheriff that was discovered in the 2006 to 2007 timeframe. By 2011, we had eliminated that complete backlog and both agencies have been able to keep up since then. But to your point about notifications, the Sheriff's department has taken on a formalized notification program.

And my question to you is this, we have a policy in the laboratory where we test every sexual assault kit, regardless of investigative need, and we've discovered there are some cases that would never have been tested, but it provided some pretty substantial information, linking either to suspects or linking other cases together. So, we've seen that benefit, but I'm curious on the notification piece. There's multiple ways that we can notify. We're currently using a letter format, and that was chosen by, as you mentioned, a collective group, but has any research suggested or showed a type of notification that has a, for lack of a better term, a better effect or a more positive outcome, and can you elaborate on that just a little bit?

REBECCA CAMPBELL: Two studies, both of which used variations on in-person notification. So, as a social scientist, I have to say there's no data to suggest that mail won't work. All I can tell you is that we have an unbalanced design where only one method has been evaluated. It goes back to the issue of the size and scope of what you're trying to do. So, yeah, you were the posterchild of one of the bigger ones, and it's amazing that they've been tested and cleared. And in that situation where you have that many survivors that you need to contact, that's when I hear people do talk about mail with a combination of an opt-in approach.

The Joyful Heart Foundation has done some survivor focus groups, not sort of peer reviewed research but some focus groups. And the mail system was sort of mixed, but there was acknowledgement that if the scale is big enough, that might be appropriate, but can you combine that with the 1-800-Where's-My-Kit with, you know, good public announcements, and to have, you know, advocates staffing the line, working with a multidisciplinary team.

So, the Houston Project, which is also I think on National Criminal Justice Reference Service, had survivors who were not involved in cold cases look at letters and say "I like this, I don't like this." So, I could refer you to that. They weren't thrilled, overall, with letters, but they did have some feedback about what to put in a letter and what not to put in a letter.

SUSAN HOWLEY: All right. Julia.

JULIA LEIGHTON: Thank you all very, very much, and thank you for taking the time to share your stories here, and the research, and the research that needs to be done. I'm struck by some overlapping themes between the two panels that we've had, and the issues that we have yet to address here, and that I think we've tried to identify as being critical issues. And one of those is the treatment of evidence, how do we preserve it, how long do we preserve it, how do we notify people? However you want to define them, how do we notify people, whether they be survivors or incarcerated?

And I think it's just -- you know, it's sort of one of those painful things. It was going to be inevitable. It didn't matter which panels we had on our last session, whatever they were. If they had been last January's panels, we'd have thought, "Gosh, we should have started there," or these panels, "We should have started here." And I think it just goes back to the issue of, while much has been done, a lot remains to be done. And these two panels, from what might seem like very disparate perspective, share some really common, common threads of what it -- of how lives are destroyed and what efforts need to be made about how you communicate with people that have been put in that situation, and what responsibilities we have to thinking through the notification, thinking through the preservation of evidence, and grappling with what went wrong and coming up with solutions. So, thank you very much.

NELSON SANTOS: Okay. I think that's it. One round of applause. Last final applause. Thank you. Okay. That takes us to the wrap-up session, which we're a little early on. And considering that we were going to wrap up some issues that we kind of voted down, I'm not sure exactly -- I guess I'll open it up to folks on any topics that you'd like to discuss at this point in time. And if we don't have any topics to discuss, then we'll go into the public comment period. So, I open it to the floor for any comments, questions, on anything that's happened today. It's difficult to wrap up when there's no next meeting to talk about. So, Jules.

JULES EPSTEIN: Well, I have a comment. In light of the announcement that we received this morning, I realize that we voted down two proposals. I'm assuming it was done on merits. In other words, that whatever people thought about the overarching issues, reports and what should be in them, science or scientific results and how they should be communicated, that the concern was linguistic and not with the issue itself as being important to forensic science. I just felt it important to express my chagrin that we are going out doubly, not with a bang but a whimper. We were closed down. And being closed down, we went out in an ignominious way by voting down two proposals without ever taking an affirmative stand.

A year or so ago, at one of our meetings, Paul said to this group we're not grappling with the fundamental issue that every day in court there's testimony still going on that is not necessarily the most accurate. And I'm sure I'm understating what Paul said. I don't -- there's probably not a mechanism for doing this, because obviously we don't have anything to vote on, but I, for one, want to go on record that, as a member for 24 hours more of this commission, I strongly believe and am convinced that the forensic disciplines have significant needs on the two issues that we couldn't resolve today. And I hope it's clear that the fact that we didn't vote affirmatively on two proposals is not a statement that all is well. I don't know how to communicate that otherwise as a sense of the commission, but it's a sense of one commissioner.

NELSON SANTOS: Okay. So, seeing no other tents up, John, do you have -- okay. Okay. Yes, Arturo?

ARTURO CASADEVALL: I mean, I totally agree with what has been said. You know, the commission may be going away, but the issues that we have discussed are not going away. And I am an optimist. I like to think that, despite what many of us feel was not the completion of a lot of work, a lot of the discussions that went on here, a lot of the exchanges that went on here will change the future in a way that it will lead -- some of this work will have to get done. These problems are not going away. And sadly it's kind of a missed opportunity.

On the other hand, I come from the world of science where often dogmas and problems just take a long time to bid resolve. So, with something like this that has been going on for a long time, it's likely that it will take some time to work itself out. And I think this commission will have made a tremendous -- have been a tremendous catalyst in that future that we will one day get to.

NELSON SANTOS: Okay. John, do you want to open it up for public comment?

JONATHAN MCGRATH: Yes. So, there were a few people that registered online in advance of the meeting to provide public comments. So, now is the public comment period. Okay. Seeing no hands in the room, we will have a second public comment period tomorrow at the end of the day's proceedings. If

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there's nothing else, I adjourn this meeting. We'll meet -- reconvene at 9:00 AM tomorrow morning here.
Thank you very much.