



BEXAR COUNTY  
SEXUAL ASSAULT RESPONSE TEAM

COMMUNITY - COMPASSION - COURAGE

# BIENNIAL REPORT

Bexar County Sexual Assault Response Team

2025

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## Executive Summary

Sexual assault remains a critical public safety concern with profound and enduring impacts on the health, wellbeing, and financial stability of individuals and families across Bexar County. The community's response to this crime involves a complex network of systems—including criminal justice, healthcare, and social services—each comprising multiple agencies and practitioners. Despite the availability of these resources and the dedication of survivor-serving professionals, sexual assault continues to be underreported, convictions are infrequent, and only a small proportion of survivors access essential support services such as advocacy and counseling.

Stigma surrounding sexual assault often deters survivors from seeking help. Early interactions with first responders play a pivotal role in shaping survivors' understanding of their rights and options and significantly influence their decisions about whether to engage with the justice system or pursue recovery. Many survivors choose not to report due to feelings of shame, fear of disbelief, or concerns about the strength of their case. When survivors do reach out to law enforcement, dismissive or ineffective responses can reinforce these fears, discouraging further participation in investigations or support services. Similarly, comments or actions from other professionals, though not intended to harm, can erode trust in the systems designed to protect and support survivors. For example, an emergency room nurse may incorrectly assume that no physical evidence remains after two days, or an advocate may express frustration over delayed police response times. These interactions, while often rooted in misinformation or systemic challenges, can have lasting negative effects on survivors' willingness to engage.

Misconceptions about sexual assault are widespread, and without consistent, high-quality training on the dynamics of sexual violence and the neurobiological effects of trauma, professionals may inadvertently perpetuate harmful myths. A newly trained patrol officer unfamiliar with concepts such as tonic immobility or memory fragmentation may misinterpret a survivor's behavior or struggle to understand a non-linear account of the incident. Survivors may perceive such responses as disbelief or blame, leading to disengagement from the investigative process and support services.

Sexual assault is a deeply sensitive issue, and professionals who lack trauma-informed training may feel ill-equipped to meet survivors' complex needs. Without clear protocols, even well-intentioned actions—such as a physician entering a forensic exam room or misinterpreting a survivor's behavior—can compromise privacy, chain of custody, and the survivor's sense of control. Implementing survivor-centered protocols and emphasizing trauma-informed care are essential to improving outcomes and minimizing re-traumatization.

Even when individual professionals are competent within their respective roles, gaps in interagency understanding and coordination can hinder effective service delivery. Survivors may receive conflicting information or experience fragmented care, exacerbating confusion and

distress during an already traumatic time. As cases progress, lapses in collaboration—such as missed referrals or inadequate preparation for legal proceedings—can significantly impact survivors’ health and justice outcomes. Interagency tensions, if left unaddressed, may further compromise service provision.

The journey toward justice and healing is often long and challenging. Without consistent, coordinated support from a multidisciplinary team, survivors are less likely to remain engaged with services or the criminal justice system. Strengthening collaboration, enhancing training, and implementing trauma-informed, survivor-centered practices across all sectors are essential steps toward improving outcomes for survivors of sexual assault in Bexar County.

## Extent of Sexual Assault

Sexual assault remains a pervasive and underreported crime in Bexar County and across Texas. In 2023, the Texas Department of Public Safety (DPS) recorded 1,641 rape offenses in Bexar County, resulting in a rate of 78.6 offenses per 100,000 residents—a figure notably higher than those reported in Travis, Harris, and Dallas counties, and more than double the statewide rate of 36.2 per 100,000.

Despite these alarming statistics, sexual assault is significantly underreported. National estimates from the Bureau of Justice Statistics suggest that only one in three sexual assaults are reported to law enforcement. A 2015 statewide study (Busch-Armendariz et al.) found that 6.3 million Texans—including two in five women and one in five men—have experienced sexual assault in their lifetime, with 413,000 Texans reporting an incident in the previous year.

The same study revealed that only 9.2% of survivors contacted police following an assault. Reasons for not reporting included fear, shame, embarrassment, and concerns about being disbelieved. Medical care was sought by just 6.4%, and only 3.5% received treatment from a Sexual Assault Nurse Examiner (SANE). While 15.5% interacted with a social worker or helping professional, the most common sources of support were friends (45.3%), family members (31.5%), and intimate partners (16.9%). These findings highlight the need to strengthen public trust in systems that respond to sexual violence and to create accessible, survivor-centered pathways to justice and care.

Qualitative research conducted by Kellison et al. (2022) further underscores the importance of survivors’ experiences with law enforcement and district attorneys. Survivors reported inconsistent responses, lack of empathy, poor communication, and delays in case progression. These experiences significantly influenced their willingness to engage with the criminal justice system and support services. The study emphasized the need for standardized trauma-informed training across agencies.

Sexual assault cases are not only underreported—they are also frequently under-investigated and under-prosecuted. National data from RAINN estimates that only 16% of reports lead to an arrest, and just 9% result in a felony conviction. In Bexar County, DPS data from 2023 shows only 56 arrests related to 1,641 reported rape offenses. The broader SART Biennial Report documented 2,106 sexual assault crimes investigated, with only 374 cases filed with the District Attorney’s Office.

Recent studies (Murphy-Oikonen et al., 2022; 2024) reveal that survivors often disengage from the justice process due to emotional exhaustion, accusatory communication, conflicting information, and diminished confidence in the system. Law enforcement officers also report challenges, including inadequate training, emotional strain, and difficulty evaluating evidence. Additionally, research by Venema (2019) shows that rape myths and misconceptions may influence discretionary decisions, leading to the de-prioritization of cases and insufficient resource allocation.

## Recommendations for Improvement

To address the challenges outlined above and improve outcomes for survivors of sexual assault in Bexar County, the following recommendations are proposed:

1. **Expand Trauma-Informed Training Across Disciplines:**  
Provide consistent, evidence-based training for law enforcement, prosecutors, medical professionals, and social service providers on the dynamics of sexual violence, trauma responses, and survivor-centered care.
2. **Standardize Response Protocols:**  
Develop and implement uniform protocols across agencies to ensure consistent, coordinated responses to sexual assault cases, reducing variability in survivor experiences.
3. **Strengthen Interagency Collaboration:**  
Facilitate regular multidisciplinary meetings and case reviews to improve communication, streamline referrals, and ensure survivors receive comprehensive support.
4. **Increase Public Awareness and Outreach:**  
Launch community education campaigns to reduce stigma, dispel myths about sexual assault, and inform the public about available resources and reporting options.
5. **Enhance Survivor Access to Services**  
Expand access to advocacy, counseling, medical care, and legal support—particularly for underserved populations—through mobile units, telehealth, and community-based partnerships.

## References

Busch-Armendariz, N.B., Olaya, D., Kerwick, M., Wachter, K. & Sulley C. (2015). Health and well-being: Texas statewide sexual assault prevalence. The University of Texas at Austin, Institute on Domestic Violence & Sexual Assault: Austin, Texas.

Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2015-2019 (2020).

Kellison, B., Sookram, S.B., Camp, V., Sulley, C., Susswein, M., McCarty-Harris, Y., Dragoon, S., Kammer-Kerwick, M., & Busch-Armendariz, N. (2022). Voices of Texas sexual assault survivors: Services, gaps, and recovery journeys. Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin.

Murphy-Oikonen, J., Chambers, L., Miller, A., & McQueen, K. (2022). Sexual Assault Case Attrition: The Voices of Survivors. Sage Open, 12(4). <https://doi.org/10.1177/21582440221144612>

Murphy-Oikonen, J., McQueen, K., Miller, A., & Chambers, L. (2024). Gatekeepers to Justice: Police Officers' Experiences Responding to Sexual Assault. Crime & Delinquency, 70(12), 3442-3468. <https://doi.org/10.1177/00111287221143944>

Venema, R. M. (2019). Making Judgments: How Blame Mediates the Influence of Rape Myth Acceptance in Police Response to Sexual Assault. Journal of Interpersonal Violence, 34(13), 2697-2722. <https://doi.org/10.1177/0886260516662437>

## Legal Mandates

Below are legislative changes that have directly impacted sexual assault response efforts across Texas and within Bexar County. These updates strengthen survivor rights, enhance access to trauma-informed care, and clarify the roles and responsibilities of multidisciplinary teams such as our Sexual Assault Response Team (SART). Staying informed about these developments ensures that our team remains compliant with current laws, aligns our protocols with state standards, and continues to provide survivor-centered services. Understanding and integrating these legislative changes is essential for improving coordination among law enforcement, medical providers, advocates, and prosecutors, ensuring that survivors in our community receive equitable and comprehensive support throughout every stage of the response and justice process.

### ***87th Texas Legislature***

Senate Bill 476 mandates that each county in Texas establish a multidisciplinary Adult Sexual Assault Response Team (SART). These teams are tasked with developing county or regional interagency protocols that are trauma-informed and tailored to meet the needs of adult survivors of sexual assault. The legislation aims to enhance collaboration among agencies, improve health and judicial outcomes, and ensure a coordinated, survivor-centered response to sexual assault cases.

### ***88<sup>th</sup> Texas Legislature***

Senate Bill 806 mandates referral to Rape Crisis Services. Peace officers who respond to or investigate an incident involving sexual assault must provide to the survivor a written notice that contains information about the rights of crime survivors, information about Track-Kit, and a written referral to the nearest sexual assault program. Additionally, officers must offer to request a forensic medical exam on behalf of the survivor and coordinate with the SART to provide continuing care to the survivors or to further investigate the offense. SARTs are charged with the responsibility to consult with law enforcement to develop this required written notice. The notice must be in English and in Spanish and must contain current contact information for the following community services: (1) a survivor assistance coordinator, (2) a crime survivor liaison, (3) the nearest sexual assault program, and (4) a healthcare facility that offers sexual assault forensic medical examinations.

House Bill 4628 requires crime labs and law enforcement to share information with one another in a timely manner in order to advance sexual assault criminal investigations. It creates a specified notification timeline, where before none existed, to inform law enforcement of DNA matches in the CODIS database, and mandates law enforcement to respond and attempt to collect and return to the lab DNA samples from identified suspects within 30 days of a match. The law also requires law enforcement to notify survivors within five business days of any CODIS hits.

### ***89<sup>th</sup> Texas Legislation***

House Bill 1422 (Rep. Hull/ Sen. Huffman)

This bill added a third option for survivors, allowing them to complete a non-reporting SANE exam and opt in to get the kit tested by the Department of Public Safety for foreign DNA. The results will be provided to survivors through Track-Kit. These results will not be shared with law enforcement or entered into CODIS. To choose this option, survivors must sign a limited-scope consent form. After receiving their results, they may later choose to report to law enforcement and request that their results be entered into CODIS. These updates will take effect on December 1, 2025.

The bill also establishes a new first-degree felony offense for the continuous sexual abuse of an adult and designates this offense as ineligible for probation. It sets a mandatory minimum sentence of 25 years for aggravated sexual assault of a child under the age of 10, aligning this standard with comparable statutes. Additionally, it authorizes judges to impose consecutive sentences for sexual assault convictions—a discretion previously limited to cases involving minors. Finally, the bill increases penalties for voyeurism by reclassifying it from a Class C to a Class A misdemeanor, with further enhancements for repeat offenders and cases involving child survivors.

HB 1465 (Rep. Hickland/Sen. King)

This bill expands the scope of the invasive visual recording offense to cover recordings made in any location where a person has a reasonable expectation of privacy—defined as places where an individual would believe they could disrobe in private, such as bathrooms, bedrooms, or changing areas. The bill also mandates that anyone convicted of this offense must register as a sex offender.

SB 9 (Sen. Huffman/ Rep. Smithee)

This bill makes individuals charged with certain serious offenses—including murder, capital murder, aggravated kidnapping, aggravated assault, and aggravated sexual assault—ineligible for bail.

HB 793 (Rep. S. Thompson/Sen. Zaffirini)

This bill strengthens confidentiality protections for protective order applicants by changing statutory language from “may” to “shall,” requiring that an applicant’s mailing address and county of residence be redacted upon request. It also mandates that courts inform applicants during protective order hearings of their right to request confidentiality and directly ask whether they wish to make such a request.

References

Texas Association Against Sexual Assault (TAASA). *89th Texas Legislative Session Update: Sexual Assault Reform — Updates from the Texas Capitol*. Austin, TX: TAASA, 2025, 7700 Chevy Chase Dr Ste. 230, Austin TX 78752.

## **Mission of Sexual Assault Response Team**

The Sexual Assault Response Team (SART) aims to enhance the quality of services provided to survivors of sexual violence and their families. We strive for a compassionate and streamlined response, improving service delivery and evidence collection. Additionally, we seek to educate the community about available interventions and preventive measures against sexual violence. The SART operates under the authority of the Local Government Code Subchapter J.

## **Vision of Sexual Assault Response Team**

Our vision is to foster a supportive environment in Bexar County and the greater San Antonio area by creating a survivor-focused, trauma-informed community. We will optimize service delivery and efficiency while raising awareness of intervention and prevention services related to sexual violence.

## Definitions

- (1) "Adult" means an individual who is not a child as defined by Section [101.003](#), Family Code.
- (2) "Response team" means a multidisciplinary team established under Local Government Code Subchapter J to strengthen the collaborative response and enhance health and judicial outcomes for sexual assault survivors who are adults.
- (3) "Sexual assault program" means a program that:
  - (A) operates independently from a law enforcement agency or prosecutor's office;
  - (B) is operated by a local public or private nonprofit corporation either independently or as part of a municipal, county, or state agency; and
  - (C) provides the minimum services, as defined by Section [420.003](#), Government Code, to adult survivors of stranger and non-stranger sexual violence.
- (4) "Survivor" means an individual who is a survivor of a sexual assault or other sex offense, regardless of whether a police report is filed for the incident.

## Establishment of the Sexual Assault Response Team

Sexual Assault Response Team (SART)

### ***Background and Legislative Context***

The Sexual Assault Response Team (SART), in its current form, has been operational since January 2020. It serves as a statewide model for legislation amending Texas Government Code Chapter J, which governs the coordinated response to adult sexual assault.

### ***Legislative Requirements***

Under the amended statute, each Texas county with a population exceeding 250,000 is required to establish an Adult Sexual Assault Response Team (SART). These teams are tasked with improving the multidisciplinary response to adult sexual assault through collaboration among law enforcement, healthcare providers, survivor advocates, and prosecutors.

### ***Regional Collaboration***

Counties with populations below the 250,000 thresholds are permitted to collaborate with neighboring jurisdictions to form regional SARTs. This provision ensures that all communities, regardless of size, have access to a coordinated and effective response framework.

## Members of the Sexual Assault Response Team

As per Government Code 351.252, the following mandated members are required to be on the team:

1. Chief Administrator or designee of a sexual assault program that provides services for the county – Alamo Area Rape Crisis Center
2. Prosecutor from the Bexar County District Attorney's Office
3. Chief or Designee from the San Antonio Police Department
4. Sheriff or Designee from Bexar County Sheriff's Department
5. Sexual Assault Nurse Examiner: Texas Forensic Nurse Examiners: Forensic Center of Excellence
6. Representative from Bexar County Department of Behavioral Health

\*Guests:

1. Bexar County Criminal Investigation Laboratory
2. CHRISTUS Children's Hospital SANE
3. Baptist Health Systems
4. Beat AIDS San Antonio
5. Joint Base San Antonio SARC
6. South Texas Regional Advisory Council

**Acronyms.** (in alphabetical order) The following acronyms used throughout this Guideline Document:

BCCIL: Bexar County Criminal Investigation Laboratory

BCDAO: Bexar County District Attorney's Office

BCDBH: Bexar County Department of Behavioral Health

BSCO: Bexar County Sheriff's Office

LE: Law Enforcement

MDT: Multi-Disciplinary Team

RCC: Alamo Area Rape Crisis Center

SANE: Sexual Assault Nurse Examiner

SAPD: San Antonio Police Department

SART: Sexual Assault Response Team

TXFNE: Texas Forensic Nurse Examiners: Forensic Center of Excellence (FCE)

## **Information Sharing and Confidentiality Protocol**

Effective information sharing is a critical component in addressing the complex nature of sexual assault crimes. These offenses often span multiple jurisdictions, and offenders may relocate to avoid detection, making interagency collaboration essential. However, the protection and privacy of survivors must remain a top priority.

All members of the SART are committed to maintaining the confidentiality of all records and information shared within the team. Compliance with all applicable state and federal confidentiality laws is mandatory.

Most cases can be discussed without disclosing personally identifiable survivor information. Team discussions frequently lead to valuable investigatory insights. In instances where survivor-specific information is necessary for case discussion, prior to written authorization from the survivor is required. Without such consent, the team will not review the case.

## **Bylaws**

Our SART adopted Bylaws to establish a clear framework for how the team operates and collaborates. These Bylaws outline our structure, expectations, and decision-making processes so that each partner agency can work together effectively. By committing to a formal structure, the SART strengthens coordination across disciplines and ensures consistency in how we respond to adult sexual assault cases. The team believes that these Bylaws are essential to enhancing survivor-centered services and improving system outcomes throughout Bexar County.

## **Memorandum of Understanding**

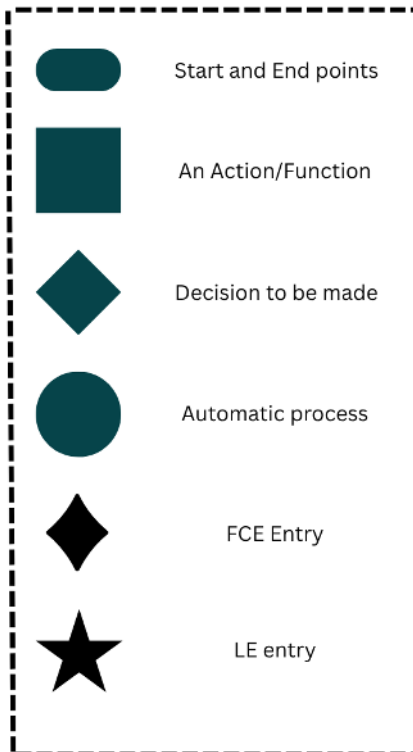
The SART is dedicated to strengthening our community's response to sexual assault. To support this shared mission, the team adopted a Memorandum of Understanding (MOU) that formalizes each member agency's commitment to the work. The MOU outlines agreed-upon responsibilities and reinforces accountability to the team's processes, expectations, and outcomes. By signing the MOU, members affirm their ongoing partnership in improving services for survivors and enhancing coordination across the system.

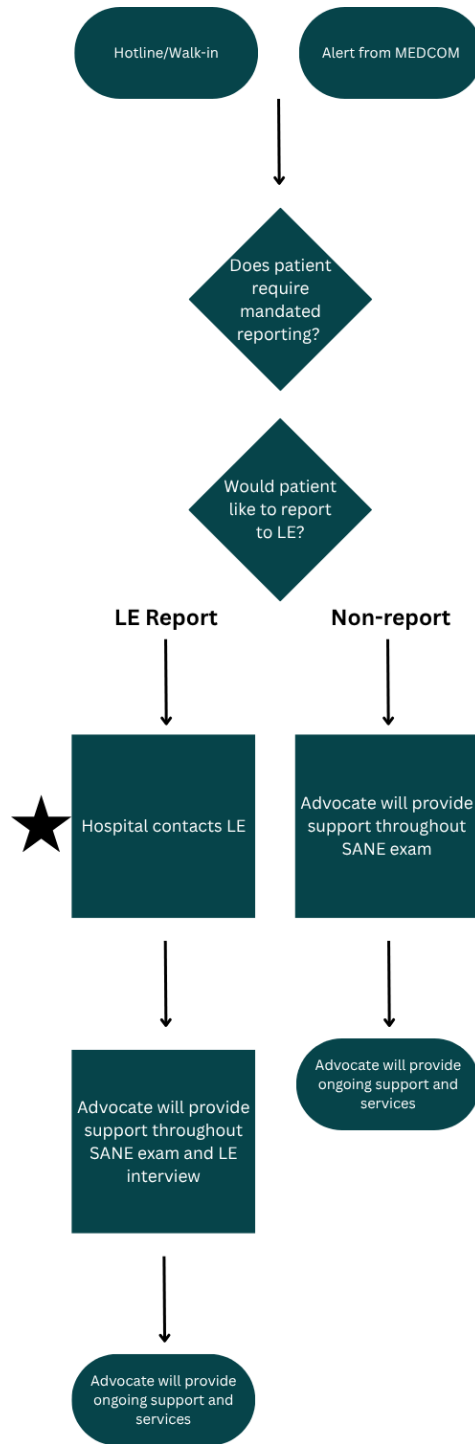
## Protocols

The following protocols represent the current operational procedures adopted by the SART as of November 3, 2024. These protocols were implemented in alignment with the transition to the countywide forensic medical exam model in partnership with TXFNE. They reflect the team's ongoing commitment to consistent, trauma-informed, and collaborative practices across all partner agencies. The SART continues to review and refine these procedures as needed to ensure they remain effective, survivor-centered, and compliant with state standards and best practices. Under this model, forensic medical exam and advocacy services will be provided to survivors at Methodist Healthcare, CHRISTUS Health, Baptist Health System, and University Health facilities, ensuring comprehensive and accessible care across Bexar County's major hospital systems.

\*Private accommodations must be provided for every survivor to ensure dignity, safety, and confidentiality throughout the medical and forensic process.

The photo below is a key used to read the charts below.





**Alamo Area Rape Crisis Center (RCC)**

***Survivor Access to Sexual Assault Program Advocates***

Members of the SART affirm the right of survivors of sexual violence to access support from a certified Sexual Assault Advocate. Advocates play a vital role in assisting survivors throughout their recovery process and prior to any detailed interviews, regardless of when the assault occurred. This practice is supported by the Texas Government Code § 420.003.

A certified Sexual Assault Advocate will be contacted on behalf of any survivor undergoing a Sexual Assault Forensic Exam (SAFE), regardless of the survivor’s decision to engage with law enforcement.

To ensure timely and appropriate forensic medical care and advocacy services, law enforcement and hospital personnel shall contact MEDCOM at 210-233-5970, available 24 hours a day, 7 days a week, to request advocacy services.

If interpretation services are required, the advocate will coordinate with the Language Line to ensure appropriate communication support is provided.

### Texas Forensic of Nursing Excellence: FCE (TXFNE)

Members of the SART recognize the critical importance of utilizing Sexual Assault Nurse Examiners (SANEs) certified by the Office of the Attorney General to meet the requirements outlined in Texas Code of Criminal Procedure Article 56A.



To ensure timely and appropriate forensic medical care and advocacy services, law enforcement and hospital personnel shall contact MEDCOM at 210-233-5970, available 24 hours a day, 7 days a week, to request SANE services.

*\*All survivors, regardless of age can assent or decline any portion or all of the medical forensic assessment*

### ***Investigative Procedures of SART***

Law enforcement member agencies shall investigate sexual offenses occurring within their agency's jurisdiction in accordance with their agency's protocols. Law enforcement member agencies will submit necessary sexual offense evidence requiring testing to the Bexar County Criminal Investigation Laboratory. The Bexar County Criminal Investigation Laboratory will test necessary sexual offense evidence received from the law enforcement agencies and complete a report of results after testing. Law enforcement member agencies will present sexual offense criminal cases with the requisite standard of proof to the Bexar County District Attorney's Office. The Bexar County District Attorney's Office will review and/or prosecute that sexual offense cases received from the Law enforcement agencies.

### ***Mental and Behavioral Health Services***

Mental health considerations have become increasingly integrated into daily operations. SART members are encouraged to complete specialized training, such as the 40-hour Crisis Intervention Training (CIT), to enhance their ability to recognize and appropriately respond to individuals experiencing a mental health crisis. Early recognition is a critical first step in effective management. When encountering a situation involving a potential mental health crisis, SART members should follow their agency's established protocols. Law enforcement officers should contact MEDCOM (available 24/7 at 210-233-5970) for guidance and coordination of services. Individuals presenting mental health concerns should be triaged to an appropriate facility to ensure timely and appropriate care.

- 1) Provide a person's name and DOB
- 2) Provide location
- 3) MEDCOM will ask a series of questions to ensure the best level of care for the person and to determine the closest, most appropriate facility for the officer to transport the patient.

If an Emergency Detention is not warranted, officers may refer the patient to an appropriate resource such as their doctor, counselor, therapist, or call the Crisis Line at (210) 223-7233.

Additionally, family members or persons concerned over the mental or emotional health of an individual, who do not meet criteria for an Emergency Detention, can be referred to The Center for Health Care Services (CHCS) at 601 N. Frio, the Mental Health Office at the Bexar County Courthouse or may call the Crisis Line at (210) 223-7233.

The Mental Health Office at the Bexar County Courthouse may assist a person in completing an application for an Emergency Apprehension and Detention and an application for Court-Ordered Mental Health Services with a request for an Order of Protective Custody. All applications shall be reviewed and acted upon by an appropriate judge of magistrate. If approved, a Mental Health Warrant would then be directed to the Bexar County Sheriff's Office Mental Health Unit for service.

## Survivor Engagement

SART members conduct investigations using a survivor-centered and trauma-informed approach. A key component of this approach is ensuring survivors are kept informed of significant developments throughout the investigation and any subsequent prosecution. Members are expected to follow their respective agency protocols to ensure compliance with the Texas Code of Criminal Procedure, Chapter 56A – Rights of Crime Victims.

- Protection from harm; safety considered in bail.
- Information on case, hearings, plea deals, parole.
- Participation: Victim Impact Statement, input on sentencing/parole.
- Special rights: Confidentiality, advocate, free forensic exams (sexual assault victims).
- Notification: Court dates, release, escape, parole.
- Support: Privacy, victim assistance coordinators.

## Community Trends

Information sharing is an important part of assessing community trends occurring across jurisdictional boundaries. For example, survivors who were drugged to facilitate a sexual assault may not realize the methods of the abuser and will most likely have a delayed outcry. SART members should recognize such possibilities and engage in discussions which could recognize suspect modus operandi to identify common trends such as bars visited prior to the assault, known suspects, and more. These cases can be discussed without compromising the identity of the survivor. The SART meeting is the proper venue for this discussion to occur as multiple jurisdictions and disciplines are available for input.

## Trainings

At least four hours of annual cross-agency training must be completed on the dynamics of sexual assault for response team members participating in the quarterly meetings as required by Section Sec. 351.256 (10)

### ***Trainings completed by SART:***

June 24, 2024: Training completed by Rachael Finch from Alamo Area Rape Crisis Center regarding the Neurobiology effects that trauma can have in survivors.

August 26, 2024: Training completed by Eric Epley from South Texas Regional Advisory Council regarding the new process of implementing MedCom into the sexual assault exam protocol.

October 21, 2024: Training completed by Jamie Pomykal from Criminal Investigation Laboratory of Bexar County regarding lab processes and updates regarding testing for SANE exams in Bexar County.

October 21, 2024: Training completed by Lauren Aguillon from Alamo Area Rape Crisis Center regarding the potential implementation of social media into SART, public relations communications, and statistics.

## Agency Data

This section will include data shared to Sexual Assault Response Team (SART) from Alamo Area Rape Crisis Center (RCC), San Antonio Police Department (SAPD), Bexar County Sheriff's Office (BCSO), Bexar County District Attorney's Office (BCDAO), Bexar County Criminal Investigation Laboratory (BCCIL), and Texas Forensic Nursing of Excellence (FCE).

### Alamo Area Rape Crisis Center (RCC)

Accompaniment Services	2023	2024
Forensic Exam Accompaniment	398	357
Law Enforcement Interview Accompaniment	33	31
Accompaniment to Other Criminal Justice System Activities	5	5
<b>Total</b>	<b>436</b>	<b>393</b>

Emergency Assistance	2023	2024
Transportation for Medical Accompaniment	83	81
Clothing for Medical Accompaniment	119	129

Clients Served	2023	2024
Adult Survivors Receiving Advocacy/Case Management Services	489	463
Adult Survivors Receiving Counseling Services	178	236

### San Antonio Police Department (SAPD)

Crimes Reported (Special Survivors Unit)	2023	2024
Sexual Assault	1221	1111
Aggravated Sexual Assault	526	518
Continuous Sexual Abuse	58	52
Super Aggravated Sexual Assault	23	42
Attempted	18	20
<b>Total</b>	<b>1846</b>	<b>1743</b>

Crimes Investigated (Special Survivors Unit)	2023	2024
Sexual Assault	1221	1111
Aggravated Sexual Assault	526	518
Continuous Sexual Abuse	58	52
Super Aggravated Sexual Assault	18	20
Attempted	23	42
<b>Total</b>	<b>1846</b>	<b>1743</b>

**Bexar County Sheriff’s Department (BCSO)**

<b>Crimes Reported</b>	<b>2023</b>	<b>2024</b>
Sexual Assault (non-family)	75	90
Sexual Assault (family)	86	77
Aggravated Sexual Assault (non-family)	3	6
Aggravated Sexual Assault (family)	6	6
Continuous Sexual Abuse (non-family)	0	0
Continuous Sexual Abuse (family)	2	0
Super Aggravated Sexual Assault (non-family)	4	5
Super Aggravated Sexual Assault (family)	15	17
Attempted Sexual Assault (non-family)	3	3
Attempted Sexual Assault (family)	5	7
<b>Total</b>	<b>199</b>	<b>211</b>

<b>Cases Filed</b>	<b>2023</b>	<b>2024</b>
Sexual Assault (non-family)	75	90
Sexual Assault (family)	86	77
Aggravated Sexual Assault (non-family)	3	6
Aggravated Sexual Assault (family)	6	6
Continuous Sexual Abuse (non-family)	0	0
Continuous Sexual Abuse (family)	2	0
Super Aggravated Sexual Assault (non-family)	4	5
Super Aggravated Sexual Assault (family)	15	17
Attempted Sexual Assault (non-family)	3	3
Attempted Sexual Assault (family)	5	7
<b>Total</b>	<b>199</b>	<b>211</b>

**Bexar County District Attorney’s Office (BCDAO)**

<b>Indictments</b>	<b>2023</b>
<b>Convicted</b>	<b>183</b>
Nolo Contendre: Court - Guilty	71
Sentenced	69
Pled Guilty: Court - Guilty	24
Probation Granted	4
Pled Not Guilty: Jury - Guilty	4
Dismissed: Case Refiled (OCA)	3
Probation Granted (OCA)	3
Case Dismissed	2
Probation Revoked (OCA)	1

Dismissed: Defendant Convicted Other (OCA)	1
Continued On Probation	1
<b>Dismissed</b>	<b>164</b>
Dismissed: Missing Witness (OCA)	51
Dismissed: Insufficient Evidence (OCA)	41
Case Dismissed	22
Dismissed: Defendant Convicted Other (OCA)	21
Dismissed: Complaint Waiver of Prosecution (OCA)	13
Dismissed: Other (OCA)	7
Dismissed: Further Investigation (OCA)	5
Dismissed: Speedy Trial (OCA)	1
Dismissed: In the Interest of Justice (OCA)	1
Dismissed and Reduced (OCA)	1
Dismissed: Conditional Pre-Trial Diversion (OCA)	1
<b>Conversion</b>	<b>18</b>
Sentenced	9
Dismissed: Defendant Deceased (OCA)	4
Probation Revoked	1
Deferred Adjudication Granted (OCA)	1
Created In Error (OCA)	1
Continued On Probation	1
Nolo Contendre: Court - Guilty	1
<b>Reject: Muli Count</b>	<b>6</b>
Rejected: Multicount (OCA)	6
<b>Deceased</b>	<b>6</b>
Dismissed: Defendant Deceased (OCA)	6
<b>Deferred Adjudication Granted (OCA)</b>	<b>5</b>
Sentenced	2
Deferred Adjudication Granted (OCA)	2
Continued On Probation	1
<b>Reject: Further Invest</b>	<b>3</b>
Rejected: Further Investigation (OCA)	2
Case Dismissed	1
<b>Acquitted</b>	<b>3</b>
Pled Not Guilty: Jury - Not Guilty	2
Case Dismissed	1
<b>Probation Discharge</b>	<b>2</b>
Probation Terminated	2
<b>No Billed</b>	<b>2</b>
No Billed	1

Case Dismissed	1
<b>Deferred Adjudication Granted</b>	<b>1</b>
Deferred Adjudication Granted (OCA)	1
<b>Rejected: Extraneous Off</b>	<b>1</b>
Rejected: Extraneous Offense (OCA)	1
<b>Total</b>	<b>394</b>

<b>Arrest Preindictment Rejections</b>	<b>2023</b>
Dismissed: Insufficient Evidence (OCA)	12
Dismissed: Missing Witness (OCA)	11
Dismissed: Complaint Waiver of Prosecution (OCA)	7
Rejected: Multicount (OCA)	6
Case Dismissed	6
Rejected: Further Investigation (OCA)	2
Dismissed: Defendant Convicted Other (OCA)	2
Dismissed: Defendant Deceased (OCA)	2
Rejected: Extraneous Offense (OCA)	1
No Billed	1
Created In Error (OCA)	1
<b>Grand Total</b>	<b>51</b>

<b>AL Preindictment Rejections</b>	<b>2023</b>
Dismissed- Insufficient Evidence	57
Dismissed- Missing Witness	40
Rejected- Further Investigation	22
Rejected- Multi Count	11
Dismissed - Defendant Convicted on Other Case	10
Dismissed- Complainant Waived Prosecution	7
Created In Error	5
Rejected- Extraneous Off	4
Dismissed- Other	4
Dismissed- ART 2.1397	3
Case Rejected	2
No Billed	2
Dismissed- Defendant Deceased	1
<b>Grand Total</b>	<b>168</b>

<b>Indictments</b>	<b>2024</b>
<b>Convicted</b>	<b>101</b>
Nolo Contendre: Court - Guilty	17
Pled Guilty: Court - Guilty	3
Pled Not Guilty: Court - Guilty	1
Pled Not Guilty: Jury - Guilty	2
Probation Granted	1
Sentenced	77
<b>Dismissed</b>	<b>56</b>
Case Dismissed	5
Dismissed: Case Refiled (OCA)	4
Dismissed: Complaint Waiver of Prosecution (OCA)	3
Dismissed: Defendant Convicted Other (OCA)	5
Dismissed: Defendant Deceased (OCA)	2
Dismissed: Further Investigation (OCA)	2
Dismissed: Insufficient Evidence (OCA)	8
Dismissed: Missing Witness (OCA)	19
Dismissed: Other (OCA)	6
Dismissed: Speedy Trial (OCA)	2
<b>Waived</b>	<b>32</b>
Continued On Probation	1
Deferred Adjudication Granted (OCA)	11
Probation Granted (OCA)	2
Sentenced	18
<b>Deferred</b>	<b>12</b>
Deferred Adjudication Granted (OCA)	11
Probation Granted (OCA)	1
<b>Dismissed - Deferred Adjudication</b>	<b>9</b>
Dismissed: Deferred Adjudication	9
<b>Acquitted</b>	<b>8</b>
Pled Not Guilty: Jury - Not Guilty	5
(blank)	3
<b>Deceased</b>	<b>6</b>
Dismissed: Defendant Deceased (OCA)	6
<b>Conversion</b>	<b>5</b>
Created In Error (OCA)	1
Dismissed: Defendant Deceased (OCA)	2
Sentenced	2
<b>Probation Revocation</b>	<b>5</b>
Nolo Contendre: Court - Guilty	1

Probation Revoked (OCA)	1
Sentenced	3
<b>Community Supervision Expired</b>	<b>3</b>
Dismissed: Deferred Adjudication	3
<b>Probation Discharge</b>	<b>2</b>
Probation Terminated	2
<b>Mistrial</b>	<b>1</b>
(blank)	1
<b>Not Guilty</b>	<b>1</b>
Pled Not Guilty: Court - Not Guilty	1
<b>Total</b>	<b>241</b>

<b>Arrest Preindictment Rejections</b>	<b>2024</b>
Dismissed: Missing Witness (OCA)	7
Dismissed: Complaint Waiver of Prosecution (OCA)	6
Dismissed: Insufficient Evidence (OCA)	5
Case Dismissed	5
Rejected: Further Investigation (OCA)	5
Rejected: Multicount (OCA)	5
Dismissed: Complaint Waiver of Prosecution (Pre-File)	3
Dismissed: Defendant Convicted Other (OCA)	3
Dismissed: Missing Witness (Pre-File)	3
No Billed (Pre-File)	1
Dismissed: No Paperwork (Pre-File)	1
Rejected: Further Investigation (Pre-File)	1
Rejected: Extraneous Offense (OCA)	1
Rejected: Extraneous Offense (Pre-File)	1
Dismissed: Defendant Deceased (OCA)	1
<b>Grand Total</b>	<b>48</b>

<b>AL Preindictment Rejections</b>	<b>2024</b>
DSMD-INSF EVIDENCE	38
DSMD-MISNG WITNESS	33
Dismissed - Insufficient Evidence	28
Dismissed - Missing Witness	16
DSMD-COMP WAV PROS	13
Dismissed - Complainant Waived Prosecution	10
Rejected- Further Investigation	9
DSMD-OTHER	7

Rejected Multi Count	5
REJ-FURTHER INVEST	5
REJ-EXTRANEIOUS OFF	5
No Billed	5
REJ - MULTI COUNT	4
CREATED IN ERROR	4
Dismissed - Defendant Convicted on Other Case	3
CASE REJECTED	3
Dismissed - Other	2
Dismissed - ART 2.1397	2
DSMD-DEF CONV OTHR	2
DSMD-DEF DECEASED	2
<b>Grand Total</b>	<b>196</b>

**Methodist Specialty and Transplant Hospital Sexual Assault Nurse Examiners (MSTH)**

Sexual Assault Forensic Exams Completed	2023	2024
January	48	39
February	42	49
March	53	41
April	58	46
May	72	52
June	57	35
July	46	57
August	65	36
September	50	41
October	47	36
November	41	2*
December	42	0
<b>Total</b>	<b>621</b>	<b>434</b>

\*This data reflects November 1<sup>st</sup>-2<sup>nd</sup> of 2025

**Texas Forensic Nursing of Excellence: Forensic Center of Excellence**

Sexual Assault Forensic Exams Completed	2024
November 3rd- December 31st	118

Data requested from TXFNE: FCE, provided by STRAC

### Bexar County Criminal Investigation Laboratory

Received and Completed Kits	2023	2024
Total Sexual Assault Kits Received for Testing	645	613
Total Sexual Assault Kits with Completed Testing	488	837

Pending Kits	Total
Total Sexual Assault Kits Still Pending Testing (as of July 1, 2025)	218
Sexual Assault Kits Pending Testing Over 30 Days	189
Sexual Assault Kits Pending Testing Over 90 Days	83

Average Time	2023	2024
Average Time for Testing to Be Completed (in days)	252	166

## Challenges, Accomplishments, and Recommendations

The SART experienced significant transitions at the end of 2024, marking a crucial step forward in improving survivor access to comprehensive medical care. On November 3, 2024, the county transitioned from conducting SANE exams exclusively at Methodist Specialty and Transplant Hospital to implementing a countywide response model through a new partnership with TXFNE. This partnership now enables survivors to receive forensic medical exams at any hospital within Bexar County, removing a long-standing barrier to care related to transportation and hospital transfers.

This change represents a substantial advancement in both accessibility and trauma-informed responsiveness. Survivors are now able to seek immediate medical attention and evidence collection in the hospital setting of their choice, ensuring a more survivor-centered approach and minimizing additional stress following an assault. The expanded model also enhances coordination among hospitals, law enforcement, and advocacy partners by creating consistent standards of care and response across all medical facilities in the county.

With this progress, however, comes new logistical and operational challenges. Several language-access barriers became apparent, including the absence of Spanish-language consent forms and the reliance on the language line for interpretation—both of which extended response time and affected communication and rapport between victims, advocates, and forensic nurse examiners. Clinical workflow challenges also emerged, such as the premature discharge of victims before a medical forensic exam could be completed, which limited continuity of care and created delays in both medical and investigative processes.

To meet these challenges, the SART has increased interagency communication, hosted additional coordination meetings, and developed clear protocols for notifications, documentation, and follow-up. These collaborative efforts have strengthened relationships among partner agencies

and ensured that the new system operates smoothly, efficiently, and in alignment with best practices for sexual assault response.

## Case Review and Evaluation

During this reporting period, the SART team was unable to complete an actual case review due to the survivor not providing consent for their case to be used in the review process. The team fully recognizes and respects the importance of maintaining survivor autonomy and confidentiality, and therefore, no case review was conducted without explicit authorization.

In place of a full case review, the team conducted a mock case review to gain experience with the process, strengthen collaboration among multidisciplinary partners, and identify areas for procedural improvement. This mock case was designed solely for training and evaluation purposes. While elements of the scenario may have been similar to real cases, identifying details and circumstances were significantly altered to ensure survivor's privacy and prevent any resemblance to an actual case.

Overall, this experience provided valuable insight into the consent process, highlighted areas for improved survivor engagement, and allowed the team to practice the case review framework in preparation for future reviews once consent is obtained.

BCSART established a multidisciplinary case review group to protect survivor confidentiality and ensure that only individuals with a necessary role have access to case information and create guidelines to follow when completing a case review. This MDT includes:

1. Alamo Area Rape Crisis Center
2. Bexar County Criminal Investigations Laboratory
3. Bexar County District Attorney's Office
4. San Antonio Police Department
5. Texas Forensic Nursing of Excellence: FCE

\* Depending on the specifics of the case, other disciplines may also be invited.

### ***Case Review Guidelines***

**Submitting a Case:** Any member of the Bexar County SART may request a case to be considered for review by presenting it to the Case Review Committee.

**Eligibility for Review:** Cases must be fully resolved, meaning adjudicated or closed, unless every agency involved agrees that reviewing an active case is appropriate.

**Scheduling and Notification:** Case reviews are planned in advance, and all agencies connected to the case will be notified and invited to participate.

**Survivor Consent Process:** When the Case Review Committee agrees to move forward with a case, a clear plan will be developed for obtaining informed consent from the survivor utilizing

the SART's "Authorization to Release Protected Information" form per Texas Local Government Code §351.258(f).

### ***Mock Case Review***

#### **Scenario:**

Maria L., a 27-year-old woman, arrives at a local emergency department at 2:00 a.m. on a Saturday, reporting that she was sexually assaulted earlier that night by an acquaintance she met through a mutual friend. She does not speak fluent English. Maria is visibly shaken and expresses concern about reporting to law enforcement, stating that her immigration status is "complicated," and she fears retaliation from the suspect, who knows where she lives.

#### ***Agency Interactions***

Alamo Area Rape Crisis Center

#### **Background:**

Maria, a Spanish-speaking victim of sexual assault, arrives at the hospital for a forensic medical exam. The on-call advocate from the RCC responds to provide immediate crisis intervention and hospital advocacy support.

#### **Situation:**

Upon arrival, the advocate greets Maria and quickly identifies that a language barrier exists, as the advocate does not speak Spanish. To ensure effective communication, the advocate utilizes the hospital's language line to provide interpretation throughout the process.

During the completion of consent forms, the advocate discovers that one of the necessary forms has not been translated into Spanish. Using the interpreter, the advocate carefully explains the purpose and content of the untranslated form, confirming Maria's understanding before proceeding.

#### **Actions Taken:**

The advocate provides Maria with an overview of her options, including the difference between a *report* and *non-report* sexual assault forensic exam. The advocate explains that if Maria chooses not to contact law enforcement at that time, the evidence can still be collected and securely stored as a "non-report" kit. The advocate informs Maria that the Sexual Assault Nurse Examiner (SANE) will provide further details about evidence collection, storage procedures, and future reporting options.

During the conversation, Maria discloses that she has safety concerns about returning home after the exam. The advocate collaborates with her to develop a personalized safety plan, addressing her immediate and short-term needs.

#### **Outcome:**

After the exam concludes, the advocate ensures that Maria has the necessary resources and

support information, then provides transportation home to ensure her safety. Throughout the interaction, the advocate demonstrates trauma-informed care, cultural sensitivity, and adaptability in navigating language and procedural barriers to provide effective victim-centered support.

**Follow-up Case Management:**

A few days later, Maria contacted RCC to request additional advocacy support. She expressed that after having time to process the assault and receiving reassurance about her rights, she decided to report the incident to law enforcement.

Maria came into the RCC offices, where an advocate supported her through the process of reporting to law enforcement. The advocate remained present during the interview to offer emotional support. Law enforcement took the report. Maria's advocate was able to provide food and hygiene items after the meeting.

**Strengths Observed:**

- **Effective Use of Interpretation Services:** The advocate promptly utilized the language line, ensuring Maria could meaningfully participate in decision-making despite the language barrier.
- **Trauma-Informed Approach:** The advocate demonstrated patience and empathy, taking time to explain complex forms and processes in a sensitive, victim-centered manner.
- **Collaborative Case Coordination:** Smooth communication between RCC, SANE, hospital staff, and law enforcement facilitated the transition from non-report to report status.
- **Safety Planning and Transportation Support:** The advocate prioritized Maria's safety post-exam and ensured she had a secure means of returning home.

**Challenges Identified:**

- **Limited Availability of Translated Forms:** The lack of a Spanish-language consent form created a barrier that required additional time and explanation through the interpreter.
- **Language Barriers in Crisis Response:** Relying solely on the language line may have slowed communication and emotional connection between the advocate and victim.

**Recommendations for Improvement:**

- **Expand Translated Resource Availability:** Ensure all standard consent forms and advocacy documents are available in Spanish and other commonly spoken languages in the region.
- **Enhance Language Access Training:** Provide advocates with refresher training on best practices for using interpretation services in trauma-informed care settings.
- **System Coordination:** Hospitals and advocacy agencies should collaborate to periodically review language accessibility materials to ensure consistency and accuracy.

- Cultural Competency Support: Continue integrating cultural responsiveness into ongoing SART team training to strengthen communication with victims from diverse backgrounds.

#### Texas Forensic Nursing of Excellence: FCE

##### **Background:**

Maria, a Spanish-speaking victim of sexual assault, arrives at the hospital reporting sexual assault. The emergency department staff check Maria in to the emergency department and provide a medical screening examination. Then the triage nurse contacts MedCom's line for request of a forensic nurse examiner (FNE) and advocate. MedCom sends out Active Alert notification to the agencies linked with that specific hospital location, in this case TXFNE: FCE and RCC.

##### **Situation:**

Upon arrival the FNE checks in with hospital staff to obtain a brief report, which includes the patient's preferred language, and confirms the location of the victim. The victim is in a private space with the advocate and hospital translator already present. The FNE explains her role and the medical forensic examination (MFE) through the interpreter present. The FNE then informs the victim she will ask the translator a few questions before continuing the care. Prior to continuing, the FNE discusses the process, including verbatim translation of patient statements, sensitivity, and length of the MFE with the translator and obtains their consent to continue providing translation throughout the MFE. The translator consents to continue translation throughout the MFE.

During the initial informed consent, FNE provides consent in Spanish for the patient to review along with the verbal discussion via the translator. The translator remains present throughout the entire MFE.

##### **Actions Taken:**

Maria and the FNE discuss the risks, benefits, and limitations of all portions of the MFE. Maria is encouraged to ask questions throughout the examination so that the FNE or advocate can provide additional information in a way that allows Maria to make informed decisions. The FNE provides Maria with detailed information related to the options for a MFE with or without involvement of law enforcement at this time. Maria requests a MFE without law enforcement involvement, or non-reporting, currently.

The MFE is completed in a systematic and trauma informed way allowing the victim to participate in her own care, ask questions and provide ongoing assent throughout the examination. Maria consents to the advocate being present for all portions of the examination and the advocate is situated in a position allowing interaction but limiting visualization or contamination during the physical examination and specimen collection. The translator is used

via video until the physical examination portion when the translator system is switched into a privacy setting allowing for ongoing translation while enhancing the patient privacy during the MFE.

Maria discloses that she has safety concerns about returning home after the exam. The FNE assists with and supports safety planning completed with advocate.

**Outcome:**

After the exam concludes, the FNE ensures that Maria has written discharge paperwork from the MFE in Spanish. The FNE reviews the expectations for next steps including handoff to the hospital staff, discharge according to her safety plan, lab processing and results notification process, follow up recommendations, FCE contact information and follow up processes, as well as the kit tracking information and steps to take if choosing to involve law enforcement in the future. The FNE verifies that Maria has the necessary resources and support information and transportation home to ensure her safety. Throughout the interaction, the FNE demonstrates trauma-informed care, cultural sensitivity, and adaptability in navigating language and procedural barriers to provide effective survivor-centered support.

When attempting to provide provider handoff the FNE was informed the patient had been discharged and did not have any assigned provider at this time. The patient did not require any additional medical care, so handoff was completed with providers available.

**Follow-up Case Management:**

Following the examination a follow up phone call is completed by the FCE advocacy team, by an advocate fluent in Spanish. During the follow up phone call Maria expresses that after having time to process the assault and receiving reassurance about her rights, she decided to report the incident to law enforcement. At the time of the phone call Maria has not yet contacted law enforcement and requests RCC advocate accompaniment to complete report. FCE advocate offers to transfer call, which Maria declines, FCE advocate ensures Maria has RCC phone number, which is verified by the FCE advocate.

Law enforcement contacted the FCE hotline and spoke to a nurse regarding the victim's report. The call was transferred to an FCE advocate for assistance with converting non-reporting examination to examination with law enforcement involvement, including steps for obtaining the sexual assault evidence collection kit and documentation completed during the MFE.

**Strengths Observed:**

- **Effective Use of Interpretation Services:** The FNE promptly utilized the language line, provided education to the interpreter present and obtained consent for assisting with MFE, ensuring Maria could meaningfully participate in decision-making despite the language barrier with a translator who could accurately relay her words and would remain present throughout the entirety of the examination.

- **Trauma-Informed Approach:** The FNE demonstrated patience and empathy, taking time to explain complex forms and processes in a sensitive, victim-centered manner. The FNE ensured to provide written discharge instructions in the patient's preferred language.
- **Collaborative Case Coordination:** Smooth communication between RCC, FCE, and law enforcement facilitated the transition from non-report to report status.
- **Safety Planning and Transportation Support:** The FNE prioritized Maria's safety post-exam and ensured she had a secure means of returning home.

**Challenges Identified:**

- **Language Barriers in Crisis Response:** Relying solely on the language line may have slowed communication and emotional connection between the FNE and victim.
- **Multidisciplinary Team:** Discharge of victims prior to complete MFE may result in limitations or delays in the holistic care of the victim.

**Recommendations for Improvement:**

- **Enhance Language Access Training:** Provide FNEs with refresher training on best practices for using interpretation services in trauma-informed care settings.
- **Cultural Competency Support:** Continue integrating cultural responsiveness into ongoing SART team training to strengthen communication with survivors from diverse backgrounds.
- **Multidisciplinary Team Training:** Involvement of all partners in training and process review to ensure smooth and complete care of victims and handoff between stages and organizations.

San Antonio Police Department

**Background:**

Maria, a Spanish-speaking victim of sexual assault, presented at the hospital and underwent a forensic medical exam, but did not choose to report the sexual assault to law enforcement at that time. The SANE was submitted for storage as a non-report SANE. Maria, a few days later, decided to report the sexual assault to law enforcement. SAPD was called to the RCC location for a report of sexual assault.

**Situation:**

When SAPD is called to make a sexual assault report, the victim being only Spanish speaking can be noted when the call is received. This will allow a Spanish speaking patrol officer to be dispatched to RCC to speak with Maria. If a Spanish speaking officer is not available, SAPD has a language line for use over the phone to assist officers in need of language translation. RCC advocates would not be used for translation to allow the advocates to remain in a supported function instead of being part of the investigative function.

**Actions Taken:**

Once the SAPD Officer arrives, the Officer will ask RCC for a private space to speak to Maria and ask Maria if she is comfortable speaking in front of the Advocate. The Officer will respect Maria's preferences. The Officer will collect Maria's information and basic details of the sexual assault. This is to establish the date, time, and location of the sexual assault, the elements of a criminal offense, possible existence of evidence, and possible suspect information. This is not a formal in-depth interview. Once the information is collected, the Officer will contact the Special Victims Unit and speak to a detective due to the offense being a felony.

A Spanish speaking detective will be assigned to handle or assist on the investigation. The Detective will request Maria be transported to Public Safety Headquarters for a formal interview because the report is not being made from an active crime scene. The Advocate will be invited to join Maria if Maria chooses. If Maria declines transport, the Detective will offer to meet her for the interview or schedule an interview for a future time.

The Detective will interview Maria about the sexual assault and knowledge of the suspect. An Advocate may be present if Maria chooses. The Detective will attempt to determine where the sexual assault occurred for the present of evidence that may need collection including physical evidence, video evidence, or witness information. The Detective will attempt to identify a suspect for the sexual assault. The Detective will ask Maria to make an identification of any suspect using photographs. The forms for this identification process are available in Spanish. The Detective will ask Maria to sign a form necessary to collect the non-report SANE from storage (unknown if the State form is available in Spanish).

**Outcome:**

After the interview, Maria will be provided with the Detective's contact information for any questions or concerns during the investigation. The Detective will keep Maria updated on any developments in the investigation. The Detective will provide Maria with the SAPD Victims' Rights Notice and Contact Sheet for future reference, which are available in Spanish.

**Follow-up Case Management:**

The Detective will use the information provided by Maria to investigate the sexual assault. The investigation will potentially include collection of evidence, interview potential witnesses, and interviewing a potential suspect. The Detective will contact FNE regarding collection of the SANE Kit. Once received, the SANE Kit will be submitted to the Bexar County Forensic Science Center's Criminal Investigation Laboratory for testing. Should a suspect be developed, a sample of the suspect's DNA will also be submitted to the Lab as a comparison for the SANE Kit evidence. As the investigation progresses, the Detective will keep Maria updated on new information and answer any questions Maria has. If probable cause is developed indicating a particular suspect committed the offense, an arrest warrant will be obtained for the suspect. The suspect will be arrested for the sexual assault and booked. Maria will be notified of any arrest. Once the investigation is complete and documentation is complete, the case will be submitted to

the Bexar County District Attorney's Office if the required level of evidence exists for filing the case and prosecution.

Maria will be contacted by the SVU Victim Advocacy Office (VAO). VAO can provide Maria will information to apply for a U-Visa due to the criminal offense committed against her. The U-Visa can assist Maria with her immigration status.

**Strengths Observed:**

- Ability to communicate with the victim by assigning personnel who speak Spanish.
- Not inquiring on immigration status during communications with victim as it is not needed to investigate the crime but offering assistance with U-Visa to ease the victim's concerns.
- Established advocate relationship to support the victim during the law enforcement process from report to interview to conclusion.

**Challenges Identified:**

- Need to move victim to Public Safety Headquarters to allow detectives access to research, equipment, and manpower to act swiftly in the investigation and limit additional need for communication with victim about the offense specifics.
- Lack of active crime scene and evidence collection as scene due to the delay in reporting to law enforcement.
- Fear of law enforcement due to immigration status.

**Recommendations for Improvement:**

- Enhanced training for Advocates to understand the importance of reporting to law enforcement immediately for preservation of evidence so Advocates are better equipped to provide the information to victims.
- SART training to reduce fear in community preventing victims from reporting due to immigration status and resources available like U-Visas to assist victims.

Bexar County District Attorney's Office

**Background:**

Maria reported a sexual assault to the San Antonio Police Department, which conducted the initial investigation and collected evidence, including the SANE exam, before sending the case to the District Attorney's Office for review. Because Maria is a Spanish-speaking survivor, the case required bilingual victim support and trauma-informed communication. The case was assigned to the Family Violence Division, a specialized unit that works closely with SAPD and Texas FNE SANE nursing staff to ensure victims receive services and that cases are prepared for potential prosecution.

**Situation:**

Maria’s case was referred to the District Attorney’s Office after law enforcement completed the initial investigation. An intake attorney with the Family Violence Division reviewed the case to ensure that all investigative needs had been met and that all evidence had been properly collected. SAPD served as the reporting agency, and because Maria required Spanish-language support, the victim services team ensured she had access to a bilingual advocate. After review, the case proceeded through the standard criminal justice process, including grand jury consideration and eventual placement on the court’s trial docket.

**Actions Taken:**

Throughout the case, multiple coordinated actions were taken by the DA’s Office, victim services staff, and law enforcement. The intake attorney worked closely with SAPD to confirm that the case was complete and ready for presentation. A Spanish-speaking victim assistance person contacted Maria early on to explain the Crime Victims’ Compensation program, the grand jury process, and the broader criminal justice system. They also gathered her input on potential outcomes, assessed her ability to testify, and referred her to supportive services such as the Family Justice Center and local advocacy agencies. Once the case was indicted, a trial-team victim advocate maintained regular communication with Maria, providing updates, answering questions, and discussing potential sentencing outcomes. Prosecutors prepared for trial by engaging with TXFNE, SAPD, and other witnesses, holding pretrial conferences to review anticipated testimony. Prior to trial, the prosecutor and advocate also met privately with Maria to explain court procedures, trial expectations, testimony, and case strengths and weaknesses. When the court selected Maria’s case for trial from the weekly docket, the advocate promptly notified her and the witnesses to appear.

**Outcome:**

The case was ultimately presented to a jury for trial. After hearing the evidence and testimony, the jury returned a verdict of not guilty. Jurors expressed concerns about the need for additional evidence and indicated they had reservations regarding the issue of consent, particularly because Maria and the offender were acquaintances.

**Follow-Up:**

Throughout the process, Maria experienced frustration with the length of the court timeline and repeated court settings. The victim advocate and prosecutor acknowledged her concerns and explained the way court dockets function and the challenges presented by a high volume of cases. Although ongoing support and communication were provided, no additional formal follow-up actions were noted after the verdict.

**Strengths Observed**

- Strong early collaboration between the DA’s Office and SAPD on evidence and investigative needs.

- Availability of a Spanish-speaking victim assistance staff member to ensure language accessibility.
- Comprehensive victim services offered, including:
  - Compensation guidance
  - Service referrals
  - Protective order support
- Consistent communication from the victim advocate throughout the case.
- Thorough trial preparation by prosecutors, including multiple pretrial witness conferences.
- Prosecutor–victim meeting in a private setting to ensure trauma-informed communication.
- Effective case organization and readiness (25 cases prepared; Maria’s selected for trial).

### **Challenges Identified**

- Lengthy court process caused frustration for Maria and potentially impacted engagement.
- Consent-related ambiguity between Maria and the offender influenced jury perception.
- Evidentiary limitations noted by the jury contributed to the not-guilty verdict.
- Communication burden on the victim required multiple standby dates and uncertainty.
- Court backlog (25 cases on a single docket) limited predictability for victims.

### **Recommendations for Improvements**

- **Enhanced Evidence Development:** Strengthen documentation around consent, relationship history, and timeline details. Explore additional corroborating evidence options early (digital evidence, outcry witnesses, etc.).
- **More Predictable Court Communication:** Provide clearer explanations upfront about what “standby” typically means. Offer a written guide or expectations document so victims feel less blindsided by delays.
- **Victim Support During Long Case Timelines:** Schedule periodic check-ins focused on emotional impact and coping strategies during long waits. Offer connection to counseling or advocacy services specifically for high-stress phases.
- **Acquaintance-Case Prosecutorial Strategy Review:** Consider additional training or internal review on tackling consent issues common in acquaintance assault cases.
- **Improved Interagency Coordination for Trial Readiness:** Earlier witness engagement and streamlined communication could reduce last-minute pressures when cases are suddenly called to trial.
- **Feedback Loop After Verdict:** Conduct a structured debrief with the victim to explain the verdict, provide support, and discuss next steps (e.g., protective orders, services).