The art of finding money: Grant writing

Honors thesis artist's statement

Brittany Albertson

Ball State University

Spring 2009

Thesis Advisor: Sandra Shelly

Social Work Department

Expected Graduation Date: Summer 2009
Acknowledgements

I would like to thank Deborah Rafter of Ball Memorial Hospital for providing me with a wealth of information to develop this grant and for her enthusiasm for her profession and patient care. I also thank Dr. John McKillip and the staff and funders of the Virginia Ball Center, all of Ball State University, for allowing me the opportunity to participate in a life-changing educational experience. Finally, I thank the faculty of the Social Work Department for all of their help along the way.
Abstract

Sexual assault is a problem that affects the international community at large as well as a large cross-section of the Muncie community. Sexual assault nurse examiners (SANEs), nurses who treat sexual assault victims with values of social justice and who collect forensic evidence for prosecution, are a vital component of proper care for sexual assault victims. While Ball Memorial Hospital has recently developed a SANE program, they do not have the equipment and training needed to be an efficient team. This project involves a grant to be submitted on behalf of BMH for these needs as well as an analysis of the process of writing the grant.
Introduction

In the Fall of 2008, I entered into a completely new environment with well-planned objectives aimed at making me and 11 other students learn in a foreign way and become a part of the solution for a larger social problem and professional network. As I progressed through the Virginia B. Ball Center for Creative Inquiry (VBC) semester, I became very interested in the lack of proficient medical and forensic care available to sexual assault victims. This interest led to my desire to have a tangible impact on this community by acquiring grant money for Ball Memorial Hospital’s sexual assault treatment center. My semester with VBC and social work skills in grant writing prepared me for my first independent grant writing with BMH.

Why VBC?

I signed up for the VBC experience because of my longstanding commitment to research and social change related to sexual assault and domestic violence throughout my college career in social work and women’s studies. I viewed the VBC semester to be one that would allow me creative freedom to physically address this social problem in ways I could not so easily do in a regular classroom. I had already written academic papers; I wanted to do something else. Our goal during the VBC immersive learning semester was to create a high-definition documentary chronicling our research regarding both the unmet emotional needs of sexual assault survivors and the corresponding DNA backlog which delays cases for extended periods of time throughout recent history. Our finished product was a 26 minute 46 second, PBS-ready DVD that featured interviews from two sexual assault survivors and a diverse array of professionals who work with sexual assault victims.
At the beginning of the VBC seminar, we were divided into three groups of students. I was selected to be an interviewer on the interview team along with one other student. Two other students in our group served as the cinematographers and editors of the interviews. The other two teams, research and coordination, were responsible for creating a research poster and for coordination of our showcase event, respectively. As a member of the interview team, I researched literature relevant to the professionals we desired to interview. These professionals worked as nurses (RNs), sexual assault nurse examiners (SANEs), police investigators, a police chief, prosecutors, judges, victim advocates, psychologists, sex crimes detectives, and a nursing educator. This research was used to formulate appropriate interview questions for each specific interview. Dr. Laura O'Hara in the Communications Department at Ball State University helped us with creating questions that would not lead or bias our subjects to answer a specific way. She also reviewed initial interviewing techniques to evaluate our strengths and weaknesses. By the end of the semester, I had prepared interview questions for 19 structured interviews and conducted 11 interviews. I also obtained recertification under the Internal Review Board for “Use of Human Subjects” in research.

Conducting interviews was oftentimes challenging because I was new to several professional aspects of our research. I had virtually no background in the medical component of care for sexual assault victims nor did I know all of the proper laws and jargon that were common knowledge to many legal professionals. This was unnerving at first because I did not want to seem uneducated or uncommitted. Simple corrections from interview subjects allowed
Finding money: Grant writing 6

me to learn the importance of calling victims survivors and of maintaining the integrity of police
officers and nurses' positions by allowing them to do what their jobs require while remaining
sensitive to survivors, but not being the survivors’ primary means of emotional care. As we
progressed in the seminar, I was able to work words like prophylaxis into my interview questions
and know what it meant and how to spell it. I learned at least a little bit from all of the
professions, but paid the most attention to the nursing profession's contributions to social justice
for sexual assault survivors.

I was most interested in the nursing component of sexual assault care because of the
immediate effect that this care can have on survivors. Survivors tend to first approach either the
police or the emergency department after an assault to seek care. Because of this, the role that
nurses play is critical to the survivor's decision to have an examination, continue with
prosecution, or handle the trauma emotionally. If a nurse is in and out of the examination room,
allows other people in the room unnecessarily (such as a doctor), or makes the survivor feel
guilty or embarrassed about her or his assault or the way in which she or he responded to the
assault, the survivor may not get all of the resources she or he needs to respond appropriately to
her or his trauma.

Rationale for grant and what SANEs do

I developed a strong interest in many newly exposed areas of practice with sexual assault
survivors and one of those was the availability, or lack thereof, of sexual assault nurse examiners
(SANEs) to sexual assault patients who sought medical attention and/or a rape examination and
kit collection. These specially trained nurses assess, document, and seek care for injuries as well
as provide referrals for additional medical care (HIV testing, follow up STD testing), counseling,
and other social services. They also provide pregnancy testing, emergency contraception, and prophylactic treatment for sexually transmitted infections. After the initial patient visit and examination, SANEs often continue working for the patient. SANEs offer expert testimony regarding the examination of and emotional state of the patient during the hospital visit and provide detailed examination notes that include a hand-drawn body map of injuries with included descriptions as well as a written report. SANEs provide completely free and timely comprehensive medical care and forensic services to sexual assault victims. Patients are only billed if they require additional medical treatment from a physician for injuries.

SANE nurses intrigued me because they are a melding of medical nurse, victim advocate, and forensic evidence collector. They are trained to treat physical trauma, empower and comfort patients, and collect evidence with the utmost integrity for the purpose of prosecution. When someone is sexually assaulted, her or his body is the scene of the crime. As with any crime, timely evidence collection is crucial for the sake of evidence preservation. SANEs collect evidence from the victim's body and clothing while treating the victim with respect and dignity. Because SANEs are able to work independently of physicians in most cases and therefore can begin the patient examination as soon as possible on busy nights in the emergency department, these nurses oftentimes expedite any waiting time experienced by sexual assault survivors.

SANEs promote comprehensive care for their patients and make the process of discovering local and national resources easier in a stressful time. SANEs also increase the ease of communication between law enforcement, victim advocates, and other social services for victims by personally assisting in communication and providing pamphlets and explanation of local services and national hotlines.
In addition to potential physical trauma, individuals who have been raped have had control completely taken away from them during the act and often still feel psychologically powerless after the act is over (H. Renz, personal communication, October 9, 2008). In order to combat this feeling of powerlessness, SANEs must give patients explanations about the parts of the examination to empower them and give them opportunity to work with someone such as a victim advocate, who will provide the patient with all of the available options for that individual post-assault. SANEs are fully trained to facilitate both referrals and an effective and useful examination that simultaneously empowers the patient by explaining common reactions during and after sexual assault and/or explaining the rationales for different components of the examination.

SANEs also calculate and monitor the number of patients in need of sexual assault examinations. This data is useful for documentation of crime within Muncie and its surrounding areas, because not all victims of sexual assault who receive a sexual assault examination report to law enforcement.

Lack of SANE services in Muncie

The importance of SANE services was well-established throughout my research and interviews with the Virginia Ball Center, but I also discovered that the newly developing SANE program in Muncie is virtually unknown to the public and lacks nearly all equipment considered standard for such a program. This information was included in the documentary for the sake of public awareness and our showcase event encouraged clothing and toiletry item donations to both the SANE program in Muncie and in Anderson; however, those efforts seemed too small and indirect for me. In addition to those efforts, I wanted to stay connected to our work and
Finding money: Grant writing

subject matter even after the semester had ended and my grades had been given. I wanted to do something that could potentially affect hundreds or thousands of sexual assault survivors in a positive way. My resulting decision was to write my honors thesis as a federal grant proposal through the Office on Victims for Crime from the HOPE grant fund for $10,000 on behalf of the Delaware County Sexual Assault Treatment Center of Ball Memorial Hospital for new equipment, more training, and additional continuing education.

Writing the grant

Writing a grant is a daunting task to an apprentice. I wrote a grant in one of my social work policy classes, but it conformed to the usual college description of the way it should be written in one of my infamously detailed social work syllabuses. Writing a grant with the intention of submission is often quite different. For example, I am requesting money from the HOPE grant and its instructions are limited. A template with subject headings was provided, but length, style, citations, and specific details to be included were all left up to me to decide. This is nerve-wracking because it is a transitional project, one that reflects my entrance into the work world where many of my assignments and goals will probably be vague at best. I was taught in my policy class that the shortest a grant can be is the best it can be, but I also know that there needs to be a balance of hard facts such as statistics and of community support and statement of need from consumers and providers of the services described. Working on this project with little direction was frustrating, but a useful and critical challenge.

In order to write this grant, I used several resources. I worked loosely with my advisor, Sandra Shelly, who has written grants in the social service arena for decades with noted success. I also worked very closely with one nurse, Debbie Rafter, at Ball Memorial Hospital to help me
obtain all of the critical information required that I had not obtained from the Virginia Ball Center—which was most of the information! Her willingness to help and gratefulness for my assistance were immeasurably important. She was also able to act as a liaison for me with staff members of the hospital to acquire information about the hospital and SANE program's budget (normally private information) and with her supervisory staff to provide a letter of support for the grant application. In addition, I consulted an old textbook from a social work policy class to help me clarify what information should be in each section of the grant and how to work in details (statistics, quotes) that will make the grant interesting and relevant to the reader/funder. This publication was the *Program Planning and Proposal Writing* (expanded version), developed by the Grantmanship Center.

Grant writing roadblocks

Despite the resources I had available to me, I still encountered roadblocks. For example, it took me about two months to acquire budget information from Ball Memorial Hospital despite repeated attempts on both my part and Debbie Rafter's. This problem may have been easier to remedy if I had been an actual employee at the hospital and also had more opportunity to meet with the individual in charge of the hospital in person. This, at times, made it quite hard to complete the grant because I could not gather very much of the information independently as I would have been able to do if I had been employed through the hospital. I had to request all of the information from the appropriate individuals and wait for response and oftentimes repeat requests to get better information. Finding information was also difficult because I could not conduct research through traditional journal and internet searches for the majority of the data; my findings would not have been relevant to the specific nature of data needed from the hospital and
Finding money: Grant writing

from the Muncie area community. Whether or not I fully completed this grant on my own and completed it well depended nearly entirely on the contributions of information from others. While it seems inefficient to write a grant in this manner, with a relative outsider doing the writing, this is the way it works for freelance grant writers, and I am now experienced and trained to do this type of work in the future as a professional social worker.

I will turn the grant into Debbie Rafter at Ball Memorial Hospital to submit. Even if this grant is not funded, the information compiled will facilitate more efficient applications in the future. My efforts will have made this submission much easier for her either way.

It would have been easy for me to simply write an analysis of my experiences during the VBC semester as a project in and of itself; however, this project turned out to be much more fulfilling. The project is still based on foundational research gathered and connections made through the VBC, but it also enabled me to independently practice professional skills that are in great demand and to contribute to significant improvement in the status of sexual assault care in this community. I have no doubts that the equipment and training requested in the grant will have a long-lasting positive impact on the way that sexual assault care is provided in this area. I look forward to seeing the results of this labor of love and hope that it will reap benefits for area sexual assault survivors for years to come.
Delaware County Sexual Assault Treatment Center of Ball Memorial Hospital
2401 University Ave.
Muncie, IN 47303
(765)-747-1720
www.access.CHS.org

Date (05/01/2009)

Mission statement:
The Delaware County Sexual Assault Treatment Center of Ball Memorial Hospital is committed to serving Muncie and the surrounding communities of East Central Indiana by providing and promoting wellness in a safe environment to those who have been sexually assaulted. The treatment center offers comprehensive medical care from credentialed sexual assault nurse examiners (SANE’s) and physicians.

Background information:
Ball Memorial Hospital (BMH) of Muncie, Indiana was founded by Edmund Ball in 1929 and has over time offered increasingly diverse medical services. In the past three years, the hospital has begun developing the Delaware County Sexual Assault Treatment Center of Ball Memorial Hospital. The center offers specialized care to sexual assault victims who prior to the inception of the Center were treated by registered nurses (RNs) without specialized training (K. Eastus, personal communication, October 21, 2008).

The Delaware County Sexual Assault Treatment Center of Ball Memorial Hospital began to develop in 2007 because nurses felt that sexual assault victims were not being provided appropriate and accessible care. Staff felt that victims should not have to deal with the additional burden of driving to Anderson, Indianapolis, or Fort Wayne to receive medical care and a forensic examination from qualified medical personnel. However, up until two years ago, when the SATC of BMH was created, this was the case.

The following staff members handled 36 sexual assault cases in 2008 and 47 cases in 2007 (D. Rafter, personal communication, January 25, 2009).

Principal Staff:
Dan Keesling- RN, Manager
Deborah Rafter- RN SANE-A
Kelli Eastus- RN SANE-A
Lisa Dent- RN SANE
Jennifer Hopper- RN SANE in training
Tammy Hicks- RN SANE in training
Suzanne Stevens- RN SANE in training

Delaware County Sexual Assault Treatment Center of Ball Memorial Hospital
Breakdown of annual operating budget for past 12 months:
March 31, 2008 - April 30, 2009

<table>
<thead>
<tr>
<th>Type of Donation</th>
<th>Description</th>
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<tr>
<td>Individual Donations</td>
<td>Unknown donation</td>
<td>$200.00</td>
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<tr>
<td>In-kind Donations from BMH</td>
<td>Paper for folders ($0.01 per copy) [12 papers per folder/case] = $0.12</td>
<td>$4.32</td>
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<tr>
<td></td>
<td>(36 cases last year) = $4.32/year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wages (36 cases in 2008) [4 hrs x $30/hour] = $4,320.00</td>
<td>$11,520.00</td>
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<tr>
<td></td>
<td>Wages ($4,320.00 + $200 bonus to come in per case) = $11,520.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Utilities ($25 per month (utilities inc. phone) = $25 x 12) = $300.00</td>
<td>$300.00</td>
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<tr>
<td></td>
<td>Space Rental ($14 x 12 ft) --&gt; (168 sq. ft) [5.10/sq. ft] = $1,680/year</td>
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<td></td>
<td><strong>Subtotal from BMH</strong></td>
<td>$13,504.32</td>
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<tr>
<td></td>
<td><strong>Total Donations</strong></td>
<td>$13,704.32</td>
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Description of activities and crime victim services:
The Delaware County Sexual Assault Treatment Center (DCSATC) of Ball Memorial Hospital (BMH) provides completely free and timely, consistent, comprehensive medical care and forensic services to adult and adolescent sexual assault victims. Patients are only billed if they require additional medical treatment from a physician for injuries.

Activities:
The SANEs assess, document, and seek care for patient injuries as well as provide referrals for additional medical care (HIV testing, follow up STD testing), counseling, and other social services. In addition, they provide pregnancy testing, emergency contraception, and prophylactic treatment for sexually transmitted infections.

After the initial patient visit to BMH, SANEs often continue working for the patient. SANEs offer expert testimony regarding the examination of and emotional state of the patient during the hospital visit and provide detailed examination notes that include a hand-drawn body map of injuries with included descriptions as well as a written report. The Delaware County Sexual Assault Treatment Center of Ball Memorial Hospital is currently the only facility in Muncie where these services are offered comprehensively.

Crime victim services:
When someone is sexually assaulted, her or his body is the scene of the crime. As with any crime, timely evidence collection is crucial for the sake of evidence preservation. SANEs collect evidence from the victim's body and clothing while treating the victim with respect and dignity. Because SANEs are able to work independently of physicians in most cases and therefore can begin the patient examination as soon as possible on busy
nights in the emergency department, these nurses oftentimes expedite any waiting time experienced by sexual assault survivors. SANEs promote comprehensive care for their patients and make the process of discovering local and national resources easier throughout this stressful time for the victim. SANEs also increase the ease of communication between law enforcement, victim advocates, and other social services for victims by personally assisting in communication and providing pamphlets and explanation of local services and national hotlines.

In addition to potential physical trauma, individuals who have been raped have had control completely taken away from them during the act and often still feel powerless after the act is over (H. Renz, personal communication, October 9, 2008). In order to combat this feeling of powerlessness, patients must be given explanations of the parts of the examination to empower them and be given the opportunity to work with someone, such as a victim advocate, to provide the patient with all of the available options for that individual post-assault. SANEs are fully trained to facilitate both referrals and an effective and useful examination that simultaneously empowers the patient by explaining common reactions during and after sexual assault and/or explaining the rationales for different components of the examination.

According to Sex Crimes Detective Bruce Smith of the Indianapolis Police Department, “rape kit[s] are an essential part of our investigation...the potential evidence gathered, the DNA evidence, is crucial to identifying suspects” (personal communication, October 14, 2008). The documentation provided by certified SANEs increases the opportunity for conviction of perpetrators by providing leads for suspects and highly accurate evidence in court. Increased evidence can also contribute to an increase in suspect plea bargains once DNA evidence against them has been gathered, and if a plea bargain is not reached, the evidence makes the victim’s case stronger in court and before a jury.

SANEs also collect and monitor the number of patients in need of sexual assault examinations. This data is useful for documentation of crime within Muncie and its surrounding areas, because not all victims of sexual assault who receive a sexual assault examination report to law enforcement.

Statement of need:
The Delaware County SATC of BMH has the staff and hospital support that it needs, but equipment needed to properly provide services to sexual assault victims is severely lacking and needs immediate attention. BMH has provided incalculable support to this program; however, the need of the SANE program exceeds what one hospital can offer in a small town such as Muncie. The requested equipment, additional training, and continuing education will make the services provided by the SANEs more efficient and more valuable to the criminal justice system. Patient information will also be treated with increased confidentiality and updated and increased equipment will reduce the amount of time spent conducting an examination while improving evidence collection. As Diane Frye, the Delaware County Deputy Prosecutor aptly states in her letter of support for SATC of BMH, “Our community is large enough, particularly with the University, that the time has come to have the equipment that would facilitate the
gathering of evidence in a manner suitable for use in a court of law. In this time of economic downturn, our victims still need comprehensive services” (Appendix A).

**Breakdown of intended use of funds:**

Although many things are needed to fully develop the SANE program at BMH, the items listed below are priorities for reasons outlined in Appendix B.

<table>
<thead>
<tr>
<th>Forensic Equipment</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Welch Allyn Cordless Illumination System</td>
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<tr>
<td>Mini Blue Max Forensic Light</td>
<td>$150</td>
</tr>
<tr>
<td>Gieserlab Swab Dryer</td>
<td>$795</td>
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<tr>
<td>Medical Cart</td>
<td>$1095</td>
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<td>Canon Rebel xsi Digital Camera</td>
<td>$639</td>
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<td>Canon Macro Lens</td>
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<tr>
<td>Ring Light Flash</td>
<td>$552</td>
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**Other**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>One-year International Association of Forensic Nurses membership ($115 per person x 6 people)</td>
<td>$805</td>
</tr>
<tr>
<td>Scientific Assembly ($1715 per person x 2 people)</td>
<td>$3430</td>
</tr>
<tr>
<td>Gateway Computer (includes printer/copier/scanner)</td>
<td>$850</td>
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<tr>
<td>SANE Training Class&lt;br&gt;Class for one person $600&lt;br&gt;Hotel (5 nights)($75) = $375&lt;br&gt;Mileage to/from Fort Wayne (78 miles)(2)($0.41 mile) = $63.96</td>
<td>$1,039</td>
</tr>
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</table>

**Total** $9,876

Sincerely,

Deborah Rafter<br>RN, SANE-A

Delaware County Sexual Assault Treatment Center of Ball Memorial Hospital
Appendix B

Intended use of funds itemized explanations

The Delaware County SATC of BMH has three specific needs—sufficient quantity and competency of staff, up-to-date medical and forensic equipment, and public outreach. The staff and equipment have been prioritized and outreach will be the next area for improvement. Listed below are the items that also appeared in the “Intended Use of Funds” chart. Each item has been listed individually or with interdependent items and explained in terms of its purpose in meeting the goals of improving the competency of staff and/or increasing the effectiveness of services provided by updating technology and equipment.

The Welch Allyn cordless illumination system is used most commonly in conjunction with vaginal speculums. The small light source supplies white light through transparent speculums to assist SANE during forensic and medical examinations. The elimination of a cord allows more maneuverability and comfort.

The mini blue max forensic light is a small and lightweight tool that uses a high-powered blue light to detect bodily fluids such as semen, sweat, or saliva left on the victim’s body or on material items including clothing. If and once these fluids have been detected, evidence can be collected from the established sites.

The swab dryer is an enclosed plastic container that holds up to 21 swabs that SANE have used to collect various types of evidence from a sexual assault victim. The dryer uses natural airflow through a filter and keeps the swabs separate from one another so that swabs are not cross contaminated and evidence is not lost. In order to protect evidence from degradation, it also does not use internal light or heat. The dryer includes five replacement prefilters and one HEPA filter. The swab dryer maintains evidence integrity further by providing two locks to keep the swabs safe from unauthorized personnel or accidental contamination.

The medical cart allows all of the SANE rape kit equipment to be stored and organized within the six drawers in a locked and transportable way so that it can be used in whatever room is available at the time the equipment is needed. Because BMH does not currently have a separate, permanent room to be used for sexual assault examinations, the transportability of this equipment is particularly useful and important. Standard shipping cost for this cart ($110) is also included.

The SLR digital camera will be used to document any injuries, particularly small ones, on the victim in high resolution. This can prove to be crucial evidence in court proceedings. The macro lens allows significantly increased zooming capability (1:1 magnification) to ensure optimal image clarity and the right lighting flash is used to illuminate small areas while taking close-up pictures. Use of this noninvasive light is much more comfortable to patients, especially for photography of genital injury, than use of intimidating large lights and it ensures a properly exposed or lighted image. Correct lighting in
photography can be vital for evidentiary purposes. The least amount of editing possible should be conducting on photographs used as evidence.

The computer will be used to store the examination pictures in a confidential and secure manner that only SANE personnel will have authority to access. This computer includes a photo printer, copier, and scanner that can be used to print confidential information in a private manner.

Membership in the International Association of Forensic Nurses was very beneficial to Deborah Rafter and additional memberships will allow all of the SANEs to communicate with other SANEs across the country through an online discussion board. This communication serves as a free means of potentially improving services provided to victims based on the successes and problems of programs in other areas. The membership also includes discounts and counts toward continuing education credits for the SANEs, who must be reaccredited every four years. It is important the SATCs sustainability to make reaccreditation attainable for the SANEs.

Attendance at the International Association of Forensic Nurses (IAFN) annual Scientific Assembly will allow additional opportunities to complete continuing education hours for SANE (re) accreditation. The Assembly offers many break-out sessions over the course of four days that encourage SANEs to contrast forensic practices and their effectiveness in sexual assault nursing, to develop skills in identifying useful professional resources, and to increase overall care effectiveness for diverse groups of patients. Due to the cost of the Assembly, two nurses will attend next year and ideally the remaining nurses could take turns attending in subsequent years if funding is available.

Allowing one more nurse to attend the SANE training class will additionally ensure the availability of a specially trained nurse in the event that a SANE must be “called in” to conduct an examination. Right now, there are only three accredited and trained SANEs, with three more working toward accreditation, and many of them commute to work. More nurses equates to a faster response time when a SANE is needed after “normal” hospital hours. Included in this item’s budget is transportation to and from Fort Wayne and modest hotel lodging for five nights. The class includes about 40 hours of classroom instruction and 80 hours of clinical time. After training, SANEs are better qualified to collect forensic evidence for court cases, use equipment to document injury and evidence, and treat the victim in an emotionally sensitive and educationally empowering manner (H. Renz, personal communication, October 9, 2008).
Enclosures

A  Letter of support from Diane Frye
C  Letter of support from Daniel Keesling
D  Letter of support from Melody Johnson
March 13, 2009

Hope Program Manager
Office for Victims of Crime (OVC)
U.S. Department of Justice
Washington, D.C.

Re: HOPE Grant

Dear Hope Program Manager:

The Delaware County Prosecutor’s Office is not only dedicated to the successful prosecution of the perpetrators of sexual assaults, but is also committed to helping to improve the treatment of and services to sexual assault victims. We know that a team approach helps to meet the myriad of issues faced by victims of sexual assault. It takes time and the collaboration of many dedicated people to provide efficient supportive and successful response to victims.

The first building block for success in this area is a sexual assault facility equipped with certified sexual assault nurse examiners who have the appropriate equipment to preserve the evidence required for successful prosecution. Our community is large enough, particularly with the University, that the time has come to have the equipment that would facilitate the gathering of evidence in a manner suitable for use in a court of law. In this time of economic downturn, our victims still need comprehensive services. Our sexual assault victims have not been given appropriate tests because we did not have the equipment to perform the tests.

The citizens of Muncie are in critical need of an appropriately equipped sexual assault facility and are requesting that you fund these urgent needs so that a woods lamp, cart, camera, swab dryer and computer can be purchased, and also have funding for SANE classes and the Scientific Assembly.

I am pleased to support the application for the HOPE grant, and would ask that you please give this application your full consideration.

Sincerely,

Diane M. Frye
Deputy Prosecutor
April 1, 2009

Hope Program Manager
Office for Victims of Crime (OVC)
U.S. Department of Justice
Washington, D.C.

Re: Hope Grant

Dear Hope Program Manager:

Ball Memorial Hospital is committed to the community of Muncie Indiana and the surrounding communities that we serve. As part of that commitment Ball Memorial Hospital has created a staff of certified sexual assault nurses who are trained in the proper collection of evidence and perform as members of a team with other agencies in the pursuit of prosecution of the offender.

Management of Ball Memorial Hospital supports the efforts of the SANE team and its voluntary members by compensating the members for their time during training and exams and assisting with schedules when possible. Limited resources have left the team with very limited equipment. Funding is in need for items that would assist in the collection of evidence and the promotion of public health and awareness of these tragic crimes.

Sincerely,
Daniel Keesling RN,
Assistant Nurse Manager
SANE Program Director

2401 W. University Ave. • Muncie, IN 47303-3499 • (765) 747-3111
Dear Hope Program Manager:

I am contacting you on behalf of the Victim Advocate program, to garner support for the Delaware County Sexual Assault Response Team (SART). This team is a much needed group to provide emergency assistance to victims of sexual assault. SANE nurses, mental health professionals, victim advocates and law enforcement have come together to try to lessen the trauma and re-victimization of women who have been assaulted in Delaware County.

These professionals volunteer their time and expertise to provide some sense of comfort and safety to victims of violent crime. In addition to volunteers, funding is needed to provide the tools for the criminal justice system to bring the perpetrators of sexual assault to justice.

It is my hope that the Delaware County SART team has continued success and support from the community and from government and social programs to provide funding for such a worthwhile program, and the equipment to process evidence in sexual assault cases.

Sincerely,

Melody Johnson, Director
Victim Advocate Program