

# SEXUAL ASSAULT RESPONSE IN LOUISIANA

RESPONSE TO ACT 289 OF THE 2025 REGULAR  
LEGISLATIVE SESSION

PERFORMANCE AUDIT SERVICES

**Informational Report**  
**Issued June 24, 2026**

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June 24, 2026

The Honorable J. Cameron Henry, Jr.,  
President of the Senate  
The Honorable Phillip R. Devillier,  
Speaker of the House of Representatives

Dear Senator Henry and Representative Devillier:

This informational report provides the results of our examination on how Louisiana addresses sexual assault and provides services to survivors of sexual assault. We conducted this review in response to [Act 289 of the 2025 Regular Legislative Session](#) which instructed the Louisiana Legislative Auditor to conduct an audit of sexual assault advocacy services, sexual assault nurse examiner programs, sexual assault response plans, the availability of sexual assault forensic medical exams, and sexual assault services funding in this state. This report is intended to provide timely information related to an area of interest to the legislature or based on a legislative request. I hope this report will benefit you in your legislative decision-making process.

We would like to express our appreciation to stakeholders for their assistance during this review.

Respectfully submitted,



Michael J. "Mike" Waguespack, CPA  
Legislative Auditor

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SA RESPONSE





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# Louisiana Legislative Auditor

Michael J. "Mike" Waguespack, CPA



## Sexual Assault Response in Louisiana Response to Act 289 of the 2025 Regular Legislative Session

June 2026

Audit Control # 40250025

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## Introduction

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This report provides information on how Louisiana addresses sexual assault and provides services to survivors of sexual assault. We conducted this review in response to [Act 289 of the 2025 Regular Legislative Session](#) which instructed the Louisiana Legislative Auditor to conduct an audit of sexual assault advocacy services, sexual assault nurse examiner (SANE) programs,<sup>1</sup> sexual assault response (SAR) plans, the availability of sexual assault forensic medical exams (FMEs), and sexual assault services funding in this state.

**Sexual Assault and Prevalence.** According to the National Sexual Violence Resource Center (NSVRC),<sup>2</sup> sexual violence occurs when someone forces or manipulates another individual into unwanted sexual activity without their consent, which means they do not or are unable to give permission or agree to engage in a sexual act. Data on the prevalence of sexual assault are considered to be inaccurate because many survivors do not report. According to Louisiana State Police there were 559 arrests and 53 convictions for rape in state fiscal year 2025. However, the Louisiana Violence Experiences Survey conducted by Tulane University during May and June of 2023<sup>3</sup> concluded that across the state's population of 3.5 million adults, approximately 365,000 were sexually harassed or assaulted in the past year. The same study found that 84% of people who experienced sexual violence in the past year did not report the incident.

Broadly defined, **sexual violence** includes any type of unwanted sexual contact and can range from sexual comments and sexual harassment to sexual assault or rape.

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<sup>1</sup> Throughout our report we use the term SANE to discuss any medical professional (i.e., nurses or doctors) who have been trained to perform forensic medical exams. Other common terminology includes Forensic Nurse Examiners or Sexual Assault Forensic Examiners. We use the term SANE to include those trained and those who are certified.

<sup>2</sup> [NSVRC](#) is a nonprofit organization that provides guidance to prevent sexual violence and support survivors including information and best practices.

<sup>3</sup> <https://newcomb.tulane.edu/LaVEX>

Sexual assault, domestic violence,<sup>4</sup> and human trafficking<sup>5</sup> frequently intersect, both in terms of the individuals most likely to experience these crimes and in the delivery of services for survivors. Survivors may experience multiple forms of abuse. For example, sexual assault may occur within the context of intimate partner/domestic violence. While acknowledging these intersections, this report focuses specifically on Louisiana's response to sexual assault perpetrated against adults.<sup>6</sup>

**Sexual Assault Response Overview.** Louisiana's response to sexual assault involves various entities and individuals including state agencies, medical facilities and professionals, sexual assault advocates and centers, and law enforcement agencies that each operate within its own professional framework. In addition, there are multiple components of the state's response to sexual assault, including regional SAR plans, survivor access to an FME, and funding. Exhibit 1 summarizes the five sexual assault focus areas requested by Act 289 for this report.

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<sup>4</sup> In December 2021, LLA issued ["Challenges in Louisiana's Efforts to Address Domestic Violence."](#)

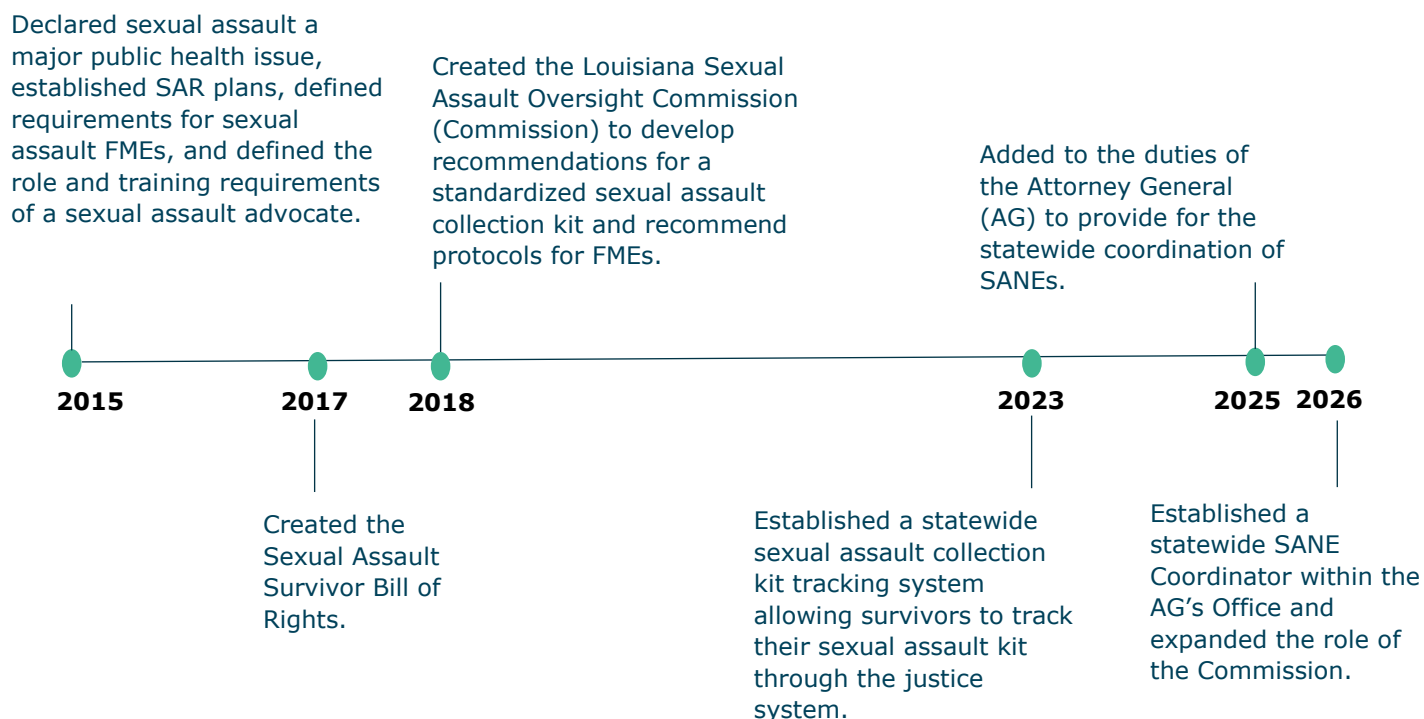
<sup>5</sup> In February 2020, LLA issued ["Challenges and Gaps in Louisiana's Efforts to Address Human Trafficking."](#)

<sup>6</sup> Children's Advocacy Centers have a specialized role in responding to sexual abuse and assault involving minors which is not a focus of this report.

<b>Exhibit 1</b>	
<b>Sexual Assault Focus Areas Requested by Act 289 of the 2025 Regular Legislative Session</b>	
<b>Area</b>	<b>Description</b>
Sexual assault advocacy services	Sexual assault advocates are trained professionals whose primary role is to support survivors of sexual violence by providing emotional support, practical assistance, information about survivors' rights, and referrals to needed services. Services for survivors broadly include crisis hotlines, medical advocacy and accompaniment, therapy and counseling services, and legal assistance. Sexual assault advocacy services are provided by 11 non-profit entities throughout the state called sexual assault advocacy centers.
Sexual assault nurse examiner (SANE) programs	SANEs are registered nurses who receive specialized education to provide health care for sexual assault survivors while collecting evidence that can be used for investigation and in court. SANE programs are housed in hospitals, coroner offices, and non-profits across the state.
Availability of forensic medical exams (FMEs)	A forensic medical exam (FME) is a specialized physical examination provided to the victim of a sexually oriented crime that is designed to collect evidence after a sexual assault, as well as provide for survivor's medical and emotional needs. The evidence is collected in a sexual assault kit, also known as a rape kit for use in a court of law.
Regional Sexual Assault Response (SAR) plans	In Louisiana, the coordinated community effort to address sexual assault is established/formalized in a SAR plan for each of the nine Louisiana Department of Health (LDH) regions as required by state law. The SAR plans are designed to standardize survivor care and services from the stakeholders that participate in developing and implementing the regional SAR plans. Stakeholders include medical professionals, advocates, and law enforcement in each region.
Sexual assault funding	Funding for sexual assault services in Louisiana is dependent on grant programs, primarily the programs authorized by the Violence Against Women Act and the Victims of Crime Act. Much of the funding from these grants goes to the Louisiana Commission on Law Enforcement (LCLE) and then to subgrantees such as sexual assault advocacy centers. These federal funds also support Louisiana's Crime Victims Reparation (CVR) program which provides financial assistance and reimbursement to victims for crime-related out-of-pocket expenses such as medical care and lost wages. State law specifically requires the CVR program to pay the expenses associated with healthcare services for victims of sexually oriented criminal offenses, including FMEs.
<b>Source:</b> Prepared by legislative auditor's staff using information from various sources such as best practices, information from LaFASA, state law, SAR plans, federal grant information, and information from LCLE.	

**Legislative Initiatives to Address Sexual Assault.** Louisiana has taken steps to address and improve services and outcomes for survivors of sexual assault by passing legislation that provides guidelines, criteria, and requirements for the entities involved in responding to sexual assault. [Act 724 of the 2026 Regular Legislative Session](#) builds on previous legislative initiatives by creating a statewide SANE Coordinator and expanding the role of the Louisiana Sexual Assault Oversight Commission. Exhibit 2 shows a timeline of key legislative initiatives related to sexual assault.

## Exhibit 2 Key Legislative Sexual Assault Initiatives



**Source:** Prepared by legislative auditor's staff using Louisiana Revised Statute (La. R.S.) 40:2181, 40:1216.1, 15:622, 46:2186(C), 46:1845, 15:555, and Act 724 of the 2026 Regular Legislative Session.

To conduct this review, we met with stakeholders including LDH, LCLE, the Attorney General's (AG) Office, SANEs, sexual assault advocacy centers and advocates, Louisiana Foundation Against Sexual Assault (LaFASA), and others; attended Sexual Assault Oversight Commission (Commission) meetings; researched Louisiana and other states' structure for addressing sexual assault and providing services, and researched best practices for addressing sexual assault including the Sexual Assault Response Team (SART) Toolkit.<sup>7</sup> In addition, we sent surveys to 34 stakeholders including nine LDH Regional Medical Directors, 14 SANE programs,<sup>8</sup> and 11 sexual assault advocacy centers, and received 33 responses for an overall response rate of 97.1%.

The objective of this review was:

<sup>7</sup> The [SART Toolkit](#) is written and reviewed by survivors, SART members, and subject matter experts; it is published by NSVRC with funding from the Federal Office for Victims of Crime and provides technical assistance and training to SARTs.

<sup>8</sup> We sent our survey to 14 SANE programs we initially identified; however, we later identified two additional SANE programs as listed in Exhibit 5.

**To provide information about and identify challenges Louisiana faces in its efforts to provide services for survivors of sexual assault.**

Our results are summarized on the next page and discussed in detail throughout the remainder of the report. We made six Matters for Legislative Consideration, as summarized on page 38. Appendix A contains our scope and methodology, Appendix B lists the Sexual Assault Oversight Committee membership, and Appendix C includes SAR plan requirements outlined in state law. In addition, Appendix D describes SANE program funding, Appendix E includes other state SANE coordination activities, and Appendix F outlines sexual assault advocacy center accreditation standards.

**Informational reports are intended to provide more timely information than standards-based performance audits. While these informational reports do not follow *Government Auditing Standards*, we conduct quality assurance activities to ensure the information presented is accurate. We provided a draft to LDH, LCLE, LaFASA, and a SANE program and incorporated their feedback throughout this informational report.**

## Objective: To provide information about and identify challenges Louisiana faces in its efforts to provide services for survivors of sexual assault.

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Overall, we found that Louisiana has established laws that support survivors of sexual assault. However, the state could do more to ensure that survivors across the state have access to consistent care. We found:

- **Louisiana state law requires sexual assault response (SAR) plans to foster collaboration among stakeholders and standardize survivor care and services. However, we identified instances where the SAR plans do not comply with state law and could be improved to better respond to survivors of sexual assault.** Many entities are involved in the response to survivors which results in a fragmented, or siloed, system of care, where coordination is challenging despite shared goals. SAR plans are designed to foster collaboration and standardize survivor care and services.
- **Louisiana could improve its response to survivors of sexual assault by incorporating best practices, such as a trauma-informed response and evaluating outcomes, and by establishing clear statutory authority and defined responsibilities at the state level.** For example, SAR plans and protocols should specify how SART members will interact with survivors and coordinate with stakeholders within their region, and SAR plans should incorporate evaluation procedures to improve outcomes for survivors. Responsibilities could include reviewing and approving SAR plans to ensure they meet statutory requirements and incorporate best practices, and monitoring and evaluation to assess the effectiveness of the response.
- **As of February 2026, Louisiana had at least 77 practicing SANEs, resulting in the state having the lowest number of SANEs per 1,000 residents compared to the eight other states we researched.** While 1,984 (86.1%) of 2,303 FMEs conducted in Louisiana were performed by a certified or trained SANE during July 2024 through February 2026, a survivor may not always have access to an FME conducted by a SANE in their parish or hospital of choice.
- **SANE programs face challenges in ensuring that survivors have consistent access to FMEs conducted by a SANE, including funding, recruiting, and retaining qualified SANEs, as well as providing training and certification.** Staffing was consistently noted as a challenge to ensure that survivors have consistent access to FMEs by a SANE. For example, eight (61.5%) of 13 SANE programs

that responded to our survey indicated that recruiting qualified nurses and retaining qualified nurses were challenges.

- **Louisiana could benefit from centralizing support for SANEs, which could include training and certification.** Effective August 2025, state law requires the AG's Office to provide for statewide coordination of SANEs, and effective August 2026, the position of Statewide SANE Coordinator is created within the AG's Office.
- **During calendar year 2025, Louisiana had 11 accredited sexual assault advocacy centers that provided services to at least 1,733 survivors. State law mandates survivors have access to advocacy services; however, gaps and challenges limit survivors' access to services. For example, as of May 2026 four parishes were not served by an advocacy center.** In addition, survivors did not always have access to a sexual assault advocate during an FME.
- **Louisiana, unlike some other states, does not consistently dedicate state general funds to provide services for survivors of sexual assault or for the implementation of SAR plans.** Funding for sexual assault services comes from various sources, such as federal grants and local government funding which vary year to year.
- **FMEs are primarily funded through the CVR program, with \$5.4 million paid for FMEs during fiscal years 2023 through 2025.** The CVR fund balance has increased \$3.6 million (52.2%) from \$6.9 million in fiscal year 2023 to \$10.5 million in 2025, and more unclaimed gaming revenue has been received than expended for sexual assault claims and FMEs.

This information is discussed in more detail in the following sections.

**Louisiana state law requires sexual assault response (SAR) plans to foster collaboration among stakeholders and standardize survivor care and services. However, we identified instances where the SAR plans do not comply with state law and could be improved to better respond to survivors of sexual assault.**

Louisiana’s response to sexual assault involves various entities and individuals including state agencies, medical facilities and professionals, sexual assault advocates and centers, and law enforcement agencies that each operate within its own professional framework. Exhibit 3 shows the entities involved in Louisiana’s response to sexual assault.

“Survivors are impacted by a **fragmented service system** that lacks standardized procedures, clearly defined authority, effective oversight, and regulatory safeguards to ensure accountability and consistency across all responding agencies.”

**Source:** LLA 2026 survey

<b>Exhibit 3 Entities and Individuals Involved in Louisiana’s Response to Sexual Assault</b>	
<b>Entity</b>	<b>Description</b>
Louisiana Department of Health (LDH)	Coordinate and publish the SAR plans.
Louisiana Commission on Law Enforcement (LCLE)	Administer federal grant funding for sexual assault services.
Louisiana Foundation Against Sexual Assault (LaFASA)	The state sexual assault coalition. Serves sexual assault advocacy centers through education, professional training, and technical assistance. Accredits sexual assault advocacy centers, as required by state law.
Sexual Assault Nurse Examiners (SANEs)	Specially trained nurses who conduct Forensic Medical Exams (FMEs).
Hospitals and healthcare providers	Often the first place a survivor presents and where they receive medical care and FMEs if they choose. Some hospitals administer SANE programs (see Exhibit 5).
Coroner’s Offices	Some Coroner’s offices administer SANE programs (see Exhibit 5).
Sexual Assault Advocacy Centers	Employ sexual assault advocates who are specially trained to provide services to survivors, such as crisis hotlines and accompaniment during FMEs and interactions with law enforcement, as well as legal assistance and counseling.
Emergency Medical Services/ Ambulance Services	Transport survivors to the designated hospital or alternative location for FMEs if survivors present to law enforcement or a hospital that does not have a SANE available to conduct FMEs.
Law Enforcement	Investigate criminal offenses and collect evidence including completed FMEs. May also transport survivors.
District Attorneys and Courts	Prosecute criminal activity and hold offenders accountable.
Crime laboratories	Test sexual assault kits (or FMEs). The Louisiana State Police crime lab administers the Sexual Assault Kit Tracking System.

<b>Exhibit 3 Entities and Individuals Involved in Louisiana’s Response to Sexual Assault</b>	
Entity	Description
Louisiana Attorney General (AG)	Responsible for statewide coordination of SANEs effective as of August 2025 and houses the Sexual Assault Oversight Commission. Act 724 of the 2026 Regular Session creates a statewide SANE Coordinator in the AG’s Office.
Louisiana Sexual Assault Oversight Commission	Develop recommendations for a standardized sexual assault collection kit and protocols for FMEs of survivors of sexually oriented criminal offenses to be used statewide. Act 724 of the 2026 Regular Session creates the Sexual Assault Response Standards subcommittee to provide recommendations for the development of statewide standards for sexual assault response services including SANEs.
<b>Source:</b> Prepared by legislative auditor’s staff using information from state law, LDH, LaFASA, LCLE, the U.S. Department of Justice, and stakeholders.	

Having so many entities involved in the state’s response can result in a fragmented, or siloed, system of care, where coordination is challenging despite shared goals. To address this challenge, and in accordance with best practices, state law<sup>9</sup> requires regional SAR plans.

**Stakeholders in each LDH Region are responsible for developing and implementing a SAR plan.** SAR plans are designed to foster collaboration among stakeholders and standardize survivor care and services (*see text box at right*). The professionals who interact directly with survivors are called a sexual assault response team (SART) and include individuals such as medical professionals, sexual assault advocates, and law enforcement officers. Louisiana is one of three southern states,<sup>10</sup> along with Texas and Florida,<sup>11</sup> that require SAR plans.

The **SAR Plan** includes a range of information that is valuable for stakeholders. The **SART Protocol** describes specifically how each SART member will provide services to survivors.

<sup>9</sup> La. R.S. 40:1216.1

<sup>10</sup> We researched the following states: Alabama, Arkansas, Florida, Louisiana, Mississippi, and Texas.

<sup>11</sup> Florida requires a SAR plan if the area has a SART.

State law<sup>12</sup> outlines the required components for each SAR plan such as an inventory of available resources, designating the entities responsible for conducting FMEs, documentation to support participation and approval by stakeholders (see *text box at right*), and a SART protocol for responding to survivors of sexual assault. According to best practices from the SART Toolkit, the SART protocol should formalize roles, responsibilities, and expectations including how each stakeholder will provide services to survivors of sexual assault to promote a consistent response for each survivor. See Appendix C for a listing of SAR plan requirements and the SART stakeholders.

State law requires participation in the SAR plans from **interested stakeholders** in each region, including but not limited to:

- The sheriff in each parish
- The chief of police in any political subdivision
- All hospitals
- The coroner in each parish
- First responder organizations
- Higher education institutions
- The school board in each parish
- Sexual assault advocacy organizations and children's advocacy centers
- The district attorney in each parish
- Each crime lab

State law<sup>13</sup> requires that LDH, through the Regional Medical Directors of each of its nine public health regions, coordinate the SAR plan for each region. However, state law does not task LDH with approving the SAR plans, nor being involved operationally in the day-to-day response to sexual assault. Results from our survey indicate that stakeholders want a more operationally aligned entity to be designated as the lead for SAR plan coordination.

**We identified instances where the SAR plans did not comply with state law and could be improved to better ensure that survivors of sexual assault receive consistent care through the state.** We reviewed the nine SAR plans for calendar year 2026 and found the following:

- **SAR plans for calendar year 2026 did not always comply with the requirements set in state law related to stakeholder participation.** We found that SAR plans for calendar year 2026 complied with most statutory requirements, including incorporating a SART protocol.<sup>14</sup> However, six (66.7%) of nine SAR plans we reviewed did not include meeting notes as required. Additionally, four (44.4%) of nine regions did not include the required coroner signatures. State law<sup>15</sup> requires that the coroner implement, fulfill, and comply with all obligations, duties, and requirements imposed upon him by La R.S. 40:1216.1 and by the regional SAR plan, which the coroner must annually sign to indicate approval.

<sup>12</sup> La R.S. 40:1216.1

<sup>13</sup> La R.S. 40:1216.1

<sup>14</sup> None of the nine of regions complied with the requirement to include Human Trafficking protocols within the SAR plans. However, the protocol is not complete as of May 2026. According to the Governor's Office of Community Programs and Planning, the protocol will be available at the beginning of 2027.

<sup>15</sup> La R.S. 13:5713

- **Inconsistent level of detail of SAR plans.** State law requires that the SAR plans clearly outline important elements of the response such as transportation of survivors and required training for personnel performing an FME. While all regions may technically comply with law because they include a section about these topics, the level of detail varies. For example, one region included two pages describing training requirements while another region stated simply that, “the forensic examiner should be a physician or registered nurse who has completed additional advanced training in order to provide comprehensive medical-forensic care to patients with a chief complaint of sexual assault.” Stakeholders expressed concern about insufficient guidance and support when developing and updating SAR plans, and LDH stated that it is working to create a template for regions to use.
- **Not all SAR plans clearly explain who is responsible for each component of the SART protocol.** While all plans included information about sexual assault advocacy services, two (22.2%) of nine SAR plans did not indicate who is responsible for contacting the sexual assault advocate. Stakeholders expressed concern about unclear authority for ensuring compliance and participation among stakeholders. For example, state law mandates that sexual assault survivors have the right to an FME and access to a sexual assault advocate during an FME. However, who is ultimately responsible for implementing these requirements and ensuring these requirements are met is unclear in law.

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**Louisiana could improve its response to survivors of sexual assault by incorporating best practices, such as a trauma-informed response and evaluating outcomes, and by establishing clear statutory authority and defined responsibilities at the state level.**

The SART Toolkit recommends best practices for responding to survivors of sexual assault such as requiring SART protocols; regional meetings; coordinating across law enforcement, medical, and advocacy partners; and annual updates of the SART Protocol. While Louisiana incorporates many of these best practices, it could improve the SAR plans and better address sexual assault and the response to survivors by incorporating additional best practices.

In addition, while state law<sup>16</sup> requires LDH staff to coordinate the effort to develop the SAR plans and make those plans available to the public, there are no clear statutory requirements to evaluate the quality of the SAR plans, ensure consistent compliance among participating entities, or monitor outcomes for survivors.

**Louisiana should require all stakeholders to use a trauma-informed approach when interacting with survivors to improve survivors' experiences.**

According to the SART Toolkit "trauma-informed" is understanding the impact trauma may have on a survivor and using that information to develop systems that provide services to survivors in a way that is responsive, supportive, and does not cause additional trauma. Examples of non-trauma-informed response to a survivor of sexual assault include victim blaming and minimizing the experience. Without a trauma-informed approach, survivors are at risk of increased traumatization and a decreased willingness to report the sexual oriented crime and/or pursue services. Currently, none of the SAR plans specifically require trauma-informed response and stakeholders noted the lack of trauma-informed care. For example, one stakeholder noted, "Law enforcement protocol is to dispatch a patrol officer ... to take initial reports at ERs. These patrol officers are often new with no training in trauma-informed practices and have no knowledge of the SAR plans." Another noted that, "ER staff could use trauma-informed practice education." Texas law specifies the goal of minimizing survivor traumatization as one of the purposes for the mandate of protocols.

"There is a notable reluctance among personnel to adopt trauma-informed approaches, and many victims choose not to report because of re-traumatization. Training the first point of contact for survivors is critical to improving the reporting experience and ensuring survivors are treated appropriately."

**Source:** Stakeholder Interview

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<sup>16</sup> La R.S. 40:1216.1

**Louisiana should incorporate evaluation procedures to identify opportunities to improve the SAR Plan process and outcomes for survivors.**

According to the SART Toolkit, evaluation serves as an opportunity for stakeholders to monitor their effectiveness as a team, refine practices and protocols, assess impact on survivors, and identify areas for improvement. Regions could track metrics such as survivor access to advocacy and FMEs, stakeholder participation and compliance with protocols to identify gaps in service and to guide training. According to the SART Toolkit, SAR plans that include evaluation can increase positive outcomes for sexual assault survivors. Some states, including Texas and Illinois, require case reviews. For example, Texas requires a biennial evaluation through sexual assault case reviews of the effectiveness of individual agency and interagency protocols and systems. According to our survey, no region in Louisiana consistently conducts evaluations, as recommended by the SART Toolkit.

"My OPH regional office does not have a procedure in place for evaluating outcomes."

**Source:** LLA 2026 survey

**Louisiana should assign clear statutory authority and responsibilities at the state level to one or more entities to oversee and strengthen the state's response to survivors of sexual assault.**

An effective statewide response to sexual assault requires strong laws, clear authority, and continuous monitoring and improvement. The SART Toolkit recommends that SARTs have appropriate oversight to ensure the health, safety, and well-being of individuals being served. Other states have designated authority and responsibilities to various types of entities. Louisiana should consider designating entities with responsibility for:

- Reviewing and approving SAR plans to ensure they comply with statutory requirements and incorporate best practices. As discussed previously, SAR plans do not consistently comply with statutory requirements. Oversight should include mechanisms to incorporate best practices in the plans and to assess whether SART members adhere to protocols and collaborate effectively.
- Developing standardized SART protocols and comprehensive guidance that promote consistent access and quality of care for survivors across the state, while still allowing for regional variation. For example, some states, such as Kentucky, Florida, and Montana, have laws that establish advisory bodies that support local SARTs through activities such as developing model protocols, providing technical guidance, and/or establishing standards for providing services to survivors of sexual assault. Some states, including Nebraska, Ohio, West Virginia, and Indiana, have published statewide protocols for sexual assault FMEs through entities such as the AG's Office, Department of Health, or the state sexual assault coalition.

[Act 724 of the 2026 Regular Legislative Session](#) creates the "Sexual Assault Response Standards" subcommittee of the Louisiana Sexual

Assault Oversight Commission. The duties of the subcommittee will include providing recommendations relative to statewide sexual assault response protocols in accordance with the needs and best practices identified within SAR plans.

- Statewide planning and resource development such as identifying funding needs, services gaps, and opportunities for sustainable funding strategies to align resources with service needs. Some states' AG's offices, such as Wisconsin and Illinois, have positions and/or divisions dedicated to victims of crime that assist with funding, training, and outreach. In Texas, the state sexual assault coalition has a SART Lead Strategist position that assists local SARTs. Wisconsin has a statewide team that provides guidance and best practices for regional SARTs. According to LaFASA, it hired a "strategic partnership coordinator" in March 2026 to assist local SARTs.
- Ongoing monitoring and evaluation through data collection, measuring outcomes, and case reviews to identify barriers, gaps, and opportunities for improvement. Ongoing monitoring will assist the state in assessing the effectiveness of the response and making informed, evidence-based policy decisions over time. For example, Texas SARTs conduct case reviews every other year and submit them to the state's sexual assault coalition, and Illinois's Department of Health<sup>17</sup> conducts case reviews every other year. The Wisconsin Department of Justice provides a free monitoring database for SARTs to track sexual assault and sexual assault response in their community.

The entities tasked with these responsibilities should incorporate survivor feedback to ensure that systems better meet survivors' needs and avoid causing further harm. The state could assign these responsibilities to one or more of the entities currently involved in the state's response to sexual assault, such as LDH, LaFASA, the AG's Office, the Sexual Assault Oversight Commission, or another appropriate entity.

**Matter for Legislative Consideration 1:** The legislature may wish to amend La R.S. 40:1216.1 to require that Sexual Assault Response plans include evaluation activities, which may include case reviews.

**Matter for Legislative Consideration 2:** The legislature may wish to amend La R.S. 40:1216.1 to require that Sexual Assault Response plans include requirements that Sexual Assault Response Team members apply a trauma-informed approach when interacting with survivors.

**Matter for Legislative Consideration 3:** The legislature may wish to strengthen the oversight of the state's sexual assault response by designating appropriate government entities over the Sexual Assault

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<sup>17</sup> In Illinois, most SANE programs are hospital based.

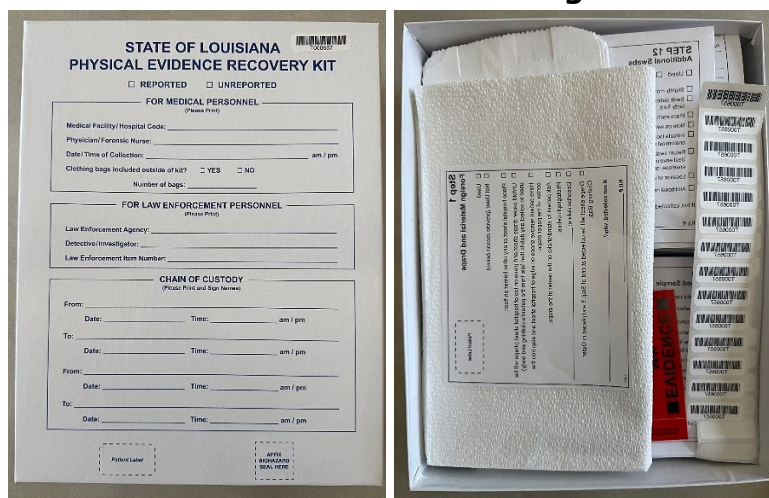
Response plans and Sexual Assault Response Teams to ensure the health, safety, and well-being of individuals being served.

**Matter for Legislative Consideration 4:** The legislature may wish to consider tasking the Sexual Assault Oversight Commission with additional duties related to the state's response to sexual assault.

**As of February 2026, Louisiana had at least 77 practicing SANEs, resulting in the state having the lowest number of SANEs per 1,000 residents compared to the eight<sup>18</sup> other states we researched. While 1,984 (86.1%) of 2,303 FMEs conducted in Louisiana were performed by a certified or trained SANE during July 2024 through February 2026, a survivor may not always have access to an FME conducted by a SANE in their parish or hospital of choice.**

FMEs are exams to collect and store evidence after a sexual assault and address survivors' medical and emotional needs. These exams and related paperwork are lengthy, often taking over four hours. SANEs must properly obtain evidence and maintain chain of custody. Exhibit 4 shows a sexual assault kit used during an FME. Sexual assault survivors most frequently receive FMEs at an emergency department.<sup>19</sup> The Louisiana Sexual Assault Survivor Bill of Rights<sup>20</sup> provides that sexual assault survivors have the right to not be prevented from receiving an FME. State law<sup>21</sup> further requires that all licensed hospitals and healthcare providers in Louisiana offer every sexual assault survivor information that they will be examined and treated without undue delay and not be billed for

**Exhibit 4**  
**Sexual Assault Kit Used during an FME**



<sup>18</sup> Kentucky, Wisconsin, Illinois, Indiana, New Mexico, Virginia, South Carolina, and Texas

<sup>19</sup> Survivors may also receive FMEs at a community-based facility that provides FMEs on-site.

<sup>20</sup> La R.S. 46:1845

<sup>21</sup> La R.S. 40:1216.1

the FME.<sup>22</sup> According to guidance issued by the U.S. Department of Justice<sup>23</sup> SANEs are the best clinicians to conduct FME.

**As of February 2026, Louisiana had at least 77 practicing SANEs, resulting in the state having the lowest number of SANEs per 1,000 residents compared to the eight other states we researched.** In Louisiana, 49 (63.6%) of the 77 practicing SANEs were SANE trained, and 28 (36.4%) were SANE certified. SANE programs operate in each of the nine LDH regions and provide SANE services in various structures. In Louisiana, SANE programs are based in hospitals, non-profits, or coroner's offices, the latter of which is unique compared to other states. SANE programs employ nurses who receive additional training in how to administer FMEs. SANEs can also pursue SANE certification; however, certification is not required to work as a SANE. Until October 2025, the International Association of Forensic Nurses (IAFN) has been the primary mechanism for SANE certification. Many of the nurses employed by SANE programs are part-time or PRNs<sup>24</sup> and may also work other nursing jobs. Exhibit 5 lists the 16 SANE programs we identified in Louisiana as well as the number of active certified or trained SANEs in each program as of February 2026.

<b>Exhibit 5 SANE Programs and Number of Active SANEs* As of February 2026</b>				
<b>SANE Program</b>	<b>City</b>	<b>Program Basis</b>	<b>Location</b>	<b>Number of SANEs</b>
Bossier Parish Coroner's Office	Bossier City	Coroner	Traveling	3
Trinity Medical	Ferriday	Hospital	Single hospital	2
East Baton Rouge Parish Coroner's Office	Baton Rouge	Coroner	Traveling	11
The Haven	Houma	Non-Profit/Coroner	Traveling	3
Hearts of Hope	Lafayette	Non-Profit	Single location	3
Jefferson Parish Coroner's Office	Harvey	Coroner	Traveling	10
Lafayette Parish Coroner's Office	Lafayette	Coroner	Traveling	4
Lake Charles Memorial Hospital	Lake Charles	Hospital	Single hospital	11
Natchitoches Coroner's Office	Natchitoches	Coroner	Single hospital	2
New Orleans Family Justice Center	New Orleans	Non-Profit	Single location	2
Forensic Nurse Examiners of Louisiana, Inc.	Shreveport	Non-Profit/Coroner	Traveling	10
Ouachita Parish Coroner's Office	West Monroe	Coroner	Traveling	7
Christus St. Frances Cabrini Hospital	Alexandria	Hospital	Single hospital	2
St. Mary Parish Coroner's Office	Morgan City	Coroner	Traveling	2
University Medical Center	New Orleans	Hospital	Single hospital	7
Vernon Parish Coroner's Office	Leesville	Coroner	Single hospital	1
<b>Total</b>				<b>77**</b>
*Based on the programs we identified. It is possible that other SANE programs exist in the state, but no master list exists.				
**Includes trained and certified SANEs. Some SANEs work for multiple SANE programs. Includes full time, part time, and PRN nurses.				
<b>Source:</b> Prepared by legislative auditor's staff using information from SAR plans and information provided by SANE programs.				

<sup>22</sup> The survivor will not be billed for the FME but can be billed for medical care.

<sup>23</sup> [A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Third Edition U.S. Department of Justice Office on Violence Against Women.](#)

<sup>24</sup> PRNs are registered nurses who work as needed, such as on-call shifts.

Louisiana has the lowest number of SANEs per 1,000 residents compared to the eight other states we researched. As of March 2026, Louisiana had 0.017 practicing SANEs (certified or trained) for every 1,000 residents. Of the states we reviewed, Kentucky had the highest number of SANEs per capita with 0.121 SANEs per 1,000 residents. Exhibit 6 shows Louisiana's per capita rate compared to other states.

<b>Exhibit 6 State Comparison of SANEs per Capita Using 2025 Census Data</b>				
<b>State</b>	<b>Number of SANEs*</b>	<b>As of Date</b>	<b>State Population</b>	<b>SANEs per 1,000 Residents</b>
Kentucky	556	December 2025	4,588,372	0.121
Wisconsin	573	May 2026	5,960,975	0.096
Illinois	981	May 2026	12,710,158	0.077
Indiana	423	October 2023	6,924,275	0.061
New Mexico	51	May 2026	2,130,256	0.024
Virginia	210	May 2026	8,811,195	0.024
South Carolina	120	June 2026	5,478,831	0.022
Texas	550	March 2026	31,290,831	0.018
Louisiana	77	March 2026	4,597,740	0.017

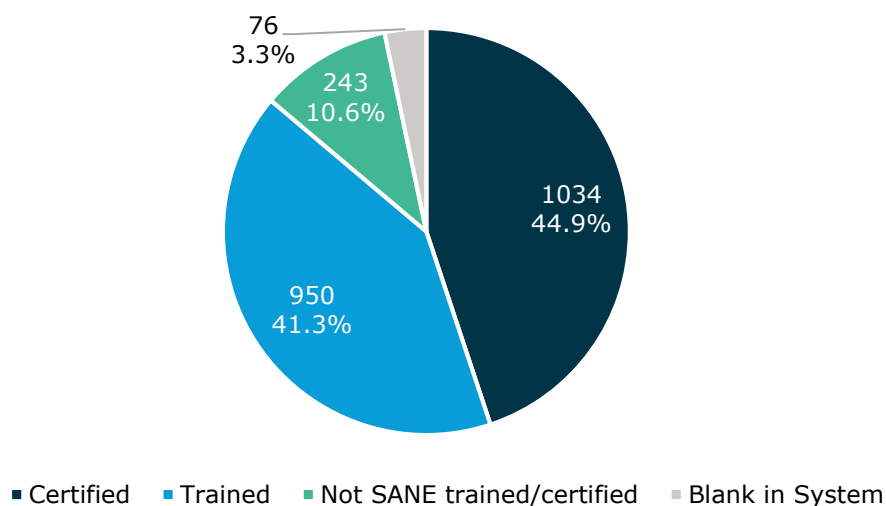
\*States may track SANEs differently, either including both SANE trained and certified or only SANE certified.  
**Source:** Prepared by legislative auditor's staff using information provided by other states, internet research, and 2025 census data.

**During July 2024 through February 2026, 1,984 (86.1%) of 2,303 FMEs conducted in Louisiana were performed by a certified or trained SANE.<sup>25</sup>** In addition, 243 (10.6%) were performed by a medical professional who was not a trained SANE, and the remaining 76 (3.3%) were performed by unknown medical examiners as the Sexual Assault Tracking System did not include a name. According to guidance issued by the U.S. Department of Justice,<sup>26</sup> SANEs are the best clinicians to conduct FMEs because they enhance the survivors experience in the medical setting, improve coordination of additional services for survivors, and improve the quality of the evidence collected which contributes to higher prosecution and conviction rates. However, SANEs are not always available. According to stakeholders, when a SANE is not available emergency department doctors and nurses must conduct the FME. Exhibit 7 shows the percentage of the 2,303 FMEs that were performed by a certified SANE, trained SANE, or other medical professional during July 2024 through February 2026.

<sup>25</sup> Based on the FMEs that were entered into the Sexual Assault Kit Tracking System.

<sup>26</sup> [A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents](#), U.S. Department of Justice Office on Violence Against Women, September 2024

**Exhibit 7**  
**Number and Percent of FMEs Performed by SANEs**  
**July 2024 through February 2026**



**Source:** Prepared by legislative auditor's staff using data from the Sexual Assault Kit Tracking System and information provided by SANE programs.

The areas in Louisiana with the lowest percentage of FMEs conducted by SANEs during July 2024 through February 2026 are the Orleans area and the Lafayette/Acadiana area. According to FMEs logged into the Sexual Assault Kit Tracking system, we identified that 318 (56.4%) of 564<sup>27</sup> FMEs in Orleans Parish were performed by a SANE, with the majority, or 222 (99.6%) of the 223 not conducted by a SANE being pediatric FMEs. In the Acadiana area,<sup>28</sup> we identified 168 (82.4%) of 204<sup>29</sup> FMEs were performed by a SANE.

**Survivors may not always have access to an FME conducted by a SANE in their parish or at their hospital of choice.** While regional SAR plans outline lead hospitals where survivors can access an FME, there may not be a lead hospital in each parish. Survivors may need to travel or be transported to specific hospitals within their parish or other parishes to receive an FME by a SANE. For example:

- LDH Region 2 covers seven parishes, and the East Baton Rouge Coroner's Office administers the SANE program. SANEs will travel to any hospital within East Baton Rouge Parish that a survivor presents; however, survivors outside of East Baton Rouge Parish must travel or

<sup>27</sup> The Sexual Assault Tracking System had 23 blanks for the medical examiner in Orleans Parish, so we could not determine whether these were conducted by a SANE.

<sup>28</sup> Lafayette, Acadia, St. Martin, Vermilion, Iberia, St. Landry, and Evangeline Parishes

<sup>29</sup> The Sexual Assault Tracking System had 23 blanks for the medical examiner in the Acadiana area, so we could not determine whether these were conducted by a SANE.

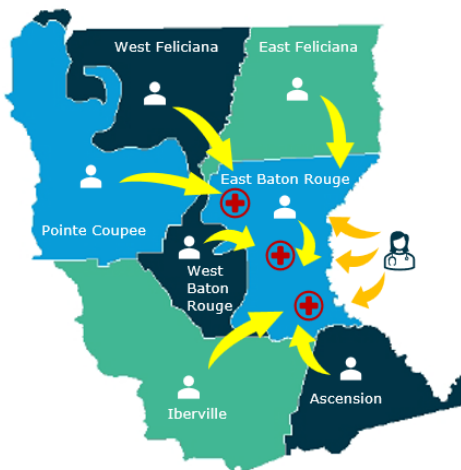
be transported to one of the hospitals in the parish to access an FME by a SANE.

- In LDH Region 5, which covers five parishes in the Lake Charles area, the SANE program is at Lake Charles Memorial Hospital, so survivors within the region must travel or be transported to that hospital.
- LDH Region 9 covers six parishes, and the Jefferson Parish Coroner's Office, which is part of Region 1, provides SANE coverage for the region. SANEs travel within seven parishes for both LDH Region 1 and 9, which include the parishes previously covered by the St. Tammany Parish Coroner's Office,<sup>30</sup> to whichever hospital the survivor presents.

Exhibit 8 provides a visual of how different SANE programs work, using the East Baton Rouge, Lake Charles, and Jefferson parishes SANE programs as examples.

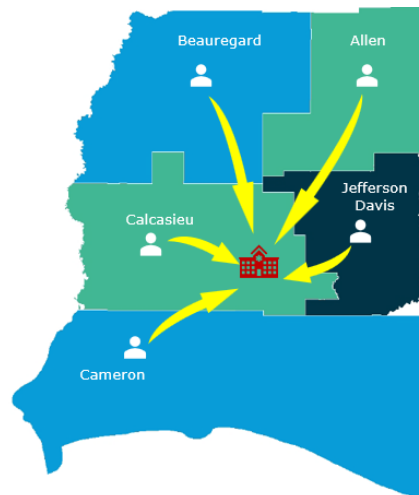
### Exhibit 8 Example SANE Program Structures

**East Baton Rouge SANE Program:  
Mobile within EBR Parish**



Survivors in these seven parishes travel or are transported to hospitals within East Baton Rouge Parish. East Baton Rouge Parish Coroner's Office SANEs may then travel to 8 hospitals where survivors present.

**Lake Charles SANE Program:  
Hospital Based**



Survivors in these five parishes travel or are transported to Lake Charles Memorial Hospital for access to a SANE.

**Jefferson Parish SANE Program:  
Mobile**



Jefferson Parish Coroner's Office SANEs may travel to survivors at 18 hospitals within six parishes.

**Source:** Prepared by legislative auditor's staff using information from SAR plans.

<sup>30</sup> In May 2024, the St. Tammany Parish Coroner eliminated its SANE program.

According to best practices from the Federal Office for Victims of Crime, Training and Technical Assistance Center,<sup>31</sup> there is no one right way to structure a SANE program, and each structure has advantages and disadvantages. Other states commonly house SANE programs within hospitals or nonprofits. Hospital-based SANE programs benefit from having on-site infrastructure and supplies and access to higher levels of medical care. Traveling SANE programs may offer more flexibility for where survivors can go to access an FME, but it can be challenging for programs to have adequate staff to travel longer distances and may lead to the survivor having to wait longer for the arrival of the SANE. According to interviews with stakeholders and responses to our survey, lack of transportation can limit survivors' access to FMEs by a SANE as the distance needed to travel from the survivor's location to the facility that has SANEs can be a barrier. For example, four (30.8%) of 13 survey respondents indicated that lack of transportation for survivors to examination facilities is a challenge. One survey respondent noted, "The biggest barrier is geographic and transportation challenges."

In addition, stakeholders expressed concern that survivors may present at a hospital that does not have a SANE and be turned away or told to go to another hospital that has a SANE. Stakeholders noted that when this occurs it can cause additional trauma and/or a survivor choosing not to continue the process. However, there is no existing data to determine the prevalence of survivors being denied an FME. While each SART needs flexibility to address the unique needs and resources of their area, best practices also state that survivors should have access to an FME by a SANE. Statewide standards that require survivors have access to FME by a SANE could ensure a consistent standard of care.

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**SANE programs face challenges in ensuring that survivors have consistent access to FMEs conducted by a SANE, including funding, recruiting, and retaining qualified SANEs, as well as providing training and certification.**

While the process for survivors to receive an FME is determined by stakeholders and outlined in regional SAR plans, there is no statewide centralized entity to coordinate and standardize these efforts, which stakeholders have described as a challenge. While the non-profit group Forensic Nurse Examiners of Louisiana, Inc. has worked to promote greater consistency, SANE programs across the state have had to identify their own resources such as funding and training.

**Stakeholders reported challenges in ensuring that survivors have consistent access to FMEs conducted by a SANE, including funding, recruiting, and retaining qualified SANEs, as well as providing training and certification.** Stakeholders consistently reported the following challenges:

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<sup>31</sup> <https://www.ovcttac.gov/sanesart/?nm=sfa&ns=sanesart>

- Funding.** SANE programs are funded through various mechanisms, depending on the type of program. Seven (53.8%) of 13 SANE programs surveyed responded that adequate and consistent funding were challenges in providing services to survivors of sexual assault. One survey respondent noted, “Grant funding cuts are always a concern. While CVR provides a revenue stream for reimbursing FME services, we must pay nurses to be available to perform FMEs, we also must pay court time and education as well as staff meetings.” This issue is discussed in more detail later in this report. Appendix D summarizes how each SANE program is funded.

“The solution to the SANE personnel deficit is not to force ER nurses to be evidence collectors. It is just putting a band-aid on a gender-based crime, that is victim-blaming at best and fails miserably to meet the needs of survivors.”

**Source:** LLA 2026 survey
- Recruiting and retaining SANEs.** Eight (61.5%) of 13 SANE programs that responded to our survey indicated that recruiting qualified nurses and retaining qualified nurses were challenges to providing services to survivors of sexual assault. One survey respondent noted, “SANE programs tend to get less funding than most sexual assault programs. A majority of SANEs in the State of Louisiana are working multiple jobs because of inconsistent funding. This causes high turnover and less experienced SANEs collecting evidence.”
- Access to training.** To become a fully trained SANE, individuals must practice as a registered nurse for at least two years and complete classroom-based instruction, 40 hours of clinical training, and a preceptorship.<sup>32</sup> Seven (53.8%) of 13 responding SANE programs indicated that access to training was a challenge. Beginning in 2018, LSU Health New Orleans School of Nursing received federal grant funding to support SANE training; however, the program ended June 30, 2024. The non-profit Forensic Nurse Examiners of Louisiana, Inc. has worked to provide training and access to preceptors across the state. However, this entity relies on federal grant funding to support training.

“On average, the training can take 3-6 months to get a person ready for practice. Many times, this takes much longer, because we do not have a statewide system.”

**Source:** LLA 2026 survey
- Certification.** The IAFN has been the primary mechanism for SANE certification. After completing training, SANEs could pursue certification by passing IAFN exams. SANEs are not required to obtain a certification to practice; however, having an FME performed by a certified SANE can benefit prosecution. In 2026, the IAFN dissolved, and as a result, the state needs to identify new avenues for SANEs to obtain certification. According to stakeholders, expanding the number of nurses trained or certified as Forensic Nurse Examiners could

<sup>32</sup> During a preceptorship, trained SANEs perform FMEs under the supervision of an experienced SANE.

improve access to FMEs. While SANEs specialize in conducting sexual assault FMEs, Forensic Nurse Examiners' training encompasses a broader scope of forensic nursing, including sexual assault, domestic violence, child abuse, and other forms of violence. Not every hospital has a SANE on staff, and rural hospitals may not have the volume needed to have 24/7 SANE coverage. However, Forensic Nurse Examiners can assist with many types of forensic cases. As a result, it may be easier for hospitals to justify the need for this type of specialized nurse which would increase the pool of qualified professionals available to provide trauma-informed, patient-centered forensic care, including sexual assault examinations.

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**Louisiana could benefit from centralizing support for SANEs, which could include training and certification. Effective August 2025, state law requires the AG's Office to provide for statewide coordination of SANEs, and effective August 2026, the position of Statewide SANE Coordinator is created within the AG's Office.**

Stakeholders in Louisiana expressed the need for increased coordination of SANEs across the state. Survey respondents noted a need for establishing a standard of care across the regions and state and statewide coordination to assist SANE programs with training, credentialing, and identifying funding streams.

**Effective August 2025, state law requires the AG's Office to provide for statewide coordination of SANEs, and effective August 2026, the position of Statewide SANE Coordinator is created within the AG's Office.** Act 289 of 2025 adds to the powers and duties of the AG's Office to include providing for the statewide coordination of sexual assault nurse examiners with a specific focus on ensuring access to services provided by sexual assault nurse examiners in rural areas.<sup>33</sup>

In addition, [Senate Resolution 144 of the 2025 Regular Legislative Session](#) resolves that the AG's Office and LDH should (1) work with stakeholders to identify ways to increase the number of SANEs, (2) assess the current annual SAR plan and SANE nurse employment model to identify solutions to ensure sustainability, and (3) the AG should pursue grant funding to support statewide coordination of SANEs.

In response to a question about outcomes you would like to see from the AG's office, one survey respondent stated:

"Ensure that every sexual assault survivor has the opportunity to receive a forensic medical exam conducted by a trained SANE at the hospital where they choose to present. This commitment supports timely access to specialized care, reduces barriers created by transfers or delays, and upholds the survivor's autonomy in deciding when and where to seek medical and forensic services."

**Source:** LLA 2026 survey

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<sup>33</sup> La R.S. 36:702

[Act 724 of the 2026 Regular Legislative Session](#) creates the position of Statewide SANE Coordinator within the AG's Office. Duties of this position include developing a statewide strategic plan for SANE services, mobile SANE teams, and standardized protocols for FMEs. In addition, the Statewide SANE Coordinator will work with the newly created Sexual Assault Response Standards Subcommittee to establish training requirements for SANEs and a statewide database of SANE service utilization, response times, and gaps in coverage. The overall goal of these changes is to improve access to FMEs by SANEs. According to the AG's Office, as of June 2026 it has begun compiling a list of services and stakeholders by parish that will be accessible to the public. The AG's Office has also applied for a federal grant to expand and supplement SANEs statewide with a TeleSANE program.<sup>34</sup>

According to our survey and interviews with stakeholders, there is support for the AG's Office taking on this responsibility and optimism about the possibility of statewide standards, coordination, and opportunities for consistent funding for SANE services. However, stakeholders emphasized the need for active input from current SANEs during the development process.

**Other states have centralized support for SANE programs, which often includes training or certification.** For example, we identified 11 states with a statewide SANE coordinator position, statewide SANE credentialing, or similar positions and functions. In states with a statewide SANE coordinator position or similar, the position's related duties often include developing and coordinating SANE training, maintaining consistency among SANE programs, providing technical guidance and support, and maintaining statewide lists of practicing SANEs. In addition, states that provide for SANE credentialing or certification, such as Kentucky, Texas, New York, and Oregon, house those functions within the health department, nursing board, or AG's Office. Appendix E provides information on how other states have incorporated statewide SANE coordination or credentialing.

The AG's Office should determine what duties and initiatives it will pursue to coordinate SANEs statewide, and what duties to assign the statewide SANE coordinator position. To meet the challenges that SANE programs face, the AG's Office could work with other stakeholders to develop and provide SANE training and identify how SANEs in Louisiana should be credentialed – whether through state standards or through another entity. In addition, the AG's Office could provide guidance and technical assistance, which could include engaging the Commission in new initiatives.

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<sup>34</sup> TeleSANE programs are a form of telehealth that uses two-way communication technology to allow the TeleSANE to provide guidance remotely during an FME to the medical professional who may have little to no experience with sexual assault care.

**During calendar year 2025, Louisiana had 11 accredited sexual assault advocacy centers that provided services to at least 1,733 survivors. State law mandates survivors have access to advocacy services; however, gaps and challenges limit survivors' access to services. For example, as of May 2026 four parishes were not served by an advocacy center. In addition, survivors did not always have access to a sexual assault advocate during an FME.**

Sexual assault advocacy services are specialized, survivor-centered supports delivered by trained advocates to individuals who have experienced sexual violence. These services are designed to provide emotional support and assistance navigating complex medical and legal systems. According to research,<sup>35</sup> the presence of sexual assault advocates during medical and legal proceedings is associated with improved outcomes including reduced psychological distress.

**Sexual Assault Advocacy Centers provided services to at least 1,733 survivors in calendar year 2025.** As of May 2026, Louisiana had 11 accredited sexual assault advocacy centers<sup>36</sup> that provide a variety of services to survivors such as 24/7 crisis hotlines, legal advocacy, medical advocacy, and counseling. These centers responded to 4,997 crisis hotline calls and provided services to at least 1,733 survivors in calendar year 2025. Exhibit 9 shows the number of times various advocacy services were provided during calendar years 2024 through 2025.

“Louisiana funds FMEs. Louisiana does not fund sexual assault centers. That distinction matters. The state pays for the medical forensic exam itself, which is critically important. What it does not fund in any stable, recurring way is the infrastructure that makes the response work for survivors.”

**Source:** LLA 2026 survey

<sup>35</sup> [Campbell, R., \*Rape Survivors' Experiences with the Legal and Medical Systems: Do Rape Victim Advocates Make a Difference?\* 2006](#)

<sup>36</sup> Hearts of Hope, Metro Centers for Community Advocacy, New Orleans Family Justice Center, Oasis Sexual Violence Program, Pine Hills Sexual Assault Center, Project Celebration, Inc (PCI), Sexual Trauma Awareness and Response (STAR), St. Landry – Evangeline Sexual Assault Center (SLESAC), The Haven, Washington Parish Rape Crisis Center (ADAPT), and Wellspring Alliance for Families. These centers may also provide other types of services.

<b>Exhibit 9 Sexual Assault Advocacy Services* Calendar Year 2024 through 2025</b>			
<b>Services</b>	<b>2024</b>	<b>2025</b>	<b>Percent Change</b>
<b>Crisis Hotline</b> – 24/7 telephone line to assist callers in identifying what is needed, provide support, and provide basic information about the medical and legal processes	3,517	4,997	42.1%
<b>Medical Advocacy</b> – Includes accompanying survivors during FMEs and other medical appointments	1,167	1,352	15.9%
<b>Number of New Clients Served in Year</b>	1,680	1,733	3.2%
<b>Individual Counseling</b> – Includes counseling from a licensed therapist and peer support	3,187	3,251	2.0%
<b>Legal Advocacy</b> – Assisting clients with knowledge about the legal systems, making informed decisions, navigating court system, and accompanying clients to legal appointments such as interviews, trials, sentencing, etc.	1,905	1,383	-27.4%
<b>Group Counseling</b> – Includes groups run by licensed therapists and support groups	911	692	-24.0%
* Represents instances of services provided rather than unique survivors. Only includes services provided by centers in parishes for which they are accredited. <b>Source:</b> Prepared by legislative auditor’s staff using information from LaFASA.			

Eight (72.7%) of the 11 sexual assault advocacy centers are dual centers that also provide services to survivors of other types of violence, such as domestic violence, human trafficking, and/or child abuse. The remaining three<sup>37</sup> (27.3%) centers focus primarily on sexual assault survivors, though they may also serve survivors of domestic violence, human trafficking, and/or child abuse when the issues intersect. For example, a survivor of domestic violence may also experience sexual assault as part of the domestic violence, and this survivor may receive services funded through domestic violence funding and/or sexual assault funding. However, a domestic violence advocacy center that is not a dual center only serves survivors of sexual assault if it was in the context of domestic violence. Sexual assault advocacy centers, such as dual centers or stand-alone centers, that serve non-domestic violence sexual assault survivors are important so that survivors of sexual assault outside of domestic violence have access to services. According to LaFASA, survivors of non-domestic violence sexual assault often have different needs related to housing, safety, employment, intimate and familial relationships, long-term healing, and other topics.

State law<sup>38</sup> requires that sexual assault advocacy centers be accredited by LaFASA. According to LaFASA, accreditation assesses a center’s governance, management, policies, procedures, and services to ensure it meets or exceeds the standards set by LaFASA. LaFASA accredits sexual assault advocacy centers as Level 1, Level 2, or Level 3 depending on the services offered by the center. For example, while all centers participate in community outreach, Level 3 centers are required to take a leadership role in creating policy, procedures, and practices that

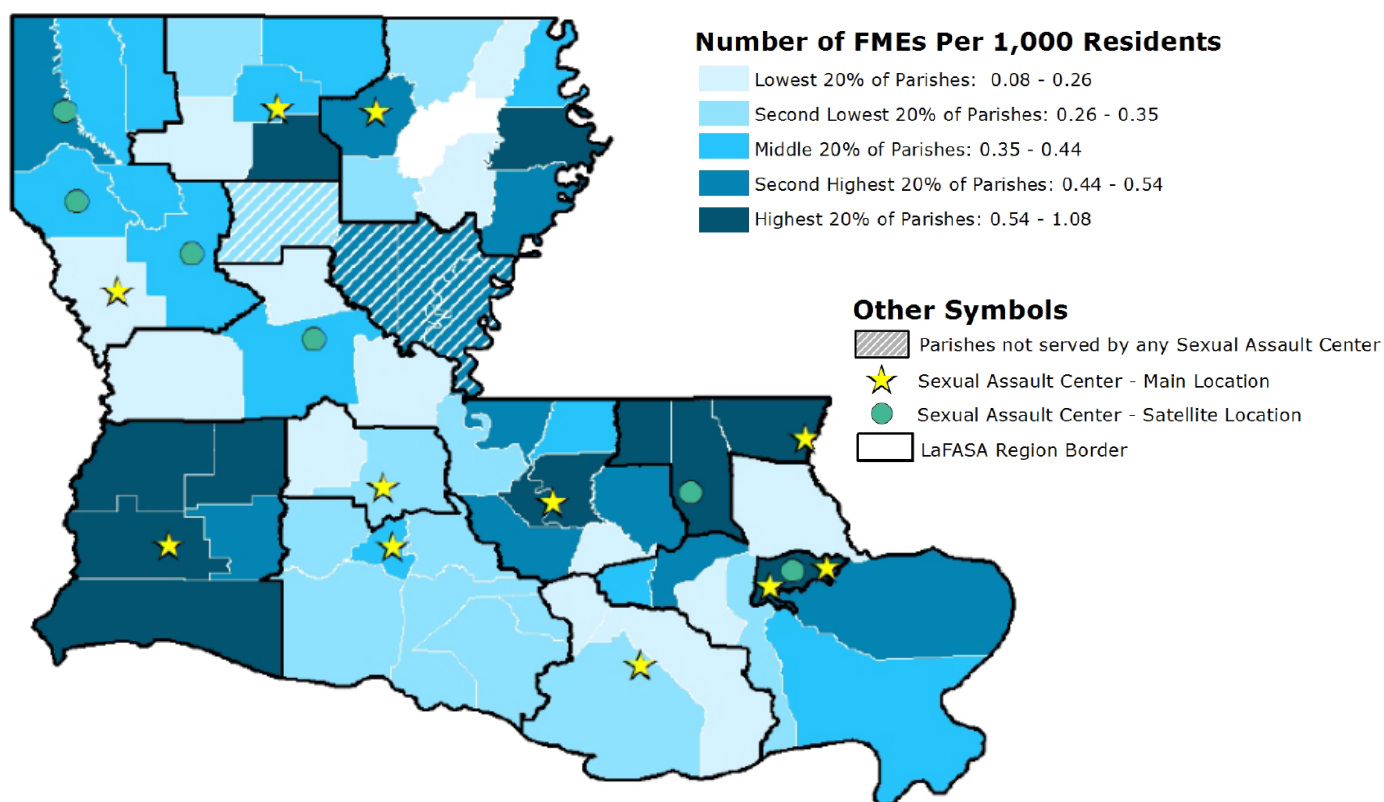
<sup>37</sup> St. Landry – Evangeline Sexual Assault Center (SLESAC), STAR, and Washington Parish Rape Crisis Center (ADAPT). ADAPT also provides substance use services.

<sup>38</sup> La R.S. 46:2187

influence the circumstances or environments in which sexual violence occurs. This may include lobbying, improving current policy, promoting new policy initiatives, or blocking problematic policy. A center's accreditation level also affects how much federal funding it receives. As of May 2026, all 11 sexual assault advocacy centers are accredited as either Level 2 or the highest Level 3. See Appendix F for a breakdown of centers accredited at each level.

**As of May 2026, four parishes were not served by a sexual assault advocacy center which limited survivors' access to services.** Catahoula, Concordia, LaSalle, and Winn parishes are not covered by one of the 11 sexual assault advocacy centers. As a result, survivors in these parishes may not have access to services such as medical and legal accompaniments, and counseling. This is especially important because LaSalle, Concordia, and Catahoula parishes fell into the second highest 20% of parishes in the state for the number of FME per capita, having 0.44 to 0.54 FMEs conducted per 1,000 residents. This means that while these parishes have a relatively high rate of residents receiving FMEs, there are fewer services in these parishes to support survivors. Exhibit 10 shows the number of FMEs conducted per capita during July 2024 through February 2026 and the locations of sexual assault advocacy centers.

**Exhibit 10**  
**Sexual Assault Advocacy Centers and FMEs per Capita\***  
**July 2024 through February 2026**



\*Based on the population in the law enforcement jurisdiction for each FME as of February 2026.  
**Source:** Prepared by legislative auditor's staff using information from LaFASA and data from the Sexual Assault Kit Tracking System.

While a sexual assault advocacy center could provide services to survivors in the four unserved parishes, that center would not receive grant funding to support those services unless it was accredited, as required by state law. Accreditation is an important requirement to ensure that survivors receive quality care from well-trained advocates and volunteers. However, limited resources means that centers cannot build the infrastructure needed to provide services to survivors, conduct effective prevention and outreach, and build relationships with stakeholders in unserved parishes. As a result, centers may choose not to pursue accreditation for new parishes, leaving gaps in coverage and limiting survivors' access to services.

Sexual assault advocacy centers in the nearby parishes serve survivors in the four parishes when possible. In addition, the Sexual Trauma Awareness and Response (STAR), the sexual assault advocacy center accredited in the Baton Rouge and central Louisiana areas, was awarded a federal grant to provide services in rural areas and plans to use those grant funds to provide sexual assault services in the four parishes currently without a center starting with Concordia Parish in June 2026.

**Survivors do not always have access to a sexual assault advocate during FMEs, even though state law<sup>39</sup> requires that survivors be afforded an advocate if one is available.**

We found that approximately 322 FMEs were conducted without the survivor having an advocate present during July through December 2024 and July through December 2025.<sup>40</sup> Research shows that survivors have better outcomes when an advocate is present (see *text box at right*). In addition, the number of FMEs conducted without an advocate increased 53.5%, from 127 from July through December 2024 to 195 from July through December 2025.

[Research](#) shows that survivors who worked with an **advocate** during emergency department care received more medical services, including emergency contraception and sexually transmitted disease prevention, and reported more positive experiences with medical, law enforcement, and legal system interactions.

The areas with the highest instances of FMEs conducted without an advocate accompaniment include New Orleans and central Louisiana. According to stakeholders, common reasons for an advocate not attending every FME administered in its service area include not being notified that there is a survivor in need of an advocate and not having enough staff to offer an advocate 24/7.

**Sexual assault advocacy centers cited numerous challenges in providing services to survivors, as well as gaps in services.** Challenges and gaps create barriers that can hinder sexual assault advocacy centers from providing services to survivors. In interviews and our survey of sexual assault advocacy centers, respondents listed their most common challenges and gaps, which include:

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<sup>39</sup> La R.S. 40:1216.1

<sup>40</sup> Because the Sexual Assault Kit Tracking System began in July 2024, we compared July 2024 through December 2024 and July 2025 through December 2025 for consistency.

- Inadequate and inconsistent funding.** When asked about challenges, 10 (90.9%) of 11 advocacy centers responding to our survey reported adequate funding to support operations as a challenge and eight (72.7%) reported consistent funding to support operations as a challenge. According to the centers, the decrease and/or inconsistency of funding is a major challenge they face. Respondents consistently highlighted the need for adequate and consistent funding, noting that without stable funding, programs are forced to operate in crisis mode, which directly impacts survivor safety, service quality, and the community's overall capacity to respond effectively to sexual violence. See page 30 for more on sexual assault advocacy center funding amounts.

**Source:** LLA 2026 Survey

"The most significant challenges we face are making sure that we have adequate funding to be able to provide direct services to victims. We never charge victims for our services, because we don't want that to be a reason why they don't get the help that they need to begin the healing process."
- Staff and volunteer retention.** Seven (63.6%) of 11 centers stated that staff and/or volunteer retention was a challenge in providing services. Staffing challenges are ultimately linked to funding challenges. One survey responded stated, "When grants are reduced or uncertain, it directly impacts staffing levels, service capacity, and long-term planning. Our staff are operating beyond capacity. Many employees are performing multiple roles to compensate for turnover and unfilled positions caused by noncompetitive salaries and repeated grant reductions. Burnout is a serious concern."
- Transportation for survivors.** Nine (81.8%) of 11 centers said that transporting survivors is a challenge, including survivors transporting themselves to seek care and centers transporting survivors when needed. According to the SART Toolkit, travel takes staff away from their primary duties and transportation is often a barrier in rural areas for both victims and providers and providers may have to travel long distances across jurisdictions to reach victims. Three (27.3%) of the 11 centers noted that the distance advocates travel to get to a survivor is a challenge.

**Source:** LLA 2026 Survey

"Transportation, geographic distance, and lack of public transit make it difficult for survivors to access medical, counseling, and advocacy services."

**Robust rape prevention activities are limited in some parishes.**

Prevention efforts are intended to stop sexual assault before it occurs and are primarily funded through the federal Rape Prevention and Education (RPE) program administered by the Centers for Disease Control and Prevention (CDC). According to the CDC, rape prevention education is important because sexual violence is common, causes long-term physical, psychological, social, and economic harm, and can be prevented by changing social norms, teaching skills, empowering girls and women, and creating protective environments. LaFASA uses RPE grant funds to provide training and technical assistance, and has contracts with six sexual assault

advocacy centers<sup>41</sup> to implement prevention campaigns in at least two parishes within their service areas.

The purpose of RPE campaigns is to stop sexual assault before it occurs by addressing the root causes of sexual assault, and the dedicated federal funding allows for more robust programming. Examples include:

- Washington Parish Rape Crisis Center’s implementation of the Coaching Boys into Men program, which engages athletic coaches to promote healthy communication and trusted mentorship
- The Wellspring Alliance for Families’ Girls Academy in Monroe and Bastrop, which focuses on positive communication and breaking cycles of violence
- The New Orleans Family Justice Center’s work with schools to improve trauma-informed policies related to sexual violence

While each sexual assault advocacy center is required to conduct at least one prevention activity annually in every parish it serves as part of its accreditation standards, only six centers currently receive RPE funding, leaving 53 parishes without access to the more comprehensive/robust RPE-supported programming. According to LaFASA, the limited number of funded centers reflects an effort to maximize the impact of limited funding, ensure prevention staff receive competitive wages necessary to retain qualified personnel, and support centers capable of balancing prevention activities with the significant demands of crisis response services for survivors.

**Matter for Legislative Consideration 5:** The legislature may wish to identify a mechanism to ensure that sexual assault survivors consistently have access to advocacy services across the state, including FME accompaniment.

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<sup>41</sup> Hearts of Hope, New Orleans Family Justice Center, STAR, The Haven, Washington Parish Rape Crisis Center, and Wellspring Alliance for Families. As of February 1, 2026, The Haven is no longer an RPE funded center and has been replaced by Project Celebration.

**Louisiana, unlike some other states, does not consistently dedicate state general funds to provide services for survivors of sexual assault or for the implementation of SAR plans. Funding for sexual assault services comes from various sources, such as federal grants and local government funding which vary year to year.**

Sexual assault services in Louisiana are funded primarily with federal grants which have declined overall since plan year 2020.<sup>42</sup> According to the [Urban Institute](#), sustained funding is critical to the long-term survival of community-based sexual assault services including SANE programs and victim services and advocacy. Many of the services provided by these programs are provided to survivors free of charge and do not generate revenue for the organizations.

**Louisiana, unlike some other states, does not consistently dedicate state general funds to provide sexual assault services to survivors or for the implementation of SAR plans.** In 2023, the state allocated approximately \$3 million over five years in state funds to Louisiana State Police (LSP) for creating the Sexual Assault Kit Tracking System as part of LSP's overall budget. However, some aspects of the state's response to sexual assault are unfunded mandates. For example, Louisiana does not consistently allocate state general funds for SANE programs or sexual assault advocacy services. However, some states dedicate state funds to support services for survivors of sexual assault. For example:

- New York allocated \$100 million in fiscal year 2025 to offset declining federal funds for victims' services.
- Kansas allocated more than \$32.5 million in fiscal year 2026 to support services for survivors of crime including sexual assault.
- Ohio allocated \$15.3 million in state general funds for rape crisis centers in fiscal year 2025.
- Illinois allocated \$20 million in state general funds for sexual assault advocacy centers in fiscal year 2025.
- In 2023, Utah allocated \$3.2 million in ongoing annual funding and \$5.2 million in one-time funding for sexual assault services, including rape crisis centers and SANE programs.

"Sexual assault constitutes a significant public health crisis in Louisiana, yet **no designated state funds exist to address it.** Without sustained and dedicated state investment, programs will remain in crisis mode, limiting their ability to respond effectively to survivors and address the widespread and ongoing impact of sexual violence across Louisiana."

**Source:** LLA 2026 Survey

<sup>42</sup> Plan year aligns with the project period of individual subrecipients which for most projects is the following calendar year, meaning that plan year 2020 funding generally supports programming and services provided in calendar year 2021.

**Funding for sexual assault services comes from various sources, including federal grants, local government funding, and other sources. As a result, annual funding levels are not always consistent.** As discussed previously, several different entities play a role in Louisiana’s response to sexual assault. Similarly, funding mechanisms for these entities and services vary. While fragmented funding is expected given the nature of differing services and entities involved, it can result in annual funding that is not consistent. Sexual assault services are generally funded in the following ways:

- **SAR Plans** – Coordination of the plans through LDH’s Office of Public Health Regional Medical Directors is funded through LDH’s overall budget. Currently, there is no state funding dedicated to SAR plans nor any funds allocated to the stakeholders for creating or implementing the plans.
- **Administration of federal sexual assault grants** – LCLE receives a portion of federal grant dollars for administrating the federal grant programs in addition to its operating budget. Grant rules dictate the amount that can be used for administrative costs ranging from 5% to 10%. For example, LCLE retained \$242,977 (10.0%) of the \$2,429,768 total award for Services, Training, Officers, and Prosecutors (STOP) Violence Against Women Formula Grant Program for plan year 2024.
- **Forensic Medical Exams** – FMEs are reimbursed through Louisiana’s Crime Victim Reparation program which is funded in part by the Victims of Crime Act Crime Victims Reparations Grant Program (VOCA-CVR) and unclaimed gaming revenue. State law<sup>43</sup> provides for the reimbursement amounts; the healthcare provider who performs a forensic medical exam is reimbursed \$600, and the healthcare facility at which a forensic medical exam was conducted is reimbursed for \$1,000. See page 35 for more on FME funding.
- **SANE programs** – SANE programs across the state have different funding mechanisms based on their structure and parent entity. Programs housed in coroners’ offices may rely on local funds, such as city government, police jury, or police department funds. SANE programs housed in hospitals are often funded through the hospital foundations and the hospital’s budget. SANE programs also rely on CVR reimbursement and grant funding, and four SANE programs<sup>44</sup> have received VOCA-CVA funds at some point during 2020 through 2024. According to our survey, seven (53.8%) of 13 of SANE programs indicated that adequate and consistent funding were

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<sup>43</sup> La R.S 46:1822

<sup>44</sup> Forensic Nurse Examiners of LA, Jefferson Parish Coroner’s Office, Terrebonne Parish Coroner’s Office, and Lafayette Parish Coroner’s Office

challenges in providing services to survivors of sexual assault. See Appendix D for how each SANE program is funded.

- **Sexual assault advocacy centers** – Sexual assault advocacy centers primarily rely on grants, many administered through LCLE and LaFASA. According to our survey, 10 (90.9%) of 11 centers reported adequate funding to support operations as a challenge, and eight (72.7%) reported consistent funding to support operations as a challenge.
- **State sexual assault coalition** – LaFASA relies primarily on federal grants to support its operations. LaFASA manages federal funding including the Sexual Assault Coalition Grant, American Rescue Plan funds for sexual assault services, and CDC RPE grants. These grants accounted for at least \$5.0 million expended by LaFASA and sexual assault advocacy centers during plan years 2020 through 2025.
- **Sexual assault kit tracking and testing** – The legislature allocated funds to the LSP Crime Lab to create and administer the Sexual Assault Kit Tracking System. There are six active crime laboratories in the state that test the DNA collected through FMEs. Funding for crime labs varies by lab, and most funding comes through federal grants and court and other local fees.
- **Investigation and prosecution** – Law enforcement, district attorneys, and courts receive federal grant funding for programs that provide services to survivors of sexual assault.<sup>45</sup>

In addition, [Act 226 of the 2025 Regular Legislative Session](#) established the Survivor Special Fund and requires persons convicted of sexually oriented crimes to pay \$2,000 to the fund to support services and treatment to victims of human trafficking, domestic violence, and sexual assault. The Governor’s Office of Human Trafficking Prevention is tasked with distributing the funds, with 50% designated for sexual assault services centers. As of November 2025, the fund balance is approximately \$10,000; however, according to the Governor’s Office of Human Trafficking, it has not yet developed a plan to distribute the funds and may not begin distributing funds until the fund balance is larger. [Research](#)<sup>46</sup> shows, however, that funds that should be collected from perpetrators are not always collected and thus do not always result in significant dollar amounts.

**During plan years 2020 through 2024, Louisiana received \$24.9 million in federal grants administered by LCLE to support sexual assault services, or approximately \$5 million per year.** Federal grant funding for services for survivors of sexual assault includes the Sexual Assault Services

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<sup>45</sup> This audit did not gather comprehensive information about funding for investigation and prosecution of sexual assault. There may be additional funding streams used to fund sexual assault initiatives administered by the criminal and justice systems.

<sup>46</sup> [Menendez, M., Eisen, L.-B., Atchison, N., & Crowley, M., "The steep costs of criminal justice fees and fines," Brennan Center for Justice, November 21, 2019.](#)

Formula Grant Program (SASP), STOP, and VOCA-CVA. This includes funding for sexual assault advocacy centers, LaFASA, and other entities that provide services for survivors of sexual assault, such as law enforcement, parish district attorneys, courts, and cities.<sup>47</sup> Of the \$24.9 million in grant funding, approximately \$12.8 (51.4%) was awarded to sexual assault advocacy centers and LaFASA, and \$12.1 (48.6%) was awarded to law enforcement and other governmental entities.<sup>48</sup> Exhibit 11 describes the federal grant funding for sexual assault services.

<b>Exhibit 11</b> <b>Federal Grant Programs and Award Amounts for Sexual Assault Services</b> <b>SASP, STOP, and VOCA-CVA Administered by LCLE*</b> <b>Plan Years 2020 through 2024</b>			
<b>Federal Grant Program</b>	<b>Program Description</b>	<b>Total Award for Sexual Assault</b>	<b>Examples of Entities Receiving Sexual Assault Funds*</b>
<b>The U.S. Department of Violence Against Women (OVW)</b> <b>Violence Against Women Act (VAWA)</b>			
Sexual Assault Services Program (SASP)	Assists states in supporting rape crisis centers and other nonprofit, nongovernmental organizations or tribal programs that provide services, direct intervention, and related assistance to victims of sexual assault and their families. <b>After administrative costs, 100% of funding goes to sexual assault advocacy centers and LaFASA.</b>	\$ 3,498,624	Sexual assault advocacy centers - \$3,341,234  LaFASA - \$157,390
Services, Training, Officers, and Prosecutors (STOP)	To develop and strengthen effective law enforcement and prosecution strategies to combat violent crimes against women and to develop and strengthen victim services in cases involving violent crimes against women. <b>Of the total award, 30% is dedicated to victim services including sexual assault, domestic violence, and children's advocacy services.</b>	\$1,987,425	Sexual assault advocacy centers - \$1,032,537  LaFASA \$620,537  Other entities - \$334,351 (Law enforcement, cities, etc.)

<sup>47</sup> Funding for SANE/FME is through the CVR program discussed in the next section of this report.

<sup>48</sup> Excludes STOP totals for plan year 2024 as those amounts are not yet available and excludes grant funds retained by LCLE for administrative costs.

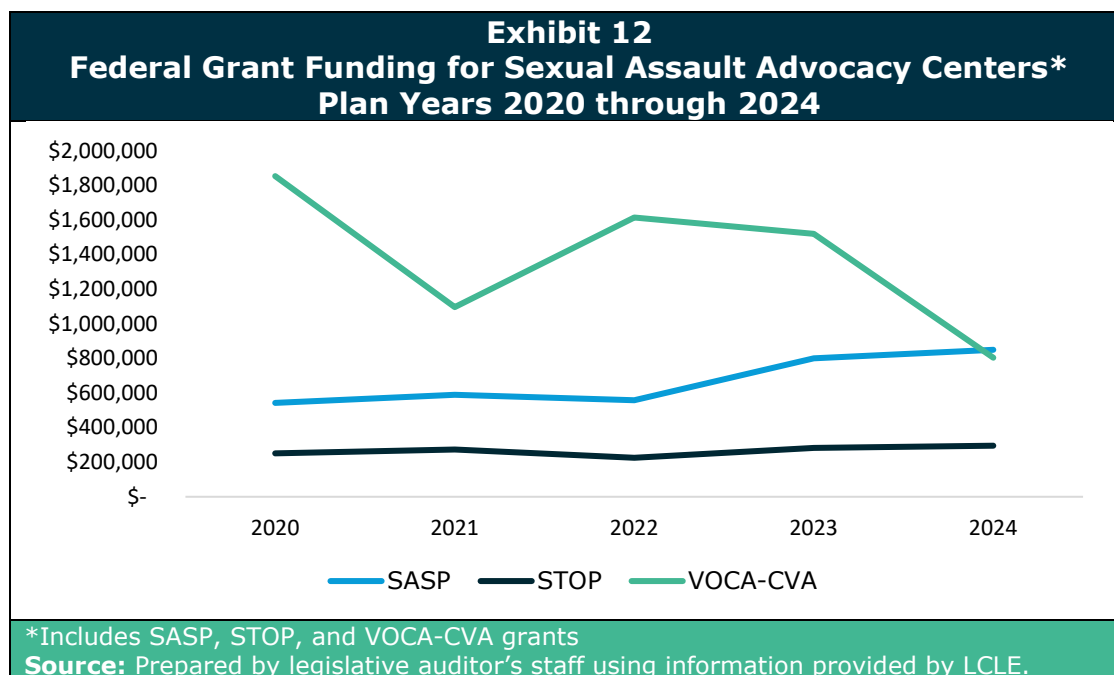
<b>Exhibit 11</b> <b>Federal Grant Programs and Award Amounts for Sexual Assault Services</b> <b>SASP, STOP, and VOCA-CVA Administered by LCLE*</b> <b>Plan Years 2020 through 2024</b>			
Federal Grant Program	Program Description	Total Award for Sexual Assault	Examples of Entities Receiving Sexual Assault Funds*
<b>The Office of Victims of Crime (OVC)</b> <b>Victims of Crime Act (VOCA)</b>			
Crime Victim Assistance (VOCA-CVA)	Subgrants to local community-based organizations and public agencies that provide services directly to victims, including crisis counseling, telephone and onsite information and referrals, criminal justice support and advocacy, shelter, therapy, and additional assistance. <b>Of the total award, 10% is dedicated to victims of sexual assault.</b>	\$19,563,732	Sexual assault advocacy centers - \$6,889,145 LaFASA - \$918,008 Law enforcement - \$1,668,228 District attorneys and courts - \$2,974,074 Cities - \$545,286 State agencies - \$790,523 Non-profits, such as domestic violence shelters and child advocacy centers - \$5,145,230
<b>Total</b>		<b>\$24,901,663</b>	
* Excludes STOP totals for plan year 2024 as those amounts are not available as of May 2026 and excludes grant funds retained by LCLE for administrative costs. <b>Source:</b> Prepared by legislative auditor's staff using information from OVW and OVC.			

In addition to the grants described in Exhibit 11, other federal grants that support sexual assault services are awarded directly to entities to support a range of priorities such as campus and rural programs. For example, in federal fiscal year 2024, Southern University in Baton Rouge received a \$500,000 grant to address domestic violence, dating violence, sexual assault, and stalking on campus. STAR and The Wellspring Alliance also received grants for \$700,000 and \$750,000 respectively starting in federal fiscal year 2025 to support access to sexual assault services in rural areas.

**The amount of federal grants administered by LCLE awarded to sexual assault advocacy centers has declined approximately \$699,106 (26.9%) from approximately \$2.6 million in plan year 2020 to \$2.0 million in plan year 2024.**<sup>49</sup> Sexual assault advocacy centers received \$63,555 less, on average annually, per center, from \$240,725 in 2020 to \$177,170 in 2024 from the SASP, STOP, and VOCA-CVA federal grants. Sexual assault advocacy centers rely heavily on grants for their annual budgets, with 84.6% of their budgets, on average, coming from grants. For example, one survey respondent stated that “the primary funding challenge our center faces is the lack of stable, predictable funding to support professional staffing and service sustainability. Reliance on grant funding

<sup>49</sup> Includes SASP, STOP, and VOCA-CVA grants administered by LCLE.

that fluctuates from year to year makes it difficult to recruit and retain qualified staff, plan long-term services, and maintain consistent service reach.” Nationally, sexual assault advocacy centers have struggled in recent years due to federal VOCA funding cuts. Exhibit 12 shows the change in federal funding to sexual assault advocacy centers during plan years 2020 through 2024.



**Matter for Legislative Consideration 6:** The legislature may wish to designate an entity, such as the Commission or the AG's Office, to evaluate sexual assault funding across state, including sustainability and consistent access across the state.

**FMEs are primarily funded through the CVR program, with \$5.4 million paid for FMEs during fiscal years 2023 through 2025. The CVR fund balance has increased \$3.6 million (52.2%) from \$6.9 million in fiscal year 2023 to \$10.5 million in 2025, and more unclaimed gaming revenue has been received than expended for sexual assault claims and FMEs.**

The Louisiana CVR program provides financial compensation and assistance to victims of violent crimes.<sup>50</sup> Specifically, a victim of crime that involves the use of force or threat of force and results in personal injury and/or loss of income is eligible to apply for reparations for expenses such as medical care, lost wages, and

<sup>50</sup> La R.S. 46:1801, *et seq.*

funeral expenses. In addition, [Act 186 of the 2015 Regular Legislative Session](#) established that unclaimed gaming prize money shall be deposited in the CVR Fund<sup>51</sup> and used exclusively to pay the expenses associated with healthcare services of victims of sexually oriented criminal offenses, including FMEs. The CVR program is administered by LCLE and the CVR Board.<sup>52</sup> The CVR Board reviews applications for reparations, approves or denies claims, and determines compensation amounts.

**CVR program revenues increased by \$1.3 million (26.2%) from \$5.1 million in fiscal year 2023 to \$6.4 million in 2025 primarily due to increased unclaimed gaming prize money.** The CVR program is funded through federal VOCA-CVR grant funds and the CVR Fund which includes court-ordered restitution from criminals, unclaimed gaming prizes, fees levied on convicted persons,<sup>53</sup> and interest. Exhibit 13 shows CVR program revenues during fiscal years 2023 through 2025 by source.

<b>Exhibit 13 Crime Victims Reparations Program Revenue State Fiscal Years 2023 through 2025</b>				
<b>Source of Revenue</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>Percent Change</b>
Unclaimed Sports Wagering	\$540,239	\$1,339,969	\$1,890,762	250.0%
Unclaimed Riverboat and Casino Gaming	2,389,260	1,567,206	1,463,795	-38.7%
VOCA federal*	823,014	1,173,569	1,274,045	54.8%
Unclaimed Slot Machine/Racing Proceeds	504,782	403,437	818,423	62.1%
Restitution and Fees on Convictions	780,982	835,999	758,580	-2.9%
Interest	9,551	16,393	165,449	1,632.3%
<b>Total Revenue</b>	<b>\$5,047,828</b>	<b>\$5,336,573</b>	<b>\$6,371,054</b>	<b>26.2%</b>
* VOCA funds expended, not total federal award amount. <b>Source:</b> Prepared by legislative auditor's staff using information from LaGOV.				

**The CVR program paid \$5.4 million<sup>54</sup> for FMEs during fiscal years 2023 through 2025. State law<sup>55</sup> mandates that sexual assault survivors have access to an FME and shall not be billed for the exam.** State law<sup>56</sup> requires the CVR Board to reimburse \$600 to each healthcare provider who performs an FME, and \$1,000 to each healthcare facility at which an FME is conducted. LCLE categorizes CVR payments by expense type, and during fiscal years 2023 through 2025, FMEs accounted for 43.5% of all expense types.

<sup>51</sup> The CVR Fund is a statutorily dedicated fund established by La R.S. 46:1816.

<sup>52</sup> Per La. R.S. 48:1803, the CVR Board includes the executive director of LCLE or his designee, one person chosen and appointed by the governor from a list of recommendations from nonprofit victim's rights advocacy organization, and nine members appointed by the governor.

<sup>53</sup> Per La. R.S. 46:1816, for felony convictions, the fine is not less than \$50 and for misdemeanors and violations of municipal and parish ordinances the fine is not less than \$7.50.

<sup>54</sup> Includes reimbursement for FME and paid CVR claims related to sexual assault.

<sup>55</sup> La R.S. 46:1845

<sup>56</sup> La R.S. 46:1822

**The CVR Fund balance<sup>57</sup> has increased \$3.6 million (52.2%) from \$6.9 million in state fiscal year 2023 to \$10.5 million in 2025, and more unclaimed gaming revenue has been received than expended for sexual assault claims and FMEs.** Monies deposited into the CVR Fund that are not used to pay awards or cover the cost to administer the program remain in the CVR fund to be used in future years; these remaining funds are called the fund balance.<sup>58</sup> During fiscal years 2023 through 2025, a total of \$10.9 million in unclaimed gaming revenue was added to the CVR Fund, while only \$5.4 million (49.5%) was paid out for CVR program claims related to sexual assault and to reimburse FMEs during the same time. Exhibit 14 shows the ending CVR fund balance for fiscal years 2023 through 2025.

<b>Exhibit 14 CVR Fund Balance* Fiscal Years 2023 through 2025</b>	
<b>Fiscal Year</b>	<b>Ending Balance</b>
2023	\$6,924,159
2024	\$8,357,106
2025	\$10,529,434
* Includes the CVR Fund and the LCLE POST Fund <b>Source:</b> Prepared by legislative auditor's staff using information provided by the Louisiana State Treasurer.	

<sup>57</sup> Includes the fund balance for both the CVR Fund and the LCLE Peace Officer Standards and Training (POST) fund.

<sup>58</sup> Unused federal VOCA funds are not part of the CVR fund balance.

## Matters for Legislative Consideration

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**Matter for Legislative Consideration 1:** The legislature may wish to amend La R.S. 40:1216.1 to require that Sexual Assault Response plans include evaluation activities, which may include case reviews.

**Matter for Legislative Consideration 2:** The legislature may wish to amend La R.S. 40:1216.1 to require that Sexual Assault Response plans include requirements that Sexual Assault Response Team members apply a trauma-informed approach when interacting with survivors.

**Matter for Legislative Consideration 3:** The legislature may wish to strengthen the oversight of the state's sexual assault response by designating appropriate government entities over the Sexual Assault Response plans and Sexual Assault Response Teams to ensure the health, safety, and well-being of individuals being served.

**Matter for Legislative Consideration 4:** The legislature may wish to consider tasking the Sexual Assault Oversight Commission with additional duties related to the state's response to sexual assault.

**Matter for Legislative Consideration 5:** The legislature may wish to identify a mechanism to ensure that sexual assault survivors consistently have access to advocacy services across the state, including FME accompaniment.

**Matter for Legislative Consideration 6:** The legislature may wish to designate an entity, such as the Commission or the AG's Office, to evaluate sexual assault funding across the state, including sustainability and consistent access across the state.

## APPENDIX A: SCOPE AND METHODOLOGY

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This report provides information on sexual assault advocacy, Sexual Assault Nurse Examiners (SANEs), sexual assault services funding, Sexual Assault Response (SAR) plans, and the availability of Forensic Medical Exams (FMEs) in response to Act 289 of the 2025 Regular Legislative Session. Our analysis covers calendar years 2021 through 2025. Our objective for this report was:

**To provide information about and identify challenges Louisiana faces in its efforts to provide services for survivors of sexual assault.**

Informational reports are intended to provide more timely information than standards-based performance audits. While these informational reports do not follow *Government Auditing Standards*, we conduct quality assurance activities to ensure the information presented is accurate. We incorporated stakeholder feedback throughout this informational report.

To answer our objective, we performed the following:

- Researched and reviewed applicable state laws, regulations, and policies from the Louisiana Department of Health (LDH,) Louisiana Foundation Against Sexual Assault (LaFASA), and Louisiana Commission on Law Enforcement (LCLE).
- Met with leadership and staff of LDH, LaFASA, LCLE, the Attorney General's Office; met with SANEs, sexual assault advocacy centers, and other stakeholders to gain an understanding of current policies, procedures, practices, and challenges related to each topic listed in Act 289.
- Observed meetings of the Louisiana Sexual Assault Oversight Commission and the Crime Victims Reparations Board.
- Reviewed research and best practices related to SAR plans, sexual assault response protocols, SANE programs, and advocacy services. This includes National Sexual Violence Resource Center, Sexual Assault Demonstration Initiative (SADI), Tulane's Louisiana Violence Experiences Survey (LaVEX), U.S. Government Accountability Office, Department of Justice – Office on Violence Against Women, and U.S. Department of Justice – Office for Victims of Crime.
- Researched other states' requirements and practices for SAR plans, Sexual Assault Response Teams, and SANEs.
- Conducted a series of surveys in January and February 2026 concerning matters related to each topic listed in Act 289. We developed these surveys and distributed them through Survey Monkey

and directly through email links. A total of 33 out of 34 participants responded to the surveys for a combined response rate of 97.1%.

- Sexual Assault Advocacy Centers: All 11 sexual assault advocacy centers responded to the survey (100% response rate).
- Regional Medical Directors: All nine Regional Medical Directors responded to the survey (100% response rate).
- SANE Program Coordinators: 13 out of 14 program coordinators responded to the survey (92.9% response rate).
- Obtained and reviewed the 2026 SAR plans from LDH for compliance with requirements.
- Obtained and reviewed self-reported data on services provided to survivors by sexual assault advocacy centers and LaFASA during calendar years 2024 and 2025 from LaFASA. We did not perform testing to verify the reliability of this data.
- Obtained and reviewed data from the Sexual Assault Kit Tracking System to determine how many FMEs may not have included accompaniment by a sexual assault advocacy center advocate from July through December 2024 and July through December 2025. We analyzed July through December 2024 because state law required all FMEs to be in the tracking system starting with kits completed after July 1, 2024. We then analyzed July through December 2025 for comparison purposes. We did not perform testing to verify the reliability of this data.
- Obtained and reviewed financial reports from LCLE for Sexual Assault Services Formula Grant Program; Services, Training, Officers, and Prosecutors; Victims of Crime Act – Crime Victim Assistance; and Victims of Crime Act – Crime Victims Reparations to calculate the amount of grant funding distributed to various entities during plan years 2021 through 2025. We did not perform testing to verify the reliability of this data.
- Obtained and reviewed fund balance sheets from the State Treasurer for the Crime Victims Reparations Fund and the Survivors Special Fund. We did not perform testing to verify the reliability of this data.
- Obtained and reviewed financial reports from LaFASA for American Rescue Plan, Rape Prevention and Education, and Violence Against Women Act sexual assault coalition grant funding for plan years 2020 through 2025. We did not perform testing to verify the reliability of this data.
- Provided stakeholders with results to obtain feedback, which is incorporated throughout the report.

## **APPENDIX B: SEXUAL ASSAULT OVERSIGHT COMMISSION MEMBERS**

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La R.S. 15:555 states that the commission shall consist of the following members:

1. The executive director of the Louisiana District Attorneys Association or his designee.
2. The executive director of the Louisiana Foundation Against Sexual Assault or his designee.
3. The executive director of the Louisiana Sheriffs' Association or his designee.
4. The executive director of the Louisiana Association of Chiefs of Police or his designee.
5. The executive director of the Louisiana Commission on Law Enforcement and the Administration of Criminal Justice or his designee.
6. The president of the Louisiana State Coroner's Association or his designee.
7. The director of the Louisiana State Police Crime Laboratory or his designee.
8. The president of the Louisiana Hospital Association or his designee.
9. The secretary of the Louisiana Department of Health or his designee.
10. The attorney general or his designee.
11. A member of the House of Representatives appointed by the speaker of the House of Representatives or the member's designee.
12. A member of the Senate appointed by the president of the Senate or the member's designee.
13. The governor or his designee.
14. The chief sexual assault forensic nurse examiner from each of the two Level I trauma centers in Louisiana, University Medical Center - New Orleans and University Health Shreveport, as designated by the chief executive officer of each of the two hospitals.
15. The director of the North Louisiana Criminalistics Laboratory or his designee.
16. A person designated by the executive director of the Louisiana Foundation Against Sexual Assault to represent the rights of sexual assault victims.
17. The president of Sexual Trauma Awareness and Response or her designee.



## **APPENDIX C: SEXUAL ASSAULT RESPONSE (SAR) PLANS LEGAL REQUIREMENTS**

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La R.S. 40:1216.1 outlines the required components for each SAR plan including an inventory of available resources, designating the entities responsible for conducting forensic medical exams (FME), documentation to support participation and approval by stakeholders, and a protocol for responding to survivors of sexual assault. The specific legal requirements for each SAR plan are listed below.

E.(1) The Louisiana Department of Health, through the medical directors of each of its nine regional health service districts, shall coordinate an annual sexual assault response plan for each district. Each district shall submit a proposed plan for review by the secretary no later than November first of each year. An approved plan shall become effective February first of the following year.

(2) When developing the annual response plan, each district shall incorporate a sexual assault response team protocol and the uniform protocol for human trafficking established by the Human Trafficking in Emergency Departments Task Force. Each district shall develop the annual plan to do all of the following:

- (a) Provide an inventory of all available resources and existing infrastructure in the region and clearly outline how the resources and infrastructure will be incorporated in the most effective manner.
- (b) Clearly outline the entity responsible for the purchase of sexual assault collection kits and the standards and procedures for the storage of the kits prior to use in a forensic medical examination.
- (c) Clearly outline the standards and procedures for a survivor to receive a forensic medical examination, as defined in R.S. 15:622, to ensure access to such an examination in every parish. The plan shall designate a hospital or healthcare provider to be the lead entity for sexual assault examinations for adult survivors and a hospital or healthcare provider to be the lead entity for sexual assault examinations for pediatric survivors. The plan shall also include specific details directing first responders in the transport of survivors of a sexually oriented crime, the appropriate party to perform the forensic medical examination, and any required training for a person performing a forensic medical examination.
- (d) Clearly outline the standards and procedures for the handling and payment of medical bills related to the forensic medical examination to clarify and ensure that those standards and procedures are in compliance with this Section and any other applicable section of law.
- (e) Clearly outline the standards and procedures for the transfer of sexual assault collection kits pursuant to this Section and any other applicable section of law.

(3) When developing the annual response plan, the department shall solicit the input of interested stakeholders in the region including but not limited to all of the following:

- (a) The sheriff for each parish within the region.
- (b) The chief of police for any political subdivision located within the region.
- (c) All hospitals located within the region.
- (d) The coroner for each parish within the region.
- (e) First responder organizations located within the region.
- (f) Higher education institutions located within the region.
- (g) The school board for each parish located within the region.
- (h) Sexual assault advocacy organizations and children's advocacy centers providing services within the region.
- (i) The district attorney for each parish within the region or his designee.
- (j) Each crime lab located within the region.

(4) The annual response plan shall be approved by the stakeholders as provided for in Paragraph (3) of this Subsection.

(5) The department shall include an appendix in each regional plan that provides a copy of all notices sent to stakeholders about the sexual response plan meeting, a list of the individuals and organizations that were provided notice, the method and timing of the notice provided, and a list of the individuals and organizations in attendance at the meeting.

(6) The department shall record all meetings and make the recordings and annual plans available through the Louisiana Department of Health's website.

F. All sexual assault collection kits used in a forensic medical examination shall meet the standards developed by the Louisiana Department of Health and the Department of Public Safety and Corrections.

## APPENDIX D: SANE PROGRAM FUNDING

SANE Program*	Program Funding Description
Bossier Parish Coroner's Office	On-call pay funded by Bossier Parish Police Jury and Bossier City Police Department
Christus St. Frances Cabrini Hospital	Victims of Crime Act – Crime Victims Reparations (CVR)
East Baton Rouge Parish Coroner's Office	Combination of Baton Rouge City-Parish funds and reimbursement from CVR funds
Forensic Nurse Examiners of Louisiana, Inc.	Reimbursable Victims of Crime Act (VOCA) grants through the Louisiana Commission on Law Enforcement (LCLE)
Hearts of Hope	Grants, donations
Jefferson Parish Coroner's Office	CVR reimbursement for forensic medical exams (FMEs), grant funding, including VOCA, to keep staff salaries paid as well as education expenses, supplies, and equipment
Lafayette Parish Coroner's Office	Current local government, two hospital foundations, CVR funds, VOCA grants
Lake Charles Memorial Hospital	Cooperative endeavor funded by law enforcement, district attorneys, city governments, and other hospitals within the region
Natchitoches Parish Coroner's Office	No dedicated funding; nurses are paid per FME, which is reimbursed through CVR funds or the responsible governmental entity
New Orleans Family Justice Center	100% grant funded as a separate 501(c)(3) and community-partner donations
Ouachita Parish Coroner's Office	Police Jury pays for call and time needed for testifying, CVR pays for cases, and coroner's office pays for equipment and supplies
The Haven	VOCA grants through the Terrebonne Parish Consolidated Government Houma Police Department and CVR funds
University Medical Center New Orleans	Hospital funds the program
<p>*We did not receive a survey response from the St. Mary Parish Coroner's Office, and we did not survey Trinity Medical or the Vernon Parish Coroner's Office because we identified these programs after the survey was completed.  <b>Source:</b> Prepared by legislative auditor's staff using survey responses and grant information from LCLE.</p>	



## APPENDIX E: OTHER STATE SEXUAL ASSAULT NURSE EXAMINER (SANE) COORDINATION

Other State SANE Coordinator Positions				
State	Position	Description	Agency/Location	Funding
Georgia	Statewide SANE Coordinator	Develops and coordinates SANE training, promotes consistent, professional, and patient-center medical response for survivors.	Criminal Justice Coordinating Council	Grant
Indiana	Statewide SANE Coordinator	Coordinates and/or provides non-clinical and clinical training. Works with organizations to build SANE programs.	Department of Health	Grant
South Carolina	Statewide Forensic Nurse Examiner (FNE) Program	Provides coordination and support to existing and developing FNE programs; builds alliances with service providers to promote victim-oriented medical response and treatment of sexual assault victims.	South Carolina Victim Assistance Network (nonprofit)	Grant
New Mexico	Statewide SANE Director	Maintain consistency among SANE programs, provide training, and technical guidance.	New Mexico Coalition of Sexual Assault Programs, Inc. (nonprofit)	Grant
Virginia	Sexual Assault Forensic Services Coordinator	Creates annual statewide sexual assault forensic nurse examiner training program, maintain statewide list of SANEs, etc.	Department of Criminal Justice Services	Part of state agency budget
Illinois	SANE Program Coordinator	Provides training for SANEs, and emergency department medical professionals, and law enforcement. Maintains listing of trained providers.	Violence Prevention and Crime Victim Services Division within the Attorney General's Office	Initially grant funded, now part of the AG's Office's budget
Wisconsin	Forensic Nursing Coordinator	Provides training, technical assistance, and policy advisement.	Department of Justice	Grant
Source: Prepared by legislative staff using internet research and interviews with other states.				

<b>SANE Certification or Credentialing</b>			
<b>State</b>	<b>Program</b>	<b>Description</b>	<b>Agency/Location</b>
Kentucky	SANE Credentialing	Offers two credentials: SANE Adult/Adolescent and SANE Pediatric/Adolescent	Board of Nursing
Texas	SANE Certification	Offers three types of SANE certifications: Adult/Adolescent, Pediatric, and Adult/Adolescent-Pediatric	Crime Victims' Services within the Attorney General's Office
Oregon	SANE Program (including SANE Certification Commission and SANE Coordinator)	Approves certification of SANEs, provide technical assistance, provides SANE training	Oregon Attorney General's Sexual Assault Task Force (nonprofit)
New York	Sexual Assault Forensic Examiner (SAFE) Program	Certifies SAFE-designated hospitals, SAFE training, and SAFEs	Department of Health
<b>Source:</b> Prepared by legislative staff using internet research.			

# APPENDIX F: LOUISIANA FOUNDATION AGAINST SEXUAL ASSAULT (LAFASA) SEXUAL ASSAULT ADVOCACY CENTER ACCREDITATION LEVELS

**Level 1** – Must provide a 24/7 hotline, in-person crisis response, short-term individual support, medical advocacy, legal advocacy, other systems advocacy, community referrals, community outreach and engagement, and primary prevention activities.

**Level 2** – Must provide all Level 1 services and medical advocacy in half of parishes in the area offering Forensic Medical Exams and legal advocacy accompaniment in all parishes in the area, additional community outreach and engagement, community development campaigns, individual therapy, and intervention coalition-building

**Level 3** – Must provide all Level 1 and Level 2 services and group support, primary prevention coalition-building, allied professionals training, and institutional systems-based advocacy.

Sexual Assault Advocacy Center Accreditation Levels		
Accreditation Level	SA Centers	Parishes Served*
Level One	None	N/A
Level Two	Project Celebration Sexual Assault Center	Bossier, Caddo, DeSoto, Natchitoches, Red River, Sabine, Webster
	Pine Hills Sexual Assault Center	Bienville, Claiborne, Jackson, Lincoln, Union
	Oasis Sexual Violence Program	Allen, Beauregard, Calcasieu, Cameron, Jefferson Davis
	St. Landry – Evangeline Sexual Assault Center	Evangeline, St. Landry
	Metro Centers for Community Advocacy	Jefferson, Plaquemines, St. Bernard, St. Charles, St. James, St. John, St. Tammany
Level Three	Wellspring Alliance for Families	Caldwell, East Carroll, Franklin, Madison, Morehouse, Ouachita, Richland, Tensas, West Carroll
	Sexual Trauma Awareness & Response (STAR)	Ascension, Avoyelles, East Baton Rouge, East Feliciana, Grant, Iberville, Livingston, Pointe Coupee, Vernon, Rapides, West Baton Rouge, West Feliciana
	Hearts of Hope	Acadia, Iberia, Lafayette, St. Martin, St. Mary, Vermilion
	The Haven	Assumption, Lafourche, Terrebonne
	New Orleans Family Justice Center	Orleans
	Washington Parish Rape Crisis Center	St. Helena, Tangipahoa, Washington
*Catahoula, Concordia, LaSalle, and Winn parishes are currently not covered by any LaFASA-accredited sexual assault advocacy center. <b>Source:</b> Prepared by legislative auditor’s staff using LaFASA standards and Louisiana Department of Health sexual assault response plans.		