



**End Violence Against Women International
(EVAWI)**

Sustaining a Coordinated Community Response: Sexual Assault Response and Resource Teams (SARRT)

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Acknowledgements

Some of the material in this module can also be found in the OnLine Training Institute module entitled: *Sexual Assault Response and Resource Teams (SARRT): A Guide for Rural and Remote Communities*. Some of this material was adapted from:

- *SANE/SAFE Organizing Manual: A Guide for Community Collaboration in Developing SANE/SAFE Programs* (1998). Written by Anne Coonrad. Published by the New York Coalition Against Sexual Assault, Albany, NY:
http://www.nycagainstrape.org/printable/printable_research_library_title_S.html.
- *SANE Development and Operation Guide* (1998). Written by Dr. Linda Ledray. Published by the Office for Victims of Crime, U.S. Department of Justice, Office of Justice Programs, Washington, DC: <http://www.ojp.usdoj.gov/ovc/publications/infores/sane/saneguide.pdf>.
- *Promising Practices: Improving the Criminal Justice System's Response to Violence Against Women* (1998). Written by Kristin Littel, Mary Malefy, and Alexandra Walker. Published by the Technical Assistance Project of the STOP Violence Against Women Grant Program, Washington, DC. Photocopy can be ordered at: <http://www.ncjrs.gov> (NCJ 172217).
- *A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents* (2004). Office on Violence Against Women, U.S. Department of Justice, Office of Justice Programs, Washington, DC: <http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf>.
- *Best Practices in the Investigation and Prosecution of Sex Assault Cases* (2000). Published by the Sexual Violence Justice Institute, Minnesota Coalition Against Sexual Assault, St. Paul, MN: <http://www.mncasa.org/Documents/best%20practices.pdf>.
- *Developing a SART: A Resource Guide for Kentucky Communities* (2002). Published by the Kentucky Association of Sexual Assault Programs, Frankfort, KY: <http://kyasap.brinkster.net/Portals/0/pdfs/SANE-COMMUNITYRESOURCE.pdf>.
- California Coalition Against Sexual Assault (2001). *California Sexual Assault Response Team (SART) Manual*. Available for purchase from CALCASA (<http://calcasa.org/>).
- *Report on the National Needs Assessment of SARTs* (2006). Published by the National Sexual Violence Resource Center (NSVRC), a project of the Pennsylvania Coalition Against Rape (PCAR), Enola, PA: http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Reports_Report-on-the-National-Needs-Assessment-of-SARTs.pdf.
- Other sources are cited throughout the module and included in the references at the end.

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Learning Objectives

The purpose of this training module is to guide communities in overcoming challenges to responding to sexual assault -- by improving the coordination of services for victims across professional disciplines and agencies. Questions to be addressed in this module include the following:

- What is a SARRT? Will all community SARRTs look the same?
- What are the two sets of needs that are served by a SARRT?
- What does a SARRT do? Who is involved on a SARRT and what are their roles?
- What are the requirements for SARRT participants?
- Should a SARRT hold meetings? What is the purpose of these meetings?
- Should a SARRT conduct case review?
- How are activities of the SARRT coordinated?
- Is there a need to identify one agency that will lead SARRT efforts?
- What are some of the short-term objectives of a SARRT?
- How does a SARRT generate and sustain a collective vision?
- How do communities develop a protocol for coordinated response?
- What resources are available to help establish a SARRT or write a protocol?
- Are there good examples of a community-wide protocol available?
- What other tools can a SARRT develop to help implement their protocol?
- To what degree, if any, should SARRTs be involved in prevention efforts?
- What publicity does the SARRT need?
- What methods are best used for increasing public awareness?
- What are some longer-term objectives that a SARRT might pursue to improve the community's response to sexual assault?
- So what does real collaboration look like?
- What are some common barriers to collaboration?
- How can conflicts be resolved within a SARRT framework?
- How can the effectiveness of a SARRT be measured?
- How is "success" defined for a SARRT?
- How can a SARRT be sustained over time?



Introduction

This module is designed to explain what is meant by a “Sexual Assault Response and Resource Team” (SARRT), and discuss how to establish, expand, and sustain one in your community. Along the way, we will ask you to review documents from two external sources, with the content of those documents covered in review exercises and test questions within this online training program. While various terms are used to describe such collaborative efforts, and they often look different in communities across the country, their basic goal is always the same:

To facilitate coordination among professionals from different disciplines involved in responding to sexual assault, with the goal of improving overall response.

The beauty of the SARRT concept is that communities can design their SARRT specifically to overcome local problems and build upon local strengths. Rather than looking exactly the same as any other SARRT, yours will reflect collaborative approaches that work in your community. However, the mission of any SARRT will fundamentally be the same – to work together across disciplinary boundaries, in order to coordinate and improve the community response to sexual assault.

“Collaboration strengthens the response of individual agencies and unites them into a coordinated team approach. No one agency can successfully handle all aspects of a sexual assault. Each agency is important and has its strengths and limitations. Effective multi-disciplinary teams generate a stronger response and produce more effective outcomes for the victim and the criminal justice system” (CALCASA, 2001, p. ix).

In fact, the concept of a coordinated community response is **mandated** in New Jersey, where state law specifies that every county prosecutor’s office must establish a Sexual Assault Response Team (SART) and a SART Advisory Board (N.J.S.a. 52:4B-50).

This type of coordination is required for all of the professionals to maintain a shared focus on victims, and the impact that the community response system has on them. As one prosecutor described in a study of professionals within a variety of SARRT communities conducted:

“In everything we do, we have to remember what it means to women to be raped. We have to remember that we are there to reinstate control and integrity – and to value [the victim]” (Campbell & Ahrens, 1998, p. 568).

In the first half of this module, we will address some basic questions about the structure, function, and purpose of a community SARRT. Then most of the second half of the module is dedicated toward discussing longer-objectives that a community SARRT can pursue, with detailed information about how to implement best practices in each of the professional disciplines that are involved. Before the module concludes, there is also a short section on collaboration – what it really looks like and how to overcome common challenges that arise when attempting to work together constructively across disciplinary boundaries.

What is a SARRT?

For decades, communities across the United States have grappled with how to improve their response to sexual assault. Problems facing many communities revolve around:

- Social norms that tolerate or support sexual violence;
- Little public awareness about sexual assault and what to do if an assault occurs;
- Few community services for victims and difficulty accessing those that are available;
- Reluctance of victims to use existing services and report to law enforcement;
- Inadequate interventions and prevention efforts; and
- Fragmentation of responses across agencies to disclosures/reports of sexual assault.

One of the most popular approaches used by communities to deal with these problems is to implement a Sexual Assault Response and/or Resource Team (referred to as a SART or SARRT). In the 2006 *Report on the National Needs Assessment of SARTs* by the National Sexual Violence Resource Center, a SART is defined as:

“A collection of professional service providers and officials that respond essentially as a group, and in a timely fashion, to the various needs of rape victims” (NSVRC, 2006, p. 1).

In addition to community-wide SARRTs, some coordinating councils also exist on the state, territory, or regional level in order to encourage consistent responses to sexual assault. Other SARRTs have also been developed to oversee the specialized response to sexual assault in specific communities such as military bases, school campuses, and tribes. These issues are discussed briefly in the *National Protocol for Sexual Assault Medical Forensic Examinations* that was published in 2004 by the Office on Violence Against Women, U.S. Department of Justice. While this module does not address the unique issues facing these specialized SARRTs, many of the fundamental questions are the same. It is only the specific answers that are different for SARRTS serving communities that include campuses, military bases, and tribes.

To clarify, the term “**SART**” (written with one “R”) typically stands for “Sexual Assault Response Team,” although the same acronym may also be used for different words (e.g., “Suspected Abuse Response Team”). This model (SART) typically focuses on coordinating the immediate interventions of law enforcement agencies, advocacy/victim service organizations, and health care providers in response to disclosures of sexual assault.

The term “**SARRT**” (written with two “R’s”) is less frequently used, and it stands for “Sexual Assault Response and Resource Team.” This term is used for communities that involve a wider array of agencies and disciplines in their collaborative effort. A SARRT (with two “R’s”) will thus involve all of the first responders who are typically included in a SART (with one “R”), but it may also coordinate services for victims beyond the immediate response (e.g., representatives from mental health, public health, substance abuse treatment, and other social services). **In general, we prefer the term “SARRT” – and will use it throughout this module – because it represents a more comprehensive coordinated approach to providing services and resources in these cases.** However, ultimately the names matter less than the

fact that the coordinated effort incorporates the wide range of professional disciplines who are involved in providing both the **response** and **resources** for sexual assault victims within the community.

Of course, we need to state very clearly that we do not see a SARRT as some kind of panacea that will solve all of the problems that communities face in responding effectively to sexual assault. We all know it isn't that easy. All a SARRT can do is provide a structure for coordinating the services offered by the various disciplines. However, by helping to establish relationships between community professionals, building respect and trust, and offering a forum for open dialogue, a SARRT can provide the mechanism for communities to go about addressing their challenges. One emergency room nurse described the impact of the SARRT program in her community:

In other words, working together doesn't guarantee success, but the alternative almost guarantees failure. Problems are not very likely to be solved when community professionals operate only within the bounds of their own discipline, and engage in limited communication or cooperation with others.

"The old system of service delivery wasn't set up to really help women. That's what's different about the SART program – you know, it turns everything upside down. It acknowledges the problems of the old system and designs right around them ... it acknowledges that all service providers have different expertise and we can draw on those skills from each and work together, so that as a unit we can do a better job. I think it makes things easier on us as providers, takes some pressure off – I know I am not the be all and end all. I'm one part, and if we all do our small part, the overall effect works" (Campbell & Ahrens, 1998, p. 562).

Will all community SARRTs look the same?

No. It is important to recognize that **SARRTs can look very different in various communities**. First, communities differ in what they choose to name their coordinating bodies – in addition to Sexual Assault Response Teams (SARTs) and Sexual Assault Response and Resource Teams (SARRTs), some coordinated efforts are referred to as: "Multidisciplinary Response Teams," "Suspected Abuse Response Teams," "Sexual Assault Interagency Councils," "Child/Adult Abuse Response Teams," "Coordinated Community Response Teams," and "Sexual Assault Multidisciplinary Action Response Teams" (some of these were reported in NSVRC, 2006). Beyond the name, their form may also vary depending on factors such as:

- Area characteristics and needs of the population;
- The historical response to sexual violence and problems to be resolved;
- The purpose and extent of coordination desired;
- Disciplines involved and agencies/individuals willing to take on leadership roles;
- Whether coordinating bodies exist in the community to respond to other crimes;

- The way those involved decide to operate the team; and
- Where the team is in the development process.

Whatever the name and specific form, the fundamental purpose of a SARRT is to ensure that victims of sexual assault receive “dignified, compassionate and well-organized treatment,” because this “is an essential element in creating an environment in which individuals feel safe reaching out for support and assistance” (New Jersey Office of the Attorney General, 2004, p. i)

What are the two sets of needs that are served by a SARRT?

A coordinated community response such as a SARRT is designed to recognize two distinct sets of needs: those of the victim and the criminal justice system.

Two Sets of Needs Met by a Community SARRT: The Victim and the Criminal Justice System

The needs of the sexual assault **victim** are:

- coordinated response;
- sensitive intervention;
- cultural competency;
- early emotional support and advocacy;
- information about investigative, forensic medical exam, and criminal justice procedures;
- accessible, prompt, high quality forensic medical examination;
- prophylaxis against sexually transmitted disease;
- assessment of possible pregnancy risk and emergency contraception, if requested;
- follow-up medical care;
- counseling;
- counseling for family members;
- justice; and
- closure

This section is taken from *California Sexual Assault Response Team (SART) Manual* and is reprinted with permission of the California Coalition Against Sexual Assault with all rights reserved.

The needs and goals of the **criminal justice system** are:

- protection of the victim and the community;
- participation by the victim in the investigative and judicial process;
- accessible, prompt, high quality forensic medical examinations;
- forensic medical follow-up evaluation, if indicated;
- optimum recognition, collection and handling of potential evidence;
- accurate documentation of medical findings and evidence based interpretations;
- prompt exams to reduce patrol officer waiting time at local hospitals;
- identification and apprehension of a suspect;
- competent case investigation;
- reliable analysis of evidence;
- credible expert testimony;
- effective prosecution; and
- competent representation for the defendant by defense counsel

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A coordinated community SARRT is designed to meet many of the needs in the two boxes (except representation of the defendant), although the balancing act that is required is not always easy. This is one example of why it is so important for communities to establish a collaborative effort such as a SARRT. This type of coordinating body is needed, both to provide the forum for

constructive problem solving and to nurture the type of respect and trust that is needed between community professionals to address difficult issues when these two sets of needs conflict.

“The SART model recognizes that the victim of sexual assault and the criminal justice system have distinctive sets of needs. Sometimes there are inherent conflicts between these two sets of needs and goals. These conflicts, however, do not have to polarize individuals and agencies. Through professional collaboration between rape crisis centers, health care providers, and the criminal justice system, both sets of needs can be accommodated” (CALCASA, 2001, p. ix).

What does a SARRT do?

The primary activity of a SARRT typically is to coordinate immediate response across community agencies to disclosures of sexual assault. Immediate response usually includes:

- Initial contact with victims;
- Medical evaluation and care;
- Documentation and collection of forensic and crime scene evidence;
- The preliminary investigation;
- Support, crisis counseling, information and referrals for victims, as well as advocacy to ensure that they receive assistance; and
- Support and information for victim’s families and friends (*National Protocol*, 2004, p. 13).

Goals of any SARRT team are thus typically two-fold. First is to afford victims prompt access to comprehensive immediate care, minimize trauma they may experience, and encourage their use of community resources. Second is to facilitate the collection and documentation of evidence, as well as the rest of the actions required for a preliminary investigation, in a manner that is timely, thorough, and respectful to victims. The hope is that this type of investigation will increase the likelihood that offenders will be prosecuted and held accountable (Littel, Malefyt, & Walker, 1998; *National Protocol*, 2004).

Who is involved on a SARRT and what are their roles?

At a minimum, core team members on a SARRT should include professionals from the fields of law enforcement, victim advocacy/victim services, and health care. The role of each of these professional disciplines is described below (adapted in part from CALCASA, 2004; Kentucky Association of Sexual Assault Programs, 2002; *National Protocol*, 2004).

Law enforcement: Law enforcement professionals work to ensure the safety of sexual assault victims and the general public, conduct investigations, identify and apprehend suspects, and prepare investigative reports for their prosecuting attorney. These reports are based on an evaluation of the facts in light of the criminal laws outlined in the state penal code, and they are used by prosecutors to determine whether criminal charges will be filed/issued. The objectives

of law enforcement personnel are thus to: “obtain a factual history, collect, and preserve evidence, and to seek and prove the truth” (CALCASA, 2001, p. 69).

Within a community, there may be several law enforcement agencies involved in sexual assault investigations, depending on where the sexual assault occurred and who was involved (e.g., city, county, state, federal, Tribal, military, or campus police departments). Any SARRT that serves multiple jurisdictions should therefore involve all pertinent law enforcement agencies in order to ensure consistency in their response to sexual assault.

According to a needs assessment study conducted by the National Sexual Violence Resource Center (2009), 84% of the SART teams responding to the survey involved law enforcement representatives, and 8% involved communications personnel (dispatchers). The findings from this study will be cited throughout this training module; it will generally be referred to as the NSVRC survey (2009).

Communications personnel from these agencies can also be involved to ensure a comprehensive and coordinated law enforcement response to sexual assault crimes.

Advocacy/victim services: Advocates and other victim service providers offer sexual assault victims with information, emotional support, short-term crisis intervention, advocacy, and referrals during the immediate response, as well as a range of follow-up services. During immediate response, advocates strive to provide victims with the support they need and want, explain and clarify medical and legal procedures and options, work with family members, and advocate on victims’ behalf to ensure that prompt, considerate care is provided.

According to the NSVRC survey (2009), 86% of the SART team respondents had representatives from victim advocacy. Over half (52%) also said they worked collaboratively with governmental advocates.

A number of agencies may offer these services, including community-based sexual assault victim advocacy programs (e.g., rape crisis center or YWCA program), criminal justice based offices (e.g., victim services unit in a local police department or victim/witness assistance unit in the prosecutor’s office), general victim assistance programs, patient advocate programs at health care facilities, campus or military victim service programs, Tribal social services, adult protective services, and others. An important part of the role for advocates and other victim service providers is to be there for survivors, regardless of whether or not a forensic examination is conducted and the case is investigated or prosecuted.

When we talk about advocates or other victim service providers, it is important to note that there are two basic types: **(1) community-based advocates** and **(2) system-based advocates**.

Your community may have neither, one, or both of these types of victim advocates.

When we use the term **community-based advocates**, we are referring to those individuals who work for a private, autonomous, often non-profit agency within the community. The most common example would be a rape crisis center, but other community-based advocates might work for a local YWCA, hospital, legal services agency, SANE program, or other social service agency. They may be volunteers with the

agency or paid staff, and they may describe themselves as rape crisis counselors, rape crisis advocates, victim advocates, or other similar terms.

On the other hand, **system-based advocates** are employed by a public agency such as a law enforcement agency, the office of the prosecuting attorney, or some other entity within the city, county, state, or federal government. Their roles and responsibilities will vary based on their host or governing agency, as will the specific term they use to describe themselves. These professionals may describe themselves as victim advocates, victim/witness assistance coordinators, or other terms.

While both types of service are important and beneficial for victims, it is important to keep in mind the distinction between them and to recognize the different roles and limitations of each. For example, one of the primary differences between community-based and system-based advocates has to do with the confidentiality of their communications with victims and their written records. In many states, community-based victim advocates must complete a specified number of hours of training in rape crisis counseling, in order to qualify for confidentiality protections that are provided in state law to protect their privilege in personal communications with sexual assault survivors. As a result of this privilege, **victims can speak confidentially with community-based victim advocates in these states**. Although community-based advocates could certainly be subpoenaed by the defense to provide information learned in private conversations with victims, prosecutors can argue that the information is privileged. On the other hand, **there is no such confidentiality when the victim speaks to a system-based victim advocate**. If a system-based advocate is subpoenaed by the defense to provide information learned in private conversations with victims, this would likely have to be divulged.

Clearly some aspects of the two types of advocacy are similar and some are different. The goal is thus for both types of victim advocates/service providers to work together constructively, by clarifying their roles and seeking to structure their collaborative work in ways that will maximize the benefits for victims.

Prosecutors and crime lab personnel: Prosecutors and crime lab personnel should also be involved in a community SARRT, given their key role in the criminal justice response to sexual assault. The role of prosecutors includes reviewing investigative reports prepared by law enforcement professionals and determining whether to file/issue criminal charges against the suspect. If criminal charges are filed/issued, prosecutors have responsibility for prosecuting the case within the court system of the county where the crime was committed. Crime lab personnel assist investigators and prosecutors by analyzing and interpreting evidence collected both by law enforcement professionals and forensic examiners. In fact, crime laboratories in many jurisdictions are a part of the local law enforcement agency or prosecutor's office. The results of this analysis are then communicated in written reports and courtroom testimony.

According to the NSVRC survey (2009), 76% of the responding SART teams involved prosecutors, and 22% included crime lab personnel.

Health care providers: Ideally, trained forensic examiners conduct the comprehensive medical forensic examination of sexual assault patients, and they therefore constitute an important part of any community SARRT. Trained examiners go by different names. For example:

- Sexual Assault Nurse Examiners (SANEs) are registered nurses who have received specialized education and fulfilled clinical requirements to perform these exams.

- Forensic Nurse Examiners (FNEs) have also received special training and clinical preparation to collect forensic evidence – both for sexual assault and a variety of other crimes such as child abuse, elder abuse and domestic violence.
- Sexual Assault Forensic Examiners (SAFEs) and Sexual Assault Examiners (SAEs) represent a variety of health care providers (e.g., physicians, physician assistants, nurses, nurse practitioners, or midwives) who have been specially educated and completed clinical requirements to perform these exams.

Throughout this module, the general term “forensic examiner” is used to denote the broad range of specially trained and clinically prepared examiners who conduct medical forensic examinations of sexual assault victims. However, it is also important to note the distinction between these forensic examiner programs (e.g., SANE, SAFE) and SARRTs. A forensic examiner program, such as a SANE or SAFE program, focuses on providing medical forensic examinations for victims of sexual assault. Members of a forensic examiner program will likely be involved in a coordinated community response system such as a SARRT, but the SARRT is a broader term describing all of the multidisciplinary professionals involved in collaboration.

The role of the forensic examiner is to conduct a quality medical forensic examination of sexual assault victims, to provide their written findings to the law enforcement agency and prosecutor’s office with jurisdiction over the case, and present their conclusions in courtroom testimony. Forensic examiners thus consult with law enforcement professionals, prosecutors, and defense attorneys (after the prosecutor has released the information to the defense).

Over three quarters (77%) of the SART teams in the NSVRC survey (2009) included forensic examiners, and 37% involved other health care providers. Almost a third (32%) also said they work collaboratively with public health agencies.

Other personnel may also be involved in providing health care to sexual assault victims, such as emergency medical technicians, hospital emergency department physicians and nurses, nurse practitioners, midwives, gynecologists, surgeons, private physicians, and/or Tribal, campus, or military health service personnel. Any

community-wide effort to coordinate services for responding to sexual assault victims should consider how to involve these health care providers on an “as needed” basis.

Other professionals: Other professionals might also be involved in a SARRT, depending upon the local response systems that are in place in the community. While some communities have fewer resources than others, most can typically pull together a core team from local law enforcement agencies, health care facilities (even if they don’t yet have staff with specialized training on the care of sexual assault patients and evidence collection), and an organization that represents advocacy/victim services (even if one specific to sexual assault doesn’t yet exist). Other professionals that might be involved could include mental health providers, educators, researchers, representatives from probation/parole, and judges.

According to the NSVRC survey (2009), 42% of responding SART teams involved social service agencies, 22% included mental health agencies, and 21% included educational institutions. Almost one in five (19%) said they work collaboratively with faith-based organizations.

For special concerns involving judicial participation in a coordinated council such as a SARRT, please see the discussion in the APRI manual entitled, “*Confronting Violence Against Women: A Community Action Approach* (pp. 112-114; see the resources at the end of this module).

To ensure the SARRT has a broad base of commitment and support, it is important to involve chief administrators of the various agencies involved in sexual assault response (e.g., the district attorney, police chief or sheriff, executive director of the rape crisis center, director of the hospital). Strong support is needed from the highest levels of the involved organizations, for the SARRT model to take hold and withstand the test of time – including changes in personnel, leadership, resources, priorities, and political climate. However, support from agency executives must also be seen at other levels (e.g., front-line staff, first line supervisors, middle management). While leadership is needed from the top, action is also needed by individuals throughout the various levels of the organizations involved in a SARRT for it to create meaningful changes in the way the community responds to sexual assault.

It may also be helpful to involve elected officials, such as members of the City Council or County Board of Supervisors, in some SARRT efforts. “The advantage of involving elected officials early is to create the feeling that ‘this is bigger than us’ or any individual agency, especially if problems arise and discussions disintegrate. Some communities involve them at the very beginning when meetings are held to discuss the concept. Other communities wait until the team is formed and provide a briefing and tour for elected officials. The best approach is to involve them at both points in time. If the elected official cannot personally participate, it is wise to involve one of their assistants” (CALCASA, 2001, p. 5).

SARRTs can also coordinate with other local agencies that provide services and resources. For example, these additional agencies can be tapped into as needed in individual cases and may help promote and enhance the SARRT. These agencies might include domestic violence programs, crime victim compensation boards, schools, medical clinics, the public health department, probation and parole, mental health agencies, religious/spiritual organizations, and social services. Agencies that work with specific populations (such as ethnic or racial groups, people with disabilities, recent immigrants and refugees, or prison inmates) are also potential resources to the SARRT.

SARRTs may expand upon collaborative efforts already underway in the community. Some communities may choose to achieve the goals of coordinated community response by building upon an existing collaborative entity that addresses a related crime area, such as a domestic violence task force, a child abuse multidisciplinary response team, a council on violence prevention, or a county commission on violence against women. This approach may make sense in many communities, but particularly those where the same agency representatives personally participate in these groups and it would be relatively easy to extend the purpose of a collaborative body to address sexual assault.

For information on how to integrate faith-based communities in the effort to serve victims of crime, a video is available from the Office for Victims of Crime, entitled “Faith-Based Responses to Crime Victims at <http://www.ojp.usdoj.gov/ovc/library/videoclips.html#faithbasedresponse>.

What are the requirements for SARRT participants?

It is important that professionals involved in the SARRT have the authority to make policy decisions and implement them at the organizational level. A SARRT cannot function meaningfully if the involved agencies send only a front-line employee as their representative. As described in the *CALCASA SART Manual*, any professionals serving as a representative for their agency on the SARRT must clearly have the authority to:

- “represent the agency;
- make decisions on policy, procedures, operating principles, and coordinating strategies;
- allocate financial and human resources or possess a high level of influence in the organization to secure resources; and
- develop a model which will be endorsed when it is sent to executive staff for approval and signature” (CALCASA, 2001, p. 5).

It is also important that agencies do not routinely rotate their SARRT representative, because this limits the opportunity for the SARRT to gather information, make decisions, and implement resolutions. While it is helpful to have more than one agency representative involved in the SARRT, it is important that their participation at meetings is not rotated on an alternating basis.

Should a SARRT hold meetings? What is the purpose of these meetings?

Although most people are reluctant to add “one more meeting” to their already busy schedules, it is critically important that a SARRT meet on some kind of regular basis. Regular SARRT meetings can serve two primary purposes:

First, meetings can be used by members to maintain and enhance the quality of the SARRT. This task involves addressing system issues, such as revising policies in response to local changes in governmental or community-based agencies, scientific or technological advances, and feedback from victims. It also involves sharing related information and facilitating the continuing education of the team (*National Protocol*, 2004).

Most of the SART teams responding to the NSVRC survey (2009) indicated that they meet either quarterly (29%) or monthly (27)%. Others meet on a bimonthly basis (18%) or as issues arise (10%).

The second purpose is to review the response of team members in individual cases, with the goal of improving overall SARRT performance. This type of case review allows team members the opportunity to offer each other feedback on the effectiveness of their response,

identify problems needing resolution, and explore areas needing improvement. Cases can even be reviewed anonymously, without using victims' names or other identifying information, in order to maintain confidentiality. During these discussions, it is important that the team respect the confidentiality of information (e.g., in the victim's medical records) by developing an appropriate protocol and privacy protections. These issues will be discussed in a later section.

If it is difficult for some team members to meet together on a regular basis, it may be best to consider having those who cannot be physically present call into where the meeting is held so

Fortunately, there are a number of reasonably priced commercial services available to facilitate conference calls. For example, Costco has a service called Access Line. There are also several free, internet-based programs available such as <http://www.freeconferencecall.com>.

they can hear the discussion as well as provide feedback. It is also possible to rotate the location of the meeting throughout the service area so that the same team members do not have to travel the farthest distance each time. On the other hand, if it is impossible for the majority of team members to gather in the same place for regular meetings, it may be best

to use conference calling in order to facilitate discussions.

Should a SARRT conduct case review?

While it is presented as one of the two primary purposes of a SARRT, some communities do not conduct case review as a regular part of their activities. In fact, whether or not to conduct case review is one of the important decisions that a community SARRT must make. However, it is worth noting that many SARRTs have found this to be an important and useful part of their activities. This section is designed to address some of the questions that arise for those SARRTs who do decide to conduct case reviews (adapted in part from CALCASA, 2001).

Only 25% of the SART teams participating in the NSVRC study (2009) said they engaged in case review on a regular basis, but 34% did so as issues arose.

If SARRT members decide that they do want to conduct case reviews, they must first decide whether to review all cases (usually in small jurisdictions) or only selected cases (usually in large jurisdictions). For example, the SARRT might decide to review only those cases that are particularly difficult or complex, or those that were unfounded by law enforcement or rejected by prosecutors. In general, it can be helpful to start by discussing cases that were handled well and then move on to addressing those with problems, so SARRT members hear the positives as well as the negatives. When discussing those cases with problems, it is important to notify the agency involved with the case first so they do not feel put "on the spot." This allows agency representatives to research the case and prepare for the discussion in advance.

"Agencies should agree to notify one another as soon as possible about problems to enable them to take corrective action. These discussions can build trust if the case is discussed with the presumption that everyone is trying to do their best and that sometimes, in spite of best efforts, things can go wrong" (CALCASA, 2001, p. 23).

Of course, if multidisciplinary case reviews are going to be conducted as part of the SARRT's activities, measures must be taken to protect the confidentiality of information that is shared.

While there are no confidentiality issues involved in information exchange between law enforcement, crime laboratory personnel, and prosecutors, significant issues do arise between these criminal justice professionals and both medical personnel and victim advocates. These confidentiality issues must therefore be addressed in the community-wide protocol. To assist in developing a protocol for addressing confidentiality issues during case review, the form that is used by the San Diego County SART is provided in the Appendix of this training module.

In the 2005 reauthorization of the Violence Against Women Act (VAWA 2005), there is a provision expressly prohibiting all grantees and subgrantees from disclosing personally identifying information about a client. To release such information, an advocate must have a written release that is “reasonably time-limited” and signed by the victim, indicating her/his consent. Of course, victims must be informed so they truly know what they are agreeing to.

Advocates need to be familiar with state laws as well as federal legislation such as VAWA 2005, because they are required to meet the standards of whichever law offers victims the strongest protection. It is also critical to consider whether laws apply to adult, adolescent, or child victims -- and whether they pertain to domestic violence, dating violence, sexual assault, and/or stalking.

For detailed information on survivor confidentiality and release waivers, please see the *FAQs on Survivor Confidentiality Releases*, published by the National Network to End Domestic Violence at <http://nnedv.org/resources/safetynetdocs/208--faqs-on-survivors-confidentiality-releases.html>. They also publish a 1-page document *on Survivor Confidentiality and Privacy: Releases and Waivers At-A-Glance*: <http://nnedv.org/resources/safetynetdocs/survivor-confidentiality.html>. Template forms are also available for a *Client Limited Release of Information Form* in both English and Spanish, along with other resources in this area. (<http://nnedv.org/resources/for-ovw-grantees/technology-a-confidentiality.html>).

Case review has been used effectively for a long time by multidisciplinary groups reviewing child abuse cases, domestic violence, and child fatalities. Therefore, it may be possible for SARRT members to draw from their experiences with these other groups to address how to conduct case reviews effectively while protecting the confidentiality of information shared. Multidisciplinary case review that is conducted by the SARRT may also supplement any internal review that is conducted within the various professional disciplines (e.g., by forensic examiners, victim advocates, law enforcement professionals, prosecutors).

How are activities of the SARRT coordinated?

It should go without saying that coordination of a SARRT is no small task, regardless of the type of community or the specific agencies or professionals who are involved. SARRT coordination tasks might include, but are not limited to:

- Developing and revising protocols, procedures, and publications;
- Making meeting arrangements and leading meetings;
- Taking minutes at meetings;

- Facilitating communications among members;
- Hosting or facilitating training programs;
- Coordinating publicity and public awareness efforts; and
- Leading fundraising efforts.

Because the coordination tasks are extensive, one of the first tasks of a new SARRT must be to determine how these will be fulfilled. However, **there is a lot of variety in how SARRT activities are coordinated across communities.** The specific coordination structure chosen by a SARRT will therefore depend on a number of unique factors within the community, as well as the specific agreements that are reached among the agencies involved in the SARRT. To illustrate, some possibilities for structuring the coordination of a SARRT include the following:

- Agencies may take rotating responsibility for coordinating SARRT activities;
- One agency or individual may be willing to assume this role;
- The team may decide that a full or part-time position for a SARRT coordinator is needed – with one or more agencies agreeing to take on the costs or seek funding from other sources; or
- The team may decide that it does not require a coordinator position and that members of the SARRT will share coordination responsibilities.

Regarding this last option, it is important to note a word of caution for those SARRTs that are considering the possibility of proceeding without a designated coordinator. Clearly, the long-term success of any SARRT will depend on the willingness of individuals to fit team responsibilities into the rest of their collateral duties. There is also a fair amount of staff turnover and rotations among agencies, so SARRT members may change periodically. As a result, it may be difficult to keep the SARRT organized and proactive if no one agency or individual is specifically tasked with overseeing coordination efforts over a significant period of time. It is therefore advisable to designate someone with specific responsibility for coordinating SARRT activities, even if this responsibility is shared or rotated on a regular basis. Ideally, each SARRT should have a Chair, Vice Chair, and a Secretary who takes the minutes and distributes them – or someone who delegates this task to an administrative assistant or clerk.

The NSVRC survey (2009) revealed that 39% of responding SART teams have no funding at all to support their efforts. This is a slightly larger percentage than in the 2005 study. Of those who do receive funding, roughly equal percentages are from federal (20%), local (19%), and state SART (19%) sources. A smaller percentage of SART teams said they receive funding from corporate or foundation sources (14%), fundraising efforts (14%), and state funds not specifically designated for SART efforts (8%). More detailed information on the funding sources is available in the survey report (NSVRC, 2009, p. 5).

Is there a need to identify one agency that will lead SARRT efforts?

It is not a requirement to identify one particular agency to lead SARRT efforts. Nevertheless, it may naturally happen that one or two agencies take the lead in SARRT development efforts and, once the team is operational, keep it on track. In most communities, this leadership role is fulfilled by someone employed by a victim advocacy or victim service agency. There are certainly many advantages to this model, but each community SARRT must make this decision based on the specific needs, resources, and personnel that are available.

Regardless of which agency provides leadership, the benefit of this model is that there is someone (or a small group of people) who get the ball rolling, motivate others to work on this cause, and help to maintain the effort over time. That said, the role for such a leader can vary greatly from one community to the next. Some communities may even differentiate between the person serving as the SARRT leader and the coordinator, with the leader serving as chair (with responsibilities for handling the initial start-up, serving as the spokesperson, and leading meetings) and the coordinator (who has responsibility for handling more administrative duties).

According to the NSVRC survey (2009), almost half of the responding SART teams have a paid administrator (49%) for their SART, who works either full-time (30%) or part-time (19%) in this position. The position is housed in a variety of agencies but is typically permanent (88%), rather than rotated among SART team members (13%).

In some communities, the coordinator of the SARRT is also the person who schedules the forensic examiners, in which case this person is more likely to be (but doesn't have to be) the coordinator of the forensic medical exam team. One advantage of this model is that forensic examiner programs need someone to coordinate and schedule their activities, so it is somewhat natural to extend this role to include coordination of the SARRT as well. Another advantage may be that funds are more readily available for a SARRT coordinator who schedules and manages the team of forensic examiners, because their activities may bring in revenue through contracts or fees.

The most common location for the administration of a SART program, according to the NSVRC survey (2009) is a community-based victim advocacy agency (40%). Other options include health care facilities (26%) and the prosecutor's office (7%).

That way, funding for the coordinator position will not be dependent on grant support or other funding that cannot be counted on from year to year. Of course, when designating funding and percentages of work time to a coordinator position, it is important to be realistic so the designation is reflective of the full spectrum of work to be done (e.g., 10% of one full-time position may not be adequate).

Some communities have considered the possibility of creating a non-profit organization for their SARRT. While this strategy has some advantages (e.g., a clear identity within the community, centralized organization, eligibility for certain grant funding), the process of founding a non-profit organization can be difficult, time-consuming, and expensive. Therefore, the decision must be carefully considered, and weighed against the possibility of joining forces with an existing non-profit organization. According to the NSVRC survey (2009), most SART teams (75%) are not incorporated and do not have 501(c)(3) status.

How do SARRTs generate and sustain their collective mission?

“Collective vision and joint commitment are the keys to developing and maintaining a SART or any new program. The vision excites the imagination of the professionals involved and maintains them through the difficult challenges and problems to solve. The vision lifts thinking to a higher level about what is possible on behalf of those who have suffered. The vision focuses individuals on the ‘greater good’ during policy and decision making when fragmentation begins to set in, and restores the whole. Sometimes the collective vision does not really begin until the benefits to the victim and to the criminal justice system are realized. Until this happens, for some, SART is only a concept” (CALCASA, 2001, p. 7).

For a SARRT to be effective, members must share a collective vision which inspires action ensures joint commitment. One way to achieve this collective mission is to visit with professionals in SARRT teams that are operating effectively and/or invite members of other effective SARRTs to present information in the community. Once a shared commitment is forged, however, it must be nurtured with ongoing attention to team building efforts. These can include: reciprocal cross-training among SARRT members; using humor to increase comfort levels and break down barriers; using traditional “ice breaker” type activities to learn about each other in a more informal way; planning retreats and/or recreational activities to increase trust; and hiring a meeting facilitator (or getting one to donate time) to help with this process. Clearly, effective team building is needed to establish and sustain any successful collaborative effort such as a SARRT (this section was adapted in part from CALCASA, 2001). Cross-training plays a very important role in this effort, as described by an advocate who was involved in the study of SARRT communities we have already described:

A 7-minute video developed by the Office for Victims of Crime (2006) provides an excellent overview of the mission and goals of coordinated community SARRTs. It can be used as an effective training tool, because the message is hopeful about the positive impact that SARRTs can have on improving the community response system and ultimately facilitating the recovery of the sexual assault victims whom we serve. The video can be ordered online, for only \$5.00 at <http://www.ojp.usdoj.gov/ovc/library/videoclips.html#sart>.

“Our goal in training is to create regular contact and dialog. To make us familiar to them and them to us – so we can get to know each other, so we’re not strangers to each other – we become people, people we know and are comfortable with ... We keep the

programs short ... The idea is to be respectful of their time – just a few moments here and there, but it adds up to a lot of instruction time” (Campbell & Ahrens, 1998, p. 557).

What are some of the short-term objectives of a SARRT?

To create a foundation for interdisciplinary coordination, SARRTs are often involved in activities designed to achieve the following short-term objectives:

- **Developing guidelines for a standardized response** that outline each agency’s role and how they should coordinate their efforts during initial interventions;
- **Creating an interagency agreement or memorandum of understanding** for officials from each agency to sign that outlines the agency’s responsibilities when responding to a sexual disclosure;
- **Providing interdisciplinary training** for agency staff;
- **Holding periodic meetings for team members** to review their actions in individual cases and to maintain and enhance the quality of the SARRT;
- **Determining whether current staffing levels in the partner agencies are sufficient**, and if not, developing a long-term strategic plan for addressing any staffing shortages;
- **Seeking resources** to support the initiatives of the SARRT;
- **Promoting and facilitating public education campaigns** to raise awareness of the facts related to sexual violence and what help is available if a sexual assault occurs;
- **Promoting and facilitating professional education** to promote understanding of the SARRT, referrals to the SARRT, and collaboration with the SARRT to optimize interventions; and
- **Participating and/or leading community organizing efforts** that may contribute to improved response to sexual assault (e.g., encouraging prevention initiatives and advocating for legislative change).

According to the NSVRC survey (2009), approximately one third of the SART teams participating in the study were involved in training other responders (34%) and publishing printed materials on sexual assault response (32%). These activities were some of the most common for SARTs in the study.

How do communities develop a protocol for coordinated response?

As one of the most important short-term objectives, it is essential that SARRT members come to some agreement about how they will coordinate their activities specifically related to sexual assault response. These will need to be documented in a written community-wide protocol. Even if there are only a few individuals involved, it is recommended that such a written document be developed that outlines agency-specific roles as well as coordination needs. A community-wide protocol can therefore help to define the roles, procedures, and expectations for each of the team members. Some tips to facilitate discussion and consensus building on a protocol are listed below:

- **Gather resources to help guide conversations about where coordination is necessary in your community.** The findings of a needs assessment represent one valuable tool for providing this type of guidance. Other useful resources include national, state, and local protocols related to multidisciplinary coordination for immediate response, the medical forensic examination process, evidence documentation and collection, and investigation and prosecution. Such resources offer guidance that can be customized to address local needs; we will provide some particularly helpful examples in a moment. In addition, focus groups can be conducted, both with community professionals and survivors of sexual assault, in order to identify strengths and weaknesses of the response system.
- **Identify beliefs that are shared across professional disciplines related to these cases.** One shared belief may be that sexual violence is a serious crime, requiring the attention of those within the criminal justice system and the wider community. **It is also important to identify common goals for coordinated response**, such as providing services to victims in a timelier manner. Coming up with shared beliefs and goals provides a foundation for collaboration (Littel, Malefyt, & Walker, 2004).
- **Recognize the activities that comprise each agency's specific response to sexual assault.** Some agencies, particularly those with minimal staffing, may not have formal procedures in place. For these agencies, it may be helpful for representatives to begin by writing down what they see as their responsibilities in responding to these cases.
- **Map out the steps involved in the immediate response to disclosures of sexual assault.** This may take the form of a flow chart (NSVRC, 2011). To provide concrete guidance, it is best to begin by focusing on those steps that involve or affect victims or that have implications for the interactions that are seen between members of the team (Sexual Violence Justice Institute, 2000). It may also be helpful to break down the community response into several broad components and then describe the steps involved in each, including who has a role in each step and what communication and coordination among agencies is necessary to carry out each step.
- In the process of determining what communication and coordination is critical, **work to integrate solutions to problems identified through the needs assessment process.**
- Consider **pilot testing the protocol** before finalizing it.

Although many SARRTS do not have written community-wide protocols, they are critically important for ensuring that the community response to sexual assault is consistent and meets basic standards of care. Communities will have different standards of care and protocols based on the resources that are actually available to them. However, they must be documented to provide a standardized response, train new SARRT members, and monitor the response in an ongoing way to evaluate quality assurance.

The NSVRC survey (2009) revealed that 40% of the participating SART teams had written interagency agreements with some of the agencies involved and 36% had them with all of the agencies.

The National Sexual Violence Resource Center (NSVRC) offers a variety of resources to help communities assess their readiness for SART development, guide implementation, and enhance sustainability. Resources include a *SART Readiness Assessment Tool*, the 2009 *SART Survey Report* that is cited throughout this module, and a *SART Team Development Guide for Victim Service Providers*. They can be found at: <http://www.nsvrc.org/projects/sart>. The NSVRC also offers a *National Sexual Assault Response Team Toolkit* at <http://ovc.ncjrs.gov/sartkit/>.

What resources are available to help establish a SARRT or write a protocol?

Some state sexual assault coalitions and other organizations have published documents that offer assistance for communities in how to form a SARRT and how to develop a written, community-wide protocol for sexual assault response. Our purpose in this training module is not to duplicate these efforts. Rather, our goal is simply to describe the general structure, function, and purpose of a SARRT – and then refer you to other resources if you need more detailed guidance on exactly how to proceed in establishing, expanding, or sustaining a SARRT.

For example, two particularly good resources for communities seeking to establish or sustain a SARRT include the *SART Handbook* developed by the Sexual Assault Task Force in the Oregon Attorney General's Office and the *SART Manual* published by the California Coalition Against Sexual Assault (CALCASA).

For information on how to obtain a copy of the Oregon Attorney General's Sexual Assault Task Force *SART Handbook* (2006), please visit: <http://oregonsatf.org/qu/satf-resource-materials/>.

The *SART Manual* developed by the California Coalition Against Sexual Assault is available for purchase from CALCASA (<http://calcasa.org/>).

In addition, concrete guidance is provided in another module in this OnLine Training Institute, entitled: *Sexual Assault Response and Resource Teams (SARRT): A Guide for Rural and Remote Communities*.” Some of the information in that module overlaps with this one, but that module focuses more on how to proceed through the process of establishing a SARRT for the first time, with particular emphasis on the issues faced by rural and remote communities.

Are there good examples of a community-wide protocol available?

The two resources recommended in the previous section provide a wide range of suggestions for communities seeking to establish and sustain a SARRT. In addition, there are a few specific examples of a community-wide protocol that might be helpful to use as a model.

The San Diego County *SART Standards of Practice* and the protocol for children who are victims or witness of crime can be downloaded for free at the website for Sexual Assault Training and Investigations (SATI), Inc. at <http://www.mysati.com/SART.htm>.

One very good model for a standardized, community-wide protocol can be found in **San Diego County**, where their Sexual Assault Response Team (SART) developed detailed standards of practice for the many agencies representing law enforcement, health care, crisis care, victim advocacy, crime laboratories, prosecution, and the judiciary. A similar protocol was also developed for children who are victims or witnesses of crime; although not focused on sexual assault, it nonetheless provides an excellent model for a community-wide protocol, with supporting interagency agreements and MOU's.

Another good example can be found in the statewide *Standards for Providing Services to Victims of Sexual Assault* that were developed by the Office of the Attorney General in **New Jersey**. These statewide standards were developed collaboratively by professionals from a variety of disciplines and designed to “serve as a foundation for establishing county policies and procedures” (2004, p. i), so they could be easily adapted by SARRTS in any community.

The New Jersey State Standards are available on the internet free of charge at <http://www.state.nj.us/lps/dcj/agguide/standards/standardssartsane.pdf>.

The **North Dakota** Sexual Assault Evidence Collection Protocol is another good model for developing a community-wide protocol based on multidisciplinary collaboration, although it focuses primarily on the issues of forensic evidence collection. It was developed by the North Dakota Council on Abused Women's Services and the Coalition Against Sexual Assault in North Dakota. It is also supported by an excellent document outlining the standards of care for patients participating in a sexual assault medical forensic examination.

The North Dakota protocol and standards of care are available at <http://www.ndcaws.org/resources/publications.html>.

Once a written protocol is developed, it should be maintained and periodically reviewed by SARRT members and revised as needed. The document can then be used to assist with both training new SARRT members and problem solving when conflicts arise or when changes are seen in agency personnel, leadership, policy, resources, priorities, or political climate.

What other tools can a SARRT develop to help implement their protocol?

Once the members of a SARRT have come to some agreement regarding the roles and responsibilities of each agency involved in sexual assault response – and documented this community-wide protocol in a written document – the next step is to develop additional tools to help implement the protocol and conduct ongoing review. These include the following.

One good example of a Memorandum of Understanding (MOU) is provided in the Appendix of this training module, which was developed by CALCASA for their (2001) *SART Manual*. Another example is available in the *SART Handbook* developed by the Sexual Assault Task Force of the Oregon Attorney General's Office. It is available at: <http://oregonsatf.org/wp-content/uploads/2011/04/SART-Handbook-2009-v3.pdf>.

Interagency agreements / memoranda of understanding (MOUs): These are written documents that lay out in a clear manner the responsibilities each agency has on the SARRT – both those responsibilities that are agency-specific and those that involve coordination with other agencies. Agency leaders are asked to sign the document to indicate they are aware of these responsibilities, they agree to carry them out, and they understand the roles of the other agencies. These agreements and memoranda can be revisited periodically to evaluate their effectiveness in helping to implement the written protocol that is developed collaboratively by the SARRT. As with the community-wide protocol, these written agreements then serve as a formal record that can be used for years to guide training and problem-solving as changes arise.

Checklists and handbooks for response: **Checklists** can offer responders an abbreviated version of the information contained in an interagency agreement or memorandum of understanding, as well as contact information for involved agencies. They can also be used as a reference when responding to a sexual assault case. Checklists might also be developed for working with specific populations of victims (e.g., those with certain disabilities, males, older adults, children, or adolescents) or specific types of cases (e.g., drug-facilitated sexual assault). **Handbooks** might include a compilation of checklists, forms used by various agencies, and the actual written protocol for community-wide response to sexual assault. They could also include specialized incident report forms, victim safety planning forms, and referral information.

Standardized material to facilitate consistent response: As one example, many states and jurisdictions have developed standardized **evidence collection kits** in order to facilitate consistency in collecting evidence from sexual assault victims and suspects. Some have also developed **standardized forms** to use, in order to facilitate consistency in the questions that forensic examiners ask sexual assault victims during their medical forensic history.

The International Association of Forensic Nurses (IAFN) offers an online library that includes forms to be used as templates by community professionals seeking to create or adapt tools for their own medical forensic exams: <http://www.safeta.org/displaycommon.cfm?an=1&subarticlenbr=15>.

Producing these tools does not have to be expensive. For instance, a checklist might simply be printed on a folded half sheet of copy paper that is then laminated. Written protocols and agreements can also be adapted from existing resources such as those cited in this module.

To what degree, if any, should SARRTs be involved in prevention efforts?

In the context of discussing longer-term goals, each community needs to decide the extent of SARRT activities and whether this will include prevention. In some areas, it may make sense for the SARRT to take a proactive role in prevention activities. In fact, in many communities, the individuals and agencies who intervene in sexual

According to the NSVRC survey (2009), less than one quarter of the SART teams involved in their study were conducting community-based (23%) or school-based (16%) rape prevention education. This is a smaller percentage than was found in the prior survey, administered in 2005, when 51% said they were involved in educational programs designed to prevent sexual assault. In the 2009 survey, printed materials on sexual assault prevention were more common (27%).

assault cases may already be the ones tasked with prevention. In other communities, it may be too great of a task for a SARRT with limited resources to take on prevention work, even though the members acknowledge that this would be beneficial both for their own efforts and for the community as a whole. Thankfully, this is not a “now-or-never” proposition – a community SARRT could certainly opt to focus initially on intervention and later expand its focus to include sexual violence prevention projects.

What publicity does the SARRT need?

One of the primary activities of any SARRT must be to publicize information regarding their services and activities. Two groups in the community, in particular, need to be aware of how to tap into SARRT services:

- **Professionals in the community who interact with victims.** This group of community professionals may include: educators, religious/spiritual counselors, social service workers, mental health counselors, health care providers of all kinds, youth program staff, foster care workers and parents, nursing home staff, substance abuse treatment staff, and even businesspeople such as cosmetologists, library and book store staff, and exercise instructors. These professionals need to be able to explain the community response to sexual assault, including the SARRT, because they are likely to receive disclosures of sexual assault from members of the community.
- **Community residents who may be potential victims or family and friends of potential victims.** Community residents thus need to know that: (1) sexual assault is a serious crime no matter who the perpetrator is; (2) victims deserve help to heal; (3) it is important to hold offenders accountable for their actions; and (4) there is assistance available for victims in the community. In particular, it is critical to get information to populations that statistically have a higher likelihood of being sexually assaulted or have a documented low rate of reporting, such as adolescents, people with disabilities, Native Americans, college students, people living in poverty, and recent immigrants.

A third group – **organizations that are potential SARRT supporters** – also need to know about the SARRT, the benefits it offers, and what financial assistance it requires to be successful.

A public education effort could include creating a resource/referral list. The first step, according to the National Sexual Violence Resource Center (2011) is to “document service availability, accessibility, and contact information for the following agencies, organizations, and institutions:

Medical, legal, military, educational, tribal, and advocacy providers that respond (or may respond) to sexual assault;

Providers that serve the specific needs of certain groups including individuals with disabilities, older persons, trafficking victims, and specific cultural populations” (p. 3)

This community resource/referral list can then be disseminated to providers who are not actively involved in the SART, as well as those who are participating. The list will need to be updated on a regular basis, however, to ensure that it stays current (NSVRC, 2011).

What methods are best used for increasing public awareness?

When attempting to reach these three groups of community members with information about the SARRT, there are a variety of strategies that are available, including:

- **Formal presentations or informal visits to community groups**, such as: schools, social service agencies, local businesses, media organizations, agencies that work with special populations, community coordinating groups, faith-based organizations, civic organizations, senior centers, residential living settings, etc. These presentations could be particularly useful for personnel in those agencies that are developing agreements documenting how they will work together as part of the community-wide SARRT.
- **Information booths** at community events (e.g., fairs, conferences, local sporting events) and public places (e.g., libraries, community centers, and shopping centers). The SARRT could also host breakfasts or lunches that are open to the public in order to discuss accomplishments and challenges and to address the need for support.

According to the NSVRC survey (2009), only a small percentage of the SART teams involved in their study engaged in public awareness efforts such as public service announcements (9%), magazine/newspaper ads (8%), or billboard messages (2%).
- **Media campaigns** that include the distribution of brochures, booklets, and posters in various languages and items that display SARRT contact information. Such a media campaign might also include public service announcements (PSAs) in the local newspapers, on cable channels or on the radio. SARRT members can also write letters to the editor of the local newspaper, volunteer to participate in a radio talk show, or appear on the local television news in order to provide information. Members of the local media might even donate space in order to advertise SARRT activities, if they are asked.
- **Public forums for community residents and professionals to provide input.** For instance, when doing a needs assessment or developing protocols, SARRTs might hold a public hearing to answer questions and allow the community to provide feedback.
- **Positive coverage in the local newspaper or on TV/cable/radio.** This can include reporting on the activities and accomplishments of the SARRT.
- **Development of a SARRT website** with links to local participating agencies.
- **A SARRT hotline** can provide the opportunity for residents to find out more about the SARRT while maintaining their confidentiality. To develop such a resource, SARRT developers may be able to tap into an existing hotline, such as one run by the rape crisis center or community information and referral service.
- **Fundraising events** to raise both public awareness and money for the SARRT.

- **Solicitation of volunteers** from the community to help with publicity and fundraising efforts. When seeking volunteers, it is important to look for individuals with expertise in public relations or advertising as well as those who may take on related projects, such as assisting a local high school in developing an ad for radio or TV or a SARRT website.

Some of these publicity efforts may require the nomination of one SARRT member to serve as the spokesperson. If so, the following recommendations may prove helpful:

“The spokesperson needs to be well informed on the council’s official positions, as well as on current issues surrounding violence against women on the local and national levels. It is critical that the council spokesperson have a good understanding of privacy and confidentiality laws, especially when working with survivors of violence against women. Over time, the council spokesperson will establish credibility with members of the media which will, consequently, generate positive publicity for the council and its accomplishments. Strong media relations are an asset to a coordinating council [e.g., SARRT] and can be an effective tool in furthering its goals. To track marketing efforts, the council should maintain accurate records of any news coverage it receives and should keep members informed about media relations” (APRI, 1998, p.77).

As an example of an innovative public awareness initiative, the [Texas Association Against Sexual Assault \(TAASA\)](#) developed an excellent program to educate the public about “Non-Report Sexual Assault Examinations.” TAASA has created a [website](#) with Frequently Asked Questions and a brief Public Service Announcement.

Another excellent example is the [public service announcement](#) (PSA) developed by the Sexual Assault Response and Resource Team (SARRT) in Austin, Texas. This PSA was developed for television, and it was designed to increase reporting of sexual assault to law enforcement, by communicating the message that victims are welcome and every effort will be made to treat them with competence and compassion. The Sex Crimes Unit of the Austin Police Department was also featured in an article in a local [Spanish-language newspaper](#), ensuring that outreach was directed at this underserved community as well.

How can a SARRT be sustained over time?

Much of the information in this module is equally relevant for communities that are establishing a SARRT for the first time or seeking to sustain one over time. However, it is worth noting here that some objectives must be met in an ongoing way for sustainability. These include the following (which are quoted verbatim from APRI, 1998, pp. 62-3):

- Ensuring that all relevant agencies and groups are continuously represented at the meetings and in the decision-making process.
- Determining whether additional agencies or groups should be invited to participate in council meetings or activities.
- Providing incentives for members to continue their participation and ensure that they are receiving the expected benefits (e.g., follow-up on special requests or

concerns, recognition at meetings or in council publications, participation in social events that generate enthusiasm).

- Encouraging and distributing leadership opportunities. The council may consider employing term limits, rotating leadership among key agencies or using co-chairpersons to ensure that all members who wish can share in these responsibilities.
- Developing short-term goals in the council's work plan and ensuring that these goals are reached.
- Emphasizing routine information exchange and updates from key players.
- Re-examining the council's mission statement, goals, and objectives for relevance.
- Remaining flexible to meet changing community needs, council composition, and procedures.

While there is only a limited amount of research evaluating the impact of coordinated community response systems, it does suggest that benefits are seen in terms of improved service delivery for victims (Campbell, 1998; U.S. Department of Justice, 1994) and enhanced success in the law enforcement investigation and prosecution (Nugent-Borakove et al., 2006). There is thus a great deal of incentive for communities to strive toward the ideal of multidisciplinary coordination, despite the challenges that might exist at every stage of the process.

Review the Oregon *SART Handbook*

At this point, we have concluded the first section of the training module that deals with the basic structure, function, and purpose of a coordinated community SARRT. However, we have made an effort not to duplicate information in this training module with material that is presented in other resources. Therefore, you will need to access those resources in order to get the full picture of what a community SARRT can and should look like.

For the purpose of successfully completing this training module, you will need to print out a copy of the *SART Handbook* that was developed by the Oregon Attorney General's Sexual Assault Task Force, available at:

<http://oregonsatf.org/wp-content/uploads/2011/04/SART-Handbook-2009-v3.pdf>.

After reading Chapters 1-11 (pages 1-53), you will be asked a series of review questions about the content that is covered in that manual. This content includes the following chapters:

Chapter 1: SART: A Victim Centered Collaborative Response

Chapter 2: SART Development

Chapter 3: Advocacy Response

Chapter 4: Law Enforcement Response

Chapter 5: Medical Response

- Chapter 6: Prosecutor Response
- Chapter 7: Offender Response
- Chapter 8: Crime Lab Response
- Chapter 9: Outreach and Prevention
- Chapter 10: Professional Competency
- Chapter 11: Training

Test questions at the end of this module will also cover this same content, so you will need to review these chapters for successful performance in this training module. In addition, we believe that you will find the resources and referrals that are included in the *SART Handbook* to be helpful as you work to develop, sustain, and expand a SARRT in your own community.

So, what does real collaboration look like?

Throughout this module we have used the term “collaboration” repeatedly. Clearly, it is a term that is frequently used – but one that may mean different things to different people. Furthermore, even if we all have the same idea about what collaboration is, we still might not know exactly how to achieve it. This section of the training module will therefore delve deeper into this issue of collaboration, by defining the goal and then providing a map for how to get there.

First, let’s begin with a definition. Collaboration has been defined as:

“A process through which parties can see different aspects of a problem, can constructively explore their differences and search for solutions that go beyond their own limited version of what is possible” (Gray, 1989, p.5).

This definition is helpful, because it focuses on the goal of problem solving and acknowledges that the best solutions will be achieved when we can better understand the perspective of all of the different people working on the problem. As another way of defining the concept, the question can be posed: “What is collaboration?” Responses to this question include:

- Collaboration implies interdependence and ongoing give and take.
- Solutions emerge through participants’ dealing constructively with differences.
- Partners must work beyond stereotypes to rethink their views about each other.
- It involves joint ownership of decisions.
- Partners assume collective responsibility for future direction of the domain.
- Collaboration is an emergent process; through negotiations and iterations, rules for governing future interactions are actually restructured (APRI, 1998, p. 44).

Some of the factors that are required for successful collaboration thus include:

- ✓ Shared vision
- ✓ Trust and mutual respect

- ✓ Diverse backgrounds
- ✓ Continuity of personnel
- ✓ Clear role definitions
- ✓ Problem-solving orientation
- ✓ Effective communications
- ✓ Recognition of risk taking
- ✓ Institutional or individual rewards (APRI, 1998, p. 45; cited to McEwen, 1997, p. 3).

Such checklists make collaboration appear easy, but of course real collaboration between human beings in different professional disciplines can often be quite difficult. In fact, the collaborative process demands constant attention and nurturing; without such attention, the effort will likely fail. In addition to being difficult, real collaboration is also time and resource intensive. It must therefore be seen as an important investment in the community that will benefit a cross-section of professional interests – and that will require broad support for successful implementation.

What are Some of the Common Barriers to Collaboration?

As we've said before, establishing a SARRT is no panacea that will provide the answer to any challenges your community faces. While we believe that a SARRT provides the most productive framework for coordinating services, no one can deny that significant barriers often get in the way of successful collaboration. We'll discuss just a few of the primary challenges that members of a SARRT often face, but of course others exist as well.

Competition for scarce resources: On the most basic level, some of the agencies involved in a coordinated community response system might be – or perceive that they are – in direct competition for resources. For example, community-based advocates (such as those working for a rape crisis center) may be competing with system-based advocates (such as those working for victim/witness assistance) for grant funding or other resources. This type of competition for scarce resources can obviously create problems for professionals who are seeking to work collaboratively. To address this barrier therefore requires an honest appraisal of the situation, very clear communication between SARRT members, and hard work to identify strategies for maximizing resources for all of the agencies involved.

Differences in professional mission: Equally significant, collaboration may be hindered by very real differences in the missions of various professional disciplines. For example, some advocates fail to appreciate that law enforcement investigators serve as neutral fact-finders – not as advocates for the victim. On the other hand, some law enforcement professionals overemphasize their role of objectivity, when their primary purpose is truly to “protect and serve.” Clearly, the law enforcement role of serving as a neutral factfinder can be done with compassion for victims and an orientation toward facilitating the victim's recovery. Overcoming this type of barrier thus requires cross-training, in order to better understand and appreciate the differences in professional missions held by those agencies involved in the community SARRT. It also requires engaging in ongoing dialogue and developing written protocols, which can provide guidance when the issues are difficult, roles are unclear, and/or conflict arises.

Perception of advocates as being “out to get” other professionals: Another barrier to collaboration is that some forensic examiners and criminal justice professionals believe that advocates are “out to get them.” In other words, the perception is often that advocates want to provide accompaniment for victims during exams and interviews – solely for the purpose of catching these other professionals doing something wrong. The image of an advocate is all too often as a “watchdog,” ready to attack at any moment, if the other professional makes one small mistake or says something wrong. The first step in overcoming this barrier is recognizing that such a fear is understandable. None of us would leap at the prospect of having someone outside our field watch us work, criticizing us or even contacting our supervisor when we make a mistake. This would be particularly true if we believed that this outsider did not have sufficient training in our job to really understand what we were doing and why.

The next step is to recognize important differences in professional mission, as previously described. For example, the primary mission for advocates is to serve the interests of the victim. This is typically best accomplished by working cooperatively with other professionals, rather than criticizing them. Therefore, while it is sometimes necessary for advocates to intervene and/or provide constructive feedback to other professionals, this is not their primary focus. In fact, in many communities, it is the advocacy organization that has taken the lead in coordinating their response with other professionals and facilitating positive systemic changes that will benefit victims. By explaining this role and establishing cooperative relationships, this may go a long way toward alleviating the image of advocates as “attack dogs.”

Another step is to emphasize the shared values that underlie the work of all the community professionals who respond to sexual assault. To illustrate, most professionals involved in the community response system probably share an action orientation and a mission of bringing about justice in the world.

SARRT members all know that many challenges that exist in responding successfully to sexual assault. It is therefore critically important to highlight the specialized skills that are required to work these difficult, sensitive, and sometimes exhausting cases. SARRT members can make sure that achievements of any of its members are recognized, along with anniversaries of service and other milestones. To be successful, **SARRT members must recognize each other’s work and dedication.**

Most also want to see more offenders being held accountable for their crimes. Therefore, when seeking to build teamwork and establish collaborative relationships, it is important to stress these areas of common ground. While the various professionals may have different views of sexual assault and a different understanding of its causes and potential solutions, offering reminders of these important shared values can help to forge trust and respect – and to guide the resolution of any disagreements that will inevitably arise. It is also critical that SARRT members have open communication, using a variety of means, including formal peer reviews, informal conversations, and contacts that are made in-person, in writing, via email, and on the phone. In fact, one of the most important yet frequently overlooked strategies is simply to host social gatherings for SARRT members, to “mix and mingle” in a positive context, so communication doesn’t only take place when conflicts arise.

Lack of appreciation for law enforcement role: Collaboration can also be inhibited if the professionals involved in the SARRT do not appreciate the complexity of the law enforcement investigation of a sexual assault case. Within law enforcement agencies, a lack of appreciation for the difficulty of sexual assault investigations can result in the failure to allocate sufficient resources, including personnel, equipment, and specialized training. Outside law enforcement agencies, this lack of appreciation often means that the complex issues involved in the police investigation are largely neglected in community-wide protocols, where their responsibilities are described as if they simply involved transporting the victim to the forensic examination and transporting the evidentiary kit when the exam is finished. Making this situation worse, SARRT programs are often “sold” to the community by suggesting that victims will be cared for by the “experts” (e.g., forensic examiners, victim advocates), while officers return to the field to respond to additional calls for service. In fact, there is considerable pressure on officers to return to the field, but this vision of their role fails to recognize that the forensic examination is only one part of a comprehensive sexual assault investigation. Without a thorough investigation involving evidence collection and interviews with the victim, suspect(s), witnesses, and others, the case is unlikely to move forward within the criminal justice system.

Lack of feedback on case outcomes: Collaborative work is also hindered by a lack of access to information about case outcomes and feedback on the effectiveness of community professionals. For example, forensic examiners often do not have access to results from the crime lab, prosecution statistics are typically not provided to anyone outside the prosecutor’s office, and law enforcement organizations frequently publicize only the most limited information about sexual assault. This contributes to a distorted perception of what sexual assault really looks like in the community. As another illustration, many law enforcement agencies report only data from the Uniform Crime Report (UCR), which has historically utilized a very narrow definition of “forcible rape” that excludes a wide range of sexual assault crimes. Although the definition was expanded in December 2011, it will take years before this change is fully reflected in police practice, so data on reported cases and outcomes (such as clearance rates) will not represent the full range of sexual assault crimes for some time. These and other examples illustrate the lack of realistic information on case outcomes, which limits the feedback to professionals and makes it difficult to evaluate the effectiveness of collaborative efforts such as a multidisciplinary SARRT. (For more information on this topic, please see the module on *Clearance Methods* in the OLT.)

Frustration with low prosecution rates: Of course, collaborative work can also be hindered by the frustration that is felt by all of the professionals involved in the community response system regarding the low rates of prosecution for sexual assault (for a review of prosecution statistics, see Lonsway and Archambault, 2012). For forensic examiners, law enforcement professionals, and victim advocates, this frustration can create cynicism or burnout, because cases they work are frequently not successfully prosecuted. Yet prosecutors are often equally frustrated with juries who often apply a different standard to sexual assault cases as compared with others – and by law enforcement investigations that are viewed as incomplete and/or insufficient to support successful prosecution. This frustration is further fueled by the fact that prosecutors often evaluate success by tracking their conviction rates. Therefore, overcoming this challenge requires redefining “success” in the community response to sexual assault and working to ensure

that the system is victim-centered in its orientation and offender-focused in its mission of holding more offenders accountable. These issues are discussed at length in another section.

Prior conflict: The issue of any past conflicts must be addressed head-on. Wherever possible, the conflict must be analyzed not only by the professional disciplines that were involved but also by others who may have an important insight into what went wrong, why it went wrong, and how to fix it. In many cases, the solution is training – particularly cross-training between the professional disciplines involved in the conflict. If the conflict arose as a result of a misunderstanding or misinformation, it is critical that the professionals involved clearly understand the roles and boundaries of the other disciplines. This will include recognizing those points where their professional objectives overlap, and where they do not.

Anticipation of future conflict: Even when there have been no specific conflicts in the past, another barrier to collaboration is the anticipation of such conflict in the future. It is therefore critical to air these concerns, address them directly, and seek to prevent them. This will often involve cross-training between the professional disciplines, providing input on the policies and procedures of the various agencies involved in responding to sexual assault, and working together to develop a community-wide protocol outlining the roles and responsibilities of each of the professional disciplines. Additional strategies for addressing future conflict include:

- ❖ Focusing on one conflict at a time, if possible. While there may be a number of conflicts that are seen between community professionals, it may be helpful to think strategically, in order to choose the one that is the most urgent, important, and/or attainable. It is often tempting to tackle a number of challenges simultaneously, but this may not be the most effective strategy.
- ❖ Remaining patient, optimistic, and tireless in the pursuit of positive reform. Often these conflicts are not addressed with a single effort, but with persistent work over time. Sometimes it requires a change of agency administration or other aspects of the political climate, as long as the conflict isn't simply pushed aside in the hopes that such a positive change in the landscape of community agencies will be seen.
- ❖ Providing positive reinforcement and recognition whenever possible. A SARRT can help encourage positive changes by sending notes of commendation – even for aspects of an individual's performance if the whole performance was not exemplary. For example, an advocate could send a letter to an investigator who conducted a competent and compassionate victim interview – or to recognize positive aspects of the interview even if the whole thing was not ideal. Successful performance by any SARRT members can be recognized in any number of ways, that are informal and/or formal. This includes letters, awards, recognition events, and even small tokens of appreciation (e.g., giving a mug with an agency logo).

Several communities have issued a proclamation honoring the efforts of the SARRT, and even declaring a day to be “Sexual Assault Response Team Day.”

Finally, SARRT members can consider ways to structure the dialogue regarding conflicts in a way that does not pit community professionals against each other – but rather involves all of the community professionals in an effort to address some external demand. For example, all of the SARRT members could set a goal and work toward achieving it collaboratively. There is nothing as good for team building as shared work toward a common goal.

How can conflicts be resolved within a SARRT framework?

While these strategies for addressing conflict might be helpful, others are suggested in the *CALCASA SART Manual* (2001). These include using a modified (not rigid) version of Robert's rules of Order for SARRT meetings, because: "without an orderly decision-making process, decisions can be avoided or stampeded, issues go unresolved, and/or a strong personality or emotions can rule" (p. 17). Additional suggestions are to allow for various "gradients of agreement," so a SARRT member can indicate not only whether or not they agree with an idea, but also whether they want to register some reservations about the idea, abstain, stand aside, go along with the idea despite their disagreement, or even request to be absolved of responsibility for implementation of the idea. This type of framework provides SARRT members with a range of ways to express their opinions, while maintaining a safe and open environment for discussion when there is disagreement" (p. 17).

In fact, seven "basic operating principles" can be used for addressing such issues, which include the requirements that SARRT members exhibit:

- A decision-making philosophy grounded in the concept of "what is best for the victim" and "what is in the best interest of the community;"
- A commitment to the SART approach;
- Understanding that mistakes and conflicts are expected and that they introduce problems to be solved;
- Understand that problems and/or conflict are opportunities for improvement;
- Protocols and constructive methods for resolving mistakes and disagreements will be developed in response to problems;
- Problems will be addressed, and not be allowed to continue unresolved;
- Always take a constructive approach, no matter how difficult the problem;
- Recognize that some problems do not lend themselves to immediate resolution, and taking the "long view" may be indicated (CALCASA, 2001, p. 18).

Review Texas Manual on Effective Collaboration

At this point, please print out the second of the two external documents that are considered a part of this training module. This second document is an excellent resource on collaboration that was developed by the Texas Association Against Sexual Assault (TAASA). It is entitled: "*Building Stronger Sexual Assault Services Through Collaboration*." The document is available for free at the website for TAASA: <http://www.taasa.org/member/pdfs/bssasstc-eng.pdf>.

After reading pages 1-24, you will be asked a series of review questions to address the content of this document. The information will also be covered in the test questions at the end of this module. Interested readers will find more information in the “Additional Reading” sections of that document, but it is not considered required reading for the purpose of this training module.

Another helpful document is “*The Collaborative Approach to Sex Offender Management*” published by the Center for Sex Offender Management. It is available at their website at: <http://www.csom.org/pubs/collaboration.html> .

How is “success” defined for a SARRT?

In most communities, arrest statistics are used as the primary measure of success for law enforcement professionals, just as conviction rates are for prosecutors. Yet, all of the professionals involved in the community response system must strive to provide the best service possible, regardless of whether or not anyone believes the case will be successfully prosecuted. When SARRT members fail to establish realistic, meaningful evaluation measures for successful job performance, it is easy to neglect victims whose cases are “difficult” to investigate or prosecute – because of course, the majority of sexual assault cases in the community may fall into this category. Therefore, evaluation measures must be based on goals that are realistic and attainable – so they do not contribute to a sense of constant disappointment, frustration, and job dissatisfaction that can result in turnover among professionals.

To illustrate the problem with defining success in terms of criminal justice outcomes, think for a moment about the many cases of sexual assault perpetrated against victims who engaged in high risk behavior or even behavior that would be seen by many people as being morally questionable. The credibility of these victims is often questioned by responding professionals and community members alike, who suspect that the report might be false or simply do not take the crime seriously. Based on prior professional experiences, the detective assigned to such a case may believe that it is not going to be successfully prosecuted so it would be a waste of time to conduct a thorough investigation. Alternatively, the detective may conduct a preliminary investigation and then provide a supervisor or prosecuting attorney with a brief verbal summary of the facts that are known at the time. If the prosecutor expresses a reluctance to file charges in the case, the detective may view this as a signal that the prosecutor isn’t interested in the case and/or that the charges have actually been rejected. Rather than asking what types of evidence would be needed to strengthen the case, the investigation will all too often hit a dead-end while the detective turns his or her attention back to other cases that might have better jury appeal.

The type of scenario described above is most likely if the evaluation of the detective’s performance within the police department is based on arrest rates and successful prosecution. If the detective’s job performance were instead evaluated on the basis of self-initiative, investigative skills, innovation, tenacity, validation, and compassion for victims, performance in this case could certainly be a success even if it did not result in an arrest or prosecution. One important goal for a SARRT is therefore to redefine “success,” so criminal justice professionals are evaluated on the quality of their performance regardless of the case outcome. The SARRT

can then work to ensure that the incentive structures in the community are designed to recognize and reward criminal justice professionals for conducting a thorough investigation and making appropriate filing decisions – even for cases that do not appear to be “winnable.”

As another example, consider the detective who spends a great deal of time belittling sexual assault victims and talking them out of prosecuting. If this detective is successful in deterring the victim, then no investigation has to be conducted, no report has to be written, and no case will be referred to the prosecutor. The case can then be closed using exceptional clearance (if the suspect is identified), which counts as a “success” using traditional measures of performance based on clearance. Of course, the reality is that this detective is doing a considerable disservice to the community. Therefore, members of the SARRT can work to ensure that the detective’s supervisor will instead evaluate the detective’s job performance using alternative measures, including a breakdown of case dispositions and the percentage referred for prosecution

Clearly, alternative and appropriate measures of success must be designed and incorporated into the evaluation of job performance for professionals involved in the community SARRT.

- ❖ For law enforcement professionals, this might include an evaluation of how thorough sexual assault investigations are, because this will determine whether the evidence collected and documented is sufficient to support a referral for prosecution and whether charges will be filed/issued.
- ❖ For prosecutors, it might include an evaluation of the willingness to file/issue charges even in “difficult” cases where moving forward is the right thing to do despite the risk of not winning a conviction.
- ❖ For victim advocates, performance evaluation might need to include measures of compliance with policies and procedures designed to protect victims’ rights (OVC, 1998).

When defining and measuring success in this alternative paradigm, possible measures include:

- ✓ professional and compassionate response
- ✓ frequent and timely communication with victims
- ✓ honesty in communications
- ✓ providing periodic updates and assessments to both victims and supervisors, and
- ✓ effective communication of case outcomes.

Such an evaluation must hold all professionals involved in the community response system accountable for their decisions and behaviors with respect to sexual assault victims.

Perhaps the best discussion of how to define success within a coordinated community response was provided in a previous version of the *SART Handbook* published by the Oregon Attorney General’s Sexual Assault Task Force (Version I, 2002). Because this previous version of the document is unavailable on the internet, an extended excerpt is provided here, with permission.

**Excerpted from: *Sexual Assault Response Team (SART) Handbook (Version I, 2002).*
Published by the Sexual Assault Task Force, Oregon Attorney General's Office.**

Most of the time “success” in the criminal justice system is determined by the number of arrests, indictments, and convictions. Traditionally the criminal justice system will view these outcomes as indicators of success or failure. This is a measure of success that can and does lead to burn out as there are relatively few sexual assault cases prosecuted ... each year. And for those cases that go to trial, the ultimate outcome is in the hands of the jury – not the responders.

Another way to define or evaluate “success” in a sexual assault response is in how effective the response was to the victim of sexual assault. How accessible did the survivor find the system? How caring was the response? How sensitive? How professional? Was the victim kept informed throughout the process? Shifting the focus of “success” from a conviction to measuring the effectiveness of the response can relieve the players in the system of a huge burden. If we adopt the view that the best we can do is the most we can do, then our evaluation tool is to assess the answer to these questions: “Did every player and agency in the response do their job as well as they could? Did the survivor’s needs from the system get met in a caring, effective, and sensitive way?” Answering yes to these questions means a success to the victim, a success to the responders and a success for the entire system.

Victims who are empowered to make their own decisions, and who see that their opinions are respected by the SART begin to move through the trauma and into healing. They can more effectively integrate the sexual assault and return to the normalcy of their lives. In contrast, victims who are blamed for their victimization or pushed to participate in a process against their will are far less likely to cooperate or last through an entire criminal justice experience.

Not only does a disempowering and uncaring response add to the trauma of the victim, it also loses the cooperation of the very person the system is working to help. In many instances, victims have critical information that is lost as a result of alienation and lack of trust. Sometimes, even if a case is “won” by a conviction the trauma to the victim has been increased due to her experiences with members of the response. When we shift our viewpoint to a victim-centered response, system personnel seek ways to remove the barriers to the participation of the victim. In turn, this participation improves both the investigation and prosecution of the case and contributes to the victim’s healing.

- The rights of sexual assault victims should be recognized, supported and enforced
 - The safety and welfare of the victim is always the top priority
 - Cases are investigated impartially and thoroughly
 - Offenders are apprehended and held accountable
 - Cases are aggressively prosecuted in a timely fashion
 - The decision to prosecute cases should not be unduly influenced by prevailing myths or stereotypes about sexual assault
 - Evaluate the case for possible prosecution considering both the merits and possible community impact of the case and not solely the likelihood of conviction
 - Sexual assault victims are kept informed and up-to-date of every step in the proceeding
 - Sexual assault victims are given the opportunity to express a preference for what they would like to see happen

- Information that is shared will be shared in ways to protect the privacy and confidentiality of the survivor
- The cultural, physical, mental and language needs of sexual assault victims will be carefully considered and addressed in each element of the response
- Coordination between agencies is high. Collaboration and professionalism is the expected norm

**End of adapted excerpt from the *SART Handbook* published by the
Oregon Attorney General's Office (2002, p. 11-13).**

What are some longer-term objectives that a SARRT might pursue to improve the community's response to sexual assault?

Now that we have covered the basic structure, function, and purpose of a SARRT – as well as strategies for real collaboration – it is time to move on to information that could be considered more “advanced.” This includes longer-term objectives that a community SARRT might pursue, to implement “best practices” in each of the professional disciplines tasked with responding to sexual assault. In this section of the training module, these longer-term objectives are organized under the headings of: (1) General Victim Services; (2) Medical Response; (3) Law Enforcement Response; (4) Prosecution and Courtroom Response; (5) Offender Accountability; (6) Data Collection and Quality Assurance, and; (7) Other Long-Term Goals for a SARRT.

Longer-Term Goals for SARRT: General Victim Services

Developing written educational materials for victims and their support people: It is hard for victims and their significant others to remember everything professionals say in the aftermath of the assault or report/disclosure. A SARRT can therefore provide assistance for victims and their support people by offering written materials on critical topics and tailoring the material to a victim's communication skill level/modality and language. At a minimum, all victims and their support people should be provided with information on the names and telephone numbers of the investigator(s) handling their case, the police report number, and any other case identifying information, as well as the local organization(s) providing services for sexual assault victims. Written materials should also summarize the rights of crime victims, and they could be developed along with a directory of community resources that can be disseminated to victims and their support people. Some law enforcement agencies have even developed a checklist to ensure that victims are provided with the information that is mandated by law regarding their rights and services that are available (OVC, 1998). When it comes to prosecution, written materials can also be developed to familiarize victims with the process and courtroom procedures. Many advocacy organizations have developed such written resource materials for victims, but SARRT members can still provide assistance in reviewing, revising, and/or disseminating them – or developing them if they do not yet exist.

An outstanding example of this type of material is the 21-page “Guide to the Legal Process for Adult Sexual Assault Victims in North Dakota” produced by the North Dakota Council on Abused Women’s Services and the Coalition Against Sexual Assault available for download at <http://www.evawintl.org/images/uploads/LegalProcessAdultSAVictimsND.pdf>

The San Diego County SART also developed an informational brochure for victims; these materials are disseminated in both English and Spanish. The brochure is available at: http://www.sdcounty.ca.gov/hhsa/programs/phs/emergency_medical_services/sexual_assault_response_team.html.

The San Diego Police Department also developed a 1-page form, to provide the required information for victims of sexual assault and domestic violence. It is included in the Appendix of this training module.

Increasing access for victims to resources that are available in the community: One critically important objective for any SARRT is to increase access to services for victims in “poor, rural, or remote areas, institutional settings, military bases, college campuses, tribal lands, migrant farm worker communities, and other areas needing increased victim outreach” (*National Protocol*, 2004, p. 55). Increasing the access of victims in these communities can be extremely difficult, but they cannot be overlooked because they are often among the most vulnerable in society and the most in need of justice. SARRTs can play a role in increasing this access by:

- o Assisting victims with meeting their needs for child care or other dependent care. This is needed both during the medical forensic examination and during meetings with investigators, prosecutors, and advocates/victim service providers.
- o Informing victims of any financial aid that is potentially available to them, as well as helping to apply for aid. This may include providing victims with emergency financial assistance, using a short, simple application form and a streamlined process, with the funding provided by community organizations and/or other private funding sources.

Developing a protocol to assist victims in confidentially requesting time-off from work. For example, with the victim’s permission, an officer or prosecutor might write a letter stating that the victim is needed as a witness in a case without actually stating that the case involves the victim.

- o Providing victims with phone access to encourage them to maintain contact with advocates/victim service providers, health care providers, investigators, and prosecutors.
- o Helping victims to obtain transportation, which may be critically needed for victims to seek follow-up services and participate in the criminal justice system. This could include the use of taxis, rental cars, carpooling, or bus services.
- o Developing agreements with agencies to deflect health care expenses for victims.
- o Considering the possibility of co-locating services, by bringing together specialized investigators, prosecutors, medical professionals, and/or victim advocates in one place.

This could include attempts to secure VOCA funds to support a victim assistance program in the local law enforcement agency, if one does not already exist.

- o Bringing services closer to victims (e.g., by creating outreach offices and mobile units).

The **West Virginia** Foundation for Rape Information and Services (FRIS) led efforts to develop a regional mobile SANE project in its state. This project allows the sharing of SANEs among five participating hospitals in a five-county area; an on-call SANE goes to the hospital where the sexual assault patient presents. To briefly describe the program, the hospital that administers the project hires the nurses, provides them with liability insurance, and handles the process of invoicing and payment. Participating hospitals pay \$2,000 per quarter for services, which includes SANE and advocate coverage (24 hours a day, 7 days a week), training for nurses participating in the project, Polaroid Macro 5 Cameras, and storage carts for kits and supplies. The hospitals bill a state fund for forensic exams, submit the money recovered from the state fund to the project, arrange for three nurses from each of their counties to participate, and provide space and supplies for the exam. For more information on this project, please see the replication guide that is posted at: http://www.ojp.usdoj.gov/ovc/publications/infores/WVA_Mobile_SANE_guide/welcome.html.

While seeking to increase victim access to resources that are available in the community, it is important to evaluate the current outreach for underserved communities. To assist in this process, the National Center on Domestic and Sexual Violence has developed a community checklist that can be used to guide agencies in evaluating the demographic characteristics of the population being served, and the proportion of clients representing each identified group. This community checklist is provided in the Appendix of this training module. (Please note: Appendix materials are not provided in the online version of this training module; however, they will print with the PDF version of this module which you are able to download from the OLT website).

Developing protocols, resources, and training programs to improve services for victims who have a disability: As they work to develop these tools, members of a SARRT can identify different scenarios that may arise with sexual assault victims who have a disability. By thinking through how each team member could respond more effectively in such a situation, this may help to draft an appropriate protocol, develop needed resources, and design successful training programs. In particular, measures may need to be taken to allow communications between responders and these victims. For instance, SARRTs need to know how to obtain:

- o Forensic interviewing specialists (which are typically used for child victims, but could be used effectively with victims with a disability affecting cognition or communication);

For information on the qualifications and protocols for forensic interviewing specialists, see the multidisciplinary protocol on child victim-witnesses developed by the San Diego Regional Victim-Witness Task Force. It is available at <http://www.mysati.com/publications.htm>.



- o Equipment to facilitate communication with victims who have sensory or cognitive disabilities (e.g., word boards, TTY machines, speech synthesizers, anatomically correct dolls, and materials in alternative formats);
- o Special equipment (e.g., a hydraulic lift exam table), supplies, and training to be able to examine victims with certain disabilities; and
- o Training for responders on communicating with these populations in a respectful and effective manner.

When developing these resources and tools, it might be helpful to consult with other emergency responders in the area (e.g., the hospital emergency department) to see how they handle these scenarios and talk with them about sharing resources.

The Office on Violence Against Women (OVW) and the Vera Institute of Justice (Vera) have created a website specifically addressing the issue of violence against individuals with disabilities and Deaf individuals. The website may be accessed at: <http://www.accessingsafety.org>. Specific topics include information on domestic violence, sexual assault, stalking, disability, Deaf culture, and the intersection of violence against women and disability/Deaf issues. In addition, the website provides valuable information on creating accessible services and programs, collaboration building, conducting a needs assessment, and creating a strategic plan.

Developing protocols, resources, and training programs to improve services for victims

who do not speak English: This assessment can be based upon the number of languages that are actually spoken by residents within the community. Members of the SARRT thus need to know how to obtain interpreters (rather than

To determine what language is being spoken by someone in the community, community professionals can use the “I Speak” language identification guide produced by the State of Ohio Office of Criminal Justice Services, available at <http://publicsafety.ohio.gov/links/CJS0007.pdf>.

relying on family members or friends to interpret), and may again need to consult with other emergency responders in the area (e.g., the hospital emergency department) to see how they handle these scenarios and talk with them about sharing resources. When bilingual staff are used to assist in the community response to sexual assault, the SARRT can also assist in developing protocols for their screening, training, utilization, and recognition. For example, it might be a good idea to establish a base pay incentive for bilingual staff who pass a certification test or develop strategies for utilizing bilingual employees to build ties with community members.

For more information, see the document entitled: “*Overcoming language barriers: Solutions for law enforcement*” developed by the Vera Institute of Justice. It is available at <http://www.vera.org>.

Coordinating partnerships with organizations that serve specific populations: Some communities have fewer organizations serving specific populations than others. Regardless, there are bound to be organized groups and/or professionals within every community that can provide services for – or speak on behalf of – the needs of specific groups of residents (such as

ethnic or racial groups, people with disabilities, recent immigrants and refugees, or prison inmates). SARRTs will benefit from building relationships with organizations and individuals who provide these resources, offering them education in responding to sexual assault victims, asking for training from them on working with specific populations, and establishing procedures to involve them in response if needed.

SARRTs can also work to nurture partnerships with organizations representing closed communities, such as college campuses, military bases, and Native American tribes.

Planning to maximize victim privacy: SARRTs can also review each

One innovative campus-community partnership is seen at the University of Texas at Tyler, which has established the Campus Assault Response Effort (CARE). This program is rather unique, because it includes a forensic examiner program located in the campus health center, as well as coordinated intervention efforts between law enforcement, medical personnel, and victim advocates. The program also engages in proactive education and prevention efforts. Plans include expanding the program to address domestic violence, dating violence, stalking, hazing, and celebratory violence. More information is available at the website: <http://www2.uttyler.edu/wellness/care.php>.

aspect of their response to determine how they can help victims maintain their privacy. For instance, a SARRT in a rural or remote community might develop an agreement with a neighboring town to use their advocacy and examiner services in cases where victims express great concern about confidentiality. SARRTs can also provide training for responders on confidentiality issues. Procedures should ensure that a victim's identity, address, and other contact information are shared only among criminal justice professionals (law enforcement and prosecution), as well as forensic examiners, but not disclosed to the media, defense counsel, or any other third party. Any unauthorized disclosure of such information should then be considered grounds for disciplinary action.

Establishing specialized units for sex crimes investigation within law enforcement and prosecution. Such specialized units can even be integrated with members of the various professional disciplines, for example, by locating investigators, prosecutors, and advocates in one location. While such units are more common among larger agencies, the need for specialized training must still be met in smaller agencies, with individual investigators and prosecutors participating in professional development activities focused specifically on sexual assault response. The primary advantage of such specialization is of course to develop the knowledge, skills, and abilities that are needed to successfully handle these challenging cases. However, it is also important to keep in mind that one potential disadvantage of specialization is the potential for burnout. Therefore, policies and practices can be developed to ensure that personnel can rotate out of the specialized unit/assignment without negative consequences, and to encourage them to follow recommendations such as those provided in the Appendix of this training module (in PDF format) for preventing the stress and burnout that can come along with regularly handling these cases.

Screening candidates and monitoring for compliance with SARRT protocol. For example, victim-oriented questions can be included in the interview process for criminal justice and community professionals, and background checks of candidates for law enforcement positions

should include screening for crimes of violence against women. Candidates for positions in any of the agencies involved in SARRT can address their level of knowledge about and support for victim-orientated initiatives (OVC, 1998). Then ongoing performance evaluations can include an assessment of compliance with provisions of the SARRT protocol. Instances of noncompliance can first be addressed with remediation efforts (such as assigned training or increased supervision) and then subsequent problems may require disciplinary action.

Many training videos are available for professionals involved in the criminal justice and community response to crime victims, from the Office for Victims of Crime at: <http://www.ojp.usdoj.gov/ovc/library/videoclips.html>. For example, we have already mentioned the 7-minute video on SARRTs, which is an excellent training tool.

Other training videos include the roll-call training video released by the International Association of Chiefs of Police (IACP), entitled "*Bringing Sexual Assault Offenders to Justice: A Law Enforcement Response*." It can be downloaded directly from the IACP's Police Response to Violence Against Women website at: <http://bit.ly/PoliceResponseToVAW>. To request a DVD copy of the video, a limited number of copies are available for order by completing a request form: <https://leim.wufoo.com/forms/r7p3p1/>.

Another helpful resource is the 120-minute DVD developed by the New Jersey Coalition Against Sexual Assault, entitled "*A First Impression is a Lasting One: First Responder/Patrol Response to Adult Victims of Sexual Assault*." Copies can be requested at:

Conducting ongoing training for all of the agencies involved in the community response to sexual assault. Whenever possible, this training should be conducted by a multidisciplinary team and designed to be interactive, in accordance with the principles of adult education. Agencies must then be held accountable for any training deficiencies, especially when they lead to problems in the community response to sexual assault.

Developing partnerships with other SARRTs: It often helps the members of a community SARRT to build partnerships with other SARRTs from similar geographic areas, such as those around their state or even in different parts of the country, in order to share information, objective feedback, and advice on improving effectiveness.

Informing the community about how to respond to a sexual assault: Public awareness campaigns can be designed to educate friends, family members, and other support people about how to respond effectively. Public education efforts might include publicizing the location of medical facilities that can conduct a forensic examination, and the importance of

For a document describing the process of civil litigation for victims of sexual assault, please see the website for the North Dakota Council on Abused Women's Services and the Coalition Against Sexual Assault in North Dakota. It is available at: <http://www.ndcaws.org/resources/publications.html>.

For more detailed information for professionals, see the publication of the National Crime Victim Law Institute entitled: "*Rights and Remedies: Meeting the Civil Legal Needs of Sexual Violence Survivors*." It is available at: <http://law.lclark.edu/live/files/6469-rights-and-remedies-meeting-the-civil-legal-needs>. Also available at this site is a detailed description of the protective orders available to sexual assault victims by state.

documenting injuries and identifying and collecting evidence as soon as possible after someone has been sexually assaulted. Special outreach efforts will need to target institutions such as residential living programs that may have internal reporting procedures.

Becoming actively involved in crafting/revising legislation: If there is a need for legislative reform in the state on issues affecting community response to sexual assault, it may benefit SARRTs to make their legislators aware of problems and push for changes to rectify problems.

Expanding the services available to meet the civil legal needs of victims. This can include increasing access to civil attorneys who can “assist victims in thinking about issues such as civil protection orders, divorces, child support, visitation, housing, employment and civil suits related to the crime. These attorneys can make community referrals (including pro bono attorneys or those who will reduce their fees) or may file cases on behalf of victims (e.g., relief of an emergency nature)” (*Promising Practices*, 1998, p. 119). Civil legal needs are often unmet for sexual assault victims, and this represents an area where communities can often work to see considerable improvement.

Longer-Term Goals for SARRT: Medical Response

Developing a program for forensic examiners with specialized training: While the goal is clearly for anyone conducting a forensic examination to receive specialized training, we recognize that this is not always the case. This may be especially likely in communities where forensic examinations are conducted by a physician working in the Emergency Department or other health care facility. Obtaining specialized training for forensic examiners can therefore be a goal for those communities currently lacking this resource.

- It is also important for the SARRT to encourage minimum standards for advanced education and supervised clinical practice for any forensic examiners working in the community, as well as certification. This should also include cross-training between the various disciplines in the community, so forensic examiners can learn from the other disciplines (such as law enforcement, prosecution, and victim advocacy), and these disciplines can benefit from the training and expertise of forensic examiners.

In the NSVRC survey (2009), responding SART teams indicated where medical forensic examinations were conducted in their community. By far, hospital settings were most common, including a hospital emergency room (37%), multiple regional hospitals (31%), one designated hospital (27%), or a hospital location other than an emergency room (13%). Less common were facilities in a community-based advocacy center (10%) or community-based health facility (6%), as well as facilities located on campus (3%), a military installation (1%), or a mobile site (1%).

- There is also a need – in both communities large and small – for anyone conducting sexual assault medical forensic examinations to network with others, to receive support, share information, and engage in peer review.

These opportunities may not be available for forensic examiners in any formalized way, in which case they can be created informally by getting together or communicating via telephone or email. Case review can be conducted either internally with other forensic examiners within the same program or community, and/or externally using various approaches to telemedicine. These range from basic telephone, mail, or email consultation to “store and forward” video consultation, real time consultation, interactive video consultation, or other methods (CALCASA, 2001, p. 51-52).

Establishing a specialized forensic examination facility: A local facility is probably ideal, to maximize the ease of access for victims and increase the opportunities for coordinated efforts between professionals in different disciplines responding to sexual assault. However, this type of local facility may simply not be feasible for small states and sparsely populated regions; they may need to designate a single site for all forensic examinations to serve a single state, territory, or region (*National Protocol*, 2004). Regardless of what specific site(s) are identified, it will then be necessary to ensure that any facility conducting sexual assault forensic examinations has the equipment that is needed to do so effectively. For more information, please consult the *National Protocol for Sexual Assault Medical Forensic Examinations* (2004).

For more information on how to establish a program for specialized forensic examiners and/or specialized facilities for conducting forensic exams, please see the module in the OnLine Training Institute entitled: “*Sexual Assault Response and Resource Teams (SARRT): A Guide for Rural and Remote Communities.*”

Developing a standardized protocol for conducting forensic examinations, if one does not already exist, and distributing standardized kits for medical professionals to use for collecting and storing evidence: Especially in communities without a specialized program or facility for conducting forensic examinations, such a standardized kit can assist medical professionals in following an evidence collection protocol that is based on sound principles from forensic science. Standardized evidence collection kits are available for purchase from commercial vendors, or they can be developed locally. Regardless of whether the standardized evidence kit is purchased commercially or developed locally, it is critically important that it meets or exceeds standards described in the *National Protocol for Sexual Assault Medical Forensic Examinations* (2004). Standardized evidence collection kits should therefore be:

- based on recommendations provided in the *National Protocol* (2004)
- readily available to any medical professional conducting forensic examinations,
- and periodically reviewed for efficiency and usefulness (*National Protocol*, 2004)

The process of purchasing, developing, distributing, and/or periodically reviewing both the standardized protocol and evidence collection kit must clearly be done collaboratively by the various agencies involved in a community’s response to sexual assault. Whether this is done with a formalized Sexual Assault Response and Resource Team (SARRT) or with a more informal gathering designed for this purpose, it is critically important that such standardized protocols and kits be developed with input from professionals representing health care, law enforcement, prosecution, forensic science, and victim advocacy.

Of course, even if the protocol and evidence collection kit designed for use with forensic examinations are standardized, the exact procedures involved with a forensic examination will often need to be modified depending on the specific characteristics of the victim, suspect, and case. Yet this does not diminish the importance of having such a protocol, so forensic examiners can develop a standardized procedure for documenting and collecting any physical evidence based on the victim's statements/history.

Offering emergency contraception provided at the exam site: Offering emergency contraception at the examination site is the easiest way to ensure victims are provided with the full range of medical care that they need in a timely manner (within 96 hours after the sexual assault).

This objective is particularly important for SARRTs if it is difficult for victims to quickly access emergency contraception through local pharmacies. SARRT members must be aware of which pharmacies offer emergency contraception and if there are differences in cost.

Another longer-term goal for medical professionals might be working with others in their profession, to ensure that patients are routinely being screened for sexual violence. The National Sexual Violence Resource Center offers a brief guide with basic information to implement such an effort, at http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guides_Assessing-patients-for-sexual-violence.pdf.

Providing medications for sexually transmitted infections (STIs) at exam sites: Best practice is also to offer prophylaxis for STIs to victims at the site of a medical forensic exam, to ensure that victims receive the treatment they need. It also may reduce the need for more expensive/extensive treatment if an STI is discovered at a later time.

Developing a policy regarding toxicology testing of blood samples from the victim. In our opinion, best practice is for a blood sample (within 24 hours) and urine sample (within 96 hours) to be collected from the victim, but then to submit the sample for toxicological testing only if and when needed. Many people argue against this practice, because any evidence of drug or alcohol use could potentially be used to undermine the credibility of the victim during the sexual assault trial. The test results could even be used to support a criminal prosecution of the victim, if the victim was using illegal drugs or drinking underage. These concerns are real, and any protocol on taking and testing biological samples from the victim must address these difficult questions.

On the other hand, our argument is that there is a limited time frame to obtain the sample; if criminal justice professionals later determine that a toxicology test would enhance the investigation and prosecution of the case, it can only be done if the sample was collected.

- For example, if the case is a drug facilitated sexual assault, this may not be obvious at the time of the report; often this only becomes clear as the investigation develops. Therefore, by the time the investigator realizes that a toxicology test is needed; it will be too late to collect the sample from the victim.
- In addition, if the sample is not available, the defense may argue that the victim was drinking or using drugs at the time of the sexual assault. If there is no sample

for toxicological testing, this question cannot be put to rest; but testing can also be used to demonstrate that the victim was not drinking or using drugs.

Clearly, a community protocol must be developed to address the questions of whether or not to routinely collect blood and urine samples from the victim and/or when to submit them for toxicological testing.

Using advanced technology to support examiners conducting examinations: Some communities are beginning to utilize advanced technology, such as real-time video consultation, store and forward video consultation, and interactive video consultation. By using this type of technology, forensic examiners can eliminate the barriers of geography, particularly in rural and remote communities, by consulting with “off-site” experts. Medical professionals can also work with technical experts to develop an electronic version of the standardized form that they used to record information from a forensic examination. This allows forensic examiners to document their information directly on the computer and then print out a report that is easily readable in a standardized format.

An example of an electronic form for forensic exams is available at
http://www.sdfi.com/downloads/FREE_923F_SDFI_TeleMedicine_eSignature_Form_091507

Developing written agreements between forensic examiners and other SARRT members:

These agreements must address issues such as: which facilities will be used for forensic exams (victim and suspect), who will transport the victim to and from the exam site, what the procedures will be for conducting suspect exams, what the protocol is for evidence storage and pickup, and how the costs of the forensic exam will be reimbursed. These agreements must therefore spell out in detail the exact procedures to be followed and the billing procedures to be used. A SARRT can also develop standards of practice for the community response, such as setting the goal of having victims wait for no more than one hour for a forensic examination to be conducted, from the time a sexual assault victim presents at the facility. Another “best practice” is to have nurses impound evidence at the hospital or other medical facility where the forensic examination has been conducted. This allows the victim and officer to leave the hospital without having to wait for the swabs to dry or for the examiner to package the evidence and complete any written reports. Experience suggests that examiners who aren’t rushed are able to complete their reports and other case documentation with a higher standard of quality.

Designing a protocol for conducting suspect examinations: Forensic examinations of the suspect may be one of the most overlooked sources of evidence in law enforcement investigations of sexual assault. Law enforcement policies and SARRT protocols can therefore address this issue, to ensure that a forensic examination is conducted as soon as possible with any sexual assault suspect who is arrested shortly after the sexual assault or any time the law enforcement investigator believes that the suspect has not bathed since the sexual assault. A suspect exam should also be conducted anytime the history suggests that the suspect may have been injured during the sexual assault. The clothing worn by the suspect during and/or immediately after the sexual assault should also be collected if it is available – and it often is. In fact, depending on the specific case history and the time since the assault, the suspect’s clothing

may be a better source of evidence than the forensic examination of the victim. Although very few communities have protocols addressing this issue, they should highlight the need to collect the suspect's clothing when it is available.

More information on suspect examinations is available in the June 2007 e-newsletter published by Sexual Assault Training & Investigations (SATI), Inc. Included is a sample template for a search warrant (and supporting affidavit) to conduct a suspect examination and a standardized form for documenting clothing evidence taken from the suspect. See: http://www.mysati.com/enews/June2007/Promising_Practices_6_28_2007.pdf.

As with the victim, the suspect's examination will include taking a limited medical history, conducting a general and genital examination, and collecting any physical evidence such as clothing, hair samples, foreign debris, and swabs. If the suspect is not arrested for several days following the assault, a full forensic examination is not recommended, however, a DNA reference sample should still be obtained. Depending on state and local protocol, this might include blood and/or saliva samples, and it may require law enforcement to obtain a warrant or court order. Whenever a nurse or physician is conducting a forensic examination of a sexual assault suspect, it is crucial that law enforcement personnel remain present at all times.

Law enforcement personnel should be encouraged to carry mouth (buccal) swab kits in the field, because they can be used to collect DNA reference samples as long as the officer has received training in how to collect, store, and transfer them. Suspects often consent to providing mouth swabs to law enforcement in the field, to avoid being transported to a medical facility. The procedure is also much less intrusive than drawing blood, and the procedure is less costly and time consuming because medical personnel are not needed. The procedures for collecting mouth (buccal) swabs are described in the training module on DNA.

Preventing contact between the victim and suspect(s): If a forensic examination is going to be conducted with the victim, it is critically important that precautions be taken to avoid any contact with the suspect or any other offenders who may also be at the same exam facility. If two forensic examinations are going to be conducted, the ideal is clearly for them to take place at different facilities. For example, one model is for suspect exams to be conducted at the police department, while forensic examinations of the victim are conducted at the hospital or other specialized facility designed for this purpose (e.g., SARRT office). This model is an attractive option for most law enforcement agencies because their officers generally have to report to the station with the suspect for booking procedures. Having the forensic examiner report to the police department is often a more efficient procedure, and it practically eliminates

In the City of San Diego, forensic examiners are required to go through an extensive background check which allows them to have police identification and to enter and leave the police station without being escorted. This also allows forensic examiners to impound the evidence from a suspect examination at the police station – again allowing the responding officer in the case to continue with the critically important tasks of booking the suspect and continuing the investigation.

the risk for cross contamination. If both victim and suspect(s) are examined at the same facility, however, every effort must be made to ensure that there is no contact between the individuals, their forensic examiners, and their evidence (*National Protocol*, 2004).

Providing training for community professionals on mandated reporting requirements:

State laws differ with respect to whether or not they require medical professionals to report a sexual assault that has been committed or suspected against one of their patients. Professionals from within law enforcement and health care must therefore work together to clarify their own understanding of state laws regarding mandated reporting and develop a community-wide protocol for complying with the requirement. Then the SARRT will need to engage in outreach efforts to inform mandated reporters of their responsibilities and create procedures for filing mandated reports regarding older vulnerable adults, persons with severe disabilities, and minors.

Many professionals have questions about the laws in their state pertaining to mandated reporting of sexual assault and payment for medical forensic examinations. Answers can be found on the web page for the [Sexual Assault Prevention and Response Office \(SAPRO\)](#) of the U.S. Department of Defense, which has posted a summary of state laws compiled by the American Prosecutors Research Institute, National Center for the Prosecution of Violence Against Women. By clicking on a state, a document appears that summarizes any relevant laws pertaining to mandated reporting, payment for forensic examinations, and other reporting statutes that may impact rape victims (e.g., injuries). However, the materials were last updated in January of 2007, so they may not reflect recent changes in state statutes to comply with the VAWA 2005 provisions governing sexual assault medical forensic examinations.

Developing a protocol for storing and transferring evidence collected without a report to law enforcement: In some communities, victims can obtain a forensic examination without authorization by law enforcement, although the specific practices in each community vary dramatically. For example, victims in some communities may be able to obtain a forensic examination simply by presenting to their hospital emergency room or to a specialized medical facility located in a rape crisis center, local YWCA, or other community organization. This typically occurs when forensic examinations are paid for by the hospital, rape crisis center, or other community organization, rather than by law enforcement or another government entity.

Other communities currently do not have any protocols in place for conducting forensic examinations without the involvement of law enforcement, but this is changing because of a provision of the Violence Against Women Act (which was reauthorized in 2005 and is commonly referred to as VAWA 2005). This provision specifies that any state receiving STOP Grant funds cannot “require a sexual assault victim to participate in the criminal justice system or cooperate with law enforcement in order to be provided with a forensic medical examination, reimbursement for charges incurred on account of

Fortunately, there are a variety of resources available to assist communities in implementing a protocol that is compliant with This provision of VAWA 2005 (often referred to as “forensic compliance.” For more information on the provision, including background, frequently asked questions, and other resources, please see the section of the website for End Violence Against Women International (EVAWI) that is specifically dedicated to this topic:
<http://www.evawintl.org/Forensic-Compliance>.

such an examination, or both.” States violating this provision will not be eligible to receive continued STOP Grant funding. Communities that do not already have protocols in place for conducting forensic examinations without the involvement of law enforcement will need to do so.

- Of course, keep in mind that the medical professional conducting the forensic examination may be required by state law to report any suspected case of sexual assault to law enforcement – even if the forensic examination does not need to be authorized by law enforcement.
- This question of whether or not medical professionals are required to report a sexual assault is dictated by state laws governing mandated reporting by medical professionals, and is unrelated to the question of whether or not state laws require forensic examinations be authorized (and/or paid for) by law enforcement.

As with law enforcement agencies, these forensic examination facilities may have specific guidelines regarding timelines for how long after the sexual assault a forensic examination will be conducted. When this kind of facility conducts forensic examinations without law enforcement’s involvement, they will therefore need to develop detailed policies regarding:

- How long evidence will be stored at the facility before it is destroyed
- What measures will be taken to protect the integrity of evidence and chain of custody
- Whether and how victims will be contacted for follow-up
- Whether and how any DNA evidence from the suspect will be submitted to the national DNA databank (the FBI Laboratory’s Combined DNA Index System known as CODIS)
- What provisions will be included in the consent form to be signed by victims

Unfortunately, in many communities, evidence from any forensic examination that is conducted without law enforcement involvement might be retained for only a very short period of time at the exam facility. However, best practice in this type of situation is for the evidence to be held for the entire period of time covered by the statute of limitations for the crime – because sexual assault victims who have not filed a report may need months, if not years, before they have the emotional resources needed to even attempt to navigate the criminal justice system. There is no sense asking victims to go through the process of a forensic examination if the evidence is going to be destroyed in a matter of days or weeks, before they have had sufficient time to decide that they are able to participate in the criminal justice process.

Particularly in those states where the statute of limitations for sexual assault has been extended or abolished, this recommendation for best practice could cause serious problems for the long-term storage of evidence. It is therefore clear that any community seeking to implement a protocol for blind or third party reporting must work together to address questions of receiving, storing, archiving, and retrieving the evidence in these cases.

Longer-Term Goals for SARRT: Law Enforcement Response

Documenting all reports of sexual assault in writing, with a case number assigned. Best practice dictates that all sexual assault reports be documented in writing, regardless of how they are reported to the agency, whether they are recorded as an informational report or crime report, and whether the victim provides identifying information or not (i.e., a “blind report”). By creating written documentation and tracking all of these cases with a case number of some kind, the agency can provide a comprehensive picture of the ways in which all sexual assaults are reported to the agency, how they are recorded, which crime code(s) are involved, and how they are resolved. Written reports are also needed for victims “to pursue protection orders, civil legal remedies, immigration self-petitioning, insurance benefits, and crime victim compensation claims” (*Toolkit to End Violence Against Women*, Chapter 4, p. 3).

Providing information and referrals to victims, even when the report does not meet the criteria of a crime: As described in the Oregon *SART Handbook*, even “in cases where law enforcement determines that the report of a sexual assault does not meet the criteria of a crime, law enforcement has a continuing obligation to assist the victim with information and referrals” (Oregon Attorney General’s Office, 2006, p. 19).

Following up with anyone who reports a sexual assault: At least three attempts to contact the victim should be made before concluding any investigation of a sexual assault report. However, investigators should be cognizant that a victim may not want friends and family to know about the sexual assault. Therefore care should be exercised when leaving phone messages and business cards. For example, business cards should be available that do not identify the detective as one working in Sex Crimes or the Special Victims Unit; when leaving a message, it might also be best to not identify the Unit and the details about the purpose of the call. It is even recommended to forward all felony sexual assault reports to the local system-based victim advocacy organization (e.g., the victim services unit of the police department or victim/witness assistance unit of the prosecutor’s office). This provides advocates with the opportunity to extend services for all victims who report a sexual assault crime to law enforcement. It also offers a comprehensive picture of the cases being reported and allows monitoring of consistent quality response.

Forwarding all reports to a supervisor for review: Such supervisory review is needed to ensure consistency in the initial response and written documentation of all sexual assault reports, and to determine the appropriate case outcome.

Developing a procedure for handling anonymous (blind) reports or third party reports and using victim pseudonyms in legal and medical records: There are a variety of ways law enforcement agencies can receive information on sexual assaults occurring in the community other than traditional crime reports.

For examples of model protocols addressing these issues, please see the section of the website for End Violence Against Women International (EVAWI) dedicated to providing resources for VAWA 2005 forensic compliance, at:
<http://www.evawintl.org/PAGEID9/Forensic-Compliance/Resources/Anonymous-Reporting>.

- The term anonymous or “blind” reporting is used to describe the method of providing information to police about a sexual assault (or any other type of incident, for that matter) without recording any identifying information for the victim. Confidentiality of the victim is therefore maintained.
- Some law enforcement agencies even allow victims to file anonymous (blind) reports with a third party such as a rape crisis center.
- Some states have also enacted laws to provide victims the option of using a pseudonym (i.e., false name such as “Jane Doe” or “John Doe”) on all legal and medical documents associated with the sexual assault.

By providing these alternative reporting options for victims, law enforcement agencies gain information about sex crimes that would otherwise go unreported. In addition, these alternative reporting options allow victims the chance to “try out” the process of reporting to law enforcement, and if their report is handled with competence and sensitivity, it may increase the chance that the victim will provide a full crime report and participate in the investigation and prosecution of their case (Littel, Malefyt, & Walker, 1998; *National Protocol*, 2004).

For more information, please see the module on *Reporting Methods* in the OnLine Training Institute.

Assisting victims with safety planning: Based on the realistic dynamics of sexual assault crimes, victims will typically know their perpetrators. It is therefore critical that responders acknowledge victims’ fears, both of repeat victimization by offenders and possible retaliation by offenders and their families and friends for disclosing/reporting the crime. Members of a SARRT may need to work to enhance their capacity for assisting victims in evaluating various options for increasing their safety (e.g., providing victims with information about their rights, obtaining a protective order, asking law enforcement officers to patrol specific areas, accessing emergency shelter, obtaining a cell phone equipped to call 911 in the case of an emergency, and/or accessing other safety devices). As described in the *New Jersey State Standards*, this may include notifying the appropriate agency for adolescent victims who are sexually assaulted by a family member or caretaker, in order to determine appropriate placement (New Jersey Office of the Attorney General, 2004, p. 14). It will also likely include “identifying personal support systems such as relatives, friends, clergy, or others who may provide emotional, financial or physical assistance in the days following the assault” (New Jersey Office of the Attorney General, 2004, p. 14). In general, it is important that investigative procedures used by law enforcement or the prosecution do not compromise safety strategies that are used by victims (*Toolkit to End Violence Against Women*, Chapter 4, p. 4).

One new tool that is available to assist in safety planning is the Danger Assessment developed by Campbell et al. (2003) and published by the National Institute of Justice. It is available at: <http://www.ncjrs.gov/pdffiles1/jr000250e.pdf>. An interactive safety planning tool is also available from the National Network to End Domestic Violence at <http://www.nnedv.org/projects/safetynet/63-safetynet/53-survivors-and-technology-cd.html>. For more detailed information, see the publication of the National Crime Victim Law Institute entitled: “Rights and Remedies: Meeting the Civil Legal Needs of Sexual Violence Survivors.” It is available at <http://law.lclark.edu/live/files/6469-rights-and-remedies-meeting-the-civil-legal-needs>.

Designing procedures to return property to victims as quickly as possible. Information must also be provided to victims regarding how to retrieve their property – or receive compensation for any property that cannot be returned – in any written materials that are developed for victims and their support people (OVC, 1998).

This issue is discussed in the “*Guide to the legal process for adult sexual assault victims in North Dakota*” which has already been mentioned and is available at <http://www.ndcaws.org/resources/publications.html>.

Developing a policy to encourage comprehensive investigations of non-stranger sexual assault before making an arrest: Another common mistake that law enforcement professionals all too often make in sexual assault investigations is to rush to make an arrest, before a thorough victim interview and investigation has even been conducted.

- While it is often relatively easy to make such an arrest – on the basis of probable cause developed during the preliminary investigation – in many states this means that the prosecutor is required to appear in court and charge the defendant within 24-72 hours of the arrest (depending on the jurisdiction).
- At that time, prosecutors typically do not have sufficient evidence to believe that the defendant could be convicted, because the evidence only meets the standard of probable cause and not proof “beyond a reasonable doubt.” Obviously there is a big difference between evidence that is sufficient to establish probable cause and evidence that will meet the standard of proof beyond a reasonable doubt.

In most sexual assaults, it is almost impossible to conduct the kind of evidence-based investigation that is necessary to support an arrest and successful prosecution within 24-72 hours of the crime being reported to law enforcement. Most sexual assault investigations will actually take weeks if not months to complete, depending on the course of the investigation and the laboratory work that is requested. By waiting to make an arrest of the suspect(s), law enforcement investigators can often gather the type of evidence that will meet the higher standard of proof that is needed for successful prosecution – evidence that meets the standard of “beyond a reasonable doubt” rather than just establishing probable cause.

- In other words, it would seem that an immediate arrest of the suspect would best protect the community, but this is often not the case.

- In fact, the best way to protect the community is often to slow down the process and conduct the kind of comprehensive investigation that will ultimately support the arrest with successful prosecution of the suspect.

Law enforcement policies should thus discourage officers from making an immediate arrest in non-stranger sexual assaults, unless there is a specific reason to believe that the suspect may flee the jurisdiction, destroy evidence, or pose a danger to the victim or other members of the community. This allows time to locate and interview potential witnesses and to use such investigative techniques as pretext phone calls (where allowed by law). It also allows time to conduct a thorough investigation, evaluate the evidence, and obtain laboratory results.

These realities may need to be explained, however, to the victim as well as any other support people present. For victims who might want the suspect arrested immediately, the investigator can explain that an arrest is not a guarantee of the victim's safety, especially if it compromises the ability to conduct a thorough investigation that will be needed to support successful prosecution. Furthermore, even with an immediate arrest, the suspect may be released on bond shortly after arrest. Therefore, investigators must explain the investigative process to victims and work with them to develop a safety plan to protect their physical and emotional well-being.

Addressing victim concerns regarding prosecution: One of the most common errors made during the initial stages of the community response to sexual assault is to ask victims whether or not they want to participate in criminal prosecution (e.g., whether they want to “press charges”). This type of question is asked by friends and family members, as well as responding professionals, but it is simply not appropriate at this time. The time to ask a sexual assault victim about participating in a criminal prosecution is at the end of a thorough, evidence-based, law enforcement investigation. In other words, before discussing the issue of criminal prosecution with a sexual assault victim, law enforcement professionals, forensic examiners, and advocates must do their jobs first. This issue must therefore be addressed with training and protocols.

- Even if community professionals do not explicitly ask the victim about criminal prosecution, it is likely to be one of the victim's primary concerns. Therefore, SARRT members can do a great deal to address the common concerns that victims have regarding prosecution.
- When victims are uncertain about their participation in the forensic examination, it is appropriate for community professionals to encourage victims to do so, by explaining the importance of receiving medical care and gathering evidence while it is still available. However, just because a victim participates in a forensic examination and law enforcement investigation does not necessarily mean that the case will be successfully prosecuted.

The bottom line therefore is that community professionals can help victims to focus on “one step at a time,” and ask victims only if they will “talk with” the law enforcement professional responding to their case. This gives the responding officer the opportunity to explain the process of an investigation to victims, and help victims to make an informed decision based on a realistic assessment of the process and likely outcomes.

Reducing the number of unnecessary professional contacts: A considerable amount of victim trauma can be avoided – and problems such as inconsistent statements from the victim can also be decreased – by reducing the number of unnecessary professional contacts that a victim has with members of the community response system. Again this is an issue that can be addressed in the community-wide SARRT protocol, interagency agreements, and cross-disciplinary training.

This does not mean that investigators should be reluctant to conduct follow-up interviews during an investigation, as additional evidence and information is uncovered. In fact, such follow-up interviews are necessary to conduct a comprehensive investigation. Rather, the goal is to reduce the number of unnecessary professional contacts that take place, either because the case is being screened or the victim is being “handed off” to another professional due to a shift change, job rotation, etc. The purpose of any follow-up interviews should therefore be to gather additional information and clarify any questions, not to go over the same information again.

Because it takes time to develop rapport and trust with sexual assault victims, law enforcement agencies should never allow officers to “hand off” a sexual assault investigation in mid-stream, if there is any way to avoid it. This is a frequent cause of inconsistencies in the victim’s statement, and it creates serious difficulties in establishing rapport and trust with the investigating officer.

- The bottom line is that sexual assault victims should not have to deal with multiple officers or deputies handling their case, just because of a shift change within the law enforcement organization.
- Rather, law enforcement agencies should have policies in place that provide their personnel with the resources needed to complete thorough sexual assault investigations. To illustrate, all law enforcement agencies should place a priority on their sexual assault calls to avoid having responding officers called away.

As another way of reducing the number of unnecessary professional contacts, some jurisdictions have implemented a policy of having the responding officer or deputy and the forensic examiner (physician, SANE, or other nurse) conduct a joint preliminary interview. This type of joint interview can improve communications between the professionals involved and it can potentially reduce the number of redundant questions asked of the victim. It also reinforces the team concept and can help the victim to feel that the various professionals are working together to provide the best and most coordinated services possible.

When such a joint preliminary interview is conducted, however, it must be clear to everyone (including the victim) that detailed interviews will still need to be conducted separately by each of the different professionals (law enforcement investigator and forensic examiner). It should be obvious that the detailed interviews conducted by the forensic examiner and law enforcement investigator have a different focus and purpose, but it is worth clarifying nonetheless.

The purpose of a medical interview is to:

- Obtain information about what sexual acts were committed to perform a comprehensive medical forensic examination and to collect biological evidence samples;
- Obtain information about physical injuries to document use of physical force and for medical examination and treatment purposes; and
- Determine whether the medical forensic findings are consistent with the history, and to provide this information to law enforcement officers.

The purpose of an investigative interview is to:

- Obtain the sexual assault history; and
- Obtain a detailed description of the events (e.g., who, when, what, where, and how).

Quoted verbatim from the SART Manual developed by the California Coalition Against Sexual Assault (CALCASA, 2001, p. 43).

Given the advantages of reducing the number of unnecessary professional contacts, some communities have also implemented a policy of "vertical prosecution" in sexual assault cases. This strategy allows victims to work with the same prosecutor throughout their case processing, which can be especially valuable in larger jurisdictions where cases are typically initiated by one prosecutor and "handed off" to another. It is discussed in more detail in another section. All of these strategies represent best practices for the investigation and prosecution of sexual assault.

Using signed release waivers only when a victim asks for an investigation to be suspended:

Unfortunately, there is evidence to suggest that many law enforcement professionals prematurely address the issue of prosecution with sexual assault victims, asking them in their initial interview whether they "want to prosecute" the suspect and then pressuring them into signing a release waiver if they say they do not want to or they are unsure. This practice is patently unfair to victims, because it sidesteps the police department's responsibility for investigating the report. It certainly "shuts down" any meaningful inquiry into the matter.

- In their defense, many law enforcement professionals would state that they use such a release waiver only as a last resort, when the victim is unable to participate in an investigation and the investigation is suspended.
- In fact, in some police agencies it is a recommended practice to have such a form that the victim can sign, to document the fact that the investigation is being suspended, until or unless additional information requires reopening it.

However, best practice is to use such a form only in cases where victims ask to have the investigation of their case suspended or decline prosecution. It should not be used when officers simply decide not to conduct an investigation, perhaps because they do not believe the victim or do not think that the case is worth pursuing. Moreover, it typically should not be used during the preliminary investigation, except in extreme circumstances where victims proactively insist that they will not participate in any law enforcement investigation or possible prosecution. In these cases, the victim may be asked to sign an affidavit of suspension. In unusual cases, investigators might even send an affidavit of suspension via certified mail. However, this would only be done

in cases where the victim has not responded after repeated contact attempts, and (a) the suspect is a law enforcement professional or (b) there is a potential conflict of interest or bias that exists.

In the module on *False Reports* in this online curriculum, a poor example of such a form is provided, with wording that goes well beyond suspending an investigation to actually preventing the victim from making any further inquiries or cooperating with any future investigation and/or prosecution. This wording follows, as an example for what not to say on such a form:

“I affirm that I will not pursue this matter further, nor will I initiate any criminal prosecution against any persons involved in or responsible for this offense. I will make no further inquiries as to any subsequent investigation conducted by the [law enforcement agency], nor will I voluntarily appear as a witness in any potential criminal prosecution resulting from this complaint.”

Clearly, this type of form will shut down the investigation of the report and fuel suspicion that it is false. Better language is seen in the “Victim Preference Statement” used by the Naval Criminal Investigative Service (NCIS). We have provided the full text of this form, as yet another example of a best practice for the investigation of sexual assault cases.



**SAMPLE FORM:
Victim Preference Statement
Naval Criminal Investigative Service (NCIS)**

I have had the opportunity to consult with a victim advocate, counselor, or other person(s) of my choosing before making the following decision (circle one):

YES

NO

initials

I have been informed of my rights as a crime victim under the Victim/Witness Assistance Program, including my right to consult a counselor or victim advocate. I am aware that a counselor or victim advocate will provide me information that may assist me in deciding whether to participate in the criminal investigation.

At this time, I have decided not to provide additional information or participate in the investigation and prosecution of the suspect. I understand that the investigation may be closed. If the investigation continues, the chances that the suspect will be brought to justice are greatly reduced without my assistance.

I further understand that I may change my mind and provide information for this investigation at a later time. In that event, however, I understand that the delay may affect the investigative findings and the successful prosecution of the suspect.

I make this decision freely and voluntarily.

Victim's Signature

Witnessed by:

Victim's Printed Name

Title/Date:

Eliminating the pressure on officers and investigators to clear a high percentage of their cases. This will require addressing formal reinforcement systems, so law enforcement personnel are not rewarded for high clearance rates or punished for low clearance rates. Equally important is changing the informal atmosphere that pushes officers and investigators to clear their cases using the path of least resistance. Instead, officers and investigators must be recognized and rewarded for conducting a thorough, evidence-based investigation – even when it does not result in prosecution, but is suspended or inactivated because there isn't enough information to move the case forward or prosecute the offender(s). In fact, "cases that are incomplete, inconclusive, or when follow-up information is unavailable ... should be cleared as inactivated or suspended"

For more information, see the module on *Clearance Methods* within the OnLine Training Institute.



(Oregon Attorney General's Office, 2006, p. 22). They should not be cleared as unfounded or exceptionally cleared unless they meet the criteria specified in the Uniform Crime Report Guidelines.

Forwarding all completed sexual assault investigations to the prosecutor's office for review, when this reflects the victim's wishes: As clearly stated in the *SART Handbook* developed by the Oregon Attorney General's office, "it is the best practice for law enforcement agencies to forward all completed sexual assault investigations to the district attorney's office for review (2006, p. 24). This practice ensures that cases are not screened out of the process, based on any characteristics of the victim, suspect, or assault that suggests a conviction may be unlikely. It also provides prosecutors with a complete picture of the sexual assault cases that are reported to law enforcement in the community, and offers law enforcement investigators the opportunity to brainstorm with prosecutors regarding what additional evidence may be needed to strengthen a case for prosecution. The exception to this would be cases where the victim does not want to participate in the process of criminal prosecution; such cases should not be forwarded to the prosecutor against the victim's wishes. We do not advocate for "evidence-based prosecution" or "hostile prosecution" in sexual assault cases, primarily because of the harm this poses for victims but also because sexual assault cases are not likely to be successfully prosecuted without the participation (and testimony) of the victim.

Longer-Term Goals for SARRT: Victim Advocacy

Developing a clear protocol for notifying victim advocates: Best practice is to have a written protocol that spells out the requirement for forensic examiners and law enforcement personnel to notify the advocacy agency as soon as possible whenever a forensic examination or initial interview is going to take place. For example, SARRTs must establish a written protocol to designate who is responsible for notifying both the victim advocate and the medical facility responsible for conducting

a forensic examination.

Best practice is for advocates to be contacted as a routine matter of protocol, so they can personally describe their

Some state laws provide victims with a legal right to have an advocate (California) or a "personal representative" (Oregon) present with them during the forensic examination, law enforcement investigation, and other interviews conducted as part of the investigation or prosecution of their sexual assault.

services to victims before they are asked to make a decision. In other words, victims should not be asked whether or not they want to work with an advocate before they have actually met the advocate personally and had the opportunity to discuss the services that an advocate can provide. Clearly, law enforcement professionals and forensic examiners must be familiar with the victim advocacy services in their community, including their agency policy and/or community-wide protocol for notifying victim advocates as soon as possible – so they can provide services for the victim and the victim's support people before, during, and after the initial community response.

Achieving the standard of advocacy services that are available 24 hours/day: This standard for best practice is put forth in the *SART Handbook* developed by the Oregon Attorney General's Office, which describes that the goal has been achieved in most populated areas of that particular

state. However, designing a system with advocates or other victim service providers who can respond 24 hours a day will require addressing questions regarding which agency will respond, how it will interface with the criminal justice system, what services will be available, and how victim needs for confidentiality will be met. For more information, please see the *Oregon SART Handbook* (Oregon Attorney General's Office, 2006, p. 15).

Ensuring that advocates provide accompaniment for victims who want this service: The *Oregon SART Handbook* recommends as best practice not only that all sexual assault victims be provided with accompaniment by an advocate if desired, but even that community SARRTs strive toward the goal of assigning at least two advocates for the first contact. "This allows one advocate to concentrate on the needs of the victim and the other to assist with family, friends, and communication with other responders" (Oregon Attorney General's Office, 2006, p. 15). Advocacy organizations can also work with other agencies involved in the SARRT to ensure that sexual assault victims receive crisis intervention and accompaniment in field locations other than the forensic examination facility and police department. For example, if the law enforcement interview is going to be conducted at the victim's home, the policy of the advocacy organization could be written to allow an advocate to ride with the investigator to the victim's home.

Achieving vertical case management, to the extent possible: The goal of vertical advocacy is being modeled after a similar movement toward "vertical prosecution," which is being utilized in many prosecutors' offices to ensure that victims do not have their case handed off mid-stream from one prosecuting attorney to another. Obviously, the goal of vertical case management – whether it is practiced by law enforcement, prosecutors, or advocates – is to maximize the potential for rapport between professionals and victims, as they work together through the various stages of the legal process – and to avoid any unnecessary trauma and disruption for victims. It is a worthy goal, and vertical case management, including vertical advocacy, clearly represents best practice for the community response to sexual assault.

However, 100% vertical advocacy is often impossible, because no single advocate or victim service provider can be on-call 24 hours a day, 7 days a week. This is an important difference between the advocacy organization and other criminal justice agencies such as the police department or prosecutors office. The ideal of vertical case management is much more easily achieved by criminal justice agencies, because they are the ones who are actually managing the case. In other words, they can schedule interviews and meetings for times when they are on duty. For advocates, however, there is no way to ensure that all of the points at which a victim may need services will coincide with a time when they are scheduled to work. To achieve the goal of 100% vertical advocacy, therefore, advocates must be willing to provide services for a particular victim regardless of when they are scheduled or take place. This is an unrealistic expectation, and one that is virtually guaranteed to lead to burnout and turnover among victim advocates. It is certainly not consistent with the goal of providing effective services for victims of sexual assault over the long-term.

Therefore, a more realistic scenario is one in which the initial response to a sexual assault case is handled either by a volunteer advocate or other staff member, with the goal of vertical advocacy met by assigning primary case management for the victim to the same advocate/service provider. This wouldn't mean that all subsequent follow-up services would be provided by the same

advocate/service provider. To illustrate, the victim may need to meet with a counselor once a week and then call the hotline in between sessions for additional support. These services are likely to be provided by different people. However, the same advocate or service provider could continue to play the primary role in coordinating services, regardless of who provides them.

Of course, even this ideal for vertical case management can't always be achieved, especially in community-based advocacy organizations with no paid staff or frequent turnover among staff and volunteers. However, to the extent that this type of continuity can be provided wherever possible, it can certainly help to build a trusting relationship between the advocate and the victim, as well as between the advocacy organization and other agencies with which they interact, such as the police department or prosecutor's office.

Longer-Term Goals for SARRT: Prosecution and Courtroom Response

Establishing protocols for vertical prosecution, wherever possible: Just as discussed with respect to vertical case management for victim advocacy, best practice is to utilize "vertical prosecution whenever possible" (Promising Practices, 1998, p. 117).

"This means assigning the same attorney and victim witness-specialist from the beginning of a case through to its conclusion ... This minimizes the need for a victim to ... provide a detailed account of a sexual assault to several different staff. This method increases chances of victims participation throughout the entire process and trust in the office's handling of the case" (Promising Practices, 1998, p. 117).

Ensuring that victims are properly notified of any arrest that is made, court proceeding that is scheduled, and when a defendant is released: Victims must also be provided with other information that is designed to keep them safe from intimidation or physical harm after they report a crime.

For more information regarding the procedures required to meet victim needs for notification, please see the document that was developed by the Office for Victims of Crime (1998, August), entitled: *"New directions from the field: Victims' rights and services for the 21st century"*. It is available at <http://www.ncjrs.gov>.

Routinely requesting a no-contact order at the arraignment or preliminary hearing: There is reason to believe that no-contact orders are not utilized as often as they could to protect the safety of sexual assault victims. To better meet this need, orders can therefore be crafted stating that the defendant will have "no contact with the victim unless otherwise authorized by the court" (Promising Practices, 1998, p. 145). However,

"if the victim does not want an order that would bar any contact, prosecutors may consider crafting a 'no harmful contact' order. This order would let the victim maintain the level of desired contact with the offender, while allowing prosecutors to bring charges for violations of the order" (Promising Practices, 1998, p. 145).

Filing pre-trial motions effectively: “In sexual assault cases, there are a number of pre-trial motions prosecutors can enter to address the victim’s anxiety about participating in the criminal justice process. These include protective motions to prevent harassment in and out of the courtroom, protect victim privacy, and exclude evidence about the complainant’s prior sexual history” (*Promising Practices*, 1998, p. 26). For example, rape shield laws can be invoked through pre-trial hearings and/or pre-trial motions *in limine*.

“Motions in limine may be used to manage the case to limit or preclude prejudicial testimony, as well as to strategically engage the defense in revealing their theory of the case and the defenses likely to be advanced. In sexual assault cases, such motions are commonly made to preclude reference to irrelevant or prejudicial information, such as drug usage. Some jurisdictions require that motions in limine be filed in any case where the prosecutor or defense counsel plan to introduce evidence such as excited utterances, expert testimony, or certain information damaging to the victim” (*Promising Practices*, 1998, p. 130).

In the interest of the victim’s well-being, prosecutors should also strenuously seek to avoid any continuances in the court process (*Promising Practices*, 1998).

Using various strategies to achieve successful prosecution: These can include the following:

- Making creative charging decisions that will hold the offender accountable for the crime;
- Conducting a comprehensive interview with the victim;
- Helping the victim establish a safety plan;
- Making creative charging decisions by using evaluation of pre-trial release options;
- Filing motions to exclude irrelevant and prejudicial evidence; and
- Collecting and organizing admissible evidence, including evidence that bolsters the credibility of victims in sexual assault cases (*Promising Practices*, 1998, p. 107)

One additional strategy is to evaluate all sexual assault cases from the point of view of traumatic response, in order to interpret evidence and present it in a way that will make sense to those serving in a position as factfinders (i.e., judges, jurors). This will include determining whether an expert witness can be used to explain counterintuitive victim behaviors and responses. A second strategy is to make sure that a thorough investigation has been conducted, either by law enforcement or investigators for the prosecuting attorney, to identify any similar acts that the defendant committed in the past. If any evidence of such “prior bad acts” can be introduced in the case-in-chief, they provide extremely helpful information for those serving as factfinders (Anne Munch, personal communication, 3/21/07).

Maintaining communication with victims: For victims whose case is not charged/filed, best practice is to provide a personal explanation of why this decision was made and a clear message that this does not mean that the prosecutor did not believe the victim or take the sexual assault seriously. For victims whose case is prosecuted, this will include eliciting input from the victim throughout the process, including plea negotiations.

Developing standardized procedures for cases in which no charges are filed/issued: At a minimum, these procedures should include the following steps:

- Keeping a record of the case and the reasons why charges were not filed;
- Explaining to the victim why filing is not appropriate at the time;
- Referring the victim to community-based victim service programs and other social service and legal assistance organizations, when appropriate; and
- Informing the victim of options other than filing a criminal complaints, such as petitioning for a protection order (*Promising Practices*, 1998, pp. 125-6).

“Where a prosecutor elects not to file charges, the victim should be notified and given the opportunity to review the decision with a higher authority in the prosecutor’s office” (*Promising Practices*, 1998, p. 126).

Establishing clear, written guidelines for plea negotiations. In sexual assault cases, prosecutors must ‘carefully consider the implications of reducing charges’ (*Promising Practices*, 1998, p. 135).

“When charges in sexual assault cases are reduced (e.g., to simple assault, burglary), the final charge often does not reflect the true nature of the crime. The offender’s criminal record will then only reveal the final crime charged and, in subsequent cases involving the same offender, prosecutors may be unaware that the offender has committed prior sex crimes. However, ... victims may support a plea to the lesser charges to avoid testifying or to accelerate disposition of the case. Prosecutors must weigh these factors and their possible effects on the well-being of the victim and the entire community” (*Promising Practices*, 1998, p. 135).

Redefining success for prosecutors: Although this will be discussed in detail in a later section, it is critically important that

“prosecutors who make victim safety and well-being a priority understand that high conviction rates are not the sole measure of serving victims well, nor do they necessarily achieve the related goal of offender accountability. Recently, the definition of ‘successful’ prosecution has been expanded to include unequivocally communicating to both victim and offender that the community will not tolerate any form of violence against women, and promoting community involvement in efforts to enforce perpetrator accountability and victim safety” (*Promising Practices*, 1998, p. 106).

This issue is discussed in an earlier section, but it is worth highlighting here because it plays such an important role in affecting decisions.

Longer-Term Goals for SARRT: Offender Accountability

Developing means of enforcing sex offender accountability. In their national survey of SART teams the National Sexual Violence Resource Center (NSVRC, 2006) found that exactly half of the SART teams involved in their study worked to develop a website for sex offender registration and 25% “engaged in efforts to ensure that sex offender services extend through probation and parole” (p. 14). A few SART teams even described having developed materials on how to manage sex offenders (13%) or otherwise assist in sex offender accountability (57%). This is clearly an area that other community SARRTS can pursue to achieve their goals.

Adopting policies to prevent violence against women by members of the agencies involved in the community SARRT and to effectively investigate reports of such violence. As described in the online *Toolkit to End Violence Against Women*, this could include activities to “initiate programs that begin in the prehire screening process, include spouse and partner prehire education components, and continue throughout the careers” of criminal justice and community professionals (Chapter 4, p. 3). This could also include developing “internal investigation procedures, both criminal and administrative,” and developing guidelines for prosecuting professionals who commit crimes of violence against women such as sexual assault.

Longer-Term Goals for SARRT: Data Collection and Quality Assurance

Compiling statistics related to SARRT services: Maintaining case statistics (without information identifying victims) and periodically compiling statistical reports can be useful in evaluating the effectiveness of the SARRT. At a minimum, SARRT members can simply **exchange the program data that they routinely collect**, to identify demographic characteristics of victims and suspects, characteristics of the sexual assaults in their caseloads, and case processing and outcomes within their agency. By aggregating this program data across professional disciplines, it is possible to develop a comprehensive picture to assist the SARRT and the community in designing reforms.

According to the NSVRC survey (2009), a significant minority of the SART teams involved in their study used a system for case management and data collection (34%), tracking forensic exam kits (24%), and incident reports (20%). Smaller percentages indicated that they track court-related information (6%), sexual assault convictions (14%), sentencing outcomes, (10%), and sexual assault protection orders (4%). A few also track probation conditions and violations (2%), warrants (2%), and recidivism rates (1%).

At the next level, SARRT members can collaboratively design a strategy for **collecting data** and ensuring that the variables and definitions are consistent across their various disciplines, to increase the validity of cross-disciplinary comparisons. Data can be collected on characteristics of victims, suspects, and sexual assaults involved in each agency’s caseload, as well as information about how the cases were processed and disposed. This is the only way to get a realistic picture of the sexual assault cases that are handled by each of the agencies involved in the SARRT, and what their outcomes are within the response system.

General recommendations regarding data collection are available in the *SART Manual* developed by CALCASA (2001). Concrete guidance and measurement instruments are also available at the website for EVAWI, including materials developed as part of the “Making a Difference” (MAD) Project. These materials include detailed suggestions for how to conduct multidisciplinary data collection in community agencies and all of the tools needed to collect extremely detailed information on sexual assault cases handled by professionals in various disciplines: law enforcement, prosecution, forensic medicine, community-based victim advocacy, and system-based victim advocacy. These and other resources are available at: <http://www.evawintl.org/mad.aspx>.

Conducting program evaluation: Data can also be collected on program services and activities, as well as outcomes to measure effectiveness. For example, feedback could be exchanged between SARRT members using a checklist evaluation form that is completed by:

According to the NSVRC survey (2009), almost one quarter (23%) of the SART teams involved in their study had been evaluated. This was over three times more than the prior survey in 2005. Most of the evaluations were conducted by the SART team itself (14%), although some were by a funder (2%), research team (2%) or external consultant (1%).

- Crime laboratory personnel who evaluate the quality of the evidence submitted by a forensic examiner
- Victim advocates regarding the treatment of a sexual assault victim by law enforcement professionals, medical personnel, and prosecutors
- Law enforcement professionals, medical personnel, and prosecutors regarding the response time as well as handling of the victim and case by other community professionals, including victim advocates (CALCASA, 2001)

Information on services can also be collected to describe how the SARRT is functioning, identify any problems, evaluate cost-effectiveness, and assist in efforts to secure public and private funding. The type of questions that can be addressed with such data include the following:

- Did the services and activities have the intended impact?
- Did the services and program reach the intended target population?
- How can service outcomes be improved?
- What adjustments and refinements to services, training, staffing, and other variables are needed to improve services; and
- Is the service or program cost-effective (e.g., serves the intended number of clients?) (CALCASA, 2001, p. 106).

On the basis of such data, decisions can then be made on the basis of accurate information rather than anecdotes, impressions, or personal opinions regarding program effectiveness.

For concrete recommendations on how to conduct an evaluation of SARRT impact, please see the manual distributed by the American Prosecutors Research Institute (pages 78-83), the *CALCASA SART manual* (pages 105-110), or the *Promising Practices* document developed by the STOP Violence Against Women Grants Technical Assistance Project (pages 251-258). In addition, extremely detailed guidance is provided in the *Evaluation Guidebook for Projects Funded by the STOP Formula Grants Under the Violence Against Women Act* (Burt et al., 1998). This *Guidebook* is available from the Urban Institute at <http://www.urban.org/publications/407365.html>. Please see the list of resources at the end of this module for information on how to obtain a copy of other documents.

Hiring an auditor: Another approach to evaluating the success of a SARRT is to hire a consultant to conduct an audit of program functioning and assessment measures. This approach may include many of the same type of data collection strategies described in the previous section. However, the objectivity of an external auditor may provide a unique perspective that enhances the accountability of SARRT member agencies.

An excellent example of a comprehensive audit conducted of the Portland Police Bureau is available at: <http://www.portlandonline.com/shared/cfm/image.cfm?id=158873>. While the findings were not always favorable to the department, police and city officials are to be commended for commissioning the audit and for their willingness to address the problems and gaps in service that were identified.

Developing a feedback system to evaluate victim satisfaction with services: It is optimal for SARRTs to have standardized methods to obtain feedback from victims about their satisfaction with services and responders. As described in the *CALCASA SART Manual* and the New Jersey State Standards, some SARRTs provide victims who received services with an evaluation form so they can evaluate and comment upon each aspect of the services they received (e.g., from law enforcement professionals, medical personnel, victim advocates, and prosecutors). In New Jersey, this form is provided along with a self-addressed, stamped envelope to return to the state Coalition Against Sexual Assault (New Jersey Office of the Attorney General, 2004, p. 15). In the *CALCASA manual*, it is recommended that the forms be mailed to victims – with permission granted by the victims in advance and after an appropriate period of time has elapsed (*CALCASA*, 2001). Clearly, alternative methods are possible for achieving this important goal.

For examples of victim satisfaction questionnaires, please see the Appendix of this training module. Another excellent example is found in the book: *“Improving Community Response to Crime Victims: An Eight-Step Model for Developing Protocol* (Boles & Patterson, 1996). It is available for purchase from Sage Publications at <http://www.sagepub.com>.

On the one hand, there is likely no better indicator than direct victim feedback for the areas of community response that require improvement. Consider the following victim quotes that were provided by victims whose feedback was elicited by the San Diego County SART:

- *Riding in the back of the patrol car was not pleasant. I understood why I had to go with the police officer, but I feel it might be less humiliating to provide other transportation. Maybe a detective or unmarked car.*
- *I had to wait 4 hours from when I first reported it. By the time they got to my house, I didn't want to go because it was so late.*
- *I felt intimidated, unbelieved and I felt I was just wasting everyone's time, which was an overheard comment.*
- *I felt like I asked for it because they smelled alcohol.*

On the other hand, there is no better indicator of success than comments such as the following, which were also provided through victim surveys conducted by the San Diego County SART:

- ❖ *Thank you for helping me through the worst crisis of my life. Both the nurse and counselor. Mostly the officers, one being Officer Nugen who I feel literally saved my life.*
- ❖ *Police Officer Gray mentioned that he was new to the force and the process. I felt he was the perfect person to help me. He was kind, caring and compassionate.*
- ❖ *The officer did a good job. He was also very patient, helpful and extremely friendly. While my mother was with me at the hospital, he would come out every so often and check to see if she needed anything and bring her something to drink while I was being examined by the nurse.*

Other Long-Term Goals for a SARRT

For other suggestions on best practices and long-term objectives, the online *Toolkit to End Violence Against Women* offers extremely detailed guidance for communities on addressing both domestic violence and sexual assault. Chapter 4 deals with issues involving the criminal justice system, with information on the policies, procedures, protocols, and best practices regarding each of the following areas:

- law enforcement
- prosecution
- the courts/judiciary
- pretrial release, pre-sentence investigations, and probation
- victim-offender mediation
- women as criminal defendants
- interventions with batterers and sex offenders
- the defense bar

The *Toolkit to End Violence Against Women* is available online from the National Criminal Justice Reference Service at: <http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=206041>.

It is worth noting that such efforts can lead to critical successes. To illustrate, a particularly promising set of findings emerged from the survey of SART teams conducted by the National Sexual Violence Resource Center (2009). Findings revealed that “older” SART teams (i.e., those who had been in operation for more years) were more likely than “younger” ones to:

- Be funded (mostly with federal and/or local sources)
- Be administered through a Sexual Assault Forensic Examiner (SAFE) program (rather than a dual service agency)
- Serve rural areas (rather than urban or suburban areas)
- Be incorporated
- Partner with crime laboratory personnel
- Have written interagency agreements (rather than verbal agreements)
- Conduct case review as a team
- Host trainings for team members
- Have conducted an evaluation (either internal or external) of SART efforts and/or impact

Such conclusions demonstrate that dedication and persistence by SARRTs can truly pay off.

Conclusion

Clearly, communities across the country face unique challenges in responding to sexual assault. **The goal for this training module was to provide guidance for communities to overcome these challenges by improving the coordination of services across professional disciplines.** As stated at the beginning of this module, the beauty of the SARRT concept is that communities can design them specifically to overcome local problems and build upon local strengths. Rather than looking exactly the same as any other SARRT, your community’s SARRT will reflect collaborative approaches that work in your own area. However, the goal is always the same: to better coordinate services to improve the community response and facilitate the recovery of victims. The best place to conclude this module is therefore with a quote from a sexual assault victim who described the impact of the SARRT program in her community:

It’s like they somehow knew where I was at ... said it without words ... that they knew I could only absorb things one by one, and I can’t remember all of it at once. You know, that I can’t deal with the exam, and the police report, and the information about HIV, and the counseling referrals, and everything else all at once. They broke it down into smaller parts, but they weren’t condescending either ... I could stay in one place, I mean like, really, one room, and they came to me and gave me what I needed in small, steady steps. I have to admit, I really liked that they all came to me – like I was important again, like I mattered again (Campbell & Ahrens, 1998, p. 563).

References

- A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents* (2004, September). Developed by the Office on Violence Against Women, Office of Justice Programs, U.S. Department of Justice (NCJ #206554): <http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf>.
- American Prosecutors Research Institute (1998). *Confronting Violence Against Women: A Community Action Approach*. Developed in collaboration with the National Council of Juvenile and Family Court Judges. Published through the National Center for the Prosecution of Violence Against Women: <http://www.evawintl.org/images/uploads/ConfrontingViolenceAgainstWomen.pdf>.
- Burt, M.R., Harrell, A., Newmark, L., Aron, L., Jacobs, L. et al. (1998). *Evaluation Guidebook for Projects Funded by STOP Formula Grants Under the Violence Against Women Act*. Washington, DC: Urban Institute: <http://www.urban.org/publications/407365.html>.
- California Coalition Against Sexual Assault (2001). *California Sexual Assault Response Team (SART) Manual*. Available for purchase from CALCASA (<http://calcasa.org/>).
- Campbell, R. (1998). The community response to rape: Victims' experiences with the legal, medical, and mental health systems. *American Journal of Community Psychology*, 26, 355-379.
- Campbell, R. & Ahrens, C.E. (1998). Innovative community services for rape victims: An application of multiple case study methodology. *American Journal of Community Psychology*, 26, 537-570.
- Campbell, J.C., Webster, D., Koziol-McLain, J., Block, C.R., Campbell, D., Curry, M.A., Gary, F., McFarlane, J. Sachs, C., Sharps, P., Ulrich, Y., and Wilt, S.A. (2003). Assessing Risk Factors for Intimate Partner Homicide. In *Intimate Partner Homicide*, NIJ Journal, 250, 14-19. Washington, D.C.: National Institute of Justice, U.S. Dept. of Justice: <http://www.ncjrs.gov/pdffiles1/jr000250e.pdf>.
- Gray, B. (1989). *Collaborating: Finding Common Ground for Multi-Party Problems*. San Francisco: Jossey Bass.
- Kentucky Association of Sexual Assault Programs (2002). *Developing a SART: A Resource Guide for Kentucky Communities*. Frankfurt, KY: <http://kyasap.brinkster.net/Portals/0/pdfs/SANE-COMMUNITYRESOURCE.pdf>.
- Lonsway, K.A. & Archambault, J. (2012). The 'justice gap' for sexual assault cases: Future directions for research and reform. *Violence Against Women*, 18 (2), 145-168.
- McEwen, T. (1997, June). *Factors for Successful Collaboration*. Institute for Law and Justice. Cited in: *Confronting Violence Against Women: A Community Action Approach*, published by the American Prosecutors Research Institute, through their National Center for the Prosecution of Violence Against Women: <http://www.evawintl.org/images/uploads/ConfrontingViolenceAgainstWomen.pdf>.
- National Sexual Violence Resource Center (2006, March). *Report on the National Needs Assessment of Sexual Assault Response Teams*: <http://www.nsvrc.org/publications/nsvrc-publications/report-national-needs-assessment-sexual-assault-response-teams>



- National Sexual Violence Resource Center (2009). *National Sexual Assault Response Team Survey Report*:
<http://www.vaw.umn.edu/documents/nationalsasurveyreport/nationalsasurveyreportpdf.pdf>
- National Sexual Violence Resource Center (2011). *Sexual Assault Response Team Development: A Guide for Victim Service Providers*:
http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guide_SART-Development.pdf
- New Jersey Office of the Attorney General (2004, December). *Attorney General Standards for Providing Services to victims of Sexual Assault (2nd edition)*. Published by the New Jersey Department of Law & Public Safety, Division of Criminal Justice:
<http://www.state.nj.us/lps/dcj/agguide/standards/standardssartsane.pdf>.
- Nugent-Borakove, M.E., Fanflik, P.L., Troutman, D., Johnson, N., O'Conner, A.L., & Burgess, A. (2006). *Testing the Efficacy of SANE/SART Programs: Do They Make a Difference in Sexual Assault Arrest & Prosecution Outcomes?* Available from the American Prosecutors Research Institute: <http://www.evawintl.org/images/uploads/TestingtheEfficacySANE-SARTPrograms.pdf>.
- Office for Victims of Crime (1998, August). *New directions from the field: Victims' rights and services for the 21st century*. OVC Bulletin, Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice, Washington, DC (NCJ #172813). Available from the National Criminal Justice Reference Service: <http://www.ncjrs.gov>.
- Oregon Attorney General's Office (2006). *Sexual Assault Response Team (SART) Handbook*. Published by the Sexual Assault Task Force, Oregon Attorney General's Office:
<http://oregonsatf.org/wp-content/uploads/2011/04/SART-Handbook-2009-v3.pdf>
- Promising Practices: Improving the Criminal Justice System's Response to Violence Against Women* (1998). Written by Kristin Littel, Mary Malefy, and Alexandra Walker. Published by the Technical Assistance Project of the STOP Violence Against Women Grant Program, Washington, DC. Photocopy can be ordered through <http://www.ncjrs.gov> (NCJ 172217).
- Sexual Violence Justice Institute (2000). *Best Practices in the Investigation and Prosecution of Sex Assault Cases*. St. Paul, MN: Minnesota Coalition Against Sexual Assault:
<http://www.mncasa.org/Documents/best%20practices.pdf>.
- Texas Association Against Sexual Assault. *Building Stronger Sexual Assault Survivor Services Through Collaboration. A Manual for Rape Crisis Programs and Communities in Texas for Developing Sexual Assault Coalitions*. Available for order (with a limit of three copies) using the form posted on their website at: <http://www.taasa.org>.
- Toolkit to End Violence Against Women* (2001). Developed by the National Advisory Council on Violence Against Women and the Violence Against Women Office. Available from the National Criminal Justice Reference Service:
<http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=206041>.
- U.S. Department of Justice (1994). *The criminal justice and community response to rape*. Washington, DC.

Appendix Materials

Note: These Appendix materials are not included in the online format of the training module. To view them, you need to print out the PDF version at your Account page.

SAMPLE MATERIALS

SART Operational Agreement or Memorandum of Understanding
(from the *CALCASA SART Manual*, 2001; reprinted with permission)

Confidentiality Agreement for Case Review
(provided by the San Diego County SART; reprinted with permission)

Forensic Medical Report: Sexual Assault Suspect Examination
Developed by the State of California, Governor's Office of Criminal Justice Planning)

VICTIM SATISFACTION QUESTIONNAIRES

Victim Satisfaction Questionnaire
(provided by the San Diego County SART; reprinted with permission)

Sexual Assault Patient Care Satisfaction Survey
(from the North Dakota Sexual Assault Medical Standards of Care:
<http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=206041>)

Form for Evaluating Police Response
(provided by Marie de Santis, Women's Justice Center: <http://www.justicewomen.com>).

CULTURAL COMPETENCY

SART Development: Cultural Competency
(excerpt from *CALCASA SART Manual*, 2001; reprinted with permission)

Community Checklist for Reaching Underserved Communities
(developed by the National Center on Domestic and Sexual Violence)

ADDITIONAL INFORMATION

SART: Review of Jurisdictional Issues
(excerpt from *CALCASA SART Manual*, 2001; reprinted with permission)

Preventing Stress and Burnout
(excerpt from *CALCASA SART Manual*, 2001; reprinted with permission)

SAMPLE SART OPERATIONAL AGREEMENT OR MEMORANDUM OF UNDERSTANDING

This section is taken from *California Sexual Assault Response Team (SART) Manual* and is reprinted with permission of the California Coalition Against Sexual Assault with all rights reserved.

This Operational Agreement stands as evidence of the commitment of the agencies listed below to implement SART (Sexual Assault Response Team) in this county.

It is hereby recognized that SART is an effective intervention method to ensure competent, coordinated, and effective intervention for victims of sexual assault. SART organizes interagency, multi-disciplinary response to SART for the benefit of the victim and the community. Each agency indicates their commitment to implementing and maintaining SART in the following ways:

- participating in SART planning and implementation;
- training patrol officers and detectives in the SART approach and by implementing first-responder training;
- training deputy district attorneys in the SART approach;
- establishing and obtaining training for the sexual assault forensic medical examiners;
- ensuring victim advocacy and continuity of care for survivors of sexual assault by involving rape crisis center advocates;
- involving the local crime laboratory in training sexual assault forensic medical examiners;
- ensuring coordination with the Victim/Witness Assistance Center to facilitate access to the Victim Compensation Fund, and other services;
- participation by all SART agencies in a monthly SART meeting to ensure smooth operations, problem solving and case review;
- development maintenance of a data base by each agency and a SART data base;
- a commitment to positive, constructive problem solving for the benefit of the sexual assault victim and the community;
- a commitment to effective case review to identify trends, themes, and system problems; and
- ensuring a culturally competent system of care especially including the planning and availability of interpreters.

Rape Crisis Center

Hospital or Sexual Assault Forensic
Medical Team

City Police Department

Crime Laboratory

County Sheriff's Department

Victim/Witness Assistance Center

County District Attorney's Office



***San Diego County Sexual Assault Response Team (SART)
Monthly Multidisciplinary Case Review***

The participants in this case review understand that the purpose of the review is to evaluate the system response on a case-by-case basis so that services can be improved for sexual assault survivors. The participants agree that in order to preserve the survivor's privacy and the integrity of the investigation, all discussions will be confidential among the participating agencies unless disclosure is required by law.

Date: _____

I understand and agree:

NAME	ORGANIZATION
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____

12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____
26. _____
27. _____
28. _____
29. _____
30. _____

**This form should be signed by all individuals attending the
SART Case Review meeting.**

State of California
Governor's Office of Criminal Justice Planning

FORENSIC MEDICAL REPORT: SEXUAL ASSAULT SUSPECT EXAMINATION

OCJP 950



For more information or assistance in completing the OCJP 950 please contact
University of California, Davis California Medical Training Center at:
(916) 734-4141

This form is available on the following Web site:
www.ocjp.ca.gov

**FORENSIC MEDICAL REPORT:
SEXUAL ASSAULT SUSPECT EXAMINATION
STATE OF CALIFORNIA
OFFICE OF CRIMINAL JUSTICE PLANNING
OCJP 950**

Confidential Document

Patient Identification

A. GENERAL INFORMATION (print or type)

Name of Medical Facility:

1. Name of patient

Patient ID number

2. Address

City

County

State

Telephone
(W)
(H)

3. Age

DOB

Gender
M F

Ethnicity

Arrival Date

Arrival Time

Discharge Date

Discharge Time

B. AUTHORIZATION Jurisdiction (☐ city ☐ county ☐ other):

1. Name of Law Enforcement Officer

Agency

ID Number

Telephone

2. I request a forensic medical examination for suspected sexual assault at public expense.

Law enforcement officer signature

Date

Time

Case number

C. MEDICAL HISTORY

1. Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? ☐ No ☐ Yes

If yes, describe: _____

2. Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? ☐ No ☐ Yes

If yes, describe: _____

3. Any pre-existing physical injuries? ☐ No ☐ Yes

If yes, describe: _____

D. RECENT HYGIENE INFORMATION ☐ Not applicable if over 72 hours

No

Yes

No

Yes

Urinated

☐

☐

Bath/shower/wash

☐

☐

Defecated

☐

☐

Brushed teeth

☐

☐

Genital or body wipes

☐

☐

Ate or drank

☐

☐

If yes, describe: _____

Changed clothing

☐

☐

Oral gargle/rinse

☐

☐

If yes, describe: _____

E. GENERAL PHYSICAL EXAMINATION

1. Blood Pressure

Pulse

Respiration

Temperature

2. Exam Started

Exam Completed

Date

Time

Date

Time

3. Height

Weight

Hair color

Eye color

☐ Right-handed

☐ Left-handed

4. Describe general physical appearance

5. Describe general demeanor

6. Describe condition of clothing upon arrival.

7. Collect outer and under clothing, if indicated.

☐ Not indicated

DISTRIBUTION OF OCJP 950

☐ Original - Law Enforcement

☐ Copy within evidence kit - Crime Lab

☐ Copy - Medical Facility Records

E. GENERAL PHYSICAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system

8. Conduct a physical examination. Record scars, tattoos, skin lesions, and distinguishing physical features. ☐ Findings ☐ No Findings
9. Collect dried and moist secretions, stains, and foreign materials from the body. Scan the entire body with a Wood's Lamp. ☐ Findings ☐ No Findings
10. Collect fingernail scrapings or cuttings according to local policy.
11. Collect chest hair reference samples according to local policy.

Patient Identification

Diagram A

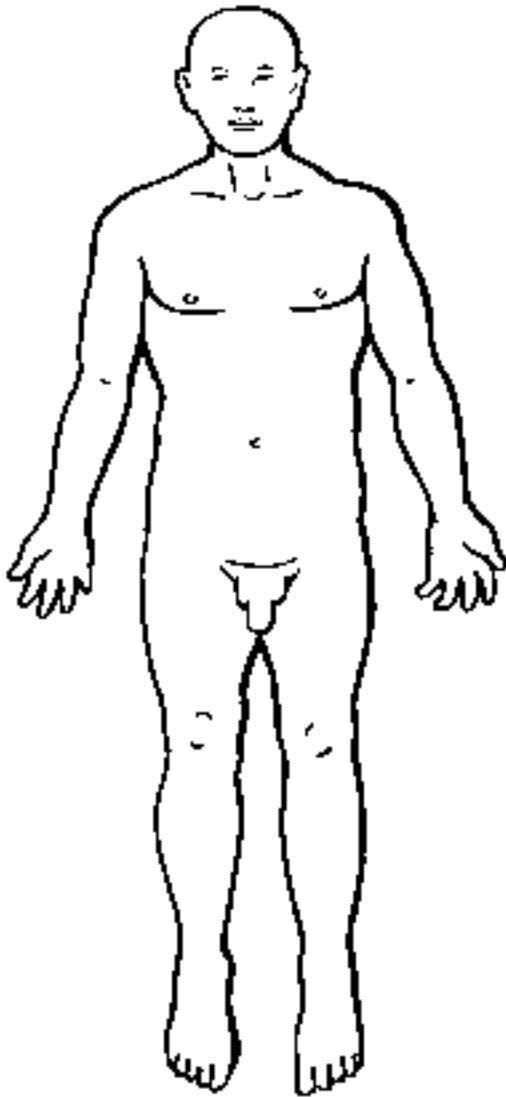
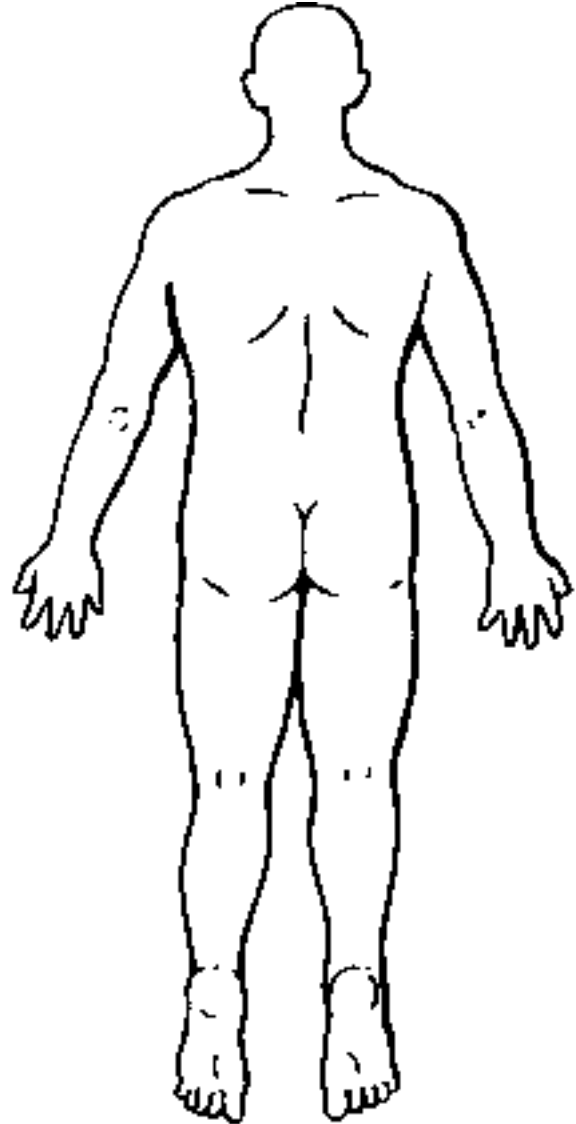


Diagram B

**LEGEND: Types of Findings**

AB Abrasion	DE Debris	F/H Fiber/hair	OF Other Foreign Materials (describe)	SC Scars	TA Tattoos
BI Bite	DF Deformity	IN Induration	OI Other Injury (describe)	SHX Sample Per History	TB Toluidine Blue⊕
BP Body Piercing	DS Dry Secretion	IW Incised Wound	PE Petechiae	SI Suction Injury	TE Tenderness
BU Burn	EC Ecchymosis (bruise)	LA Laceration	PS Potential Saliva	SW Swelling	V/S Vegetation/Soil
CS Control Swab	ER Erythema (redness)	MS Moist Secretion			WL Wood's Lamp⊕
Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 5

F. HEAD, NECK, AND ORAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. **Examine the face, head, hair, scalp, and neck for injury and foreign materials.**
☐ Findings ☐ No Findings
2. **Collect dried and moist secretions, stains, and foreign materials from face, head, hair, scalp, and neck.**
☐ Findings ☐ No Findings
3. **Examine the oral cavity for injury and foreign materials (if indicated by assault history). Collect foreign materials.**
Exam done: ☐ Not applicable ☐ Yes ☐ Findings ☐ No Findings
4. **Collect 2 swabs from the oral cavity up to 12 hours post assault and prepare one dry mount slide from one of the swabs.**
5. **Collect head and facial hair reference samples according to local policy.**

Patient Identification

Diagram C

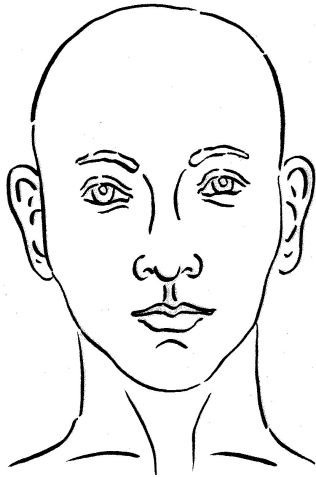


Diagram D

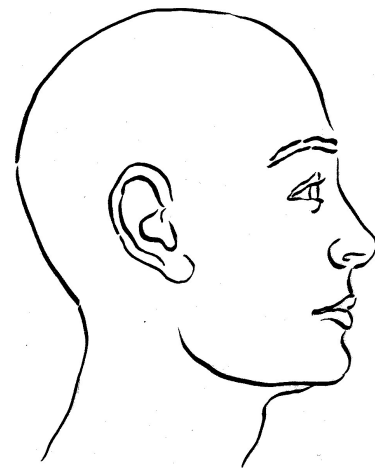
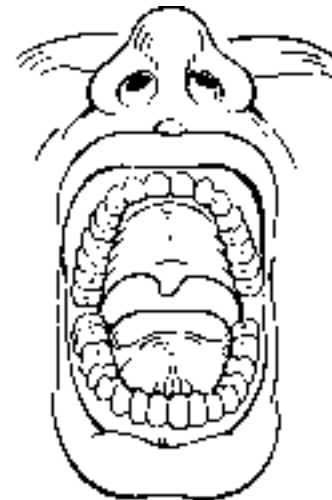


Diagram E



Diagram F



LEGEND: Types of Findings

AB Abrasion	DE Debris	F/H Fiber/hair	OF Other Foreign Materials (describe)	SC Scars	TA Tattoos
BI Bite	DF Deformity	IN Induration	OI Other Injury (describe)	SHX Sample Per History	TB Toluidine Blue⊕
BP Body Piercing	DS Dry Secretion	IW Incised Wound	PE Petechiae	SI Suction Injury	TE Tenderness
BU Burn	EC Ecchymosis (bruise)	LA Laceration	PS Potential Saliva	SW Swelling	V/S Vegetation/Soil
CS Control Swab	ER Erythema (redness)	MS Moist Secretion			WL Wood's Lamp⊕
Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 5

G. GENITAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

- Examine the inner thighs, external genitalia, and perineal area. Check the box(es) if there are assault related findings:

- ☐ No Findings
- | | | |
|---------------------------------------|--|----------------------------------|
| <input type="checkbox"/> Inner thighs | <input type="checkbox"/> Glans penis | <input type="checkbox"/> Scrotum |
| <input type="checkbox"/> Perineum | <input type="checkbox"/> Penile shaft | <input type="checkbox"/> Testes |
| <input type="checkbox"/> Foreskin | <input type="checkbox"/> Urethral meatus | |

- Circumcised

☐ No ☐ Yes

- Collect dried and moist secretions, stains, and foreign materials. Scan the area with a Wood's Lamp. ☐ Findings ☐ No Findings

- Collect pubic hair combing or brushing.

- Collect pubic hair reference samples according to local policy.

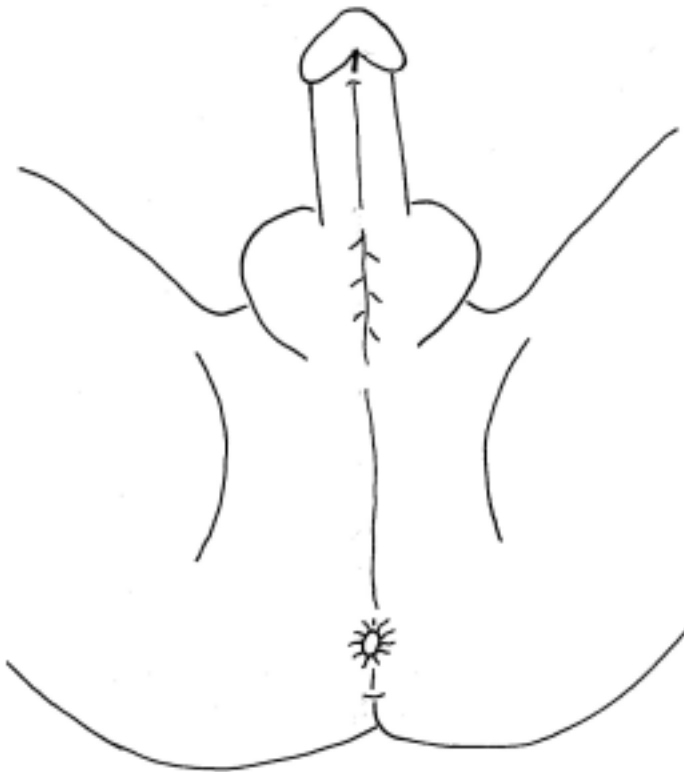
- Collect 2 penile swabs, if indicated by assault history. ☐ N/A

- Collect 2 scrotal swabs, if indicated by assault history. ☐ N/A

- Record other findings per history. ☐ No ☐ Yes

If yes, describe:

Diagram G



Patient Identification

Diagram H

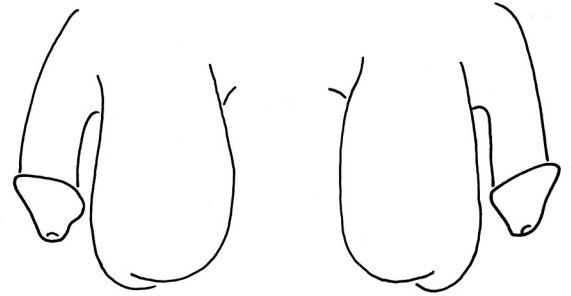


Diagram I

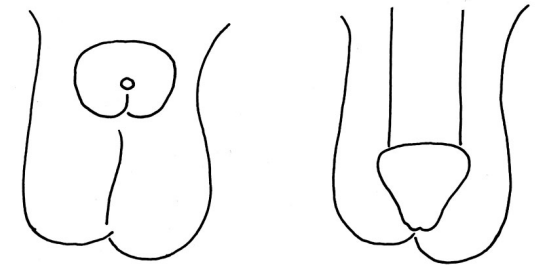
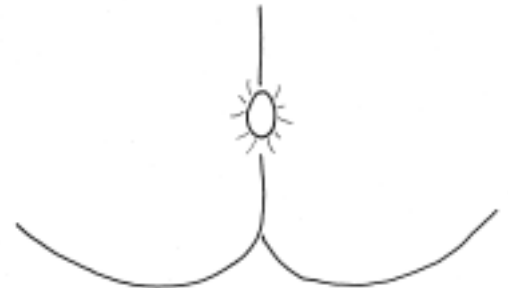


Diagram J



LEGEND: Types of Findings

AB Abrasion	ER Erythema (redness)	PE Petechiae	V/S Vegetation/Soil
BI Bite	F/H Fiber/hair	PS Potential Saliva	WL Wood's Lamp⊕
BP Body Piercing	IN Induration	SC Scars	
BU Burn	IW Incised Wound	SHX Sample Per History	
CS Control Swab	LA Laceration	SI Suction Injury	
DE Debris	MS Moist Secretion	SW Swelling	
DF Deformity	OF Other Foreign	TA Tattoos	
DS Dry Secretion	Materials(describe)	TB Toluidine Blue⊕	
EC Ecchymosis (bruise)	OI Other Injury (describe)	TE Tenderness	

Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 5

[illegible]

	No	Yes	Collected by:
Swabs/suspected blood	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dried Secretions	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fiber/loose hairs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vegetation	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soil/debris	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swabs/suspected semen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swabs/suspected saliva	<input type="checkbox"/>	<input type="checkbox"/>	_____
Swabs/Wood's Lamp [⊕] area(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Control swabs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fingernail scrapings/cuttings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Matted hair cuttings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pubic hair combings/brushings	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other types	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes, describe: _____			

	# Swabs	# Slides	Time collected	Collected by:
Oral				
Penile				
Scrotal				

	No	Yes	Time	Collected by:
Blood alcohol/toxicology (gray top tube)				
Urine toxicology				

	No	Yes	Collected by:
Blood (lavender top tube)			
Blood (yellow top tube)			
Blood Card (optional)			
Buccal swabs (optional)			
Saliva swabs			
Chest hair			
Facial hair			
Pubic hair			
Head hair			

	No	Yes	Colposcope/35mm	Macrolens/35mm	Colposcope/ Videocamera	Other optics
Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Genitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Photographed by: _____

Signature: _____

Print name and ID#: _____

Agency: _____

Date: _____ Phone: _____



Sexual Assault Response Team
c/o Emergency Medical Services
6255 Mission Gorge Road
San Diego, CA 92120
(619) 285-6429 Fax: (619) 285-6531

The Sexual Assault Response Team (SART) is a countywide, victim sensitive program designed to provide a team approach to the investigation of sexual assaults. Our goals are to give the best care possible to persons involved in sexual assaults, to minimize the traumatic effects during the medical and legal examinations, and to gather reliable consistent evidence.

The team consists of a nurse examiner to provide a forensic evidentiary examination and medical support, a law enforcement officer to conduct an investigation and provide emergency assistance, and a victim advocate who is there to provide emotional support. SART is an important program in San Diego County and we want to make it the best that it can be.

I hope that you will take some time to respond to the enclosed questionnaire. Your comments, both positive and negative, will help us to make improvements where they are needed. Please use the enclosed envelope to return the completed questionnaire.

Sincerely,

Enclosure



CONFIDENTIAL

Month/Year ____/____

SART Facility _____

Nurse Examiner _____

Law Enforcement Agency _____

Advocacy Agency _____

Advocate Name _____

SAN DIEGO COUNTY SART QUESTIONNAIRE

*This is a **CONFIDENTIAL** survey and is for the exclusive review of the SART team members.
Thank you.*

1. Please evaluate the examination process:
 - a. Was the examination process explained to your satisfaction? **Yes** ____ **No**
 - b. What if anything would you change about the examination process?
 - c. What could be done to make the examination more comfortable?
2. The services provided by the SART nurse were:
Excellent ____ Good ____ Average ____ Poor
3. What could the nurse have done better?

4. The services provided by the police officer/detective were:

Excellent _____ Good _____ Average _____ Poor

5. What could the police officer/detective have done better?

6. Was a Crisis Counselor with you at the crime scene? Yes _____ No

7. Was a Crisis Counselor with you at the hospital? Yes _____ No

8. The services provided by the Crisis Counselor were:

Excellent _____ Good _____ Average _____ Poor

9. What could the Crisis Counselor have done better?

10. Did the Crisis Counselor provide referral information for any of the following:
(check if yes)

Center for Community Solutions (CCS)

Escondido Youth Encounter (EYE)

Women's Resource Center

Other _____

Additional comments or suggestions.

Name:

(Optional)

SEXUAL ASSAULT PATIENT CARE SATISFACTION SURVEY

This survey will assist the **Coalition Against Sexual Assault in North Dakota** in evaluating the level of emergency services you received during your time of need. The coalition's goal is to ensure that medical standards of care for victims of sexual assault are being met by service providers across the state. Your participation in completing this survey is confidential, and will assist in identifying agencies that need training to meet the needs of victims of sexual assault across North Dakota. **Please feel free to contact our office toll-free with any question you may have by calling 1-888-255-6240.**

(Optional)

NAME: _____ (Your name will not be shared with anyone outside our office).

ADDRESS: _____.

Name of agency where I received services: _____.

- 1). I was met by friendly staff.
☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 2). I was taken to a private waiting area immediately.
☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 3). My family or friends were taken to a separate private waiting area immediately.
☐ Strongly Agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree ☐ Not Applicable
- 4). Medical staff asked if I would like to speak with a sexual assault advocate.
☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 5). Medical staff asked if I would like a family member or friend contacted.
☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 6). Medical staff conducted a swift initial assessment of my injuries.
☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 7). A qualified sexual assault medical provider was prompt to arrive to treat my injuries.
☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 8). A qualified sexual assault medical provider explained my options for treatment.
☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 9). A qualified sexual assault medical provider explained my options for evidence collection.
☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 10). I am satisfied with the explanation of treatment options.
☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 10). Medical staff was attentive to my emotional needs during the collection of evidence and/or treatment.
☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 11). I received referrals for follow up care.
☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 12). Financial costs for the sexual assault medical services I received were waived.
☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 13). I received information on Crime Victims Compensation to assist with my financial needs.
☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 14). I am happy with the care I received.
☐ Strongly agree ☐ Agree ☐ Neutral ☐ Disagree ☐ Strongly Disagree
- 15). May we contact you with additional questions related to your care?
☐ YES: Contact Information: _____ ☐ NO

Form for Evaluating Police Response

Please read the following notes before using the form.

Notes:

- You don't have to answer questions that don't pertain to your situation, and, of course, **you don't have to answer any question(s) you don't want to answer.**
- Feel free to put your comments, explanations, and things you want to remember, in the spaces between the questions or in the space provided at the end of the form.

Part I: The Initial Police Response

(The officer to whom you first reported the assault)

1. Did the responding officer try to make you feel safe and comfortable reporting the assault (were you given enough time, privacy, encouragement, or whatever else you needed in order to explain what happened to you)?

Yes____ No____

2. If you reported to police within 72 hours of the assault, did the officer offer for you to have a medical rape exam?

Yes____ No____ Doesn't Apply____

3. Did the responding officer inform you of your right to have a victim advocate and a support person present with you during the medical exam and during the interview with detectives? (California Penal Code Sections 679.04 and 264.2 require law enforcement to inform victims of these rights. Laws vary from state to state.)

Yes____ No____ Doesn't Apply____

4. If English is not your first language, did the officer offer you a professional translator (either a fully bilingual officer or a telephone translator - not a family member or neighbor)?

Yes____ No____ Doesn't Apply____

5. Did the responding officer clearly explain to you what was happening at each step of his or her response?

Yes____ No____

6. Did the officer ask if you had any questions or concerns?

Yes____ No____

7. Do you feel the responding officer answered your questions and concerns as you needed?

Yes____ No____

8. Did the responding officer give you his or her contact phone number?

Yes____ No____

9. Did the responding officer give you complete information about what would happen next, when it would happen, and who you could contact at the police department in the days to come?

Yes____ No____

10. Do you feel that the responding officer in any way judged your behavior, or blamed you for the attack, or disbelieved you?

Yes____ No____

Explain:_____

11. If you knew someone who wanted to report a rape or sexual assault to the police, would you recommend them to this particular officer?

Yes____ No____

Why or Why Not?_____

Part II: The Victim Interview

1. In making arrangements for the interview, did the detective or investigating officer offer to do the interview at a location that was comfortable for you?

Yes____ No____

2. In making arrangements for the interview, were you

informed of your right to have a victim advocate and a support person of your choosing present during the interview by the detective or investigating officer? (California Penal Code Section 670.04 requires this advisement. The laws vary from state to state.)

Yes_____ No_____

3. If English is not your first language, were you asked if you would feel more comfortable doing the interview in your native language?

Yes_____ No_____ Doesn't Apply _____

4. If you wanted or needed a translator, did the detective or investigating officer have a professional translator available for you at the interview?

Yes_____ No_____ Doesn't Apply _____

5. Before beginning the interview, did the detective or investigating officer ask if you felt comfortable and safe?

Yes_____ No_____

6. In making arrangements for the interview, did the detective or investigating officer ask if you had any questions?

Yes_____ No_____

7. Did the detective or investigating officer answer all your questions to your satisfaction?

Yes_____ No_____ Doesn't Apply_____

8. Before the interview, did the detective or investigating officer ask you if you had fears or concerns about reporting the crime or about prosecuting the perpetrator?

Yes_____ No_____

9. If you expressed concerns about reporting the crime (such as fear of retaliation, fear of people finding out, fear of problems with family members, housing, job, school, or problems with the law, etc.) did the detective or investigating officer offer to help you deal with these problems?

Yes_____ No_____

10. Was your advocate or support person made to feel comfortable and welcome at the interview by the detective or investigating officer?

Yes____ No____ Doesn't Apply____

11. Were you informed that the interview would be recorded?

Yes____ No____

12. Was the interview recorded (either audio or video tape?)

Yes____ No____

13. Were you told that you could stop the interview at any point to take a break or to ask questions?

Yes____ No____

14. Did the detective or investigating officer ask you detailed questions about the perpetrator's pre-rape behavior? (Any unusual pre-rape behavior by the perpetrator can be important evidence, such as the rapist's pre-rape attempts to isolate you, to close off escape routes, to get other people out of the way, or to give bazaar explanations of things to you or others, etc.)

Yes____ No____

15. Did the detective or investigating officer get complete information from you on how to contact people who may have witnessed the rapist's pre-rape behavior?

Yes____ No____

16. Were you asked for a complete description of any weapons that were used in the assault?

Yes____ No____ Doesn't Apply____

17. Did the detective or investigating officer ask you for complete details about the sexual assault itself?

Yes____ No____

18. Did the detective or investigating officer seem comfortable in asking you detailed questions about the assault?

Yes____ No____

NOTE: *In order to prosecute a sexual assault, the authorities need to show how you were forced to have sex or how you were unable to give consent. So the detective or investigating officer needs to get an accurate statement from you describing exactly what it was that made you feel forced to have sex.*

19. If no form of physical force was used in your assault (i.e. if there were no weapons or physical restraints) did the detective or investigating officer ask exactly what the suspect said or did

that made you feel forced to have sex?

Yes____ No____ Doesn't Apply____

20. If you didn't physically resist, did the detective or investigating officer ask you to describe what you thought might happen if you had resisted or if you refused to submit to the sex?

Yes____ No____ Doesn't Apply____

21. Did the detective or investigating officer ask you to describe your fears before and during the rape?

Yes____ No____

22. Were you asked if you recalled any marks, tattoos, or scars on the perpetrator's body?

Yes____ No____

23. Did the detective or investigating officer ask you for any and all statements made by the perpetrator during the attack?

Yes____ No____

24. Did the detective or investigating officer ask you about any and all threats made by the perpetrator at any time?

Yes____ No____

25. Did the detective or investigating officer ask you detailed questions about your behavior after the assault? (Any change in your routine behavior following the rape can be important evidence - changes such as missing work or classes, changing locks, avoiding specific people or groups, seeking counseling, making unusual excuses for your behavior, canceling scheduled activities, etc.)

Yes____ No____

26. Did the detective or investigating officer ask you for complete information about how to contact all the people you told about the assault and the people who witnessed your post-rape behavior?

Yes____ No____

27. Did the detective or investigating officer ask you to try and think about any others who might also be a victim of the same perpetrator?

Yes____ No____

28. If you knew the perpetrator, did the detective ask if you wanted to make a pretext call? (A pretext call is a phone call, tape recorded by police, made by you to the perpetrator with the goal of tricking the perpetrator into talking about the crime.)

Yes_____ No_____

29. Did you feel the detective or investigating officer prepared you well for the pretext call?

Yes_____ No_____

30. Did you do a pretext call?

Yes_____ No_____

31. Did the detective or investigating officer ask you to keep thinking about what might be additional evidence or additional witnesses in the case?

Yes_____ No_____

32. Were you asked by the detective or investigation officer to contact him or her immediately if you were being harassed, intimidated, or threatened in any way by the suspect or by others?

Yes_____ No_____

33. Did the detective or investigating officer explain to you that it is a crime if any one tried to get you to change your story or to not testify, and that you should report it to police immediately?

Yes_____ No_____

34. Did the detective or investigating officer give you his or her work phone number?

Yes_____ No_____

35. Did the detective or investigating officer tell you when he or she would get back in touch with you?

Yes_____ No_____

36. Do you feel that the responding officer in any way judged your behavior, or blamed you for the attack, or disbelieved you?

Yes_____ No_____

Explain:_____

37. At any point, did the officer's questions feel hostile to you?
Yes____ No____

Part III: Investigation Follow-Up

1. Were you kept informed about the progress of the investigation and the status of the case by the detective or investigating officer?

Yes____ No____

2. Were all the witnesses you know of interviewed by the detective or investigating officer?

Yes____ No____

3. Were your phone calls to the detective or investigating officer returned by the officer in a timely manner?

Yes____ No____

4. Do you feel the detective or investigating officer was concerned about your safety throughout the investigation?

Yes____ No____

5. If the perpetrator was not arrested soon after the assault, or was never arrested, did the detective give you a careful explanation of why the suspect wasn't arrested?

Yes____ No____

6. If you knew someone who wanted to report a rape or sexual assault to the police, would you recommend them to this particular detective or investigating officer?

Yes____ No____

Why or Why Not?_____

Additional Comments: (Please feel free to use this space for any comments you wish to make regarding the general feeling

of the experience of reporting the crime, specific comments to your case, things that the responding and/or investigating officer did that helped you, or suggestions on how law enforcement officials can improve to responding to, investigating, and meeting the needs of victims of cases involving rape and sexual assault.)

*Reminder: all questions are optional, you are not required to answer any questions you don't want to answer.

Today's Date: _____

Name of Police Department: _____

Date and Approximate Time of Call to Police: _____

Your Name: _____

Crime Report #: _____

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the credit and text intact.

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SART DEVELOPMENT: CULTURAL COMPETENCY

This section is taken from *California Sexual Assault Response Team (SART) Manual* and is reprinted with permission of the California Coalition Against Sexual Assault with all rights reserved.

California is a highly diverse state and Caucasians are no longer the majority population. To be effective, a SART must be culturally competent, including services for the deaf, to address the needs of the diverse population in California.

Cultural competence is defined as a set of congruent attitudes, actions, behaviors, and policies that come together among professionals **at all levels** within an organization. The congruence enables the system, agency, team, and/or individual to work effectively in cross-cultural situations. Cultural competence should be viewed as a goal toward which agencies and individuals can strive. Becoming culturally competent is a developmental process (Guerrero, 2000).

The concept of cultural competence is larger than having a brochure translated into another language(s), having a Spanish speaking person on staff, or memorizing how different cultures view sexual assault. These are, of course, valuable steps – but do not represent the broad concept. Agencies must become culturally competent at all levels of their system to truly move towards providing culturally competent services (Cross, 1989). Taking a piecemeal approach to providing culturally competent interventions is not considered acceptable. Cultural competence must be recognized as an intrinsic part of the overall quality of care.

- Agencies must become culturally competent at the administrative, policy, provider, and direct services levels.
- Administrators need to understand the critical need to provide culturally competent care for individuals and families who come to their attention.
- Supervisors must know how to provide culturally appropriate supervision to their staff, including how and when to seek cultural consultation.
- Direct service providers should be culturally competent in their assessment, interventions, and services. This includes understanding the meaning of sexual assault in various cultures. True understanding exists on two levels: the manifest content (what is known or shared) and the latent content (the meaning and significance attached to the event). Part of cultural competency is to understand the meaning for the individual and the meaning for the individual in the context of the family (immediate and extended) and the person's community. With regard to the process of intervention, showing kindness and respect is effective with any culture.
- Optimally, services should be provided in the preferred language of the individual, or at least with a qualified interpreter. Agencies should seek to hire bilingual, bicultural workers. The rape crisis center advocate should not be used as the interpreter. Doing so creates role confusion, jeopardizes client confidentiality, and places the advocate into the role of investigator or medical examiner. The survivor deserves a person with the single mission of providing support, advocacy, information, and explanation of various procedures.

The list of tasks below provides steps to help move theory into practice. An agency's cultural competency plans must be individualized to the agency. Each agency starts at a different continuum point, has unique

internal challenges and different levels of success. Additionally, the communities vary, requiring different strategies.

<p>In general, the best approach to achieving cultural competency involves the following steps:</p>
<ul style="list-style-type: none"> • Establish a clear, committed vision for cultural competency. Cultural competency must be integrated into all aspects of the agency, not isolated as a separate component. Cultural competency should not become the responsibility of one person in the organization who speaks another language. Agencies should encourage internal dialogue and training on multicultural issues.
<ul style="list-style-type: none"> • Identify cultural consultants within and outside the organization. Utilize internal and external consultants to develop a plan for the agency and establish a multicultural advisory committee. Seek diversity in the committee representation, utilizing individuals that have knowledge and experience with various ethnic cultural groups.
<ul style="list-style-type: none"> • Obtain organizational leadership commitment for cultural competence.
<ul style="list-style-type: none"> • Develop an overall organizational plan to move the agency toward becoming more culturally competent.
<ul style="list-style-type: none"> • Conduct a cultural competency assessment of the organization and the community. Assessment of the cultural and linguistic competency of the staff should be included. Work with an advisory committee and, if necessary, hire a consultant to assist in the development of the assessment. Examine what has already been done in the agency. Be aware of current resources in the field.
<ul style="list-style-type: none"> • Develop specific, short-term and long-term goals and objectives the agency can realistically accomplish. Incorporate cultural competency planning into existing strategic planning efforts.
<ul style="list-style-type: none"> • Take advantage of planned system change. Strengthen cultural competency by including it in any and all system-change strategic planning.
<ul style="list-style-type: none"> • Move the agency toward providing culturally competent services. Every agency training should include cultural competency as an intrinsic component. Agencies should provide cultural-specific training that is pertinent to the community they are responsible to serve.
<ul style="list-style-type: none"> • Work with cultural consultants and community ethnic/cultural organizations in expanding the agency's cultural knowledge. Do not rely on a single consultant; hire a variety of cultural consultants.
<ul style="list-style-type: none"> • Make every effort to serve individuals in their preferred, primary language to avoid misunderstandings. • Establish a plan to evaluate efforts and to monitor changes.

Each step listed on the previous page requires multiple tasks to operationalize. Cultural competency should be viewed as an overall quality of care issue, not as a component that stands independent of other efforts. This chapter is a summary of documents and represents the leadership of Terry Cross, Rachel Guerrero, M.S.W., Jerry Tello, M.S.W., and many others on this important subject.

Selected Reading:

“Cultural Competency”, R. Guerrero. Chapter 12, *California Handbook for the Identification and Management of Child Abuse*. In press. Published by the State Department of Maternal and Child Health.

Toward A Culturally Competent System of Care: Volume I, II, III. The National Technical Assistance Center for Children's Mental Health, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center. Funded by Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. For copies, call (202) 687-8803.

Cross, T., Bazron B., Dennis K., Isaacs M., *Towards a Culturally Competent System of Care Volume I*, Washington, D.C.: Georgetown University Child Development Center, CASSP T.A. Center, 1989.



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COMMUNITY CHECKLIST FOR REACHING UNDERSERVED COMMUNITIES

By Debby Tucker and Christina Walsh of NCDSV

1. ASSESSING YOUR COMMUNITY

- SERVICE AREA: _____
(complete worksheet for each county served)

- POPULATION:
County: _____
Major City: _____
Major City: _____
Major City: _____

- ETHNICITY:
___% African American
___% Anglo
___% Asian/Pacific Islander
___% Hispanic/Latin American
___% Native American
___% Other _____
___% Other _____
___% Other _____

- GENDER:
___% Female ___% Male

- LIFESTYLE:
___% Lesbians ___% Gay Men ___%Heterosexual ___% Bisexual/Transgender

- AGE:
F___%/M___% Over 65 years
F___%/M___% 50-64 years
F___%/M___% 35-49 years
F___%/M___% 20-34 years
F___%/M___% 13-19 years
F___%/M___% Under 12 years

- HOUSEHOLD INCOME:
___% Less than \$4,999
___% \$5,000-\$9,999
___% \$10,000-\$24,999
___% \$25,000-\$49,999
___% \$50,000-\$99,999
___% \$100,000+

- EDUCATION LEVEL:
___% Some elementary/middle school
___% Finished 8th grade
___% Some high school
___% High school or GED
___% Some college
___% Associate's degree(s)

___% Bachelor's degree(s)
 ___% Some graduate work
 ___% Advanced degree(s)

• RELIGION/FAITH:

___% Buddhism
 ___% Christian
 ___% Islam
 ___% Jewish
 ___% Muslim
 ___% Non-denominational
 ___% Orthodox
 ___% Taoism
 ___% Other _____
 ___% Other _____

• OTHER INFORMATION THAT IMPACTS THE DELIVERY OF SERVICES:

• Demographics

• Physical Challenges:

___% Hearing
 ___% Mobility
 ___% Visual
 ___% Other _____

• Mental Challenges:

___% Mental Illness
 ___% Substance abuse
 ___% Other _____

• Literacy Level:

___% Literate ___% Functionally Illiterate

• County Crime Statistics/Law Enforcement Reports (#)

_____ Assault (domestic violence)
 _____ Aggravated assaults
 _____ Sexual assault/rape
 _____ Stalking
 _____ Incest
 _____ Child abuse
 _____ Homicide
 _____ Elder abuse

2. ASSESSING YOUR PROGRAM

(This data should be a compilation of all the services your program provides in the service area.)

• PEOPLE SERVED (#):

_____ Women _____ Men _____ Children

• ETHNICITY OF PEOPLE (WOMEN AND CHILDREN) SERVED:

W___%/C___% African American
 W___%/C___% Anglo
 W___%/C___% Asian/Pacific Islander
 W___%/C___% Hispanic/Latin Amer.
 W___%/C___% Native American
 W___%/C___% Other _____
 W___%/C___% Other _____
 W___%/C___% Other _____

• GENDER OF PEOPLE SERVED:

A___%/C___% Female A___%/C___% Male

• LIFESTYLE OF PEOPLE SERVED:

___% Lesbians ___% Bisexual/Transgender ___% Gay Men ___%Heterosexual

• AGE OF WOMEN SERVED:

- ___% Over 65 years
- ___% 50-64 years
- ___% 35-49 years
- ___% 20-34 years
- ___% 13-19 years
- ___% Under 12 years

• AGE OF CHILDREN SERVED:

- ___% Newborn
- ___% 6 months – 2 years
- ___% 2+ - 5 years
- ___% 6 – 10 years
- ___% 11- 12 years
- ___% 13-18 years

• ANNUAL HOUSEHOLD INCOME OF PEOPLE SERVED:

- ___% Less than \$4,999
- ___% \$5,000-\$9,999
- ___% \$10,000-\$24,999 per year
- ___% \$25,000-\$49,999 per year
- ___% \$50,000-\$99,999
- ___% \$100,000+ per year

• EDUCATION LEVEL OF PEOPLE SERVED:

- ___% Some elem./middle school
- ___% Finished 8th grade
- ___% Some high school
- ___% High school or GED
- ___% Some college
- ___% Associate's degree(s)
- ___% Bachelor's degree(s)
- ___% Some graduate work
- ___% Advanced degree(s)

• RELIGION/FAITH OF PEOPLE SERVED:

- ___% Buddhism
- ___% Christian
- ___% Islam
- ___% Jewish
- ___% Muslim
- ___% Non-denominational
- ___% Orthodox
- ___% Taoism
- ___% Other _____
- ___% Other _____

• OTHER INFORMATION ABOUT PEOPLE THAT IMPACT THE DELIVERY OF SERVICES:

• Demographics

• Physical Challenges:

- ___% Hearing
- ___% Mobility
- ___% Visual
- ___% Other _____

• Mental Challenges:

- ___% Mental Illness
- ___% Substance abuse
- ___% Other _____

• Literacy Level:

- ___% Literate ___% Functionally Illiterate

3. COMMUNITY VS. PROGRAM COMPARISON

Conduct a side-by-side comparison of the statistics of your community and the service levels of your program. Ideally, your service levels will approximately reflect the statistics of your community.

1. Where are the strengths?
2. Where are gaps?
3. What are the priority areas for outreach activities?

4. IDENTIFY PARTNERS FOR COLLABORATION

Based on Step #3, identify groups, agencies, and other organizations with which your program can collaborate to reach the priority communities. Some of these groups may include: law enforcement, criminal justice system, corporations, schools/universities, churches, media, health groups, immigration organizations, social services, employers, welfare agencies, workforce/training agencies, etc.

Based on Step #3, identify nontraditional groups, agencies, and other organizations with which your program can collaborate to reach the priority communities. Some of these groups may include: court stenographers, beauticians, pest control organizations, neighborhood centers, civic clubs, etc.

- Community: _____
Potential Partners: _____

- Community: _____
Potential Partners: _____

- Community: _____
Potential Partners: _____

5. RECRUIT PARTNERS FOR COLLABORATION

Based on Step #4 for the priority communities, contact the potential partners.

- Explain your program's desire to ensure the delivery of services to battered women in the community they are from, and may already provide assistance for within the community.
- Explain the initial assessment and the gaps that have been identified in your services.
- Explain that you need their help and support for assessing the services actually being provided and improving your outreach efforts and services as needed.
- Invite them to a meeting to brainstorm and assess the needs to develop strategies for augmenting their or your services.
- Ask their recommendations for others who may be able to help with such a task.

Repeat this until you have enough representatives from the community you want to reach to participate in the meeting who will provide a good cross-section of views and experiences.

6. PLANNING AND BRAINSTORMING COLLABORATION MEETING

- At least one formerly battered woman from each priority community needs to participate in these meetings.

- There should be separate meetings for each priority community.
- Solicit information from your state coalition and follow up with any local models available in your state.
- Some of the participants will just come to participate in the first meeting, others will come and want to participate over a longer term. There needs to be room for a variety of levels of participation.
- The purpose of the meeting is to bring people together to learn what each other is doing, to more clearly understand the unmet needs and to identify ways we can help better reach victims of domestic violence in this particular community.
- Participants and the groups/agencies they represent may have to ascertain their own level of service better to ensure needed information is on the table. Share the results of your assessment with them before the meeting and encourage a similar analysis of their own.
- Outcomes will vary and may include the recognition that service provision by others in the community is meeting much of the need or the disturbing realization that battered women in the identified community are not receiving services from anyone.
- Ask for a commitment to work through the developments of an agreed plan. Allow for intense collaboration, reasonable coordination or effective cooperation in both the development and implementation of the plan.
- Encourage cross training as a basis for discussion and further collaborative work. We all have much to learn from one another. At a minimum, share your mission statement, a description of your current services and explain the philosophy of this movement, "But for the grace of God go I", as a fundamental principle for ending violence against women.

*Note: Comments and suggestions for improvements of this process are welcome.
Contact Christina Walsh at cwalsh@ncdsv.org.*

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SART: REVIEW OF JURISDICTIONAL ISSUES

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Jurisdictional issues are important to understand because where the crime began and occurred determines which law enforcement agency has the authority to investigate the case. Establishing working relationships with all of the possible investigative authorities in the region is essential to smooth operations of SART.

Sexual Assault in State Parks and Lands

If a sexual assault is committed in a state park, the investigation is the responsibility of the State Park Ranger. If a sexual assault is committed in a state building or state parking lot, the California Highway Patrol has legal jurisdiction. The California Highway Patrol and the State Park Ranger have the option of investigating the crime, or contacting the local city police department or sheriff's department. This is done in recognition of the experience these agencies have with sexual assault investigations. In these cases, victims are typically brought to the designated hospital in the county jurisdiction for the forensic medical examination.

Sexual Assault in Federal Parks and Lands

The U.S. Park Service has legal jurisdiction over crimes committed on Federal parks and lands. The park ranger will turn the case over to the Bureau of Land Management Criminal Investigations Unit. Most often, they contact the county sheriff's department in the county where the national park or lands are located to conduct the sexual assault criminal investigation. Under some circumstances, the Federal Bureau of Investigation (FBI) may be called upon for the investigation. Victims are typically brought to the designated hospital for that California county nearest the national park or wilderness area.

Sexual Assault on Native American Lands

Criminal offenses committed on Native American lands are investigated by the local law enforcement agency having jurisdiction (Public Law 280). This is usually the Sheriff's Department. Tribal police offices are not usually sworn peace officers. Victims are typically brought to the designated hospital for that California county nearest the reservation lands.

Sexual Assault on Military Bases

The Military Police have legal jurisdiction over crimes committed on a military base. If the assailant is a member of the military, the crime is investigated and prosecuted in the military courts. If the suspect is non-military and the assault takes place on a military base, the suspect is turned over to the local authorities. Some military bases have a base hospital and trained personnel to perform sexual assault forensic medical exams. Other bases make arrangements with the designated hospital in the California county nearest to the military base for the performance of sexual assault medical forensic examinations. Some military bases have arrangements with local rape crisis centers to provide counseling services for victims. Other bases use their own counseling centers.

Sexual Assault on University of California, State University, Community College and Private College Campuses

The University of California and State University Police have jurisdiction over their campuses. As of 2001, there are 9 campuses in the University of California system, 23 campuses in the California State University system, and over 100 public community colleges. The University of California and State University campus police departments have the option of investigating the case or calling upon the local city police department or the county sheriff's department (if the university is not located within a city jurisdiction). Private colleges and community colleges (public and private) do not have police departments, and refer the case to the local city police department or county sheriff's department.

Other Jurisdictional issues

There are many other possibilities involving jurisdictional issues (e.g. cruise ships at sea, sexual assault of U.S. citizens in adjacent countries, etc.). Consult the local District Attorney's Office for information regarding these questions.

PREVENTING STRESS AND BURN OUT

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There are many published articles and books on stress and burnout, workshops, and available consultants. There is literature on the subject of secondary victimization. Secondary victimization means the psychological impact of being exposed to repeated stories and first-hand exposure to victimization. This section will summarize the important points to consider in preventing burnout:

- Monitor the number of hours that staff and volunteers have worked so that no one is working a disproportionate number of hours.
- Monitor the types and complexity of cases that staff and volunteers are experiencing.
- Become acquainted with team building exercises to continue to build camaraderie within teams and between interagency teams
- Make sure staff and volunteers take regular and periodic vacations and not embrace an annual pattern of saving up for the “big” vacation -- then waiting an entire year before going on vacation again, year after year.
- Monthly meetings with other teams are useful to build camaraderie and reduce “we are in this alone mentality.”
- Sometimes teams get “down.” Hire a consultant to meet with the group to discuss what is going on and what changes could be made to improve matters.
- Make sure team members are apprised of positive outcomes. Information about convictions and prison sentences for convicted offenders enable teams members to realize the positive outcomes. They see that the work is worthwhile, and not an endless stream of patients, clients, and/or victims in the middle of the night.
- Some teams promote social gatherings (e.g. potlucks with game show contestants from the team on funny topics, rafting trips, cross-country ski trips, hiking, picnics, chili and apple pie cook off etc.).
- Ensure that procedures are in place to implement Critical Incident Stress Debriefing (many hospitals have this protocol) for serious, overwhelming, or complex situations.
- Identify ways of expanding benefits (e.g. flex time, discount tickets at theme parks, waterslide parks, ski areas, negotiated discounts for car repairs, etc.)
- Rotate personnel to other duties and responsibilities or special projects.
- Award dinners and newspapers article feature stories to ensure public acknowledgment of team members.

Consider how to evaluate team success other than through prosecution, which sometimes has variables beyond anyone’s control or influence (e.g. camaraderie, team membership, strong relationships, and team spirit).