

How to Implement an Institution-Based Sexual Assault Response Team (SART)

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WHAT IS A SART?

It has long been accepted that the psychological consequences to a rape victim can be increased or diminished by the responses of first responders, such as law enforcement and health care providers.

Communities across the country have established Sexual Assault Response Teams (SART) to treat and collect evidence from sexual assault victims with more sensitivity and effectiveness and to ensure empowerment rather than revictimization.

Sexual assault is a complex, multifaceted problem and dealing with sexual victimization requires the collaborative and cooperative efforts of a network of services. A team approach helps to meet the victim's diverse needs and also provides the caregivers with a support system for dealing with the stress of working with victims.

THE COMMUNITY-BASED SART USUALLY CONSISTS OF:

- Sexual Assault Forensic Examiner (SAFE)
- Advocate from a local rape crisis center
- Law enforcement officer
- Prosecutor

Each member of the SART has a specific role and works closely with the other team members.

The Role of the Sexual Assault Forensic Examiner (SAFE)

A SAFE, also known as Sexual Assault Nurse Examiner or SANE, is usually a registered nurse with advanced education, training, and experience to conduct a comprehensive medical-legal examination of sexual assault victims. A SAFE is specially trained in forensic evidence collection, sexual assault trauma response, forensic techniques using specialized equipment, court testimony, assessment of injuries, sexually transmitted infection treatment, and pregnancy evaluation and treatment. The responsibilities of the SAFE may include (San Diego City and County SART, 2011):

Explaining Procedures to Victims for Medical-Legal Examinations

- Collecting evidence and specimens and photography/documentation of evidence collection
- Working with sexual assault counselors/advocates to provide crisis and emotional care
- Assessing, providing care for, and documenting the signs and symptoms of physical and emotional trauma
- Collecting, documenting, preserving, maintaining the custody of and transferring of forensic evidence to law enforcement
- Consulting and testifying for prosecution or defense

The Role of Law Enforcement

As a part of the SART, prison security will ensure the safety of the victim as well as the quality and integrity of the sexual assault investigation. A complete investigation, which includes the interviewing of witnesses and the collection of physical evidence, will lead to more successful investigation and prosecution, resulting in the perpetrator(s) of the sexual assault being held accountable. Some additional responsibilities of law enforcement as part of a SART include:

- Interview the sexual assault victim
- Obtain pertinent information from all witnesses
- Collect appropriate physical evidence and maintain the chain of custody of the evidence
- Submit physical evidence to a testing facility
- Participate in the ongoing evaluation of the SART

The Role of the Community-Based Sexual Assault Counselor/Advocate

A sexual assault counselor/advocate is a trained sexual assault crisis intervention specialist whose main function in the SART is to consider the well-being of the sexual assault victim by providing emotional support and short-term crisis intervention. The victim may not want to obtain medical care, undergo a forensic exam, or speak with law enforcement because of distrust of medical personnel, legal systems, inadequate information and options, fear of reprisal by the assailant, and/or embarrassment. The sexual assault counselor/advocate will provide support, advocacy, and information and attempt to address the victim's concerns. By doing so, the victim's anxiety may be reduced and his/her participation increased in the process. The role of the sexual assault counselor/advocate includes, but is not limited to the following:

- Meet the victim at the hospital when the SART is activated
- Arrive at the examination site within one hour of notification unless extenuating circumstances exist
- Inform the victim that free and confidential* counseling services exist
- Participate in the evaluation of services provided by the SART

**Note: See, "Confidentiality" for an explanation of the limitations of confidentiality for sexual assault victims who are incarcerated.*

The Role of the Prosecutor

The Commonwealth's attorney (prosecutor) will work in coordination with the respective agencies to ensure an effective response to sexual assault. Through this coordination, the prosecutor will be in the best position to pursue a prosecution and hold the offender accountable (Pennsylvania Coalition Against Rape [PCAR], 2002).

WHY IMPLEMENT A SART?

A SART benefits the sexual assault victim by providing immediate response to a sexual assault and every member of the team, as well. Emergency rooms benefit by having a SAFE available since it frees up both the emergency room nurse and physician. Law enforcement benefits by the collection of high-quality evidence. Many prosecutors find that SAFE nurses may have more credibility when testifying in court than an emergency department physician. Because SAFEs conduct more forensic evidence exams than physicians or emergency department nurses, their proficiency and credibility is less likely to be called into question by defense attorneys. All members of the SART benefit from working as a team and being able to support one another.

Within the prison environment, the implementation of a Sexual Assault Response Team ensures consistent, timely responses to all incidents of sexual violence. Although policies and procedures for sexual assault response are clearly defined in the Prison Rape Elimination Act (PREA) standards, each institution implements these policies in a different way. Putting an institution-based SART into practice would provide consistency in the implementation of policy, solidify procedures within the individual institutions, and would ensure the collection of high-quality evidence, contributing to more successful prosecutions.

THE INSTITUTION-BASED SART

The Institutional Sexual Assault Response Team (SART) has three components:

1. PREA Compliance Manager
2. Correctional Officer (investigator)
3. Medical Service Personnel

MEMBER'S ROLE AND RESPONSIBILITIES:

PREA Compliance Manager

PREA Compliance Manager is a new position within Pennsylvania Department of Corrections (PA DOC) institutions. It requires individuals to volunteer for part-time collateral responsibilities. The PREA Compliance Manager provides support to the victim, answers any questions the victim may have, and informs the victim of the process for the interview and examination. The PREA Compliance Manager should be notified of a sexual assault as soon as a report is made so they can ensure that the victim is supported throughout the process. The PREA Compliance Manager does not participate in the gathering of evidence, fact-finding, or the investigation of the assault. Rather, their focus is to meet the victims' physical, emotional, psychological, and spiritual needs, keeping those needs as a high priority. The PREA Compliance Manager's responsibilities include:

- Act as a liaison among SART participants on behalf of the victim
- Work collaboratively with team members to ensure quality services
- Arrive within the designated time frame given in the PREA standards
- Greet the victim, introduce yourself, and explain the PREA Compliance Manager's role in the process
- Remove yourself from any part of the process the victim/patient does not want you to attend
- Facilitate informed decision making
- Assist with referrals
- Notify family and friends as requested
- Collaborate with the local sexual assault counselor/advocate
- Participate in basic sexual assault training and advanced training as directed
- Attend monthly institutional SART and other appropriate meetings as needed

- Communicate with investigations, law enforcement agencies, rape crisis centers, prosecutors, and other related agencies as needed and appropriate
- Participate in at least four hours per year of continuing education in sexual assault, or as deemed appropriate

Correctional Officer/Investigations

The Correctional Officer's role is to perform an internal investigation and report the facts of the case. The Correctional Officer/Investigator will be responsible for the immediate safety needs of the victim; interviewing the victim and perpetrator; investigation of the crime; identifying, and referring charges on the suspect; transporting the victim to hospital for forensic exam, writing reports, participating in court proceedings, and all other duties normally associated with security, housing, investigative and law enforcement functions. As a part of a SART, the corrections officer's responsibilities include:

- Notice behaviors that may indicate victimization including, assaultive behaviors, withdrawn or fearfulness, or behaviors that may be out of character for a person
- Determine if there are immediate medical needs and refer as appropriate
- Conduct preliminary interview
- Conduct the victim assessment — crime scene, general physical appearance, clothing, and non-genital trauma
- Notify the Pennsylvania State Police (PSP)
- Activate SART
- Walk the PSP or other essential personnel through the crime scene
- Obtain all pertinent information
- Document, as required
- Educate SART about how to improve coordination with security services

Medical Services Personnel

Medical Services Personnel are responsible for providing immediate medical assistance to a victim of sexual assault. Sexual assault in any setting is a traumatic, stressful experience. Medical services personnel are one of the first systematic personnel

that a victim interacts with after an assault. It is important that the victim be treated with respect. As part of the SART, the medical personnel's responsibilities include:

- Provide basic medical assistance to victims of sexual assault for injuries requiring immediate medical treatment.
- Preserve any potential forensic evidence, if possible when injuries require immediate medical attention. Refer victims immediately to an outside medical facility for a forensic examination if the suspected sexual penetration has been reported within 72–120 hours.
- Work collaboratively with outside medical services to ensure that recommended follow up treatment is provided.
- Provide the SART with medical information related to emergency procedures in response to sexual assaults.
- Educate the SART on how to improve coordination between the institution and the hospital.
- Educate the SART on medical issues related to victims of sexual assault.

STEPS TO ESTABLISHING AN INSTITUTION-BASED SART

The following steps have been developed as a result of the collaboration between the PA DOC, Pennsylvania Coalition Against Rape (PCAR), the Office of the Victim Advocate (OVA), and the pilot SART programs at State Correctional Institution (SCI) Dallas, SCI Muncy, SCI Mercer, and SCI Cambridge Springs.

STEP ONE: THE INITIAL MEETING OF COLLABORATIVE PARTNERS

This first meeting should include key institution staff and representatives from the local rape crisis center. Key institution staff should include (but not limited to):

- Superintendent
- Deputies
- Security
- Medical
- Psychology
- Lieutenants

Topics discussed at the initial meeting should include:

- Conduct introductions: Have participants introduce themselves and explain their job. Remember, most community-based people know very little about the workings of a correctional facility. Offering to provide a tour of the facility is a great way to increase the comfort level of community-based advocates working within the prison and help the players get to know one another.
- Identify common goals.
- Define a SART and how it works.
- Determine if your community has a SART in place
- Discuss how the institution-based SART will work with the community-based SART (if applicable, not all communities in Pennsylvania have a SART.)
- Discuss the position of PREA Compliance Manager, how that position will function within the SART, and how to choose the people to fill that role. (*Note: suggested screening questions may be found in the appendix section of this document.*)
- Ensure that everyone's questions are answered.
- Design an action plan.
- Who will conduct the basic and SART trainings? (The rape crisis center may be able to do these trainings for you. If they cannot, they should be able to refer you to appropriate speakers.)

Note: Covering these topics may require more than one meeting.

STEP TWO: BASIC TRAINING

The basic training is for contact staff at the institution. This training may be instructed by the local rape crisis center. Staff who should receive this training include (at a minimum):

- Administration
- Medical
- Counseling
- Treatment/Psychology
- Security
- Corrections Officers
- Lieutenants
- Captains
- Teachers
- Maintenance

The basic training should include the following topics:

- Basic information about PREA, PREA history, and PREA implementation in Pennsylvania
- Review of PREA standards
- Basic information regarding sexual assault including:
 - Dynamics of sexual assault
 - Facts
 - Definitions
 - Basic information about short- and long-term reactions to assault
 - Communicating with a sexual assault victim
- Services provided by victim service personnel
- Scenarios
- Resources

Notes: It is recommended that at the basic training the role of the PREA Compliance Manager is explained and volunteers are solicited. It is necessary to have a PREA Compliance Manager on each shift, so that a PREA Compliance Manager is always available at the time of a report. Information on the selection process and sample selection questions can be found in the appendix of this document.

This training should be repeated until all contact staff has attended.

STEP THREE: INTENSIVE SART TRAINING

This training can be presented by local rape crisis and should be attended by the following institution staff (at a minimum):

- Security
- Medical
- Psychology
- PREA Compliance Manager

The intensive SART Training should include the following information:

- Recap of PREA
- Sexual Assault Response Teams (SART): Definition, identification of participants and their individual roles, benefits of a SART.
- Similarities and differences between institutional SART Teams and community-based SART Teams

- Trauma Reaction (more in depth than Basic Training)
- Child sexual abuse and the cycle of revictimization (more in depth than Basic Training)
- Discussion: “Can inmates be victims?”
- Discussion: “What do you do if you don’t believe the alleged incident occurred?”
- Discussion: Inmate’s reasons for manipulation or lying about an assault and why inmates recant.
- Medical services
 - At the facility
 - At the hospital
 - Follow up
- Process of investigating a sexual assault allegation
- Housing placement of victims and offenders
- Follow up services for victims
- Discussion of services within the institution
- Discussion of services in the community
- Follow up with staff members — the need for debriefing and case management.

Note: Basic training is a pre-requisite for intensive SART training. Personnel who have not taken the basic training should not attend intensive SART Training.

STEP FOUR: MEETING BETWEEN INSTITUTIONAL SART MEMBERS AND COMMUNITY-BASED SART MEMBERS.

Personnel at this meeting should include:

- Institution staff (at a minimum):
 - Administration
 - Security
 - Medical
 - Psychology
 - PREA Compliance Manager
- Victim Service staff should include (at a minimum):
 - SAFE nurses
 - Law enforcement
 - Prosecution
 - Community-based victim advocate

Discussion topics should include:

- Introductions
- Each person’s role within the SART

- Discussion of process within that particular county
- Discussion of process within the facility
- Identification of obstacles or challenges between the two
- Tour of facility
- Basic information about PREA and history
- PREA standards
- Basic information regarding sexual assault
- Issues particular to working with inmates that are victims
- What Pennsylvania is doing to address PREA
- How working with inmates will impact each of the components of the community-based SART
- Possible separate meetings with both groups
- Attendance by representatives from the institutional SART's at an already established community-based SART meeting
- Open discussion of the process
- Acknowledging challenges and successes

STEP FIVE: MEETING FOR SAFE NURSES, PREA COMPLIANCE MANAGERS, AND COMMUNITY-BASED ADVOCATES

Personnel to attend (at a minimum)

- Victim/witness personnel
- Staff member(s) from correctional facility
- SAFE nurses from county
- Advocates that may work with inmates
- County jail personnel
- The SAFE Nurse

Discussion points at this meeting should include:

- Ongoing "case management" meetings with institutional and community-based SART's
- Identifying possible training topics

COLLABORATION AND COMMUNICATION BETWEEN INSTITUTIONAL AND COMMUNITY-BASED SARTS

INTRODUCTION TO COLLABORATION

With a focus on collaboration between Pennsylvania's State Correctional Institutions and community-based sexual assault programs, the

following information explores the characteristics of successful collaboration, the partners involved, and the challenges inherent to collaborative relationships.

There are many words used to describe efforts to unite people from different professions with a common cause. These words are often used interchangeably, although each has its own meaning and a different depth of involvement. These words include:

- Cooperation
- Coordination
- Collaboration
- Partnership

We will define the relationship between the correctional institution and the local rape crisis center as a collaboration, which is defined as "creating something new, commonly a new process. Generally, the organizations bring a business they already know well and identify how, by joint actions, they can redesign a process to their mutual benefit." There must be trust and integrity as a foundation, and the parties need to understand the perspectives of the other collaborators' self-interest(s). This understanding suggests a greater depth of involvement between organizations. It is not merely exchanging information, but developing a sense of awareness for whom the other parties are, what motivates them, and what they need out of working together (Drummond et al., 2002, p. 4-2)."

For collaboration to be successful, the following things should be in place (Drummond, et. al., 2002):

- **Shared vision or mission:** When people work together toward a common goal, it should be clearly understood, easily communicated, and shared by all involved parties. If a vision or mission is pre-established by an individual or faction of a larger group, it may not achieve "ownership" that is needed to ensure success. It is crucial to take time and process through a shared vision or mission with all stakeholders and establish goals and objectives that are supported by all.
- **Agreement about the problem or issue to be addressed:** While diversity is one of the essential elements of collaborative efforts, it also results in differing and often unique perspectives about the basic issue that is being addressed. In developing good working relationships,

stakeholders must seek a consensus that respects different views and opinions.

- **Incremental success on the pathway to an ultimate goal:** Too often people working together aim for one definitive goal that, in their view, connotes success. It is necessary to determine incremental, smaller successes that can help stakeholders ensure that they are heading in the right direction, and evaluate possible alternatives along the way to the ultimate goal, if warranted.
- **Egos at the door:** All parties must be willing to break down turf barriers and “leave their egos at the door” in their mutual attempts to reach a common goal.
- **Diversity among group members working toward a common goal:** If it is true that “great minds think alike,” it is likely that “different minds think even better.” The many different viewpoints and perspectives are a key asset to collaborative efforts and, without them, such efforts are doomed to failure.
- **Have the “right players” at the table:** It is helpful to adopt a “global” view of the problem or issue that is being addressed in terms of all the stakeholders who are affected: victims, the community, allied professionals, etc. If a person or group is affected by a problem, it is absolutely crucial that they be involved in creating the solution.
- **Understanding and implementation of change:** Most working relationships seek change: in justice process, service delivery, and community involvement, to cite a few examples. If the road to solution does not address the specific changes that will occur as a result and institutionalize these changes for the future, the outcomes will not be successful in the long run. Managing change is one of the most difficult, yet important, elements of collaborative efforts.
- **Sharing of resources:** If time, level of commitment, and human or financial resources are not adequate to achieve shared goals, failure is likely. Considerable attention should be paid to what type of resources are

needed, at what point, by whom, and for how long, throughout the collaborative process.

Note: Lack of resources is a very real issue for most community-based sexual assault programs. Staff is often spread thin and they are often operating on a “shoe string” budget. It is recommended that this is discussed openly with their DOC partners and problem solving is conducted. Lack of resources should not be allowed to be a barrier in the collaborative process.

- **Measures to evaluate success:** As stakeholders in collaborative processes begin their joint efforts, evaluation must be a key tenet of all their activities. Stakeholders’ vision, goals and objectives should all be measurable in concrete terms, and their plan should be flexible enough to accommodate changes that result from evaluative data that shows a need to change course.
- **Understanding of each partner, who they are and what they do:** All parties must have an understanding of the other stakeholders; in this example the prisons need to understand how victims are affected by crime, and the community-based organizations should understand the dynamics of prison rape and the workings of the correctional institution. It is important to incorporate training about both into the process.

LESSONS LEARNED FROM SUCCESSFUL COLLABORATIONS

Collaborative relationships can be strengthened through formalized Memorandums of Understanding (MOUs).

If collaborations are to be maintained, it is important for them to be supported by formal agreements. Although many relationships begin informally, with a particular individual laying the groundwork for collaboration, high turnover in personnel may put these informal collaborations in jeopardy. It is best if informal collaborations are formalized so that they would not depend on individual personalities or relationships. Memorandums of Understanding (MOU) are seen as important to protecting key features of collaborations and promoting continuity

over time. It is recommended that when developing MOUs, parties work together to spell out in detail the duties of both sides and reduce the opportunity for differing interpretations.

Collaborations can benefit when viewed as a high priority by both high-level institution staff and rape crisis programs. Forming and maintaining collaborative relationships is not a simple matter and require ongoing commitment of personnel and resources. Those in positions of authority on both the institution and community-based sides are necessary to ensure that these relationships take hold and are successful. Within the institution, the superintendent serves as the key decision maker and sets the standards for individuals at all lower levels of command. Within the community-based sexual assault program, the program director or direct services supervisor will be the point of contact.

Materials that explain the rape crisis program's services and victims' rights should be available within the institution. The availability of brochures and information for both institution staff and prisoners is recommended.

Benefits can emerge from collaboration conferences and participation of institution staff and community-based advocates at regular meetings. Regular meetings that include all the stakeholders are vital for collaborative relationships because they allow opportunities for:

- Forming relationships between individuals that can serve as points of contact within both military and civilian organizations
- Increasing understanding about respective roles in responding to cases
- Presenting information on policies and practices that simultaneously reach key representatives of both parties
- Providing updates on staff turnover and program and policy changes
- Enabling immediate problem solving
- Promoting the formation of formal collaborative relationships specified in MOUs

Local collaborative conferences/trainings play an important role because they would emphasize the importance of sexual assault issues to both the institution and community-based staff. Collaborative conferences/trainings should not be a one-time event. Regular collaborative conferences/trainings are key to keeping the issues on the "front burner" of both systems. They create networking opportunities and allow ongoing educational opportunities for large numbers of personnel. Although national conferences/trainings may be considerably less costly to the local programs, local conferences/trainings are more likely to be attended by a large number of staff. The greatest value of the local conference/trainings lies in establishing collaboration and bringing new community partners to the existing collaboration. 

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