



End Violence Against Women International  
(EVAWI)

# Sexual Assault Response and Resource Teams (SARRT): A Guide for Rural and Remote Communities

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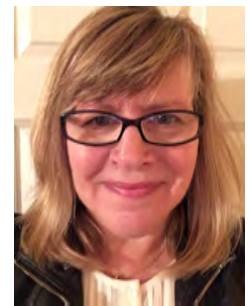
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- Discussions of the EVAWI Rural Advisory Board (2005-6). The board offered useful input on what issues to address in the module, based on their experiences as rural service providers.
- [Unspoken Crimes: Sexual Assault in Rural America](#) (2003). Written by Susan Lewis. Published by the National Sexual Violence Resource Center (NSVRC), a project of the Pennsylvania Coalition Against Rape (PCAR), Enola, PA.
- [SANE Development and Operation Guide](#) (1998). Written by Dr. Linda Ledray. Published by the Office for Victims of Crime, US Department of Justice, Office of Justice Programs, Washington, DC.
- [Promising Practices: Improving the Criminal Justice System's Response to Violence Against Women](#) (1998). Written by Kristin Littel, Mary Malefyt, and Alexandra Walker. Published by the Technical Assistance Project of the STOP Violence Against Women Grant Program, Washington, DC. (NCJ 172217).
- [A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents](#) (2013). Office on Violence Against Women, US Department of Justice, Office of Justice Programs, Washington, DC.
- [Developing a SART: A Resource Guide for Kentucky Communities](#) (2002). Published by the Kentucky Association of Sexual Assault Programs, Frankfort, KY.
- [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.
- *California SART Manual* (2001). California Clinical Forensic Medical Training Center.

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 the unique challenges faced by professionals who respond to sexual assault in rural and remote communities – by improving the coordination of services for victims across 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?
- How can rural and remote communities, victims, and first responders benefit from a SARRT?
- Any words of caution about SARRTs?
- How do rural and remote communities create a forum to discuss whether or not a SARRT will work for them? Who should be involved?
- What are potential arguments against implementing a SARRT in rural and remote communities and ways to rebut these arguments?
- How can rural and remote communities assess their needs related to an effective response in sexual assault cases?
- What should be included in an action plan for developing a SARRT?
- What expenses are involved in starting a SARRT?
- How does a community go about securing support for a SARRT?
- What are examples of possible funding resources?
- What if the community doesn't have an advocacy/victim service program?
- What if a site has not been identified where examinations can be performed?
- What if the community doesn't have trained forensic examiners?



- What resources are available to assist in developing or expanding a forensic examiner program?
- What if the examination site does not have the equipment needed for medical forensic examinations?
- What can rural and remote communities do to help local law enforcement agencies and prosecution offices build their capacity to respond to sex crimes?
- How do rural and remote communities determine the focus of the SARRT?
- Do SARRTs target specific populations of victims?
- Are there options if SARRT developers feel it is too great a task to create a team that responds to the entire community or geographic region?
- Are there differences in how SARRTs are developed when multiple jurisdictions are involved?
- How are activities of the SARRT coordinated?
- Is there a need to identify one agency that will lead SARRT efforts?
- How should communities develop their protocol for coordinated response?
- What resources are available to help establish a SARRT or write a protocol?
- What other tools can a SARRT develop to help implement their protocol?
- What professional training is necessary to implement a SARRT?
- What publicity does the SARRT need? What methods are best used for increasing public awareness?
- To what degree, if any, should SARRTs be involved in prevention efforts?
- Should a SARRT hold meetings? What is the purpose of these meetings?
- Should a SARRT conduct case review?
- What are some objectives that a rural or remote SARRT might pursue?



## Introduction

**Please note:** This module provides an in-depth overview on Sexual Assault Response and Resource Teams (SARRTs) specifically for rural and remote communities. This course will provide you with much of the same information for developing and implementing a SARRT that you will find in the OLTI Module entitled: [Sustaining a Coordinated Community Response: Sexual Assault Response and Resource Teams \(SARRT\)](#). As a result, we would recommend that you complete one or the other but not both.

For those of you who live in a rural or remote community/region, no one needs to tell you: **rural and remote communities face unique challenges in responding to sexual assault:** Many of these challenges are seen in urban communities – although perhaps in a different format – and some are unique to the rural environment. They include:

- High rates of sexual assault victimization.
- Low rates of reporting and other forms of help seeking.
- Few community services and resources for responding to sexual assault.
- Lack anonymity/confidentiality for victims.
- Physical isolation of victims from services.
- Informal social controls that dictate secrecy for personal problems and discourage reporting of sexual victimization.
- Lack of exposure of residents to social norms that challenge tolerance of sexual assault.
- Resident distrust of assistance that comes from public organizations and agencies.
- Lack of social and economic options for residents.
- Low rates of prosecution for sexual assault, particularly when drugs or alcohol are involved (adapted from Lewis, 2003, pp.4-6).

These factors can contribute to the reluctance of many sexual assault victims in rural areas to seek help and increase the barriers that community agencies face in responding effectively.



**The purpose of this training module is to guide rural and remote communities in overcoming these challenges by improving coordination of services for victims across professional disciplines and agencies.** To effectively coordinate community response, we highly recommend the use of a Sexual Assault Response and Resource Team (SARRT). Many people think of the SARRT concept as applying only to urban settings. In this module, we outline the many benefits of SARRTs for rural and remote communities. Yet we don't simply argue for the SARRT concept and let you figure out on your own how to implement one. This module provides you with concrete suggestions for how to start, nurture, and expand a SARRT in your community, no matter how rural or remote.

**Please Note:**

Throughout this module, we will include examples of how the recommendations have been implemented in rural and remote communities from around the country. While we have not provided detailed information on these communities, they were all selected because of their rural and remote character. In other words, if they can do it, so can you! For more information on any of the community examples, please contact EVAWI or professionals within the communities themselves.

## What is a SARRT?

### SART or SARRT?

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 (e.g., 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 involves the wide range of professional disciplines who are involved in providing both the **response** and **resources** for sexual assault victims within the community.



The beauty of the SARRT concept is that communities can design their SARRTs specifically to overcome local problems and build upon local strengths. Rather than looking exactly the same as an urban SARRT, your rural SARRT should reflect collaborative approaches that work in your community. We want to make it very clear from the outset that **rural and remote communities can and do successfully utilize SARRTs to improve their investigations and prosecutions in sexual assault cases and better serve victims of this crime.** This module will show you how. The module covers the following topics:

- The basic concept of a coordinated community response, from the perspective of rural and remote communities.
- Problems historically associated with rural and remote community responses to sexual violence.
- The benefits of a coordinated community response for rural and remote communities.
- SARRT costs.
- How to initiate or expand a SARRT.
- Ways to build community capacity to implement and sustain a SARRT.

To illustrate how different rural and remote communities around the country have gone about crafting their own SARRTs, we provide examples throughout the module. Let's get started.

## What is a SARRT?

For decades, communities across the United States have grappled with how to improve their response to sexual assault. Problems facing these communities typically 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.
- Fragmentation of responses across agencies to disclosures/reports of sexual assault.

These problems are often amplified in rural and remote areas, as we have already discussed.



Among the most popular approaches used by communities to deal with these problems is to implement a Sexual Assault Response Team (SART) or Sexual Assault Response and Resource Team (SARRT). In the *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” (2006, p.1).*

Basically, **these efforts are designed to facilitate coordination among professionals from different disciplines involved in responding to sexual assault, with the goal of improving overall response.** 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 closed communities such as military bases, school campuses, and tribes (*National Protocol*, 2004). While this module does not address the unique issues facing these specialized SARRTs, material is currently being developed for other training modules that will focus on the coordinated community response for campuses, military bases, and tribes.

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 rural and remote communities face in responding effectively to sexual assault crimes. We all know it isn't that easy. All a SARRT can do is provide a structure for coordinating the services provided by all of the various disciplines involved in sexual assault response. 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 rural and remote communities to go about addressing their challenges. 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. One emergency room nurse described the impact of the SARRT program in her community, in a study conducted by Campbell and Ahrens (1998):

*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 (p.562).*

This type of coordination is required for all of the professionals to maintain a shared focus on victims; this was clearly stated by a prosecutor in the same study:

*“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 her” (Campbell & Ahrens, 1998, p.568).*

## Will All Community SARRTs Look the Same?

No. It is important to note that **SARRTs can look very different in various communities**. As one example, 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.
- 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?

*“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” (CCFMTC, 2001, p.ix).*





A coordinated community SARRT is designed to meet both of these sets of needs, 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 multidisciplinary structure 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.



## Two Sets of Needs Met by a Community SARRT: The Victim and 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
- closure

This section is taken from the California Clinical Forensic Medical Training Center *California Sexual Assault Response Team (SART) Manual* (2001).

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
- competent representation for the defendant by defense counsel

This section is taken from the California Clinical Forensic Medical Training Center *California Sexual Assault Response Team (SART) Manual* (2001).



## 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.
- Support and information for victim's families and friends (*National Protocol*, 2004, p.13).

Goals of any SARRT team are thus typically two-fold (adapted from Littel, Malefyt, & Walker, 1998; *National Protocol*, 2004). 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 evidence documentation and 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.

To facilitate coordination, SARRTs are often involved in the following activities:

- **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.
- **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).

These activities are discussed in more detail later in the module.

## 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 CCFMTC, 2004; Kentucky Association of Sexual Assault Programs, 2002; *National Protocol*, 2004).

### Resource: Multidisciplinary Video

Professionals in Alachua County, Florida created this [multidisciplinary video](#) detailing the role of Sexual Assault Response Team (SART) members, including victim advocates, forensic medical examiners, law enforcement investigators, and prosecutors. Team members share strategies from each disciplinary perspective on how to respond in a supportive, trauma-informed manner. The video was created by the Alachua County Communications Department.

## 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” (CCFMTC, 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. 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’ 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 to them, work with family members, and advocate on victims’ behalf to ensure that prompt, considerate care is provided (adapted from CCFMTC, 2001, p.53).

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 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 of advocates and other victim service providers is thus 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.

#### **Resource: Victim Advocacy**

For more information on advocacy, including the different types of advocates, please see the OLT modules entitled: [Effective Victim Advocacy in the Criminal Justice System: A Training Course for Victim Advocates](#) and [Breaking Barriers: The Role of Community-Based and System-Based Advocates](#).

#### **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 receive specialized education and fulfill clinical requirements to perform these exams.

- Forensic nurse examiners (FNEs) also receive special training and clinical preparation to collect forensic evidence for 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 this exam.

**Please Note:**

Throughout this module, the general term “forensic examiner” is used to denote the broad range of specially trained and clinically prepares 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. While members of a forensic examiner program will likely be involved in any coordinated community response system such as a SARRT, 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. As stated in the *CCFMTC SART Manual*, “examiners must provide objective medical forensic consultation” not only to law enforcement professionals and prosecutors but also to “defense attorneys,” after the prosecutor has released the information to the defense (2001, p.24).

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.

### **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 crimes. 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 then have the 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 that is 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 (CCFMTC, 2001).

**Example: Winona, County, Minnesota**

In **Winona County, Minnesota**, the county attorney took the lead in 1998 in bringing all the pertinent stakeholders together to form a Sexual Assault Interagency Council (SAIC) and develop an interdisciplinary protocol for response to sexual assault.

**Example: West Virginia**

In **West Virginia**, the director of the State Police Forensic Laboratory is a strong supporter of statewide efforts to develop local SART/SANE programs. His support has lent credibility to this work – he is well respected around the state and people tend to listen when he talks. He is part of a team that has traveled statewide since 2004 to provide introductory training on developing local SART/SANE programs to interested communities.

**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 rural and remote communities tend to have considerably fewer resources than suburban and urban ones, they usually can 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 include mental health providers, educators, researchers, representatives from probation/parole, and judges.

**Example: West Virginia**

One community in **West Virginia** that is in the initial stages of SARRT development does not have a rape crisis center. It plans to begin providing support to victims by utilizing the hospital's social work department.

**Resource: Judicial Participation**

For special concerns involving judicial participation in a coordinated council such as a SARRT, please see the discussion in the manual published by the American Prosecutors



Research Institute entitled, "[Confronting Violence Against Women: A Community Action Approach](#)" (pp.112-114; see the resources at the end of this module).

### **Chief Administrators**

To ensure the SARRT has a broad base of commitment and support, involve chief administrators of the various agencies involved in sexual assault response to the extent possible (e.g., the district attorney, police chief or sheriff, executive director of the rape crisis center, director of the hospital). "Strong support by top agency executives is essential to institutionalize the model in a community. Without this commitment, a SART may develop in limited scope and authority and may become a fragile entity with no political support. Executive level support must be matched with support from upper and mid-management, first line supervisors, and front-line staff" (CCFMTC, 2001, p.4).

### **Elected Officials**

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" (CCFMTC, 2001, p.5).

### **Other Local Agencies**

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.

### **Existing Collaborative Entities**

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 rural or remote communities where the same agency representatives



participate in these groups; it would be relatively easy to extend the purpose of a collaborative body to address sexual assault.

## What are the Requirements for SARRT Participants?

It is important that professionals involved in the SARRT have the “authority to represent the agency on most issues relating to sexual assault intervention policy and procedures” (CCFMTC, 2001, p.5). In other words, membership on the SARRT “should not be delegated to a front-line employee as a ‘stand-in’ for upper or mid-management” (CCFMTC, 2001, p.5).

Rather, any professionals serving as a representative for their agency on the SARRT “must have the delegated 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.
- Develop a model, which will be endorsed when it is sent to executive staff for approval and signature (CCFMTC, 2001, p.5).

It is also important that the agency representative participating on the SARRT does not routinely “rotate attendance with another agency representative. This [rotation] breaks continuity of decision making and disrupts historical ‘group memory’ or issues and resolutions” (p.5). While it is often 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.

## Benefits of a SARRT

### How Can Rural and Remote Communities Benefit from a SARRT?

A primary benefit of the SARRT approach for rural and remote communities is that it does not force them to fit into a predetermined mold of coordinated community response to sexual assault. Instead, it allows them to customize their teams to address local challenges and barriers while taking into account their unique characteristics, needs, strengths, and resources. Below are some examples of challenges and barriers these communities may face in (1) helping victims get prompt protection and medical, emotional, and legal assistance and (2) holding offenders accountable within the criminal justice system (adapted from discussions of the EVAWI Rural Advisory board in 2006 and Lewis, 2003, pp.4-6).

## Challenges Facing Rural and Remote Communities

### High Rates of Sexual Assault Victimization

While the perception of many people is that cities are dangerous, the data actually indicate that sexual assault may be more prevalent in rural and remote communities than urban ones (Lewis, 2003; Ménard & Ruback, 2003).

### Low Rates of Reporting and Other Help Seeking by Sexual Assault Victims

There is considerable evidence to suggest that sexual assault is vastly under-reported, but many people believe that the problem of under-reporting may be even more significant in rural areas than urban ones (e.g., Royse, 1999). Victims in rural and remote communities may be particularly unlikely to report the crime to law enforcement and seek other forms of assistance from community service agencies, given their lack of anonymity and fear that “everyone will find out” and possibly side with the offender rather than them.

### Lack of Services, Including Public Safety and Victim Assistance

Rural and remote communities often have very few services and other resources, including personnel, equipment/technology, and training. Moreover, services are often under-funded, because the amount of time and money that is required to respond to a single case in a rural area is higher than in an urban one (Lewis, 2003).

### Physical Isolation of Residents from Services

In many rural and remote areas, there are considerable distances and difficult terrain to cross for victims to physically access services. To get a sense of how isolated some communities and individuals are, picture 80% of the American population crowded on 20% of the land (Lewis, 2003). Census data from 1997 indicates that this is the reality; in fact, 20% of Americans live in non-metropolitan areas (1999).

### Lack of Specialization Among Service Providers

Because services and resources are limited in rural areas, many community professionals serve as “general practitioners,” without the specialized training and expertise that are needed to respond effectively to sexual assault crimes.

### Lack of Resources for Residents to Access Services

While services are often extremely limited in rural and remote communities, residents often do not have the resources to access those services that do exist. Residents often do not have sufficient transportation options, phone service, childcare, and time off from work options in order to seek services. Residents also often have limited financial capacity, given the higher



rates of poverty seen in rural areas as compared to urban ones (Nord, 1997). This means that victims may be extremely concerned that reporting or otherwise disclosing the sexual assault may threaten their own economic survival or that of other family members – particularly if the offender is the victim’s intimate partner or family member (e.g., brother-in-law). While many of these factors are not unique to rural and remote communities, their effect may be intensified by the lack of social and economic resources that residents face as compared to those in urban areas (Lewis, 2003).

### **Lack of Anonymity/Confidentiality for Victims**

Since many people in rural communities know each other, it is extremely likely that victims will re-encounter both offenders and their families and friends. It is also likely that victims will be reluctant to report the crime to law enforcement or seek services because they fear that everyone will find out about the sexual assault.

### **Distrust of Outside Assistance**

Residents in rural areas often feel uncomfortable seeking assistance outside their own families or social circles. In fact, people often choose to live in rural areas because they want solitude and privacy (Lewis, 2003). Victims may be especially reluctant to seek outside help if they perceive that sexual assault is not taken seriously by the criminal justice system or that the courts will be biased because they are built on gender norms that favor men (Lewis, 2003).

### **Social Norms that Dictate Secrecy for Personal Problems and Discourage Reporting of Sexual Assault**

Such community norms include beliefs that a family’s reputation is more important than an individual’s problems, that violence against women is a normal part of life and/or not a priority problem to be addressed, that intimate partner sexual violence is a private matter, and that certain behaviors mean that a victim was “asking for it.” Although victims will typically experience confusion, fear, and betrayal in the aftermath of a sexual assault, they can be influenced by friends and family members to accept it as simply a part of reality or “just the way it is” (Lewis, 2003). Unfortunately, first responders and other community professionals are not immune to societal misconceptions about sexual assault, victims, and offenders. These norms also affect a court’s capacity to seat a fair and open-minded jury, because the population in rural areas tends to be more homogenous than in urban communities, because social norms are often dictated by a few prominent individuals or families, and because residents in rural areas typically have less exposure to broader social norms that challenge the status quo (Lewis, 2003).



## **Lack of Prosecution of Sexual Assault in General, and of Drug Facilitated Sexual Assault in Particular**

Very often sexual assault cases are not prosecuted in rural areas because of the perception that it takes too much time or too many resources on the part of the prosecutor, with little chance of conviction. In alcohol or drug-facilitated sexual assault, the public/jury perception may be that victims are responsible for their sexual assault if they were voluntarily drunk or using drugs.

## **Lack of Cooperation and Respect Among Agencies**

This lack of cooperation and respect could be due to a sense of territorialism among community professionals, an “old boys’ network” where power is concentrated in the hands of a few men who may tolerate violence against women, and the lack of policies addressing evidence documentation and collection and crossing jurisdictional boundaries. While none of these problems is unique to rural areas, they can be intensified by the fact that fewer people are involved and relationships between agencies can be dictated by personal relationships.

## **How Can SARRTs Benefit Victims in Rural and Remote Communities?**

**A Team Approach Can Help Rural and Remote Communities Maximize Resources and Solve Problems in Response to Sexual Assault.** A SARRT can be particularly useful in:

- Helping communities stretch their resources within and across agencies.
- Overcoming barriers and challenges they face.
- Building upon their strengths (e.g., residents of the community take care of each other).

### **Example: Rice County, Minnesota**

The coordinator of the Sexual Assault Multidisciplinary Action Response Team (SMART) in **Rice County, Minnesota** reported that it has been instrumental in helping overcome challenges in local response to sexual assault because it provides members with a forum to brainstorm and work collaboratively to address challenges. The team seeks feedback from victims and the community through focus groups and public forums to figure out what challenges exist and potential ways to overcome them.

**The process of developing a SARRT can help involved agencies understand how these challenges and barriers impact each phase of response.** For example, physical isolation is one of the most daunting challenges faced when providing services to victims in areas with vast but sparsely populated land like Alaska (1.1 persons per square mile), Wyoming (5.1 persons per square mile), and Montana (6.2 persons per square mile). Members of a SARRT in this type of area could thus seek to identify specific challenges





posed by physical isolation at each point in the response process (even when a disclosure is delayed). Once these issues are identified, the SARRT can work to develop possible responses, such as:

- Soliciting feedback from victims and community members and professionals about concerns related to accessing services and ideas they have for improving access.
- Training professionals such as teachers, social workers, religious and spiritual counselors, health care workers, and cosmetologists to be informal first identifiers.
- Implementing mobile SANE units or satellite victim advocacy offices.
- Seeking grant funding for additional law enforcement officers to respond to remote areas and enhance communications among regional law enforcement agencies.
- Identifying scenarios that the SARRT might be presented with and developing procedures for effectively responding to maximize victim safety and access to interventions.
- Brainstorming what can be done to prevent sexual assault from occurring in the first place.

#### **Example: Johnson County, Missouri**

The one-year-old SART in **Johnson County, Missouri** has already made several changes to make services more accessible to victims. First, procedural changes have allowed more victims to utilize the services of an advocate, even when they choose not to report to police. Second, SANEs in the community can now collect and document forensic evidence from victims even when they have not decided to report – or when they are unsure about whether or not they want to report the crime to the appropriate authorities.

**A positive experience with first responders may facilitate victim healing and willingness to be involved in the criminal justice system.** For various reasons, many victims choose not to report their sexual assault to law enforcement, seek victim services, obtain medical care, or participate in the criminal investigation and prosecution of the case (*National Protocol*, 2004). Victim reluctance to seek outside assistance may be even more prevalent in rural and remote communities than in urban ones, due to the high rate of non-stranger sexual assault and fear that offenders, their families, or friends may retaliate if a disclosure is made (Lewis, 2003). Victims may also be concerned that word of the sexual assault will travel quickly in their community where “everybody knows everybody else.” They often fear that they would have very little anonymity if they reported or otherwise disclosed their sexual assault (Lewis, 2003). To the extent that coordinated efforts improve services, this will therefore directly benefit victims within the community.





**Collaboration among the professionals involved in sexual assault response may also be instrumental in reversing the trend of victims being reluctant to seek help** (*National Protocol*, 2004). It makes sense that victims would be more likely to seek assistance when:

- First responders are perceived as caring, helpful, and competent.
- Responders work together to ensure that victims are informed of their options for assistance, encouraged to address their needs, and aided in obtaining help they need.

Again, victim cooperation within the criminal justice system may increase in communities where a SARRT helps to coordinate and improve the services provided by first responders.

SARRTs are often particularly interested in developing and promoting local practices that speak to the needs of victims. Victims may also be more likely to seek assistance when they have confidence that their report/disclosure will be taken seriously, and precautions will be taken to preserve their anonymity and avoid conflicts of interest (e.g., an investigator asks another officer to handle a case because he is the cousin of the suspect). SARRTs in rural and remote communities have the opportunity to implement such protocols that maximize confidentiality, again benefiting victims directly.

## **How Can SARRTs Benefit First Responders in Rural and Remote Communities?**

**When first responders are part of a coordinated effort to improve sexual assault response, they may be more satisfied with their work.** Greater satisfaction may then lead to less burn-out and attrition, which in turn can benefit the long-term impact of the SARRT. To illustrate, some of the following outcomes are possible for a successful SARRT, which could lead to increased satisfaction among the professionals involved:

- The establishment of a SARRT could lead to increased publicity on the problem of sexual assault and the response system, which could lead to services being better utilized by the community.
- By establishing written protocols and memoranda of understanding for the involved agencies, and supporting these developments with ongoing multidisciplinary training, the agencies involved in responding to sexual assault may be better able to coordinate a timely, competent, and compassionate response to victims.
- By conducting more thorough and victim-sensitive investigations and improving the collection and documentation of evidence, the likelihood that cases will be considered for prosecution could increase.
- Through forums the SARRT establishes for victims to evaluate their satisfaction with services received, victims may be able to provide responders with feedback about



their services and the critical importance a positive response can have on their long-term recovery.

- Through their ongoing efforts, SARRT members may increase their understanding of the roles of other involved agencies, enhance the perceived value of their work, and increase the level of trust they feel in the ability of their colleagues to carry out their roles.
- By providing a forum for cross-disciplinary communication, SARRT members may receive more feedback and support from colleagues.
- SARRT publicity and success in individual cases may lead to a gradual shift in community norms, moving towards less tolerance of sexual violence.

### **Example: Union County, Ohio and Rice County, Minnesota**

The SART in **Union County, Ohio** illustrates how teamwork can lead to increased satisfaction for responders. About one month after team members went to a SART training program, they had a sexual assault case in their county. The case gave them the opportunity to apply what they learned in training, and the perpetrator ended up getting convicted with a 30-year sentence. In the words of the SART coordinator, “It was awesome!” The training and successful application of the SART approach helped motivate the team to continue their collaborative efforts. In their view, the team remains effective because members understand each other’s roles and the importance of working together, trust one another, hold each other accountable, and strive to do “what’s right” for victims.

Similarly, in **Rice County, Minnesota**, the coordinator of the Sexual Assault Multidisciplinary Action Response Team (SMART) reported that team efforts have led to increased levels of trust and rapport among participating agencies and greater comprehension by agencies of services for victims.

In rural and remote communities in particular, it is a notable accomplishment when a small number of agencies (such as those involved in a SARRT) identify a need and effect positive change. Not only is it empowering for team members to participate in such a collaborative effort, but it also builds upon the strength of small close-knit communities where people do what it takes to look out for one another.

### **Any Words of Caution About SARRTs?**

**It takes time and dedication to build a successful SARRT.** To keep people motivated, it is helpful if SARRT leaders find ways to applaud early achievements, even small ones. When asked in retrospective, SARRT team members often say they underestimated the difficulties involved in building collaborative relationships among disciplines. Challenges might include



securing a commitment from agency leaders, overcoming misconceptions that professionals in the various agencies may hold about each other, and valuing these other agencies as equal partners in the SARRT effort.

### **Resource: SART Functioning and Effectiveness**

A national research study was conducted by the National SART Project to understand the functioning and effectiveness of SARTs in the real world and use this information to promote SARTs' effectiveness. Key findings show that SARTs vary in how they are structured and, in the communities, and populations they serve. Also, the majority of SARTs engage in multidisciplinary case review, multidisciplinary cross-training, policy/protocol adoption and review. Only 15% of SARTs engaged in program evaluation (involving systematic data collection and analysis) as a multidisciplinary team. Findings are available in the report, entitled: [Sexual Assault Response Team \(SART\) Functioning and Effectiveness](#).

### **Example: Albany County, Wyoming and Union County, Ohio**

In **Albany County, Wyoming**, persistence on the part of the SART coordinator was critical in the initial stages of SART development as local agencies mulled over whether they wanted to get involved in the SART. Getting their buy-in was complicated by the fact that this was the county's second attempt to develop a SART. The coordinator's task was to help agency leaders understand the potential benefits of this new and improved SART and persuade them that it would be in their best interest to participate. Her hard work paid off – 17 agency representatives came to the first meeting.

The SART Coordinator of **Union County, Ohio** said it was a challenge for team members at first to shift their focus from their own agency's needs to the needs of sexual assault victims. In order to make this shift, team members had to acknowledge that victims were not always being treated properly, develop a common vision of how the SART should respond to victims, and then identify those responsible for making sure the team worked towards the vision.

## **Beginning Collaboration**

### **How do Rural and Remote Communities Create a Forum to Discuss Whether or Not a SARRT Will Work for Them? Who Should be Involved?**

To establish a successful SARRT, there must first be some degree of interest in promoting a team approach to improve interventions in sexual assault cases, hopefully among one or more agencies providing first responders. For instance, staff within the victim service program may be aware of SARRTs forming in other rural areas and believe it would help locally. Or perhaps a prosecutor has heard of the usefulness of SARRT/SANE programs and



would like to see one established regionally. Whatever the scenario may be, the interested agencies or people need to ascertain if other responders are willing to explore the SARRT concept.

The process of beginning collaboration will typically begin by contacting other professionals in order to promote the SARRT concept and plan an initial meeting or conference call. Of course, this process requires determining who should be included in the initial meeting or conference call. Listed below are a number of individuals and agencies to consider (adapted from Conrad, 1998, Chapter 10, p.2).

Ultimately, they do not all have to be members of the SARRT, but their input can help facilitate decision making about whether a SARRT would be useful and planning what it might look like. Each community will have to decide for itself which agencies are vital to involve right from the start.

### **Example: Galena, Illinois**

The sexual assault advocacy program in **Galena, Illinois**, is just beginning to work on re-establishing a SART. At this point, the director is connecting with representatives from pertinent agencies in the counties served by the program. He is hoping to define early on what specifically the team will do so that agencies know what they are getting into and feel they can support the goals of this new SART.

### **Core immediate responders:**

- Law enforcement officers and investigators
- Victim advocates/victim service providers
- Emergency health care providers
- Emergency medical technicians
- Prosecutors
- Crime lab personnel
- First responders from closed communities within the area (e.g., Indian reservations, military bases, and college campuses)

### **More comprehensive service providers:**

- 911 dispatchers/communications personnel
- Health care providers (e.g., family doctors, gynecologists, midwives, nurses, nurse practitioners)
- Religious/spiritual counselors
- Representatives from public health
- Mental health counselors
- Domestic violence program advocates
- Probation/parole officers
- Researchers



- Social service workers
- Professionals who work with specific populations
- Educators
- Sex offender treatment providers
- Substance abuse program counselors

**Others:**

- Survivors of sexual violence and their family and friends

**Example: Yakima, Washington**

Agencies in and surrounding **Yakima, Washington** came together in the early 1990s to consider how to improve the delivery of services to sexual assault victims. The fact that the well-respected regional mental health agency was the meeting invitee helped to draw participation from other agencies. In addition, a grant solicitation had been recently released that included improving the coordinated response to violence against women as an eligible activity. The prospect of new monies enticed a number of agencies to send a representative to the meeting. Another factor that affected who came to the meeting was that the person who coordinated the initial meeting already had informal relationships with many of those invited.

Getting representatives from these and other agencies to participate can be challenging, but not impossible. Some communities have jumpstarted their local coordination efforts through a statewide initiative, such as the release of a model protocol on sexual assault forensic examinations or standardized evidence collection kits or the establishment of a SANE/SAFE program. Others have tapped into an existing coordinating group (e.g., for domestic violence or child abuse) to form a sub-committee focusing on sexual assault issues.

**Example: Johnson County, Missouri**

In **Johnson County, Missouri**, the university police department took the lead in calling for and organizing the first meeting to talk about starting a SART. Attending were representatives from: local law enforcement agencies, the county domestic violence task force, the county prosecutor's office, probation and parole, the abused adult shelter, the Air Force base's investigative office, legal services for the area, the county health department, the local hospital's emergency department and patient advocate program, the school district's social work program, and several representatives from the university (from health services, counseling services, the police department, the student affairs office, and the violence prevention and intervention center). Additional agencies were then identified at the meeting and invited to the next meeting. Not all agencies that were invited to the first meeting



were willing to participate at the beginning, but over time, even the most reluctant agencies have come on board through ongoing outreach.

## Tips for Planning the First SARRT Meeting

- Be clear (e.g., in a letter of invitation) how each agency can potentially benefit from involvement in a coordination effort such as a SARRT. Be aware that it may take some time and explanation prior to the meeting or call to bring people on board.
- Arrange the initial meeting/call to maximize the comfort level and participation of all attending. For instance, if individuals are coming great distances or over difficult terrain, ask them if there is anything that might make their trip easier (e.g., help them make reservations at a local hotel or other travel arrangements). If a meeting is held, arrange for individuals who can't physically attend to have conference call access.
- Allow sufficient time for introductions and use nametags if holding an in-person meeting where not everyone knows each other.
- Schedule time for individuals to talk about their piece of the response, their perception of successes and problems, and their opinion regarding whether a SARRT could help improve their response.
- Promote the perspective that all involved agencies are valued and equally important.
- Stay focused on the issues of sexual assault response and the use of a SARRT.
- Gear conversations to produce a plan of action. Don't get too burdened with the detailed work of forming a SARRT at this point. Before concluding the meeting, summarize what was accomplished, what was decided upon, and what next steps will be taken.
- Create a structure that allows attendees to continue the work started, such as a task force with committees or working groups.
- Send minutes out after meetings/calls.
- Send participants back to their agencies with tasks to complete (e.g., gather information, talk with other agency staff and leaders, or get feedback from victims).
- Assign a person or a group of people to be responsible for following-up with others on their tasks and coordinating the next steps.





- Don't give up on agencies that were not initially interested in participating. Be diplomatic (i.e., don't say anything negative about them), invite them to subsequent meetings, send them the minutes from each meeting, and continue to do what you can to overcome their reluctance.

## What are Potential Arguments Against Implementing a SARRT in Rural and Remote Communities and Ways to Rebut these Arguments?

When a community is struggling to establish a SARRT, the professionals involved in the effort will often face a number of arguments. Some common arguments include the following, which are presented along with ideas to use for rebuttal.

### Argument #1: *“There is a Lack of Support from the Core Responding Agencies.”*

Variations on this argument include:

- *“A community shouldn't even consider creating a SARRT if it lacks the agencies/personnel who are traditionally the core first responders.”*
- *“It is impractical to consider a SARRT when one or more core agencies are not interested in doing this work.”*
- *“It doesn't make sense to consider establishing a SARRT when one or more of the core agencies is having difficulty carrying out its basic role in sexual assault response, let alone coordinating with any other agencies.”*

**Rebuttal:** Coordinated community efforts to combat sexual assault emerge precisely because there are problems in response and professionals think they might be able to do a better job of intervening if agencies work together. It is important to keep in mind that no SARRT starts out perfect; all SARRTs struggle with challenges faced on some level.

As one example, the fact that a community does not have trained forensic examiners may lead the SARRT to identify ways to recruit, train, and maintain health care providers who can conduct medical forensic exams. As another example, the lack of victim services specifically for sexual assault victims may lead a SARRT to begin conversations about how it could support one or more victim service providers. If an agency is hesitant to coordinate initially, the SARRT can send ongoing team communications and work to persuade the agency to become involved. If an agency is not able to fulfill its basic responsibilities, the SARRT could also provide assistance to determine exactly what the problem is and help the agency to build upon their existing capacity. One good strategy is to establish the SARRT as a pilot project, “to demonstrate the benefits of SART, and to work out issues which create objections or resistance by potential partner agencies” (CCFMTC, 2001, p.4).





**Tip:**

One way to increase awareness about these challenges is to “approach the city editor of the newspaper about doing a series of articles on how sexual assault victims experience the system in your county and show a comparison to a nearby county that does have a SART. This approach will often generate action” (CCFMTC, 2001, p.4).

**Argument #2: “A Coordinated Team Approach Won’t Work Here.”**

Variations on this argument include:

- *“SARRTs may work in urban areas, but not in a rural or remote community like ours. The problems to be addressed are too different.”*
- *“We tried to use coordinating bodies to deal with other problems and they didn’t work.”*
- *“We don’t need a formal system to help people in need or to keep our community safe.”*
- *“It’s too complicated to coordinate the response to sexual assault among all the agencies, disciplines, and jurisdictions in our region (e.g., Indian reservations).”*

**Rebuttal:** Yes, some of the problems facing rural and remote communities are different than urban ones, such as physical isolation and lack of transportation options. However, there also may be similarities such as a lack of resources, poverty, and social norms that tolerate sexual violence. And yes, the problems can seem overwhelming – but they are not insurmountable. Communities are well advised to deal with current problems in response to sexual assault, however difficult they may be to resolve, rather than cope with the long-term impact of an ineffective response.

Almost any problem is easier to address when people work together to understand it, break the problem down into manageable pieces, come up with creative solutions, and then coordinate efforts to realize the solution. If there have been some unsuccessful attempts at coordination in your community, it might help to consider the reasons for failure and try to learn from past mistakes. The coordination that occurs in your community does not have to look like coordination that occurs in other communities. In fact, it will only be successful if it speaks to your area’s specific characteristics and needs.

**Argument #3: “Too Many Resources are Needed to Support a Team Approach.”**

Variations on this argument include:

- *“We are reluctant to be involved because we think the costs to our agency to participate on the team would be greater than the benefits.”*



- *“Our community does not have the resources to maintain services that are specifically designed for sexual assault victims like specialized investigators, prosecutors, a sexual assault crisis center, or a SANE/SAFE program.”*
- *“The region is too vast for a SARRT to serve. We can’t escape the fact that people are physically isolated from services.”*

**Rebuttal:** SARRT developers must clearly communicate the benefits of a team approach to those individuals or agencies that they would like to see involved in the coordinated effort. While agencies initially have to expend time and energy on the formation of the SARRT, the team should eventually become a tool to increase their efficiency and effectiveness and provide a forum to network with other agencies in the community.

**It is not necessary for communities to develop an array of specialized services for sexual assault victims in order to use a SARRT approach.** Rather, a SARRT offers a way for agencies to make sure the basics of response are covered and consider how they might improve services in the future.

In communities where it can be difficult for victims to get to the location of services due to physical isolation, SARRTs can do much to improve service provision. Although SARRTs cannot change the landscape of a community or region, the team can prepare to respond to victims in many different circumstances. For example, the SARRT might work to develop agreements with agencies and businesses to have ready access to different modes of transportation – all terrain vehicles, airplanes, helicopters, and boats – depending on the needs in a particular case. The SARRT might also lobby state or local government officials for paved roads and increased transportation options in the region. Victim service providers, health care providers, and law enforcement professionals might work together to build a pool of volunteers living in remote regions who can make the initial contact with victims if they are unable to provide quick assistance. Or they might identify other professionals in the community who could comfort victims, provide them with safe shelter or first aid until first responders arrive, or, alternatively, help victims get to the services they require.

#### **Argument #4: “Sexual Violence is Not Really a Problem Here.”**

Variations on this argument include:

- *“We have so few sexual assaults reported in our community, it just doesn’t make sense to form a SARRT. It seems like a big deal is being made out of nothing.”*
- *“What’s the point of developing a SARRT when so few sexual assault victims report to law enforcement, seek out support services, go to medical facilities to have an examination or follow through with the investigation and prosecution?”*



**Rebuttal:** Those whose support is essential to getting the SARRT off the ground must be educated that a low rate of reported sexual assault is not indicative of the prevalence of this type of crime. Across the country, in all different kinds of communities, the majority of victims of sexual violence do not report to law enforcement or other authorities because they are afraid of the potential consequences. A primary objective of a SARRT is thus often to ensure that helping services are accessible for all victims of sexual assault, regardless of whether or not they report the crime to law enforcement. SARRTs often strive to eliminate the barriers victims face to reporting and seek accountability for sex offenders. They also work to raise public awareness that sexual violence is wrong in all of its forms and that there are resources available for victims and their families. **Over time, a SARRT may play a significant role in increasing the number of victims seeking services, the number of victims who choose to report to law enforcement, and the number of cases that are referred for prosecution and successfully prosecuted.**

To rebut this argument, it may be helpful to provide those whose support is essential with statistics and anecdotal information about sexual assault victims who have not reported the crime to law enforcement yet sought assistance from other organizations and individuals within the community. This helps to provide a fuller picture of the extent of the problem in the community.

**Argument #5: “It is Not Socially Acceptable to Publicly Combat Sexual Violence.”**

Variations on this argument include:

- *“We are reluctant to take a public stand against sexual violence because community residents tend to tolerate it and see it as a private family matter. We don’t want to invest our time in a venture we feel is doomed from the start because it lacks public support.”*
- *“We don’t want to be dismissed by residents and leaders as supporting a radical feminist agenda.”*
- *“It is obvious we should help innocent victims of child abuse. But it is less clear whether we should devote time and resources to adolescent and adult victims of sexual assault. How do we know if they ‘brought it on themselves’ or are telling the truth about whether they were assaulted?”*

**Rebuttal:** It is important that the stakeholders whose support is essential to starting a SARRT recognize that perceptions people have about sexual assault are often far from reality and that the problem exists in part because those in power tolerate it. For example, the director of one of Alaska’s rural centers indicated that sexual assault of adult women is not only nearly universal in her region, but that there is a great deal of tolerance for it (Lewis, 2003).



**Leaders in service agencies must acknowledge when certain social norms are harming their residents more than helping them and take a stand to change those norms.** It may help to provide these leaders with informational sheets on sexual assault and stress the importance of improving their community's ability to effectively respond to victims. It might also be useful to clearly communicate that the individuals doing this work are ordinary citizens (i.e., most are not radicals) who serve the community with great devotion and competence and that the agencies are fairly mainstream. For community leaders, it can be especially important to convey that any one of their citizens could potentially be sexually victimized, not just "certain" people who are often characterized by the negative stereotypes that people may associate with victims of this crime.

**To address deeply entrenched social norms and stereotypes regarding sexual assault, it may help to get endorsements of the SARRT from well-respected leaders in the community** (e.g., the mayor and other government leaders, leaders of religious groups, chiefs of police and sheriffs, and educators), as well as from survivors who are known and respected residents.

### **How Can Rural and Remote Communities Assess their Needs Related to an Effective Response in Sexual Assault Cases?**

**A needs assessment can help evaluate the effectiveness of interventions and services that a community has in place for helping victims and holding offenders accountable.** For those who are not familiar, a needs assessment is a study conducted to determine what needs exist in the community, how they are currently being met, what gaps in service remain, and how services might be improved to eliminate these gaps. While one individual or agency might spearhead conducting such a needs assessment, it is vital that all responding agencies are involved in providing information and examining the data gathered in order to determine what the needs of the community are and whether reasons exist to form a SARRT.

**To facilitate such a needs assessment in the community, it may be a good idea to ask representatives from each responding agency to participate in one or more meetings to develop the needs assessment tool and begin gathering information.** At the meeting(s), it may help to break into smaller working groups to discuss various categories of questions, particularly because some questions will require people to do further research or get feedback from others in the community. These meetings must therefore provide time to identify volunteers who can gather the necessary information and establish a deadline for completing the needs assessment.

**It is critical to gather information during the needs assessment not only from first responders, but also from victims and others in the community to whom victims turn for help.** For example, sexual assault victims in the community may disclose to any of the following professionals:

- School staff
- Religious/spiritual counselors
- Social service workers
- Mental health counselors
- Health care providers
- Staff working in institutional settings (nursing homes, assisted living facilities, boarding school, etc.)
- Youth program staff
- Foster care workers and parents
- Substance abuse treatment staff

As a result of the disclosures they receive, these individuals may be able to provide valuable information about the extent of sexual violence within the community that goes unreported.

### Example: Wyoming

One example of how communities have started a needs assessment process comes from Wyoming. **The Wyoming Sexual Assault Response Task Force (WySART)** offers a one-day training program for counties and Indian reservations throughout the state on how to implement a comprehensive approach to sexual assault. To jumpstart a community's effort to assess its current responses to sexual assault, the training program begins with participants filling out a four-page "Sexual Assault Response Readiness Self Checklist." WySART coordinators compile responses from completed surveys and then review patterns that emerged from survey results. The results are compiled on a disk (with no identifiers). The community is then encouraged to use the results as a starting point for their local SARRT assessment effort.

A needs assessment can provide a snapshot of local prevalence of sexual violence, past and current responses, resources, strengths and weaknesses, and barriers and challenges. **It is suggested that a report be created to summarize what was learned through the needs assessment and what specific improvements are recommended as a result.**

### Resource: Needs Assessment

To begin the process of conducting a needs assessment in your community, we have provided a *SARRT Needs Assessment Tool for Rural and Remote Communities* in the appendix of this training module. This tool offers a series of questions community professionals can ask to gain a picture of local needs related to responding to sexual assault, barriers facing victims and responders, and the adequacy of responses in supporting all sexual assault victims. The tool can be used as is or customized for use in your community. (Note that the appendix materials are actually not provided in the online version of this training module; you will need to print out the PDF version of the module at your Account page).



## What Should be Included in an Action Plan for Developing a SARRT?

By the time a community is ready to develop a SARRT, it is likely that representatives from all of the agencies involved in sexual assault response have come together to discuss whether a SARRT is right for their area and gathered information to assess needs. Once a decision has been made that a coordinating body could help overcome local problems, the next step is to determine what tasks are essential to make the coordinating body operational and implement improvements recommended in the needs assessment report. Some potential tasks include:

- Confirming the commitment of agencies to participate in the SARRT.
- Identifying costs associated with implementing a SARRT, if any.
- Securing support for the SARRT.
- Developing a SARRT structure that is tailored to the unique needs of the community.
- Determining how to build the capacity of agencies to carry out their roles and sustain the SARRT.

The work involved in actually developing the SARRT then generally includes:

- Determining what geographic area and specific populations the SARRT will serve.
- Deciding if the focus of the SARRT will be on the immediate response of traditional first responders or on a more comprehensive community-wide response.
- Deciding who will lead efforts to develop and maintain the SARRT.
- Deciding how activities of the SARRT will be coordinated.
- Developing a protocol for interdisciplinary coordinated response.
- Determining what professional training is necessary to implement the SARRT.
- Determining to what degree, if any, the SARRT will be involved in public education and awareness efforts and community organizing activities.
- Coming up with a plan for SARRT involvement in public education and awareness efforts and community organizing activities.





- Deciding when periodic SARRT meetings will be scheduled and the purpose of the meetings.

These issues will be discussed in the remainder of the training module.

## SARRT Costs

It is important to note up front that many communities implement their SARRTs with no new funding – or indeed, any designated funding at all. Instead, they tap into their existing resources. In the national needs assessment survey conducted by the National Sexual Violence Resource Center, for example, over one-third of the community SARRTs participating in the study indicated that they have no funding at all (NSVRC, 2006).

### Example: Union County, Ohio

The SART of **Union County, Ohio** has been in operation since 1996, yet 2006 was the first year that the team received any outside funding. The coordinator said what was first needed was not money, but changes in attitudes.

## What Expenses are Involved in Starting a SARRT?

Examples of costs that may be incurred when starting a SARRT include, but are not limited to:

- Personnel time to develop and participate on the SARRT.
- Funding/stipend for a SARRT coordinator position.
- Meeting expenses (e.g., travel, copying, postage, rental of facilities, and food/beverages).
- Expenses related to maintaining communications among agencies.
- Training expenses.
- Office supplies and equipment.
- Funding to support the capacity of agencies to intervene (e.g., to hire a law enforcement investigator, develop a SANE/SAFE or advocacy program, or purchase medical/forensic equipment such as a colposcope, alternate light source, cameras, etc.).





- Funding to overcome barriers and challenges (e.g., to secure transportation for victims).
- Expenses related to informing victims and making them as comfortable as possible during initial response and follow-up (e.g., clothes, toiletries, medication, and handbooks).
- Expenses related to public education and awareness and publicity efforts.

Some costs may occur only during the first year, such as equipment, while others might be ongoing operating costs, such as meeting expenses (adapted from Conrad, 1998, p.17).

## How Does a Community Go About Securing Support for a SARRT?

### Obtain Commitment from Agency Leaders to Support SARRT Efforts

Their public support sends a message to their agencies as well as the community that sexual violence should not be tolerated, and improvements are needed in how this crime is responded to locally. It can also signal their willingness to provide leadership and share their resources to support the SARRT.

#### Example: Union County, Ohio

For the SART of **Union County, Ohio**, the support of the prosecutor and the hospital emergency room nurse director was critical since they had power to make needed changes. In addition, they helped encourage participation of law enforcement personnel and nurses on the SART.

When soliciting support from community leaders, keep in mind that they typically need to:

- Identify the potential benefits of the SARRT to their agencies.
- Recognize problems in their community's response that might be resolved by a SARRT.
- Buy into the idea that interdisciplinary coordination is worthwhile because it can enhance the quality and efficiency of services provided by each responding agency as well as the agencies collectively.
- Understand why their leadership is so critical.



### **Example: Rice County, Minnesota**

For example, the information that SMART developers of **Rice County, Minnesota** gathered through a needs assessment process was useful in gaining the support of leaders from prosecution, law enforcement, and advocacy.

### **Seek In-Kind Contributions from Local Agencies**

In fact, it is really quite amazing what a SARRT can do if agencies combine their resources. The bottom line is that the effort involved in sustaining a SARRT may be easier if community agencies are willing to absorb related costs right from the start, so the continuance of the team is not dependent on outside funding. For instance, a community that receives a three-year state grant to start up a SARRT and support a coordinator position will have to determine how it will sustain its efforts at the end of the grant period (perhaps by seeking another grant or having local agencies absorb costs).

### **Example: Union County, Ohio**

In **Union County, Ohio**, the involvement of the nurse director of the hospital emergency department on the SART helped secure hospital funding to support five SANEs.

### **Donate Personal Time**

Many agencies may be willing to donate personnel time to develop and participate on a SARRT when they recognize that it will enhance their own services. For example, one or more agencies may also be willing to absorb costs associated with coordination activities, meetings, communications, supplies and equipment, and training and public education. In addition, other organizations may be able to make in-kind donations to support SARRT efforts. For instance, the women's auxiliary at the hospital may agree to supply clothing and toiletries for sexual assault patients or a local business may be willing to provide meeting space, printing and copying services, or underwrite costs of equipment or promotion of the SARRT.

### **Example: Johnson County, Missouri**

**Johnson County, Missouri** illustrates ways a community might support the development of a SARRT. First, a facility for team meetings was donated. Next, the local hospital took on the expense of training SANE nurses and purchasing a colposcope. The Rotary Club then provided funding for a digital camera. Advocate training was paid for by combining funds from the local university and military base with the assistance of volunteer trainers.



Finally, the University Department of Public Safety helped by handling coordination of the SART activities.

### **Solicit Public and Private Funds at Local, State, and Federal Levels**

New funding can be particularly useful to jumpstart the development of a SARRT and facilitate agency involvement. It can also cover costs beyond what involved agencies and other entities in the community are prepared to absorb. Again, turning to the findings from the national survey conducted by the National Sexual Violence Resource Center (2006), almost one-quarter of the SARRTs participating in the study received federal funding (24%) and approximately one in five had some state funding that was specifically designated for supporting SARRT teams (22%). A few of the community SARRTs responding to the survey indicated that they had state funding that was not specifically designated for SARRT teams (9%) and/or corporate/foundation grants (8%).

### **Funding for Start-Up Costs**

Some funding may be quite easy to seek out, particularly if those developing the SARRT have contacts with organizations that provide or help raise funds. For instance, a hospital foundation may be willing to provide partial funding for start-up costs for a SANE/SAFE program. Alternatively, a civic organization or local business might be asked to raise funds to support specific elements of response, such as training nurses as SANEs/SAFEs or purchasing equipment for the exam or supplies that help make victims more comfortable during the exam process.

#### **Example: Campbell County, Wyoming**

When they started a SANE program, the SART of **Campbell County, Wyoming** raised \$7,000 from local businesses to provide basic training for SANE candidates. The local hospital donated a room for examinations and paid nurse salaries during the training. The SART plans to do additional fundraising in order to train SANEs to conduct pediatric examinations.

### **Other Funding Options**

Other funding pools are more time-consuming to access, often because they offer large grants for which there is competition and require completion of lengthy applications. In the long run, however, it may be worthwhile to seek out these grants because of the potential to receive significant funding or much needed technical assistance. Applicants should keep in mind that state and federal funders are often interested in making sure that the grant recipients selected represent a variety of geographic areas, improve services for a population that traditionally has been underserved, and/or represent a new model with promising practices for addressing problems.



## Experience in Fundraising

Groups developing a SARRT may benefit from inviting participation from individuals who have experience in fundraising. Advocacy agencies usually have experience in grant writing and fund solicitation, as do others in the community (e.g., government, hospital researchers/foundations, colleges and universities, and nonprofit organizations).

### Example: Radford, Virginia

The Women's Resource Center of the New River Valley (**Radford, Virginia**) helped their forensic nurse examiner program write a grant for a colposcope.

## What are Examples of Possible Funding Resources?

While fundraising is always a challenge, some examples of possible activities include:

- Asking professional and civic groups to help raise funds/share costs.
- Requesting funding from local governments.
- Lobbying state government officials to funnel funds collected (e.g., from sex offender fines) to the SARRT.
- Asking hospitals for full or partial funding or to share costs with other hospitals to support a forensic examiner program.
- Asking the local or state criminal justice system to support the training of new SANES/SAFEs.
- Seeking state and federal grants.
- Hosting old fashioned fundraising events (e.g., raffles, pancake breakfasts, dinners, luncheons, golf tournaments, fashion shows, silent auctions, art shows, fairs, and other entertainment venues).

Which SARRT member might be the best person to seek different types of funding will depend on a number of factors. Making this decision might therefore require asking questions such as:

- Who has connections in the state or community?
- Who is experienced in soliciting funds?
- Who has relationships with agencies that might help with fundraising?



### **Example: Fredericksburg, Virginia**

Rappahannock Council Against Sexual Assault (**Fredericksburg, Virginia**) applied for and received a small grant in the mid-1990s from the local hospital foundation. The agency used the funding to get the word out to health care providers regarding the needs of sexual assault victims and the resources available to them, as well as provide training for health care providers. One factor that contributed to the agency receiving the grant was its positive relationship with the nurse director of the emergency department.

### **Resource: SARRT Funding**

When attempting to secure funding for a SARRT, it is often useful to talk with other professionals who have developed coordinating bodies, whether they are in your state or region or elsewhere in the country. One resource to assist with this type of networking is a SART listserv coordinated by the [National Sexual Violence Resource Center](#) (NSVRC).

## **Building Capacity to Implement and Sustain a SARRT**

### **What If the Community Doesn't Have an Advocacy/Victim Service Program?**

For a SARRT to be successful, it is essential that there are sexual assault advocates/victim service providers on the team. Sexual assault victims can benefit greatly from interacting with advocates/victim service providers as soon after disclosure of the assault as possible because of the support, crisis intervention, peer counseling, and information and referrals they offer. Providing victims with support and advocacy as soon as possible may help them begin their healing and facilitate their participation in the difficult process of a criminal investigation and possible prosecution.

If there is no program that provides advocacy services for sexual assault victims, community professionals involved in developing a SARRT might consider the following alternatives:

- Start a community-based advocacy center. It will probably be helpful to first talk with the state sexual assault coalition to get suggestions on how to go about such an initiative.
- Talk with rape crisis centers in neighboring regions to see if they would establish a satellite office in your community.
- Develop paid and volunteer sexual assault victim advocate positions.



- Ask community organizations if they would be able to provide office space for advocates. A few organizations that might be willing to do this are: domestic violence shelters, social service agencies, medical facilities, community centers, law enforcement agencies, and prosecution offices.

### Example: Northern Florida

The Refuge House provides domestic and sexual violence services to eight counties in northern Florida, seven of which are rural. In 1996, this program initiated a Rural Initiative Program to provide support for rural outreach workers, train law enforcement and service providers, and develop a coordinated community response to domestic and sexual violence. Since that time, it has opened satellite offices in all seven counties. Six counties send victims requiring forensic examinations to Leon County (Tallahassee). One county has a local hospital and was able to establish a local rape crisis response system.

**If a general victim service program exists, determine whether their staff or volunteers could serve as first responders in sexual assault cases.** Another alternative is to ask other agencies, such as the domestic violence shelter, mental health agency, hospital, social service program, public health department, child or adult protective services, or school counseling program, if they would be willing to take on this role. Keep in mind, however, that for many victim service/advocacy agencies, staff members only serve as first responders during normal business hours. The immediate response to any calls received after hours may be handled by volunteers (with follow-up provided by staff members) or calls received after hours may be returned the next business day (for agencies lacking a 24-hour hotline). Any agencies that take on this role must provide training for their staff or volunteers to prepare them specifically for this work. The agency must also be committed to devoting the time needed to support the SARRT.

### Example: Johnson County, Missouri

In **Johnson County, Missouri**, adult abuse shelter staff, university counselors, and the military sexual assault response coordinator worked together to facilitate a training program for volunteer sexual assault victim advocates. With the training and implementation of response procedures, the county went from having no victim advocates to having a team of 12 military and 10 civilian advocates on call to provide information and assistance to sexual assault victims. The adult abuse shelter agreed to allow the use of their 24-hour hotline to access advocates after hours. The civilian advocates provide crisis assistance to victims and the hospital and law enforcement agencies. Shelter court advocates offer follow-up advocacy to civilian victims. Military advocates work with victims (active duty personnel or their dependents) from the initial crisis through follow-up.





**When developing advocacy services for sexual assault victims, it is important to consider where they will be located since victims may need to follow-up with them for services.** This decision must therefore include a consideration of how easy the office will be for residents to access and whether the location affords them confidentiality. If the advocacy program is in a building that is shared with other businesses, for example, someone who sees a victim's car in the parking lot or sees the victim walking into the building won't necessarily know which office he/she is going to.

**Strive for the ideal of vertical case management, to the extent possible.** The goal of vertical case management (often referred to as "vertical advocacy") 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, but 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. 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, this type of continuity 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.

## **What If a Site Has Not Been Identified Where Examinations Can Be Performed?**

If no site has yet been identified for forensic examinations, this determination will likely constitute a primary objective of the SARRT. Factors to consider when identifying medical forensic examination sites include (much of this section is drawn from the *National Protocol*, 2004, p.58):

- Availability of trained forensic examiners.
- Safety and security for patients and staff.
- Physical and psychological comfort for patients.





- Capacity to accommodate victims with disabilities.
- Access to a pharmacy for medication.
- Access to medical support services for care of injuries.
- Access to lab services.
- Access to supplies, equipment, and space needed to complete the exam 24 hours a day, 7 days a week, 365 days a year (Ledray, 1998, p.36).

Decisions about examination site locations should reflect both the needs of victims in the area being served (e.g., for accessible care as close to their homes and local referrals) and factors increasing the efficiency of forensic examiners and the SARRT. The need to maintain objectivity and neutrality of examiners is also a consideration in selecting an exam site. For instance, if examinations are conducted at a community-based location that is affiliated with a victim advocacy program, there may be some question about the neutrality of examiners.

Sites may be in hospitals, hospital-affiliated health programs, community health clinics, mobile health units, or other alternative locations. The majority of sexual assault medical forensic examinations are conducted in hospital emergency departments because they typically offer some level of security, are open 24-hours a day, and provide access to an array of medical and support services. Some rural and remote regions have established mobile units, however, under the supervision of a health care facility, to allow examiners to travel to provide victims with services (Conrad, 1998).

### **Example: West Virginia**

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](#).



## What If the Community Doesn't Have Trained Forensic Examiners?

All communities should strive to ensure that victims of recent sexual assault have access to specially educated and clinically prepared examiners to perform the medical forensic examination (*National Protocol*, 2004). However, many rural and remote communities do not have adequately trained examiners, for a number of reasons, such as:

- A lack of resources (e.g., there may be only one health care provider in the region with the closest hospital hundreds of miles away).
- A lack of awareness of the benefits of a SANE/SAFE or access to training.

SARRT developers are typically very interested in securing the services of trained examiners if they are not already available in the community. Many recognize that the presence of a trained examiner on the team can increase the likelihood that the care provided to victims will be timely, competent, and compassionate, and that the evidence collected and documented during the forensic examination will be useful during the criminal justice process.

### Example: Virginia

After attending a SANE training in the state, an advocate from the Women's Resource Center of the New River Valley (**Virginia**) raved about the SANE program to the town's community coordinating council on domestic and sexual violence. She asked the SANE trainers to come to their area to provide a presentation on SANEs and their role in evidence documentation and collection to law enforcement officers, the prosecutor, and emergency department nurses and physicians. Because the presentation was well received, the community was able to move forward with its efforts to establish a SANE program.

In order to get a forensic examiner program up and running in your community, the primary tasks are listed below (adapted in part from Conrad, 1998, p.21-34):

- **Choose the examination site(s)**, as discussed above.
- **Come up with a plan to develop the examiner program.** Identify someone who is willing to oversee the implementation of the plan.
- **Identify and recruit examiner candidates** (from hospital emergency departments, women's health programs, pediatric programs, community health programs, physician's offices, programs with nurse practitioners and midwives, school health programs, and public health departments).



- **Provide examiners with basic and continuing education** (either by bringing trainers to the local community or sending examiner candidates for training elsewhere).
- **Determine how examiners will maintain their competency over time** (even if they do not see significant numbers of sexual assault patients).
- **Establish protocols specific to forensic examiners** (including an on-call system ensuring ongoing availability of an examiner to the SARRT, emphasizing the importance of not overburdening any one examiner with on-call duty). Consider whether a coordinator is needed to ensure optimal functioning of the program.
- **Secure funding** to cover costs of examiner training, services and program coordination.

#### Example: Funding Sources

Funding for the SANE program in **Campbell County, Wyoming** comes primarily from local fundraising efforts. The hospital also donates money to pay SANEs salaries during training. In **Union County, Ohio**, the hospital funds its five SANEs. The hospital in Johnson County, Missouri covers the cost of SANE training and some equipment.

### What Resources are Available to Assist Communities in Developing or Expanding a Forensic Examiner Program?

If your community decides to start a forensic examiner program (even if it begins with only one trained examiner), there are several excellent written resources available that offer guidance.

- For example, the [SANE Development and Operation Guide](#) (Ledray, 1998) covers the history and development of SANE programs; the SANE program model; the importance of SARTs/SARRTs; assessing the feasibility of a SANE program; starting a SANE program; SANE program staff; SANE training; establishing and maintaining program coverage; SANE program operation; pediatric SANE exams; policies and procedures; and maintaining a healthy ongoing program. Dr. Ledray also operates a [website](#) on the topic, which provides information and technical assistance for those interested in developing new SANE-SART programs or improving existing ones.
- For additional information, the International Association of Forensic Nurses (IAFN) may have a [chapter](#) in your state that can provide suggestions on how to start a SANE program.



- Finally, it is worth checking with your state sexual assault coalition to see if it or another state entity (e.g., the Attorney General's Office) offers assistance to local communities in establishing SANE/SAFE programs and in coordinating basic training for examiners.

### Example: West Virginia

When the West Virginia Foundation for Rape Information and Services (FRIS) began to look at how to encourage development of SANE programs in their state, they heard that it was sometimes difficult to get local agencies outside of the hospital committed to working with SANEs. Therefore, FRIS decided to begin by assisting communities in developing SARTs. Once core agencies on a SART recognize the need for more effective health care response, FRIS is then able to offer assistance in to implement a SANE program.

## What If the Examination Site Does Not Have the Equipment Needed for the Medical Forensic Examination?

Equipment that enhances the ability of a forensic examiner to collect and document forensic evidence includes a camera, an alternative light source, an anoscope, and a colposcope with photographic capability. Unfortunately, the costs of this equipment may seem prohibitive for some jurisdictions and programs. Ideas to address cost barriers thus include the following (drawn from the *National Protocol*, 2004, pp.63-4):

### Example: Johnson County, Missouri

In **Johnson County, Missouri**, the local hospital emergency department director added a colposcope to the department's budget request (which was approved).

- **Ask the exam facility to cover the cost of equipment.** It is also possible to share costs and equipment with other departments in an exam facility or among other nearby local health care facilities.
- **Seek used equipment or alternative, less-expensive equipment** where it exists. For instance, used colposcopes can often be purchased from obstetrics/gynecologic programs. A colposcope with all the bells and whistles is not necessary; basic photo documentation is the most important purpose.
- **Apply for grant or foundation funding** for equipment where eligible. For example, funding under the [STOP](#) Violence Against Women Formula Grant Program and the STOP Violence Against Women Discretionary Grant Program (grants of the Violence Against Women Office, US Department of Justice) may be used to cover costs of some equipment.



- **Ask for help from community groups to raise funds** for one-time equipment purchases.
- **Consider the benefits of a mobile examiner program** where costs of equipment, examiner education and clinical preparation, and on-call examiners could be shared by multiple exam facilities.
- **Ask for financial assistance for equipment from local and state criminal justice agencies**, since information gathered during the exam is used to investigate and prosecute sex crimes.

#### **Example: Campbell County, Wyoming and Johnson County, Missouri**

The SART of **Campbell County, Wyoming**, plans to raise funds to purchase exam equipment. As mentioned earlier, the SART of **Johnson County, Missouri**, received funding from the Rotary Club for a digital camera.

### **What Can Rural and Remote Communities do to Help Local Law Enforcement Agencies and Prosecution Offices Build their Capacity to Respond to Sex Crimes?**

Just being involved in and supportive of the SARRT is one good way for local law enforcement agencies and prosecution offices to begin to build their capacity to respond more effectively to sex crimes. SARRT involvement can help law enforcement professionals and prosecutors to work with other responders to evaluate the effectiveness of their current services and plan for improvements. However, additional ideas include the following:

#### **Example: Prosecutor Support**

Prosecutor support has been critical to the effectiveness of SARRTs in **Winona County, Minnesota** and **Union County, Ohio**.

- **Cultivate allies among law enforcement leaders and lead prosecutors** in the community. It is critical for members of the SARRT to develop relationships with all of the individuals and organizations involved in responding to sexual assault crimes, including professionals working both inside and outside the criminal justice system.
- **Encourage prosecutors to take leading roles in SARRT efforts.** SARRT success can increase the likelihood that cases will be successfully prosecuted



(because sexual assault victims feel more supported, evidence collection and documentation is improved, and the investigation is more thorough).

- **Encourage the implementation of strong law enforcement policies** related to sex crimes investigation, accountability of supervisors, and commendations for personnel who use a victim-centered approach.
- **Work with small law enforcement agencies to apply for grant funding, fundraise, or seek donations** to support officers with specialized training to work on sex crimes or to allow these agencies to purchase/create tools that will help to improve their services. Keep in mind that officers working on sex crimes do not need to be women – investigative competency and sensitivity to victim needs are the most important qualifications.
- **Request that law enforcement leaders provide training for officers on:**
  - The basics of investigating sexual assault cases.
  - Misconceptions associated with sexual assault and realistic dynamics.
  - Sensitivity to victim needs (e.g., interviewing victims of sexual assault, effective report writing using the language of non-consensual sex, and addressing victim safety, anonymity, and support).
  - Strategies for investigating difficult cases (e.g., acquaintance sexual assault, child sexual abuse, assaults of persons with disabilities, and drug-facilitated assault).

When providing such training, it is best to encourage team teaching whenever it is appropriate for the topic. For instance, a law enforcement trainer and advocate or survivor can talk to officers about the impact of sexual assault. Alternatively, a law enforcement trainer and forensic examiner can discuss forensic evidence documentation and collection. Prosecutors and law enforcement trainers can then team up to provide guidance on investigating difficult cases. Of course, trainers must understand the role of each team member in order to provide successful multidisciplinary training.

Members of a rural or remote SARRT may need to work with local law enforcement leaders to bring in outside experts to provide this training or to send officers elsewhere for training. If sending officers away for training creates staffing problems for a law enforcement agency, it may also be helpful for the SARRT to ask neighboring agencies to help with coverage (and then offer to return the favor in the future). Whenever possible, training should be provided at a time that is convenient for officers to attend (e.g., at roll call, on a day with less activity than others, or during a graveyard shift).





- **If a lack of funding is an issue for prosecution offices, offer to help raise funds to send prosecutors to training events**, especially those that address non-stranger sexual assault and overcoming a consent defense. Prosecutors may also benefit from being able to hire victim/witness specialists who can help support victims during prosecution and accessing tools that might help successfully prepare for these cases (e.g., case law, expert witnesses, and voire dire specific to drug facilitated sexual assault).
- **Work with law enforcement agency staff and leaders to come up with ways to encourage victims of sexual assault to report the crime** (even if it is reported anonymously) **and/or to seek services from community professionals**.
- **Work with prosecutors to identify ways to encourage victims to participate in the process of investigation and prosecution, to gather sufficient evidence to prosecute a case, and to increase the probability of getting a conviction and an appropriate sentence** (e.g., by doing public education to educate jury pools).

## Development of a SARRT

SARRTs often vary in size and form because they are designed with different needs and purposes in mind. For instance, a SARRT in a remote Alaska village will not look exactly like one in a rural Mississippi community, in part because of differences in the distances traveled by victims in order to access services, the modes of travel needed, the availability of paved roads, and the specific populations served. Creating a SARRT that truly reflects local needs requires that the people who will use it and be impacted by it have input into its design.

## How Do Rural and Remote Communities Determine the Focus of the SARRT?

When developing a SARRT in a rural or remote community/region, one of the early decisions to be made is whether it will focus on the immediate response of traditional first responders, or on a more comprehensive, community-wide response.

### The “Keep it Simple” Approach

It may be easier for some communities to first develop a SARRT with only core, traditional first responders because it simplifies coordination and communication and limits the scope of the written protocols and training that will be required. This approach may be particularly well suited to communities where agencies do not have histories of coordination in addressing sexual assault and where there is a very limited infrastructure for service agencies. For instance, in parts of remote Alaska, there are few services (if any) available for victims of sexual assault. As a result, it is quite an accomplishment in these areas to get even the core first responders involved in a coordinated SARRT. Faced with limited



resources, other professionals in rural and remote communities may need to take on some of the roles of first responders (e.g., a local pilot may agree to transport victims as needed to medical facilities or a school nurse may be trained to serve as a back-up examiner). In these situations, any person taking on the role of a first responder to sexual assault should be involved in the SARRT, even if they provide only back-up support.

### The “More the Merrier” Approach

On the other hand, the developers of some SARRTs may feel that it is important to immediately extend team membership to agencies beyond the core, first responders. These agencies may represent the “resources” of the SARRT (i.e., the second “R”) rather than the responders (i.e., the first “R”). For those communities that have a history of collaboration on this or similar issues, it makes sense that the SARRT would build upon existing partnerships. In addition, if the SARRT is being created by a broad-focused community coordinating council (e.g., a violence prevention council), there may also be more of a tendency to include “resource” agencies beyond those providing the immediate response to sexual assault victims.

When a community opts for the “More the Merrier approach” when developing their SARRT, it is important that representatives from the “resource” agencies understand that their role on the team is different than that of core responders. For example, resource agencies will not typically be involved in every case; they are likely to be involved only in those cases where core responders believe that their assistance will be potentially beneficial to victim recovery, offender accountability, or community safety.

Benefits of having these resource agencies as part of the team include:

- Core responders can increase their own knowledge of the services offered by these resource agencies and thus better encourage victims and other community members to access them.
- Resource agencies can improve their understanding of how sexual assault cases are handled by core responders and can thus better explain the process to victims.
- Resource agencies can provide their input on improving the SARRT over time.
- The SARRT can increase its capacity to be an effective component of a comprehensive community response to sexual assault.

Yet these two approaches do not necessarily represent an either-or proposition. In fact, **it may be an option for communities to start a SARRT with only the core responding agencies and then expand over time to include resource agencies, after time and successes.**



It is also worth noting that a SARRT may extend its membership outside the local area, particularly when local team members do not handle sexual assault cases frequently enough to build the level of expertise and comfort that are required for effective response. By building a network of contacts from around the county, region, or even the state, it is possible for first responders in a rural or remote community to get advice on assistance from outside experts using teleconferences or other means of communications.

### **Example: Albany County, Wyoming and Union County, Ohio**

The SARTs of **Albany County, Wyoming** and **Union County, Ohio** are illustrations of expanded teams. In addition to core member agencies, the Albany County SART enlists participation as needed from other organizations in the community, including the family planning agency, the free clinic, the mental health agency, the university counseling and wellness centers, and programs on developmental disabilities. While the team's priority is improving the immediate response to disclosures of sexual assault, it is also working to enhance comprehensive services to victims and educate all involved professionals. Similarly, the SART in Union County, Ohio is comprised of a core group representing law enforcement, health care, prosecution, and victim services. However, other community professionals (e.g., from schools, health care programs, legal aid, and child protective services) are invited to monthly meetings as needed for individual cases or to discuss any "bigger picture" issues that require attention.

## **Do SARRTs Target Specific Populations of Victims?**

In some communities, the SARRT is designed to serve sexual assault victims of all ages. In rural and remote areas, where there tends to be low numbers of reported cases and victims seeking services, it may make logistical sense for SARRTs to intervene in all cases. However, **servicing victims of different ages and developmental stages may require slightly different protocols, responders, and skill sets.** This may pose a challenge for a SARRT. For example, some SARRTs may not have the resources to train their team to respond to cases involving children. In addition, some jurisdictions may have separate coordinated response systems for children.

For instance, numerous Indian reservations developed multi-disciplinary teams in the 1990s to improve the investigation, prosecution, and disposition of cases of child sexual abuse. Where teams like these exist, it is necessary for the community to determine whether the best course of action is to expand them to be inclusive of all sexual assault victims or whether the SARRT would be more effective if it served only the needs of adult and adolescent victims. Of course, it should go without saying that **any community with multiple coordinating bodies serving different populations of sexual assault victims must coordinate their (coordinated) efforts.**



### Example: Adult and Adolescent Cases

The SART of **Union County, Ohio** handles mostly adult and adolescent cases. Cases involving children who are less than 12 years of age typically are sent to the child advocacy center in Columbus.

The SART of **Campbell County, Wyoming** handles adult and adolescent cases only, but is planning to do fundraising so it can train its SANEs to handle pediatric cases as well. Similarly, the SMART of **Rice County, Minnesota** responds to cases involving victims who are 13 years and older. Children 12 and under are referred to a medical professional who specializes in pediatrics.

### Are There Options if SARRT Developers Feel it is Too Great a Task to Create a Team that Responds to the Entire Community or Geographic Region?

While it is the best interest of a community if the entire geographic area has SARRT coverage, it may be more realistic for some communities to start out their efforts small and later expand. This may be the case particularly for rural and remote counties that cover vast geographic areas and communities where one or more responding agencies provide services to multiple counties.

### Example: Albany County, Wyoming

In its first year and a half, the SART of **Albany County, Wyoming** focused on providing services to the town of Laramie. However, in the future, the SART plans to expand its effort to provide coverage for the surrounding areas as well.

When deciding whether or not to limit the service area, it may be helpful for SARRT developers to ask a number of questions about how the community operates. For example: what do local organizations and businesses naturally identify as their service area (e.g., a tri-county region as opposed to just one town)? What geographic area do residents perceive to be part of their community? In some areas, residents may identify a town that is an hour or more away as part of their community because that is where they find services, industry, and entertainment. If local residents and businesses operate as members of a tri-county community, it may make sense for the SARRT to serve the tri-county area rather than only one town within the region.



## Are There Differences in How SARRTs are Developed when Multiple Jurisdictions are Involved?

**The main difference is that more agencies are likely to be involved when the SARRT involves multiple jurisdictions.** Many SARRTs deal with multiple jurisdictions to some extent, because most communities have more than one law enforcement agency and/or prosecution office. On Indian reservations, the question of who should be involved in a SARRT can get particularly complex. Tribal, state, and federal law enforcement and prosecution offices may all have a role in responding to a sexual assault, depending upon the circumstances of the case. College campuses and military bases face similar challenges in determining who needs to be involved and who is responsible for which piece of the community response to sexual assault.

### Example: Radford, Virginia

The coordinating councils led by the Women's Resource Center of the New River Valley (**Radford, Virginia**) illustrate how regional coordination efforts can be shaped by the presence of multiple jurisdictions. While the center always relied on allies in the community to serve victims of sexual and domestic violence victims, in the mid-1990s it created more formal systems to encourage coordination and collaboration. At first, the center tried to develop one coordinating council for the entire region, but quickly realized that it would be more effective if one was established for each of the five jurisdictions within the region. Thus, five coordinating councils for sexual and domestic violence were created. Besides the staff from the center, each council includes a prosecutor, multiple law enforcement agency representatives, and forensic nurse examiners. Three of the five councils also include representatives from social services.

Clearly, developers of a SARRT must give considerable thought to who should be invited to participate when multiple jurisdictions are involved. This is especially critical because any agency that is not invited to participate may feel excluded and react to the development of the SARRT with hostility and territorialism. Of course, this reaction is also likely to impede any changes that the SARRT team members might seek to implement once they become active. Even if agency representatives that fail to attend meetings participate in the process of developing the SARRT, at least they will have been offered the opportunity to become involved.

Each agency involved in sexual assault response must be therefore be welcomed to the collaboration table and valued for the role they play, even during the planning stages, so they can recognize how they can benefit from spending time coordinating with other responders.

To this end, it is often particularly helpful for responders from the same discipline to be supportive and inclusive of each other. For instance, the town police chief might call the

campus police chief and sheriffs in neighboring counties to encourage their participation on the SARRT.

As SARRTs work to overcome problems that impede an effective response in their community or region, team members may have to confront agencies who are territorial about their roles, unwilling at first to collaborate, and critical of other agencies. More often than not, however, leaders of public service agencies within the same discipline recognize that to do their jobs in the current environment of shrinking resources, they have to put their egos aside and work together to maximize their impact and the quality of services they provide.

## 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.
- 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.



- 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 (CCFMTC, 2001).

#### **Example: Campbell, County Wyoming and Johnson County, Missouri**

Examples of how SARRTs are coordinated come from **Campbell County, Wyoming** and **Johnson County, Missouri**. The facilitator of the Campbell County SART comes from the local sexual assault and domestic violence advocacy program. She feels that having a facilitator has been important not only in getting the SART started, but also in keeping the group motivated and organized. The coordinator of the SART of Johnson County comes from Central Missouri State University's law enforcement agency. She has served in this role since beginning the SART. However, the university later received a grant to support one full-time position. The person hired to fill this position will share responsibilities for SART coordination and staffing for the university-based Violence Prevention and Intervention.

#### **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).

### **Example: Minnesota**

To illustrate, the director of the victim-assistance program in Union County, Ohio is the coordinator of the SARRT and also leads the group. In **Winona County, Minnesota**, the county attorney took the initiative to start a Sexual Assault Interagency Council (SAIC) in 1998. While remaining the symbolic leader, he turned over the role of coordinating the SAIC to the local Women's Resource Center in 2005. In **Rice County, Minnesota**, there are two SMART team co-chairs that facilitate team meetings and a chair is elected for every subcommittee. There is also a coordinator who works 32 hours per week.

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 utilizing the forensic medical exam team coordinator is that the medical team cannot function without a coordinator" (CCFMTC, 2001, p.11). This may therefore be a good strategy for leveraging resources – to have the same person coordinate the scheduling for forensic examiners and other activities of the SARRT. Another advantage may be that funds are more readily available for a SARRT coordinator who schedules and manages the team of forensic examiners, because "there may be contracts or fee-for-service revenue to support the position" (CCFMTC, 2001, p.11). 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).

### **Example: Non-Profit Organization**

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.





## How Should Communities Develop their Protocol for Coordinated Response?

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 (as might be the case in some rural and remote areas) it is recommended that such a written document be developed in order to outline agency-specific roles as well as coordination needs. A community-wide protocol can define the roles, procedures, and expectations for each of the team members; this clarifies a community's vision for implementing a coordinated response to sexual assault and providing victims with optimal care. 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. While they may not be specific to rural and remote communities, these 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 justice system and community's attention. **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 (adapted from Littel, Malefyt, and Walker, 1998, p.10).
- **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.** 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 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.

### Example: Minnesota

In **Minnesota**, the Sexual Violence Justice Institute (SVJI) of the state Coalition Against Sexual Assault, serves as a resource to counties that are seeking to develop protocols for coordinated multidisciplinary response to sexual assault.

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.

## 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 to communities on 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 purpose in this module 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* that has been cited throughout this module that was developed by the California Clinical Forensic Medical Training Center. Both were designed to incorporate issues affecting rural and remote communities.

### Resource: SARRT Protocols

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 the [SART Standards of Practice](#), which provide detailed standards of practice for the many agencies



representing law enforcement, health care, crisis care, victim advocacy, crime laboratories, prosecution, and the judiciary.

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 [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.

Finally, another excellent example of a community wide protocol is the Cambria County (PA) [Sexual Assault Protocol and Anonymous Reporting of Sexual Assault Protocol](#). This protocol includes a consent form for victims who report anonymously, authorizing the collection, documentation, and release of evidence (to be stored at the municipal police department). The form includes a brief explanation including the fact that they will not be billed for the exam, that their medical records will remain private, and that their evidence will be stored for 2 years. Victims can choose whether or not they would like to be contacted 3 weeks before the evidence will be destroyed. If so, the form documents their preference and various methods of contacting them.

Once a written protocol is developed, it should be maintained and periodically reviewed by SARRT members and revised as needed. The document is helpful to assist with ongoing problem-solving efforts by the SARRT. However, it is also useful “to orient and train new members” and it can be used “when there are changes in agency administration and the new administration has different ideas” (CCFMTC, 2001, p.10).

### **Example: Rice County, Minnesota**

The SMART team from Rice County attended a training program the Sexual Violence Justice Institute offered on how to use an eight-step cyclical multidisciplinary process for developing protocols. This process includes conducting an inventory of existing services, a victim experience survey, and a community needs assessment; writing protocols; renewing interagency agreements; hosting training events; monitoring quality assurance; and conducting evaluations. The process is specifically designed to be victim-centered, culturally sensitive, and to take into account the unique needs and resources of each



community. The SVJI training was developed based on the experiences of Minnesota SARRT teams and incorporates information from the Minnesota Model Sexual Assault Response Protocol by Etrulia Calvert and Laura Williams and Improving Community Response to Crime Victims: An Eight-Step Model for Developing Protocol by Anita Boles and John Patterson. For more information, visit their [website](#).

## 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 write a community-wide protocol, the next step is to develop additional tools to document these agreements, help implement the protocol, and provide a system conduct review in an ongoing way.

### 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 involved in responding to sexual assault. 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. This type of written agreement then serve as a formal record that can be used “years later when agency administration changes or problems develop and there is a need to reference the document” (CCFMTC, 2001, p.10).

### 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.

### **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.

### **What Professional Training is Necessary to Implement a SARRT?**

One way to kick-off the development of a SARRT is to host a multidisciplinary training program. This type of training can address a number of topics, including the following (adapted in part from the *National Protocol*, 2004, p.130):

- Describing the SARRT process.
- Discussing shared beliefs about sexual assault response and developing common goals for coordination.
- Explaining the roles and challenges of each discipline.
- Identifying where coordination among disciplines is needed and how it should occur.
- Describing new policies, interagency agreements, forms, and other related materials.
- Building the understanding among professionals of the needs of specific populations in their communities and how responders can work together to address these needs.

To supplement the training program, it can be extremely helpful for responders to tour the facilities of other professionals involved in the community response to sexual assault. For example, training for forensic examiners and advocates could include going out on a ride along with law enforcement officers or attending a trial to understand various court procedures.

If an individual or agency seems particularly resistant to the idea of partnering with others in the community, it may help to first hold an agency-specific workshop to explain changes in how their staff will carry out their responsibilities and discuss why these changes are needed. At the workshop, participants can also discuss the roles of the other agencies involved in a coordinated community response to sexual assault and, in the process, work



to overcome their resistance to working with these agencies. For instance, some law enforcement officers may be resistant to work with advocates because they think that the advocates will interfere with their investigation or become witnesses in the case. This type of training could provide officers with an opportunity to talk about these concerns. It could also stress the importance of victim sensitivity during the law enforcement response, emphasize the role of advocates in supporting victims, and make clear the limitations of each professional role. The training could also provide a forum for officers to discuss how they might partner with advocates to support sexual assault victims without jeopardizing the integrity of their investigations.

### **Example: Campbell County, Wyoming**

The SART of **Campbell County, Wyoming** was about one year old when team members attended the 2001 National SART Training Conference, sponsored by the Sexual Assault Resource Service with funding from the Office for Victim of Crime. The conference served as a catalyst for team members to recommit to this work and energized them to make changes needed in their county.

While training is one good way to kick-off the development efforts of the SARRT, ongoing training should also continue to take place between the various professional disciplines as a primary activity of the SARRT. Much of this training may be relatively informal, taking place at SARRT meetings and in personal conversations between community professionals who are involved in the SARRT. However, other training may be more formal and designed to include professionals from the community who are not directly involved in the SARRT. When designing this type of training, it is important to keep in mind that information sharing is only one of the goals; another important objective of any training program should be to build respect and trust between professionals in different disciplines.

### **Example: Colorado**

In **Colorado**, the Ending Violence Against Women (EVAW) Project has a multidisciplinary team that offers free training for professionals working with domestic violence, sexual assault, and stalking cases. EVAW is a collaboration of the state District Attorney's Council, the state Coalition Against Sexual Assault, the state Coalition Against Domestic Violence, and the County Sheriffs of Colorado. Training programs are designed for criminal justice workers, but others are also welcome to attend. The project models a team approach and encourages teamwork within the communities where it offers training. All courses cover the topics of: investigations, prosecution of difficult cases, current laws, victim and suspect dynamics, and victim advocacy. In addition, training specifically on the topic of sexual assault address the issues of drug-facilitated sexual assaults, how to overcome a consent defense, and the myths and realities of sexual assault. One particular





focus of the project is to bring training to rural communities that may not have the resources to support training programs on their own.

Clearly, it's up to SARRT developers to decide who will coordinate trainings, who will be invited, what topics will be covered, how long the training will last, and who will provide the training. The training can be as simple or as involved as they think is appropriate for their community. When planning the training, however, it is important to take into consideration the factors that might motivate participants to apply what they learn in the training to their actual work in the field.

To increase the likelihood of practical application of training, it might be good to include:

- Expert trainers with real-world experience and practical information.
- Protocols that can realistically be applied given community resources.
- Trainers who acknowledge strengths and motivate participants to want to do better.
- A training schedule that doesn't overwhelm participants.
- Useful handouts and other resource materials.
- Good food and a comfortable training environment.
- Certificates of attendance to document training participation.
- CEUs awarded for training hours.
- Time to network with other agency staff.

Local organizations may be willing to donate money and provide in-kind contributions (e.g., for meeting space, food, printing, and audio-visual equipment) to support such a multidisciplinary training program. There may also be state or national resources available to your community that can assist with this kind of training.

### **Example: Wyoming**

Instead of just providing information to local agencies about changes in a newly revised evidence collection kit, the Wyoming Sexual Assault Response Task Force offers training to communities around the state on a comprehensive approach to sexual assault. Many communities in the state are using this particular training program in order to facilitate a more coordinated team response.





## 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 this type of information about how to tap into SARRT services:

- **Professionals in the community who may 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 low rate of reporting, such as adolescents, people with disabilities, Native Americans, college students, people living in poverty, and recent immigrants.

### Example: West Virginia

A SART in one **West Virginia** community has incorporated team presentations to junior high and high school students into its activities. When visiting any community group, it is always important to remember to leave business cards, to allow residents to make contact with community professionals at a later time.

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.

## 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 for public education 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 formal presentations could be conducted in conjunction with the development of interagency agreements describing how they will work together to increase awareness.
- **Information booths** at community events (e.g., fairs and conferences) and public places (e.g., libraries, community centers, shopping centers, and local sporting events). The SARRT could also host breakfasts or lunches that are open to the public in order to discuss its accomplishments and challenges and to address the need for support.
- **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.

#### **Example: Johnson County, Missouri**

To illustrate, with the hiring of a paid coordinator, the SART of **Johnson County, Missouri** plans to initiate a media campaign to publicize information about the services of the SART, the campus-based violence prevention and intervention center, and victim advocacy services.

- **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.

#### **Example: Campbell County, Wyoming**

After an article was printed in the local newspaper about the SART/SANE program in **Campbell County, Wyoming**, six victims came forward and had forensic evidence



collected. This number is significant given that only 28 evidence collection kits were done that year.

- **Development of a SARRT website** with links to local participating agencies.

#### **Example: Rice County, Minnesota**

The SMART of **Rice County, Minnesota** is in the process of creating its own website, to provide information, referrals, and other resources for community members.

- **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.

#### **Resource: Public Awareness Campaign**

One example of how a SARRT can increase public awareness is by collaborating on a Start by Believing campaign. [Start by Believing](#) is a public awareness campaign uniquely focused on the public response to sexual assault. Because a friend or family member is typically the first person a victim confides in after an assault, each individual's personal reaction is the first step in a long path toward justice and healing. Knowing how to respond is critical – a negative response can worsen the trauma and foster an environment where perpetrators face zero consequences for their crimes. Start by Believing was launched by EVAWI during Sexual Assault Awareness Month in April 2011 in conjunction with the International Conference on Sexual Assault, Domestic Violence and Stalking. The campaign features unique messaging and campaign materials, web and social media outreach and opportunities for corporate partnership and support.

Some of these publicity efforts may require the nomination of one SARRT member to serve as the spokesperson. As described in a manual published by the American Prosecutors Research Institute (APRI):



*“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).*

This person must be well informed of the purpose, structure, function, and goals of the SARRT, as well as its activities and accomplishments. The person must also be up-to-date in understanding both local and national issues pertaining to sexual assault response.

#### **Resource: Faith-Based Communities**

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.”](#)

### **To What Degree, if any, Should SARRTs Be Involved in Prevention Efforts?**

Each community needs to decide the extent of SARRT activities. In some areas, it may make sense for the SARRT to take a proactive role in prevention activities. In fact, in many rural and remote communities, the individuals and agencies who intervene in sexual assault cases may already be the ones tasked with prevention. In other communities, however, 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 rural SARRT could certainly opt to focus initially on intervention and later expand its focus to include sexual violence prevention projects.

### **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 schedule, it is critically important that a SARRT meet on some kind of regular basis. Regular SARRT meetings can serve two primary purposes (adapted in part from the *National Protocol*, 2004, p.129):



**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.

**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 in victim's medical records by developing an appropriate protocol and privacy protections. These issues will be discussed in a later section addressing the question of case reviews.

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 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. Fortunately, there are a number of reasonably priced commercial services available to facilitate conference calls. Here are two examples of how local communities utilize their SARRT meeting time:

#### **Example: Virginia and Johnson County, Missouri**

The Women's Resource Center of the New River Valley (**Virginia**) coordinates the monthly meetings of the five Coordinating Councils on Sexual and Domestic Violence in their service region. Three of the five meetings are luncheons, held at different restaurants each month. Their main purpose is to let council members get to know one another better so that they won't be hesitant to work together on cases. The focus of the meeting is on sharing information among agencies as well as providing ongoing training. Each meeting includes one hour of training, which has been popular with council members. Problems specific to individual cases are usually not discussed at these meetings, but rather through one-on-one conversations among participating professionals.

Through monthly meetings of the SART in **Johnson County, Missouri**, personnel from involved agencies took it upon themselves to fill gaps in services in their areas. Subcommittees were formed for law enforcement, advocacy, health care, and the military, which then worked between SART meetings in order to make progress on their objectives. These subcommittees report their accomplishments at each SART meeting.



## 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. 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; CCFMTC, 2001). 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 with brief presentations of cases that went well” and “then present cases with operational problems to ensure that committee members hear the positives as well as the negatives” (CCFMTC, 2001, p.22). It is recommended that case reviews involving operational problems should never be conducted without notifying the agency involved, so they do not feel put “on the spot” and can research the case and prepare for the discussion in advance (CCFMTC, 2001).

*“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” (CCFMTC, 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.

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 (CCFMTC, 2001). 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).





### Resource: Case Review

For more information on SARRT case review, please see the following materials provided by the SARRT in Baltimore, Maryland. The team has created a thorough [protocol](#) for conducting case review, as well as an [audit checklist](#).

## What Are Some Objectives that a Rural or Remote SARRT Might Pursue?

Objectives pursued by a SARRT in a rural or remote community are typically geared toward addressing local problems and improving their ability to respond effectively to disclosures of sexual assault. Periodic meetings provide an excellent forum to identify what objectives are most relevant for a SARRT. Some objectives that rural or remote SARRTs might consider are listed below – these objectives are specifically designed to overcome the barriers and challenges facing these communities, as discussed earlier in this training module.

### Increase Access for Poor Victims to Resources that are Available in the Community

One critically important objective for any SARRT is to provide victims in poor communities with increased access to resources that will allow them to seek services in the aftermath of a sexual assault 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:

- Assist 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.
- Inform 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.
- Develop 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.





- Provide victims with phone access to encourage them to maintain contact with advocates/victim service providers, health care providers, investigators, and prosecutors.
- Help 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.
- Develop agreements with agencies to deflect health care expenses for victims.
- Consider 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.
- Bring services closer to victims (e.g., by creating outreach offices and mobile units).

While seeking to increase victim access to resources that are available in the community, it is critically 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.

### **Plan to Maximize Victim Anonymity**

SARRTs can also review each aspect of their response to determine how they can help victims maintain their anonymity. For instance, they 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 (*Toolkit to End Violence Against Women*, Chapter 4, p.4). Any unauthorized disclosure of such information should then be considered grounds for disciplinary action.

### **Develop Protocols, Resources, and Training Programs to Improve Services for Victims who Have a Disability or Do Not Speak English**

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 or do not speak English.



Regarding language needs, this assessment can be based upon the number of languages that are actually spoken by residents within the community. 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:

- Interpreters (rather than relying on family members or friends to interpret).
- Forensic interviewing specialists (which are typically used for child victims but could be used effectively with victims with a disability affecting cognition or communication).
- 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).
- Special equipment (e.g., a hydraulic lift exam table), supplies, and training to be able to examine victims with certain disabilities.
- Training for responders on communicating with these populations in a respectful and effective manner.

### **Example: Minnesota Police Department**

The Minneapolis Police Department serves as a model for best practices in dealing with the Deaf community, particularly with respect to sexual assault. A program called [Deaf SAFE](#) was founded in that department in 2000 by Wendy De Vore, who is a former police officer, certified sign language interpreter, native signer of American Sign Language, and a Crime Prevention Specialist. Activities involved collaboratively designing and presenting workshops both for members of the Deaf community and for the professionals with whom they come in contact. A 10-week class in American Sign Language was also offered for law enforcement professionals.

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. 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.



### Resource: Overcoming Language Barriers

For more information, see the document entitled: [Overcoming language barriers: Solutions for law enforcement](#) developed by the Vera Institute of Justice.

To determine what language is being spoken by someone in the community, community professionals can use the “[I Speak](#)” language identification guide.

### Compile 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 and gaining a fuller picture of the prevalence of sexual violence in the community.

### Example: Rice County, Minnesota

In **Rice County, Minnesota**, for example, each agency involved in the SMART initially shared the statistics they gathered on the sexual assaults they handled. When looking across agencies, it became clear that there was a need to coordinate what raw data is gathered so that more meaningful and comparable statistics would be available in the future.

### Develop a Procedure for Non-Investigative Reports

Alternative reporting methods have been developed by a number of progressive law enforcement agencies – in collaboration with community partners – to reduce barriers and increase victim reporting and participation with the criminal justice process. Implementing a meaningful and well-functioning program for alternative reporting will require a significant investment of time and effort on the part of a number of professional disciplines. Strong leadership is obviously needed from within the law enforcement agency, but collaborative work and leadership will also be needed by professionals in other disciplines, including victim advocacy, health care, and prosecution. The task is significant; it is only likely to succeed if undertaken by a well-organized, motivated, and truly collaborative SARRT. Yet the benefits are even more significant. Benefits are likely to be seen, not only for individual victims, but also for law enforcement agencies and the communities they are sworn to protect and serve.

### Resource: Expert interview

In this [video interview](#), Detective Carrie Hull and Sheriff Corey Falls explain the benefits of offering victims a variety ways of reporting a sexual assault.

For example, in Cambria County, Pennsylvania, criminal justice and community professionals worked together collaboratively for over three years to develop a comprehensive [sexual assault protocol](#) that includes anonymous and non-investigative reporting (for victims age 18 and over), including those who participate in a medical forensic examination. By briefly discussing some of the factors that discourage victims from engaging the criminal justice system and other community resources, the goal for the protocol is clearly described as increasing victims' access to improve their well-being.

The protocol provides clear expectations for all of the professionals involved in sexual assault response stating that all victims of sexual assault are to be treated professionally and with dignity. The goal is both to promote their recovery and improve their ability to participate meaningfully in the criminal justice process. This is particularly true for victims who are unsure about whether to participate in the criminal justice process.

A second example of alternative reporting methods can be seen in the *You Have Options Program* created by Ashland, Oregon Police Department. As in Cambria County, this program was designed to expand the options available for sexual assault victims to contact the Ashland Police Department, thereby increasing access to the criminal justice system as well as other community resources. Also, like Cambria County, the development of this program took years of work and required extensive collaborative effort between the police department and other professionals involved in responding to sexual assault. The program launched January 1, 2013.

As described on the Police Department's webpage, the immediate goal of the program is to "increase sexual assault reporting by eliminating as many barriers to reporting as possible." The long-term goal is then "to increase the identification and prosecution of sexual predators in our community, thereby decreasing sexual assault victimization."

To meet these goals, sexual assault victims have the choice of reporting in a variety of ways:

An **Information Only Report** includes any report of sexual assault where, at the reporting party's request, no investigative process beyond a victim interview and/or a complete or partial Inquiry into Serial Sexual Assault (ISSA) is completed.

A **Partial Investigation** includes any report of sexual assault where some investigative processes beyond the victim interview and a complete or partial Inquiry into Serial Sexual Assault (ISSA), have been initiated by law enforcement. This may include, but is not limited to, interviewing of witnesses and collection of evidence such as a sexual assault forensic examination (SAFE) kit.

A **Complete Investigation** includes any report of sexual assault where all investigative procedures necessary to determine if probable cause exists for a criminal sexual assault offense have been initiated and completed.



Once they have accessed a reporting method, victims can change their minds, and decide to convert an Information Only Report to a Partial or a Complete Investigation. They can also initially request a Complete Investigation but change it to a Partial Investigation if it is not already concluded. Victims can choose to remain anonymous and/or they can choose to not identify the suspect. These options are provided even for victims who do not intend to participate in the criminal justice process, as a means of encouraging them to come forward to the police department with information about their sexual assault.

Regardless of which reporting method a victim selects, an officer with the Ashland Police Department will document in writing the information that is provided at that time. Even if the incident is outside the current statute of limitations, the information is documented. Current policy is to retain such documentation indefinitely within the agency's Records System.

Perhaps most important, program materials clarify that the information – and the victim – will not be pre-judged:

*All information received on a reported sexual assault shall be documented regardless of the apparent credibility of the reporter or apparent veracity of the information being provided. Failure to document all available information inhibits the ability of investigators to identify serial sexual perpetration.*

### **Resources: Alternative Reporting Methods**

For more information on this topic, please see the OLT module entitled: [Reporting Methods of Sexual Assault Cases](#).

EVAWI has also developed a set of [templates](#) to help communities implement a multidisciplinary protocol for non-investigative reporting of a sexual assault to law enforcement. At the time the materials were developed, this was typically referred to as “anonymous reporting.” These documents are posted in Word format, so they can be easily modified for use in communities across the country.

### **Resource: Expert Interview**

In this [video interview](#), Debra Holbrook describes blind reporting as an alternative reporting option.

## **Assist Victims with Safety Planning**

Particularly in rural and remote communities, there is a high likelihood that victims will know their offenders. 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, accessing other safety devices, and considering the possibility of relocation). 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). 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).

#### **Resource: Danger Assessment**

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. Detailed guidance is also available in the [Promising Practices](#) manual developed by the STOP Violence Against Women Grants Technical Assistance Project. A photocopy can be ordered through (NCJ 172217).

#### **Recognize Alternative Healing Practices**

It is good to keep in mind that many victims hold cultural and religious/spiritual beliefs that impact both their reaction to the sexual assault and their view of what is critical to their healing. It is therefore important that responders respect victims’ beliefs and support them in getting the help they require to heal. For instance, victims may want the opportunity to speak with a religious or spiritual counselor, such as a medicine man/woman, a rabbi, a priest, or a pastor (adapted from the *National Protocol*, 2004, p.30).

#### **Coordinate Partnerships with Organizations that Serve Specific Populations**

Rural and remote communities tend to have fewer organizations serving specific populations than urban areas. Even so, there are bound to be community groups and professionals that can provide services for – or speak on behalf of – the needs of specific groups of residents. 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.



## Offer 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.

## Provide 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 they 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.

### Resource: Resources for Victims

An outstanding example of this type of material is the *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.

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.

## Develop Written Educational Materials for Victims and Their Support People

It is hard for victims 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. (See the *National Protocol*, 2004, p.36 for a list of topics.) 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 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 by the SARRT to familiarize victims with the process and courtroom procedures. Many advocacy organizations have developed such 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.





### Resource: Victim Bill of Rights

The New York Sexual Assault [Victim Bill of Rights](#) is given to victims during their initial interview with law enforcement, and it includes general information about their rights during the medical forensic exam and interactions with law enforcement and other criminal justice personnel. The document also includes space to fill in key contact information for the investigator, prosecutor, and victim advocate.

### Become 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 in their jurisdictions and push for changes to rectify the problems.

### Example: Wyoming

The **Wyoming** Sexual Assault Response Task Force (WySART), for example, was active in supporting recently passed legislation that allows SANEs to conduct sexual assault forensic examinations in their state.

### Develop 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 *CCFMTC 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 CCFMTC 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 (CCFMTC, 2001). Clearly, alternative methods are possible for achieving this important goal.

### Example: Winona County, Minnesota

The SMART of **Winona County, Minnesota** is getting feedback from victims using a survey. When victims in that county connect with an agency, representatives from the agency seek their consent to contact them by telephone at a later date in order to evaluate the services they received. Survey results are then used to guide improvements by the



SARRT. For example, survey results obtained in 2005 were used to develop a training program for responders in 2006.

### Use Advanced Technology to Support Examiners Conducting Examinations

Some rural and remote 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 in rural and remote communities by consulting with “off-site” experts. Equipment needed to facilitate use of telemedicine may include, but not be limited to, computers, software programs, and the Internet (*National Protocol*, 2004).

#### Example: Minnesota

The Sexual Violence Justice Institute of the **Minnesota** Coalition Against Sexual Assault facilitates quarterly meetings of SMART site coordinators in the state.

### Develop Partnerships with Other SARRTs

It might help rural and remote SARRTs 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.

## Conclusion

Clearly, rural and remote communities face unique challenges in responding to sexual assault. **The purpose of this training module is 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 an urban SARRT, your rural SARRT will reflect collaborative approaches that work in your community.

We hope that this module has provided concrete suggestions that you can use to successfully establish or expand a SARRT, in order to improve your community’s response to sexual assault. At the end of the module, you will find a number of additional resources that might be useful. First is **a list of contact information** for the programs and individuals who provided input and examples for this training module. Second is **a list of written and online resources** for communities that are considering, establishing, or expanding a SARRT. Finally, you will find at the end of this module the **SARRT Needs**



**Assessment Tool for Rural and Remote Communities.** This tool offers a series of questions community professionals can ask to gain a picture of local needs related to responding to sexual assault, barriers facing victims and responders, and the adequacy of responses in supporting all sexual assault victims. The tool can be used as is or customized for use in your community. It provides an excellent way to begin applying the content in this training module for your unique community.

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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.

Conrad, A. (1998). Albany, NY: New York Coalition Against Sexual Assault.

Kentucky Association of Sexual Assault Programs (2002). [\*Developing a SART: A Resource Guide for Kentucky Communities\*](#). Frankfort, KY: Kentucky Association of Sexual.

Ledray, L. (1998). [\*SANE Development and Operation Guide\*](#). Washington, DC: Office for Victims of Crime, US Department of Justice, Office of Justice Programs.

Lewis, S. (2003). [\*Unspoken Crimes: Sexual Assault in Rural America\*](#). Enola, PA: National Sexual Violence Resource Center (NSVRC), Pennsylvania Coalition Against Rape (PCAR).

Littel, K., Malefyt, M., & Walker, A. (1998). [\*Promising Practices: Improving the Criminal Justice System's Response to Violence Against Women\*](#). Washington, DC: Technical Assistance Project of the STOP Violence Against Women Grant Program.

Ménard, K.S. & Ruback, B.R (2003). "Prevalence and Processing of Child Sexual Abuse: A Multi-dataset Analysis of Urban and Rural Counties." [\*Law and Human Behavior A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents 2nd Edition\*](#) (2013). Washington, DC: US Department of Justice, Office on Violence Against Women.

National Sexual Violence Resource Center (2006). [\*Report on the National Needs Assessment of SARTs\*](#). Enola, PA: Pennsylvania Coalition Against Rape (PCAR).



New Jersey Office of the Attorney General (2004, December). [Attorney General Standards for Providing Services to victims of Sexual Assault \(2<sup>nd</sup> edition\)](#). Published by the New Jersey Department of Law & Public Safety, Division of Criminal Justice.

Nord, M. (1999). Rural poverty rate unchanged. *Rural Conditions and Trends*, 9 (2), 28-34.

Sexual Violence Justice Institute (2000). *Best Practices in the Investigation and Prosecution of Sex Assault Cases*. St. Paul, MN: Minnesota Coalition Against Sexual Assault.

## Additional Resources

**In addition to the resources cited in the reference list, these might be useful for rural and remote communities seeking to establish or expand a SARRT.**

### General: Sexual Assault and Other Crimes in Rural Areas

Logan, T.K., Evans, Lucy, Stevenson, Erin, and Carol Jordan. "Barriers to services for rural and urban survivors of rape." *Journal of Interpersonal Violence*, Vol. 20 No 5, May 2005.

Neame, Alexander and Melanie Heenan. "[Responding to sexual assault in rural communities](#)." *Briefing: Australian Centre for the Study of Sexual Assault*, No 3, June 2004.

Trute, Barry, Adkins, Margaret Elizabeth, and George McDonald. *Coordinating Child Sexual Abuse Services in Rural Communities*. Toronto: University of Toronto Press, 1994.

Weisheit, Ralph, Wells, Edward, and David Falcone. "[Crime and Policing in Rural and Small-Town America: An Overview of the Issues](#)." *National Institute of Justice Research Report*, September 1995.

[Rural Victim Assistance: A Victim/Witness Guide for Rural Prosecutors](#). Alexandria, VA: American Prosecutors Research Institute, Violence Against Women Program, 2006.

[Sexual Assault in Indian Country: Confronting Sexual Violence](#). Enola, PA: National Sexual Violence Resource Center, 2000.

[Stopping the Stigma: Changing Public Perceptions of Sexual Assault in Rural Communities](#). California Coalition Against Sexual Assault, 2010.

*Victim Services in Rural Law Enforcement*. Washington, DC: Office for Victims of Crime.

*What Works in Preventing Rural Violence: Strategies, Risk Factors, and Assessment Tools*. St. Paul, Minneapolis: Amherst H. Wilder Foundation, 1995. Available by ordering through (800) 274-6024.



## Promising Practices for Rural Communities

Davis, Tilton. "Making It Work in Rural Communities." 3<sup>rd</sup> National SART Training Conference, Workshop Power Point Handouts, June 2005. Available at: National SART Training Conference, CD of Presenter Handout Materials. Sexual Assault Resource Service, Minneapolis, MN, phone 612-873-5832.

Hoffman, Nancy. "Making It Work in Rural Communities – Mobile SANE Project Update." 3<sup>rd</sup> National SART Training Conference, Workshop Power Point Handouts, June 2005. Available from: National SART Training Conference, CD of Presenter Handout Materials. Sexual Assault Resource Service, Minneapolis, MN, phone 612-873-5832.

It might be useful to talk with SANE/SART coordinators at state sexual assault coalitions, where they exist (even if your state doesn't have one). Contact information for all state and territory sexual assault coalitions can be found at the [website](#) of the National Sexual Violence Resource Center.

### General: SARRTs

Pollitz Worden, Alissa. [Violence Against Women: Synthesis of Research for Task Forces and Coalition Members](#). Research report submitted to the US Department of Justice, Office of Justice Programs, National Institute of Justice, 2003.

[County of San Diego Sexual Assault Response Team Systems Review Committee Report: Five-Year Review](#). County of San Diego, California, Health and Human Services Agency, Division of Emergency Medical Services, July 2005.

[San Diego County SART Standards of Practice](#). County of San Diego, California, April 2001.

The National Sexual Violence Resource Center (NSVRC) offers descriptions of material in their resource [library](#).

California Sexual Assault Response Team (SART) Manual (2001). California Clinical Forensic Medical Training Center.

### General: Law Enforcement Response

A number of helpful tools have been developed by the International Association of Chiefs of Police (IACP), as part of their Police Response to Violence Against Women Project. These tools include a [Model Policy on Investigating Sexual Assaults](#), a supporting [Concepts and Issues Paper](#), and a [Supplemental Report Form](#) for sexual assault that includes helpful guidelines for case documentation, effective techniques for victim and perpetrator interviews, and a pocket "tip" card for officers. There are also three [training videos](#) that can be used along with the corresponding [discussion guide](#).



## Related Need Assessment Reports

[Maryland Sexual Assault Forensic Examiner \(SAFE\) Programs Statewide Needs Assessment](#). Arnold, MD: Maryland Coalition Against Sexual Assault, 2003.

*The Response to Sexual Assault: Removing Barriers to Services and Justice: The Report of the Michigan Sexual Assault Systems Response Task Force*. The Michigan Coalition Against Domestic Violence and Sexual Violence, the Michigan Department of Community Health, and the Prosecuting Attorneys Association of Michigan, 2001. Available in the [NSVRC Resource Library](#).

## Related Protocols/Guidebooks that Emphasize Interdisciplinary Coordination

The National Sexual Violence Resource Center offers several county and statewide [SART protocols](#). The statewide protocol developed in [Oregon](#) is one particularly good example.

The [North Dakota Sexual Assault Evidence Collection Protocol](#) is another good example. [Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient, 2<sup>nd</sup> Edition](#). Dallas, TX: American College of Emergency Physicians, 2013.

[Looking Back and Moving Forward: A Guidebook for Communities Responding to Sexual Assault](#). Arlington, VA: National Victims Center, 1993.

## Tools to Help Implement SARRT Protocols

[National SART Toolkit](#). Enola, PA: National Sexual Violence Resource Center.

*First Response to Sexual Assault: A Guide for Law Enforcement*. Arnold, MD: Maryland Coalition Against Sexual Assault, 2001. Available in the NSVRC resource [library](#).

*Forming a Multidisciplinary Team to Investigate Child Abuse*. Office of Juvenile Justice and Delinquency Prevention, 2000. Available in the NSVRC resource [library](#).

Littel, Kristin, Malefyt, Mary, and Alex Walker. [Assessing the Justice System Response to Violence Against Women: A Tool for Law Enforcement, Prosecution, and the Courts to Use in Developing Effective Response](#), 1998. Washington, DC: STOP Violence Against Women Technical Assistance Project.

## SANE/SAFE Response

Campbell, Rebecca. "[The Effectiveness of SANE Programs](#)." VAWnet.





Crandall, Cameron S. and Deborah Helitzer. "[Impact Evaluation of a SANE Program.](#)" US Department of Justice.

Ledray, Linda. [Evidence Collection and Care of the Sexual Assault Survivor: The SANE-SART Response.](#) 2001. Violence Against Women Online Resources.

Littel, Kristin. "SANE Programs: Improving the Community Response to Sexual Assault Victims." *OVC Bulletin*. Washington, DC: Office for Victims of Crime, 2001.

McCord, Elizabeth. "[Medical screening in rural areas, sexual assault and intimate partner violence: issues of detection in the medical office.](#)" *The Resource*, National Sexual Violence Resource Center, Spring/Summer, 2004.

*SANE Standards of Practice* (1996), *SANE Education Guidelines* (1999), and *SANE Certification Brochure*. [International Association of Forensic Nurses.](#)

## Some Funding Resources

The National Sexual Violence Resource Center offers a webpage with announcements about [funding opportunities](#) from the US government, foundations and corporate organizations.

The Office on Violence Against Women of the US Department of Justice explains how its [grant funds](#) can be used to address sexual assault.

The Office for Victims of Crime, US Department of Justice offers [funding.](#)

[State Crime Victim Compensation and Assistance Grant Programs.](#)

[State agencies](#) administering STOP and other OJP funds.

[Center for Disease Control, Injury Prevention and Control.](#)

## Who is the Community/Region to be Served by a SARRT?

- What are the parameters of the community/region to be served (e.g., a 5-county region in Southwest KY)?
- What are the characteristics of the community/region—geography (square miles, terrain, weather conditions), population, cultural/ethnic breakdown, socio-economic levels, education levels, prevalent industries, transportation systems, crime rates, etc.?



- Is there a “hub” in the community/region where residents go to access services/resources?
- What is the community/region’s proximity to more urban areas?
- Are there closed communities that add a layer of complexity to responding to sexual assault cases (e.g., military bases, Indian reservations, colleges and universities, or national parks)?

### **Which Agencies are Currently Involved in Immediate Response?**

- What law enforcement agencies and prosecution offices exist within the community/region that handle sex crimes?
- Are there local organizations that offer support and advocacy for sexual assault victims (e.g., a rape crisis center, a more generalized victim services agency, or another program)?
- What health care facilities exist within the community/region? Do sexual assault victims tend to go or be sent to particular facilities for medical care and forensic evidence collection? Are there sexual assault forensic examiner programs in the region?
- What crime labs are used to analyze biological and toxicology evidence that may be collected? Do law enforcement agencies in the area all use the same labs?
- Are there other agencies/persons that may not currently be involved but should be included in the immediate response? For example, disclosures of sexual assault might be received by professionals in emergency medical services, mental health providers, medical providers, substance abuse treatment services, school personnel, social service workers, child and adult protective service workers, youth organizations, faith-based organizations, etc.

### **What is the Awareness in the Community of the Prevalence of Sexual Assault?**

- What is the incidence of sexual assault within the community/region?
  - How many sexual assaults were reported to law enforcement in the community/region in the last two years? How many of these reported sexual assaults involved adult victims? Adolescent victims? Child victims? How many were stranger sexual assaults? Non-stranger assaults?
  - How many sexual assault examinations did local hospitals/exam facilities perform in the same time period? What is the breakdown for adult, adolescent,



- and child victims? Breakdown for stranger versus non-stranger assaults and brief encounters, (those where the victim met the offender and was assaulted within 24 hours)?
- How many sex crimes did local prosecution offices review in the same time period? In how many cases did they file/issue charges? What is the breakdown of case dispositions? Is it similar for adult, adolescent, and child victims? Stranger versus non-stranger and brief encounter cases? For cases involving alcohol or drugs?
  - How do the above reporting figures compare with numbers of sexual assault victims seen by the local rape crisis center(s), if one exists, or the more generalized victim services agency?
  - Look to other professionals in the community who may have contact with sexual assault victims to get a fuller sense of the prevalence of the problem. Identify those who may interact with these victims from the local service network, schools, faith-based organizations, organizations that represent or serve specific populations, civil groups, youth organizations, businesses, etc. Ask for their feedback on the following:
    - Can you estimate the number of individuals you interacted with in the last month/year who have experienced a recent sexual assault? A less recent assault? Does your agency keep any statistics related to sexual assault victimization?
    - How many individuals actually disclosed the assault(s) to you? Or disclosed that a loved one experienced an assault? Or didn't disclose to you, but you suspected they were sexually assaulted?
    - Why did these individuals make the disclosure to you—were they seeking specific services, hoping you could direct them to services, or just wanted to tell someone who would validate their feelings?
    - Were they interested in reporting the assault to law enforcement? Why or why not?
    - What did you do to try to help them?
    - Do you have sufficient resources within your agency to respond to these individuals?
    - Are you aware of the resources available in the community to help sexual assault victims and how a victim can go about receiving help from various agencies?



- Do you interact with agencies that typically respond in these cases—law enforcement, rape crisis centers/victim services, emergency medical providers, prosecution, child/adult protective services, etc.?
- What additional resources would aid you in helping these victims?
- Do you know a way to track whether they received further assistance?

### **What are the Community Norms and Level of Awareness about What to Do if a Sexual Assault Occurs?**

- What do residents know about sexual assault in the community/region (e.g., what it is, local prevalence, populations most at risk, and prevention/risk reduction strategies)? How do they get this information? What are the norms related to sexual violence?
- Do residents know what to do to seek help if they or their loved one experience a sexual assault? Explain. How do they get this information?
  - Do residents feel supported to report sexual assault to law enforcement? Explain.
  - Do residents feel encouraged to access services within the community/region if they are sexually victimized? Explain.

Note: Also see the above questions to assess awareness of professionals regarding what to do if someone discloses a sexual assault to them and what local resources are.

### **What are the Barriers to Getting and Providing Help?**

- What barriers do victims face in the community/region to seeking or accessing prompt and appropriate assistance in the aftermath of a sexual assault?
  - What might cause a victim to be reluctant to report to law enforcement or to be involved in the prosecution of their assailant?
  - Is there a belief that reporting to law enforcement is synonymous with making a commitment to prosecute?
  - Do victims feel they will be revictimized by the criminal justice system? Why?
  - What might cause a victim to be reluctant to seek out health care and other services such as victim advocacy or counseling in the aftermath of a sexual assault?



- Do victims that come into rape crisis centers or talk with health providers ask not to involve law enforcement? What kind of help do they most want?
- What challenges do first responders in the community/region face in providing prompt and appropriate assistance to sexual assault victims?
- Are there any other challenges, problems, or concerns specific to the community/region that might impact the effectiveness of local responses to sexual assault?

## How Does Each Agency Currently Respond?

### Law Enforcement

- Do all law enforcement officers who handle sex crimes receive specialized training to investigate sexual assault? Do they participate in interdisciplinary training?
- Do law enforcement agencies that handle sex crimes have written policies in place on how to respond to a report of sexual assault? Describe.
- What are the law enforcement practices in your community/region with regard to:
  - Responding to victims in remote/hard to reach areas?
  - Helping victims get emotional support and medical care?
  - Meeting victim needs for interpreters or assistive devices for physical disabilities?
  - Audiotaping or videotaping interviews with victims and suspects?
  - Following up with victims to provide information and offer resources?
  - Collecting crime scene evidence?
  - Transferring, documenting, storing, evaluating, and analyzing evidence from a forensic examination with victims as well as crime scene evidence? Conducting a forensic exam with suspects?
  - Maintaining the confidentiality of victim's identity/communications? Are there procedures in place to use a pseudonym for the victim in all written reports?
  - Protecting the victim's rights with regard to media coverage of the sexual assault?



- Investigating cases of non-stranger sexual assault? Suspected drug-facilitated cases?
- Working with multiple jurisdictions when necessary?
- Processing mandated, third party, anonymous (blind), and informational reports?
- Writing reports that clearly and effectively document investigative findings? Are all reports reviewed by a supervisor or someone else with specialized training?
- Are officers mandated to document every single report of a sexual assault, with a written report and an incident number assigned? Or are they allowed to clear from a sexual assault call without writing a report? Are they given the clear directive that all sexual assault cases are assumed to be valid unless the investigative findings establish otherwise?
- Are officers given the clear directive not to ask victims about whether or not they want to participate in prosecution until after a thorough, evidence-based investigation is conducted?
- Are officers discouraged from making an immediate arrest, in order to better facilitate the investigation, unless exigent circumstances dictate otherwise?
- Do you have investigators who investigate sexual assault reports, or will your first responding officer/deputy also conduct the follow-up investigation?
  - Do local law enforcement agencies have policies and practices that prevent unnecessary “handoffs” of a sexual assault victim due to a shift change?
  - Are officers provided sufficient resources to conduct a thorough investigation and follow up with victims of sexual assault? Or are they pressured to return to service?
- Are advocates or other victim service providers involved in the investigation as early as possible, even when no forensic exam is conducted (e.g., delayed reports)? What advocacy/victim service resources do you have available to assist in these cases?
- Is crisis intervention provided to victims in field situations (e.g., at the crime scene or the victim’s home)? If advocates or other victim service providers cannot respond to field situations, how is crisis intervention provided?





- Is a comfortable and neutral location available for conducting interviews with victims (e.g., rape crisis center or medical facility)?
- Who evaluates evidence before submitting it to the crime lab, to determine what the probative value might be, and what type of analysis is needed (e.g., toxicology, DNA, or trace analysis), and what purpose the evidence might serve in the investigation (e.g., to corroborate the statement of the victim or suspect)?
- What are law enforcement procedures for transferring evidence to designated laboratories for analysis or other law enforcement designated storage site?
- Can a forensic examination be conducted even if the victim does not want to file a report with law enforcement or is unsure about whether or not to report? If so:
  - Who stores the evidence that is collected and for how long? How is it transferred, stored, and identified for archival? How is chain of custody maintained?
  - Under what conditions can such evidence be analyzed, and if a DNA profile is obtained, when can it be submitted to CODIS? How is victim consent obtained?
- Do investigators and/or supervisors receive training in proper procedures for UCR clearance and other case dispositions?
  - Are officers and investigators pressured to clear a high percentage of their cases?
  - Is a standardized form used to record the clearance method for each sexual assault case, and included with all investigative case files?
  - Are cases exceptionally cleared only when: (1) the offender is identified, (2) there is enough evidence to support an arrest, and (3) the offender's location is known?
  - Are officers and investigators notified that they cannot unfound a case based solely on the victim's initial statement or a cursory preliminary investigation?
  - Are unfounded cases differentiated when they are false versus baseless (e.g., the elements are not met, but the facts are not false)?
  - Are all case dispositions reviewed by a supervisor or someone else with specialized training? Is the balance of case dispositions reviewed for each investigator?



- What measures are used to evaluate success in sexual assault investigations? Are victim service issues incorporated into performance evaluations? Are officers who provide or coordinate effective victim services recognized and rewarded? Are they recognized and rewarded regardless of the outcome of the case, as long as they conducted a thorough investigation?
- Are victims of sexual assault asked to submit to a polygraph examination during the process of investigation? If so, what measures are being taken to stop this practice, to comply with the 2006 provision of the federal legislation known as the Violence Against Women Act III?
- Are release waivers presented to victims only when the victim asks to have the investigation of their case suspended, and never presented to victims without such a proactive request? If release waivers are used, are victims reassured that they can contact the investigating law enforcement agency anytime they decide that they are able to participate in an investigation?
- Are case dispositions reviewed by a multidisciplinary panel within the community, particularly for cases that are unfounded or exceptionally cleared?
- Is information regularly provided to rape crisis centers and others in the community regarding the total number of sexual assault reports and their case dispositions?
- Are any complaints or inquiries about the outcome of a case immediately investigated?
- Do law enforcement personnel recognize that victims are more likely to participate effectively in the investigation when their needs, emotions, and concerns are taken seriously and supported? For example, when they receive the services of a victim advocate or other victim service provider?
- How do you think law enforcement officers that serve your community could benefit from improved coordination with other responders in sexual assault cases?

### **Advocacy/Victim Services**

- Are advocates/victim service providers typically involved in the immediate response to sexual assault victims?
  - Explain their role and the victim services they provide during immediate response. For example, do they offer victims:
    - Accompaniment services during their initial contact with law enforcement personnel and the medical forensic examination?



- Crisis intervention, emotional support, and information, including written resources and referrals?
- Assistance in identifying and articulating their needs, and advocating with other professionals to see that their choices are respected?
- Support and information to their family members and friends?
- Assistance in planning for their safety and well-being?
- Are services provided by staff or volunteers?
- Are advocates/victim service providers employed by a community-based agency (e.g., rape crisis center) or a system-based agency (e.g., victim-witness assistance program in the prosecutor's office)? If both are available, how do they coordinate to assist sexual assault victims?
- Do these agencies have policies in place on how to respond to a disclosure of sexual assault? To a call from a professional in the community to assist a victim? Specifically, from another first responder (law enforcement or health care provider)? Please describe.
- Do any policies exist to enhance response to victims in remote/hard to reach areas?
- What kind of training do they receive to support their work? Is the training standardized within the county/state? Do they participate in interdisciplinary training?
- What is the relationship of these agencies with law enforcement, medical providers/ forensic examiners and prosecutors?
  - Do law enforcement officers responding to a sexual assault contact advocates/victim service provider as soon as possible to provide support for victims (e.g., at the crime scene or at the victim's home)? Is there a written policy or memorandum of understanding to outline the protocol involved?
  - Do medical facilities contact advocates/victim service providers when a sexual assault patient presents to them? Explain the procedure. Is this documented in a written interagency agreement?
  - Can advocates/victim service providers (with victim consent) provide accompaniment to victims before, during and after the forensic examination and during any interviews with law enforcement personnel and prosecutors? Are



- there any obstacles to having advocates/victim service providers accompany victims during these processes? Who offers these advocacy services to victims – advocates/victim service providers themselves? If medical personnel or law enforcement officers are offering these services rather than an advocate, do they fully understand and convey the benefits to victims of these services and do they have a positive working relationship with the advocacy/victim service program?
- Do advocates/victim service providers coordinate with the medical facility to provide replacement clothing to victims when their clothing is retained for evidence?
  - What kind of follow-up do advocates/victim service providers typically have with victims to whom they provide assistance in the immediate aftermath of sexual assault?
  - Are emergency response services provided by the advocacy/victim service program 24-hours a day throughout the year?
  - Are steps taken to ensure that victims will work with the same advocate or victim service provider, whenever possible, throughout their entire process?
  - Is the communication between advocates/victim service providers and victims confidential? Is it covered under any state privileged communications laws? Is confidentiality addressed in agency policies? Do confidentiality policies regarding communications with victims differ for advocates working in community-based versus system-based organizations? Explain.
  - What measures are taken to protect the anonymity of victims receiving services and the confidentiality of victims' identities and information?
    - With respect to the criminal justice system?
    - With respect to media coverage?
  - Are policies and procedures in place for accepting anonymous (blind) reports or third-party reports for law enforcement? Are these documented in interagency agreements?
  - If sexual assault victim advocates are not available in the community/region, who does/can provide sexual assault victims with emotional support and advocacy? Do they receive any training to support their capacity to do this work?
  - Are victims frequently successful in recovering money from the state crime victim compensation fund? Are most victims who are eligible for compensation able to



submit an application with assistance? When applications are denied, what are the reasons given?

- How are the civil legal needs of victims met (e.g., protective orders, housing, education, employment, immigration, privacy, disability, financial compensation, or civil tort issues)?
- What services are available for victims from various populations, such as:
  - Victims who are non-white, foreign-born, and/or non-English speaking?
  - Male victims of sexual assault?
  - Gay, lesbian, bisexual, or transgendered victims?
  - Elderly victims of sexual assault?
  - Victims with physical, cognitive and sensory disabilities?
  - Victims who are sexually assaulted by their spouse or intimate partner?
  - Victims from closed communities, such as American Indian reservations, university or college campuses, and military installations?
  - Victims from other “communities within the community?”
- How do you think advocates/victim service providers that serve your community would benefit from improved coordination with other responders in sexual assault cases?

### **Health Care/Forensic Examination**

- Are sexual assault forensic examinations in the community/region conducted in an emergency room setting or in a special location designated for sexual assault exams? Do specially trained nurses or doctors conduct the forensic examinations?
- What type of resources and training are available to health care providers to help them screen and treat victims of sexual assault, as well as conduct forensic exams?
  - Are forensic examiners trained? What kind of training and clinical preparation do they receive, if any?



- Does your community have a sexual assault forensic examiner program? Describe the program, including: when it was established; how it is administered and financially supported; how many trained examiners are involved and whether this number is sufficient to address local needs; how examiners are recruited; how well they are retained; how program staff manage records, what challenges it has faced, etc.
- Is a medical provider/forensic examiner on call to respond to the examination or are they assigned to do the examination because she or he is on staff at the facility that day? Are services provided 24-hours a day throughout the year? Are there procedures in place regarding response time to a sexual assault call?
- Are medical practitioners in your community mandated to report to law enforcement if a victim seeks medical services as a result of the sexual assault? Is this the result of state law, or policies in place at the medical facility?
  - What type of disclosure triggers this type of mandated report?
  - What information is included in the report?
  - What is the protocol for who reports to whom, how, and within what timeline?
- Do the sites/programs conducting forensic exams have policies on how personnel should respond to a patient who discloses sexual assault or who is brought in by law enforcement after a report of sexual assault? Please describe. Are policies fairly consistent across sites?
  - Are sexual assault patients given priority as emergency cases?
  - What practices help ensure sexual assault patients' privacy and safety?
  - What is the protocol for contacting an advocate/victim service provider to provide support to the victim during the examination process?
  - What is the protocol for contacting the law enforcement agency if they are not already involved?
  - What is the protocol for contacting/activating a forensic examiner to perform the examination?
  - What is the protocol for evaluation/care of acute injury before evidence collection?





- Are there written guidelines regarding how long after a sexual assault a forensic exam will generally be conducted? Does it include flexibility, so a forensic exam can be conducted outside the timelines anytime the victim is complaining of pain, discomfort, or bleeding?
- Do examination facilities have on hand or have ready access to sexual assault evidence collection kits or at least detailed instruction related to all aspects of forensic evidence evaluation, collection and documentation?
  - Do forensic examiners or the forensic scientists responsible for analyzing the kit have concerns regarding the evidence collection kit that is used in your community? If so, what measures can the SARRT take to address these concerns? Does the kit have a form for crime lab personnel to provide feedback to forensic examiners on the quality of evidence collection and documentation?
- Do examiners have policies related to addressing victims' medical concerns, such as risk of STIs/HIV and pregnancy?
- Do examiners have/use: colposcopes, anosscopes, digital cameras, 35 mm cameras, Polaroid cameras, toluidine blue dye, prophylaxis for STI's and pregnancy, or other equipment or medications to assist them in conducting the examination?
  - Can victims readily access pregnancy prophylaxis in the community/region if they can't at a medical facility? If not offered at the medical facility, are victims routinely told about these local resources during the medical forensic examination?
  - Has there been any use of advanced technology (telemedicine) to allow examiners off-site consultation with medical experts, by using computers, software programs, and the Internet?
- Who pays for the cost of the forensic examination? Are there any related problems for victims or providers? What measures are taken to protect the victim's confidentiality during any billing procedures?
- When a sexual assault is reported to law enforcement, what is done with the evidence collected during the forensic examination? Is the evidence retained by the examiner/at the examination site or transferred to law enforcement?
  - If it is transferred to law enforcement, at what point does this occur? What are the procedures for transferring evidence and protecting the chain of custody?



- If it is stored at the examination site, is the location locked and secured? How is the integrity of the evidence and chain of custody maintained?
- If forensic evidence is collected in cases where the victim does not want to report to law enforcement, then:
  - What are the policies of the facility regarding who stores the evidence and for how long? How is it stored and archived? How is chain of custody maintained?
  - Are there policies and procedures in place about whether the evidence can only be held but not processed by the crime lab without the victim's signed consent?
  - Does the consent form that is given to victims clearly describe the consequences of participating in a forensic exam without a corresponding report to law enforcement?
  - What type of follow-up contact do victims receive? What effort is made to ensure that they have sufficient supportive services to facilitate their decision making regarding whether or not to report to law enforcement?
  - Are statistics tracked regarding the percentage of victims who obtain a forensic exam, but are initially unsure about reporting who later report to law enforcement?
- Are forensic examiners and other health care providers involved in interdisciplinary training with other professionals involved in sexual assault response?
- Do they network with other forensic examiners either formally or informally? Is this conducted with in-person meetings or via teleconference or email?
- What quality assurance measures are taken to ensure the effectiveness of sexual assault forensic examinations (e.g., supervision of forensic examiners, peer reviews, periodic performance evaluations, etc.)?
- What effort has been made to educate both professionals and members of the public about the availability and location of facilities conducting forensic examinations or of sexual assault examiner programs?
- How do you think forensic examiners/health care personnel that serve your community would benefit from improved coordination with other responders in sexual assault cases?



## Prosecution

- How many sex crimes does the local prosecutor's office review each year? In how many cases do they file/issue charges? What is the breakdown of case dispositions? Does the breakdown of case dispositions differ for adult, adolescent, and child victims? Stranger versus non-stranger and brief encounter assaults?
- Do the prosecution offices in the community/region have policies in place regarding the role of prosecutors in the immediate response to sexual assault cases? Is it one of consultation, a more active role, or no involvement at all at this stage? Please discuss.
- In general, when does the prosecuting attorney get involved in a sexual assault case? Which other responders do they work with and how?
- What steps are taken to ensure that victims work with the same prosecutor throughout their case, whenever possible?
  - Do prosecutors meet with the law enforcement investigator and victim to review the case?
  - Do prosecutors take responsibility for communicating their decision regarding a case outcome to victims personally?
  - When a case is going to be rejected, do they convey to victims that this does not necessarily mean that they do not believe them, but explain the level of evidence that is required to prove the case to jurors beyond a reasonable doubt?
  - If they are considering rejecting a case, do prosecutors discuss with the investigator and victim whether measures can be taken to strengthen it? For example, could additional evidence be collected, witnesses interviewed, or other victims identified?
  - When a case is prosecuted, do victims receive sufficient information, support, and assistance from prosecutors in order to testify effectively as well as protect their well-being?
  - Or are meetings with victims used as an opportunity to interrogate or "grill" victims to see if they can withstand the same type of treatment by defense attorneys?
- Are expert witnesses used by prosecutors to provide testimony at trial? This includes not only forensic examiners, but also psychologists, counselors, and



advocates who can testify about the common dynamics of sexual assault and its impact on victims. Do expert witnesses receive sufficient preparation from prosecutors to testify effectively at trial?

- Do prosecutors recognize that victims are more likely to participate effectively in the criminal justice process when their needs, emotions, and concerns are taken seriously and supported? Do they take steps to address victim needs and concerns and facilitate the services of a victim advocate or other victim service provider?
- Do prosecutors participate in opportunities for interdisciplinary training with other professionals involved in responding to sexual assault cases and victims?
- What measures are used to evaluate success among prosecutors? Are victim service issues incorporated into performance evaluations? Are prosecutors who provide or coordinate effective victim services recognized and rewarded? Are they recognized and rewarded regardless of the outcome of the case, as long as they did their job competently and compassionately? Are resources allocated on the basis of the number of cases that are reported, not on the number of cases in which charges are filed?
- Are there problems or concerns with these cases at the prosecution level that could potentially be resolved through better coordination during the immediate response or enhanced communication among responders? Please describe.

## Forensic Science

- Do the crime labs used by the community/region have policies in place regarding their role in the immediate response to sexual assault cases? Is it one of consultation, a more active role, or no involvement at all at this stage? Please discuss.
- In general, at what point does the crime lab get involved in a sexual assault case? Which other responders do they work with and how?
- Do forensic scientists participate in opportunities for interdisciplinary training?
- Is there any method (formal or informal) used by forensic scientists to provide feedback to forensic examiners and law enforcement personnel regarding the quality and value of evidence collected in sexual assault cases?
- Are representatives from other professional disciplines involved in designing the methods for collecting and documenting evidence in a sexual assault case? Is there a process in place for ongoing review and continuous improvement?



- Are there problems or concerns regarding evidence collection and analysis that could potentially be resolved through better coordination during the immediate response or enhanced communication among responders? Please describe.

### What Coordination Currently Occurs in Response?

- Is there any level of collaboration between the various disciplines involved in responding to sexual assault? Is it formal or informal? Which professional disciplines are represented in this collaborative effort?
  - Law enforcement
  - Victim advocacy
  - Forensic examiners
  - Other health care
  - Prosecution
  - Forensic science
  - Tribe/Reservation
  - Probation/Parole
  - Mental health
  - Other social services
  - University/College
  - Military base
- Who coordinates his collaborative effort? Is this person a paid administrator hired for this purpose? Or employed by one of the participating agencies? Is the work simply conducted as a collateral duty?
- Are there any procedures agreed upon among agencies regarding coordinated initial response when a recent sexual assault is reported or disclosed?
  - When a victim discloses or reports a sexual assault, which agency/responder typically first arrives at the victim's location? If the responder varies, on what factors does it depend?
  - If victims seek services themselves, do they tend to go directly to law enforcement, to victim services, or to a medical facility for care?
  - Are these procedures documented in policies for the individual agencies? In interagency agreements? In a community-wide protocol?
- Have those individuals who typically provide immediate response in sexual assault in the community/region received multidisciplinary training to help them understand each other's roles and limitations to effectively respond to sexual assault in a coordinated fashion?
- Do the professionals involved in responding to sexual assault meet regularly to review both general system responses as well as individual cases in an ongoing way? What



steps are taken to protect the confidentiality of information when conducting case reviews?

- What about other agencies/professionals who might interact with victims – is there any training available for them to improve their ability to recognize sexual assault and help victims get help? Would they be receptive to receiving this type of training?

## Defining and Evaluating Success

- What are the strengths of the community's current response to victims of sexual assault?
- What are the areas needing improvement?
- Has there been any local effort to solicit feedback from victims about their experiences with response by law enforcement, advocates/victim service providers, medical providers, mental health providers, or other professionals? Explain.
  - If feedback was sought, can you summarize what victims said?
  - Are there efforts in the community to coordinate interventions across agencies for other crimes (child sexual abuse, domestic violence, youth violence, etc.)? If so, would it be possible to build upon these efforts to address sex crimes? Explain.
  - Are there any lessons to be learned from these attempts at coordinated response that would be applicable to dealing with sex crimes?
- Is there an effort to define what constitutes success in the community response to sexual assault? Have measures been designed and used to evaluate success in achieving these objectives? Do these indicators of success go beyond criminal justice outcomes to include:
  - Maximizing community resources.
  - Increasing victim access to services.
  - Increasing reports to law enforcement.
  - Better informing/supporting victims.
  - Decreasing trauma for victims.
  - Improving medical care.
  - Improving forensic exams.
  - Improving police investigation.





- Improving evidence collection.
- Improving analysis of evidences.
- Increasing successful prosecution.
- Improving victim advocacy services.
- Integrating w/ sex offender treatment.
- Enhancing community safety.
- Preventing future sexual assaults
- Increasing public awareness
- Providing information and access to attorneys who can protect a victim's civil rights

Some of this material in this *Needs Assessment Tool* was adapted from:  
Archambault, J. *Community SART Assessment Tool for Universities and Colleges*. Addy, WA: Sexual Assault Training and Investigations (SATI), Inc.

*A National Protocol for Sexual Assault Medical Forensic Examination (Adults/Adolescents)*. Washington, DC: US Department of Justice, Office on Violence Against Women, 2004.

*Developing a SART: A Resource Guide for Kentucky Communities*. Frankfort, KY: KY Association of Sexual Assault Programs, 2002.

