

SART Toolkit

Resources for Sexual Assault Response Teams



A 2014 ADAPTATION FOR
KENTUCKY'S COLLABORATIVE TEAMS

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Message from the KENTUCKY SART AC

Thank you for your interest in collaboration to address sexual assault issues in Kentucky. We, the Sexual Assault Response Team Advisory Committee (SART AC) of the Domestic Violence Council, hope that you find this document beneficial as you work to address issues in your community. As a state level collaboration, we work to provide big picture tools and resources that can be used at the local level. However, we are aware of our limitations and encourage community members to collaborate to address specific community needs and issues.

This document is a slightly adapted version of the SART Toolkit: Resources for Sexual Assault Response Teams available at <http://ovc.ncjrs.gov/sartkit> which was created by the National Sexual Violence Resource Center (NSVRC) with funding from the Office for Victims of Crime (OVC). A full acknowledgement of contributors, in addition to additional resource information, is available at: <http://ovc.ncjrs.gov/sartkit/about-toolkit.html>.

For Kentucky purposes, some adaptations have been made to specify Kentucky specific law and/or circumstance. The Kentucky SART Advisory Committee has determined that we will define a SART (Sexual Assault Response Team) as an initial response team at the hospital or exam facility (LE officer, SANE, and advocate), and a SAIC (Sexual Assault Interagency Council) as a multidisciplinary team that comes together to improve the community response. Otherwise, all information, materials, etc. are the credit of the national tool kit courtesy of federal funding.

This tool is not designed to prescribe how your local team develops and functions. It is more a resource framework from which we hope your team will consider ideas and find guidance as you determine the path of your collaboration.

If you have questions or would like technical assistance, please contact your local rape crisis center (information available at www.kasap.org) or SART AC via the Kentucky Association of Sexual Assault Programs, Inc. at 502-226-2704.

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The Office of Justice Programs (OJP), headed by Assistant Attorney General Laurie O. Robinson, provides federal leadership in developing the Nation's capacity to prevent and control crime, administer justice, and assist victims. OJP has seven components: the Bureau of Justice Assistance; the Bureau of Justice Statistics; the National Institute of Justice; the Office of Juvenile Justice and Delinquency Prevention; the Office for Victims of Crime; the Community Capacity Development Office; and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. More information about OJP can be found on its Web site.

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**Again, thank you for your time and interest in the topic.
For more information, please visit:**

Kentucky Association of Sexual Assault Programs, www.kasap.org

Office for Victims of Crime, www.ovc.gov

National Sexual Violence Resource Center, www.nsvrc.org

2014 SART AC Membership:

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Kentucky Army National Guard
Kentucky's regional rape crisis centers
Office of the Attorney General / Office of Victims
Assistance
SANEs from Lexington, Louisville, Morehead, &
Northern Ky

Sexual assault is an enduring crime throughout our Nation, crossing all socioeconomic, cultural, and geographic boundaries. While more victims are coming forward, it is estimated that even now, only one in four reports the crime.¹ Clearly, much remains to be done in raising awareness of available services and providing skilled, compassionate assistance. No one deserves to be sexually assaulted, but when someone is sexually victimized, it is our duty as professionals to be prepared and knowledgeable so that we may help lessen the potentially overwhelming effects victims may experience.

Since 1996, OVC has pioneered the development of a victim-centered medical forensic response to victims of sexual assault. One result of these efforts was the development and publication of the Sexual Assault Nurse Examiner (SANE) Development and Operational Guide in 1999. Though this project was a beneficial resource to the field, we soon realized that victim-centered responses extend beyond the forensic medical exam and that a coordinated community response is needed to meet victims' needs holistically. To better support the field in this coordinated approach, which many now call a Sexual Assault Response Team (SART), OVC supports a biennial national SART Training Conference and has incorporated the philosophy of the multidisciplinary collaborative response into many, if not most, of our programs.

This new SART Toolkit has been in development by the National Sexual Violence Resource Center since 2004, and OVC is pleased to now provide this resource to the field online. As you access the contents of this user-friendly kit, you'll find tools and resources to help you build and enhance your own community's response. Whether relatively new to the concept of a coordinated community approach or highly experienced in putting it to practical use, we hope that each and every one of you will find something new, useful, and innovative.

Each discipline that is represented in the approach plays a vital role in responding to victims of sexual assault. Our hope is that the SART Toolkit will provide both existing and developing teams with invaluable tools to aid you in your efforts to better serve victims of sexual assault.

Joye E. Frost, Acting Director
Office for Victims of Crime

Source: <http://ovc.ncjrs.gov/sartkit/director-message.html>

ABOUT SEXUAL ASSAULT

What is Sexual Assault?

Generally, sexual assault is any act of sexual contact without consent or without legal consent due to age or mental or physical incapacity. However, specific legal definitions for sexual assault include a wide range of criminal behaviors classified by state, territory, and federal statutes and campus, tribal, and military codes.

In Kentucky:

- » “Rape” is perpetrated when a person engages in sexual intercourse by forcible compulsion or with another person who is incapable of consent or with a person for whom he or she provides a foster home. For information see KRS 510.040-060.
- » “Sodomy” is perpetrated when a person engages in deviate (oral or anal) sexual intercourse by forcible compulsion or with another person who is incapable of consent or with a person for whom he or she provides a foster home. For information see KRS 510.070-090.
- » “Sexual Abuse” is perpetrated when a person subjects another person to sexual contact by forcible compulsion or with another person who is incapable of consent or with a person for whom he or she provides a foster home. For information see KRS 510.110-130.
- » “Sexual Misconduct” is perpetrated when a person engages in sexual intercourse or deviate sexual intercourse with another person without the latter’s consent. For information see KRS 510.140. (Commonly used where neither party is capable of consent, such as when both are under age 16).
- » “Incest” is perpetrated when a person engages in sexual intercourse or deviate sexual intercourse with an ancestor, descendant, brother, or sister. The relationship may be by adoption or “step” relation. For information see KRS 530.020.
- » “Unlawful Use of Electronic Means to Induce a Minor to Engage in Sexual or Other Prohibited Activities” is perpetrated when a person knowingly uses a computer, a cellular phone, or any other electronic means for the purpose of procuring or promoting the use of a minor in sex acts. For information see KRS 510.155.
- » “Human Trafficking” means criminal activity where a person or persons are subjected to forced labor or services or commercial sexual activity through

the use of force, fraud, or coercion. If the trafficked person is under 18, force, fraud, and coercion are irrelevant. For information see KRS 529.010.

- » “Voyeurism” is perpetrated when a person observes, views, photographs, films, or videotapes the sexual conduct, genitals or nipple of the female breast of another person without that person’s consent when the person observed is in a place where a reasonable person would believe that s/he would not be observed. For information see KRS 531.090.

In the Military:

Uniform Code of Military Justice

The Department of Defense (DoD) defines sexual assault as intentional sexual contact by force, physical threat, abuse of authority, or when the victim does not or cannot consent. Sexual assault includes rape, nonconsensual sodomy (oral or anal sex), indecent assault (unwanted, inappropriate sexual contact or fondling) or attempts to commit these acts. Sexual assault can occur without regard to gender, spousal relationship, or age.

The military further stipulates that victims do not have to offer physical resistance. Nor is consent given when a person uses force, threat of force, or coercion or when the victim is asleep, incapacitated, or unconscious.

On Campus

Defining Sexual Assault on Campus

Although campus policies and codes related to sexual assault cannot be enforced under state or federal law, institutions of higher education have made great strides in defining sexual assault and explaining sexual consent.

For example, a practical four-pronged definition for consent, developed by Dr. Alan Berkowitz¹ is applied to SART work below:

- » **Both parties must be fully conscious.** The greater the alcohol consumption, the less likely that consent is possible. A prevalent and contemporary myth is that if both parties are intoxicated, the assailant should not be responsible for assault. Dr. Berkowitz dispels the myth, stating that the responsibility to ensure consent is given rests with the person who initiates the sexual activity.

Several state laws address the issue of alcohol and consent.² For example, a Wisconsin statute states that sexual assault occurs when victims are under the influence of an intoxicant to the degree that they are incapable of giving consent (Wis. Stat. § 940.225 (2)).

- » **Both parties must be equally free to act.** It is important to consider —
 - Body size: Smaller individuals may fear bodily harm from larger persons.
 - Previous victimization: Individuals who have been previously victimized may freeze in response to unwanted sexual contact.
 - Vulnerability: Individuals without transportation may feel stuck in coercive environments; furthermore, passengers are not as free to act as individuals who are driving.
- » **Both parties have clearly indicated their willingness and permission.** Assumptions made by initiators of sexual contact are not sufficient to imply consent. Consent, whether communicated verbally or nonverbally, is an active process. Not saying “no” does not mean “yes.”
- » **Both parties are positive and sincere in their desires.** Insincerity by one person makes it impossible for the other person to respond with integrity. In other words, freely given consent cannot be given when one person says things they don’t mean in order to “get sex.”

On a national scale, a study on the sexual victimization of college women explored the prevalence and nature of sexual assaults on campus and specifically defined sexual assault as —

- » Unwanted penetration (or attempted penetration), which includes mouth on victim’s genitals, mouth on assailant’s genitals, and penile-vaginal, penile-anal, digital-vaginal, digital-anal, object-vaginal, and object-anal penetration.
- » Unwanted sexual contact (or attempted contact), which includes unwanted touching; grabbing or fondling of breasts, buttocks, or genitals (either under or over the victim’s clothes); kissing; licking; sucking; or any other form of unwanted sexual contact.
- » Sexual coercion, which includes unwanted (or attempted) penetration with the threat of nonphysical punishment, promise of reward, pestering, or verbal pressure.

Despite 30 years of statutory reforms and public awareness efforts, the question of whether victims consent to sex remains at the heart of most sexual assault cases. The following examples demonstrate that, without clear legal definitions of consent,

innuendos and pervasive victim-blaming myths can re-victimize individuals and pose challenges for prosecutors:

- » Consider the case in which a waitress was sexually assaulted because, as the defendant put it, “her T-shirt gave consent.” In another case, a defense attorney emphasized the fact that the victim was not wearing underwear and stressed that this implied consent.
- » In *State of Kansas v. Bunyard* (281 Kan. 392, 133 P.3d 14 (2006)), the supreme court ruled that a defendant should be entitled to a reasonable time in which to act after consent is withdrawn. The court concluded that the jury should determine whether the time between withdrawal of consent and the interruption of intercourse was reasonable.

As the above cases suggest, your SART would do well to proactively address statutory elements of sexual assault in your jurisdiction and define what constitutes consent based on a range of circumstances. For example, you need to discuss specific issues and reach interagency understandings about consent in cases in which —

- » Victims previously had consensual sex with the assailant.
- » Consent was initially given just prior to the assault but subsequently withdrawn.
- » Sexual assault occurs during marriage.
- » Alcohol or recreational drug use was involved.
- » Human trafficking is suspected.

Frequency of Sexual Assault

The statistics for sexual assault are staggering — every 2 minutes, somewhere in America, someone is sexually assaulted. Using a definition of rape that includes forced vaginal, oral, and anal sex, the National Violence Against Women Survey found that 1 out of 6 U.S. women and 1 out of 33 U.S. men have experienced an attempted or completed rape as a child and/or adult. According to estimates, approximately 1.5 million women and 834,700 men are raped and/or physically assaulted by an intimate partner annually in the United States.³

Break the statistics down further and the numbers are just as disturbing:

- » American Indian women suffer rape at twice the rate of any other race.⁴

- » The risks of being sexually assaulted are at least one and a half times greater for individuals with disabilities than for people without disabilities of similar age and gender.⁵
- » Among college students nationwide, between 20 and 25 percent of women reported experiencing completed or attempted rape.⁶
- » Nearly half of all women who served in the military encountered physical or sexual violence while enlisted.⁷
- » Between one-third and one-half of battered women are raped by their partners.⁸
- » While living on the streets, 32.3 percent of homeless women, 27.1 percent of homeless men, and 38.1 percent of homeless transgender persons were sexually or physically assaulted.⁹

Despite an increase in research on rape during the past 30 years, gaps remain in understanding the extent of rape victimization because rape remains a largely underreported crime.¹⁰ Victims who choose not to report sexual violence to law enforcement often fear retaliation, are too ashamed of or embarrassed about what happened to them, or did not consider the attack to be a police matter.¹¹

Costs of Sexual Violence

Sexual assault is a crime with emotional, physical, and economic consequences for victims and communities. The shock waves from victimization touch not only the victim but also the victims' immediate family, relatives, colleagues, neighbors, and acquaintances. The effects can endure for years or even a lifetime.

Emotional Costs

The aftermath of sexual assault can be described as an "emotional tattoo," pain that always remains. Recovery requires working through an onslaught of disturbing physical, mental, emotional, and spiritual issues. Victims often struggle with a perception that they are now "different" or not "normal." Their emotional trauma may include shock, denial, fear, anger, helplessness, disbelief, confusion, withdrawal, and guilt. After the initial crisis, victims may feel especially vulnerable, isolated, anxious, out of

control, depressed, or defensive. As victims begin to recover, they may experience a series of different emotions that intrude and fade with varying intensity. Some of the common feelings include fear, anger, guilt, frustration, shame, and embarrassment.

Statistically, the emotional costs to victims can be broken down as follows:

- » Betrayal: In 8 out of 10 rape cases, the victim knew the perpetrator.¹²
- » Vulnerability: In a study of older female sexual abuse victims, 81 percent of the abuse was perpetrated by the victim's primary caregiver and 78 percent by family members, of whom 39 percent were sons.¹³
- » Mental health issues: The chance that a woman will develop posttraumatic stress disorder after being raped is between 50 and 90 percent. Sexual assault also is closely associated with depression and anxiety disorders.¹⁴

Physical Costs

Victims are likely to experience a number of physical reactions to sexual assault. According to the United Nations' Handbook on Justice for Victims, reactions to being victimized include—an increase in the adrenalin in the body, increased heart rate, hyperventilation, shaking, tears, numbness, a feeling of being frozen or experiencing events in slow motion, dryness of the mouth, enhancement of particular senses, such as smell, and a "fight or flight" response. Some of these physical reactions may not occur until after the danger has passed. They may recur at a later stage when the memory of the crime returns. After the crime, victims

may suffer a range of physical effects, including insomnia, appetite disturbance, lethargy, headaches, muscle tension, nausea and decreased libido. Such reactions may persist for some time after the crime has occurred. Physical injuries resulting from victimization may not always be immediately apparent.¹⁵

Other reactions could include physical pain and hypervigilance. In addition, sexual violence is linked to numerous adverse chronic health conditions such as arthritis, chronic neck or back pain, frequent



migraines, headaches, visual problems, sexually transmitted infections, chronic pelvic pain, increased gynecological symptoms, peptic ulcers, and functional or irritable bowel disease.

Statistically, the physical aftermath (costs) of sexual violence include¹⁶ —

- » Increased health care services: In the year following a rape, the average level of health care services sought by victims increases 18 percent over pre-sexual assault levels; during the second year after the sexual assault, use of health services increases 56 percent; and during the third year, this use increases to 31 percent above pre-sexual assault levels.
- » Physical trauma: More than half of rape victims seen in emergency departments display vaginal and perineal trauma and 15 percent have significant vaginal tearing.
- » Pregnancy: Approximately 5 percent of reported rapes result in pregnancy.
- » Sexually transmitted infections (STIs): Higher rates of STIs are reported among women raped in the preceding year.

Economic Costs

Sexual violence costs more than \$858 million in lost productivity each year, more than \$4 billion in health care and mental health services for victims and close to \$6 billion to incarcerate convicted perpetrators.¹⁷

The National Institute of Justice's *The Extent and Costs of Crime Victimization: A New Look* provides cost estimates for various types of violent crime that include longer range costs and intangibles such as pain, suffering, fear, and lost quality of life. The findings for sexual assault include the following:¹⁸

- » Total costs per incident of nonfatal rape and sexual assault are estimated at \$87,000, including \$2,200 in productivity losses, \$500 for medical expenses, \$2,200 for mental health care, and \$81,400 associated with reduced quality of life.
- » Total annual losses associated with rape and sexual assaults of adults are estimated at \$127 billion, including \$4 billion in medical costs, \$3.5 billion in other tangible costs, and \$119 billion in quality-of-life effects.

ABOUT SEXUAL ASSAULT

Understanding Victims

When a person is harmed by a criminal act, the agencies that make up the criminal and juvenile justice systems have a moral and legal obligation to respond. It is their responsibility not only to seek swift justice for victims, but to ease their suffering in a time of great need.¹

Sexual assault trauma is a physical and emotional violation that may result in feelings of intense fear, powerlessness, and hopelessness. Such events can be traumatic not because they are rare, but because they overwhelm the internal resources that give individuals a sense of control, connection, and meaning.²

SARTs must recognize the powerful domino effect sexual assault may have on victims' physical, social, emotional, spiritual, and economic lives and must integrate victim-centered approaches in their response. This section reviews emotional and physical responses to sexual assault, coping strategies, and stages of trauma and recovery.

Emotional Response

Rape survivors represent the largest non-combat group of individuals with posttraumatic stress disorder (PTSD).³ When rape victims disclose their assaults they often risk disbelief, scorn, shame, punishment, and refusals of help, and many are concerned about the following:⁴

- » Families knowing about the sexual assault (71 percent).
- » People thinking that the assault was their fault (69 percent).
- » People outside victims' families knowing about the sexual assault (68 percent).
- » Their names being made public by the news media (50 percent).
- » Becoming pregnant (34 percent).
- » Contracting sexually transmitted infections (STIs) other than HIV/AIDS (19 percent).
- » Contracting HIV/AIDS (10 percent).

Due to these fears, the pain of sexual violation is extremely isolating. Victims often question themselves and distrust the world around them. SARTs need to understand the complex issues that victims face to provide them with compassionate and emotionally supportive care.

Many victims describe the aftermath of sexual assault as an "emotional tattoo" that remains ever before them, much like a tattoo that is fixed just below the surface of the skin. Immediately following a sexual assault, many victims question whether the assault really happened or why it happened to them. The shock of sexual assault is often followed by additional questions that victims may or may not articulate out loud, such as —

- » Should I tell my children? My parents? My partner?
- » Am I losing my mind?
- » Why can't I cry?
- » What if I had done something differently?
- » Will I ever get over this?
- » Why me?

Trauma has both objective and subjective aspects. It is useful to think of all trauma symptoms as adaptations. Symptoms represent a victims' attempt to cope the best way they can with overwhelming feelings. Severe trauma can have a major impact on the course of victims' lives. For example, according to the National Women's Study, rape victims are 4.1 times more likely than non-crime victims to have contemplated suicide and 13 times more likely to attempt suicide.⁵ Sexual assault victims may frequently see the world as an unsafe place, distrust others, have difficulty with decision making, isolate themselves, and harm themselves.

Victims often fear responses from friends, family, colleagues, the public, and criminal justice providers. For example, according to one victim, "When the police officer responded to my 9-1-1 call and transported me to the hospital for a medical forensic exam, my neighbors were standing outside. I was sure they thought I had been arrested. Then, when I returned to work and was on the elevator with people I knew—I felt like

I had a scarlet 'R' in the middle of my forehead. I felt branded by my assault and was confident that my scarlet R was all they saw."⁶

In addition to feeling stigmatized, victims frequently struggle with personal questions such as —

- » What will happen if my family, friends, employer, or faith community find out?
- » Will I be arrested for outstanding warrants (e.g., parking violations)?
- » Will I be arrested for using a substance before the assault?
- » Will this be reported in the newspaper?

Victim responses to sexual assault are uniquely individual and extremely varied. Some of the responses may include continued contact with perpetrators, delayed responses, flat affects (severely reduced emotional expressiveness), or use of humor. Although lay people (e.g., jurors) may perceive these responses as counterintuitive, they are very common responses to trauma.

Physical Response

The physical responses to extreme stress can lead to hyperarousal and anxiety. When fight-or-flight instincts take over, hormones trigger a state of readiness to overcome threats to personal safety. This response is triggered without conscious thought because it bypasses the cortex (the brain's center of higher functioning) and links directly into the brain's "fear center." When victims receive signals from this center, the information instantly triggers a fight-or-flight response.

Victims of sexual assault may have a powerful ability to activate their brain's fear centers due to a network of neurons that are triggered when any of the cues present during the assault present themselves again. A trigger is something that reminds victims of the assault. Triggers may be auditory, visual, tactile, and/or olfactory links to something related to the assault. For example, triggers might be a man's voice, a look of disgust by a family member, the smell of cologne, the sight of a beard, an unwanted touch, or hearing about someone sexually assaulted on the news or at the movies.

At the sound, touch, or sight of those cues, victims can experience the same surge of neurochemicals that were triggered during the actual assault. Their hearts may begin to race, their blood pressure may spike, and their breathing could accelerate. They may find themselves wanting to

flee from a health care facility or freeze in terror because law enforcement or a forensic examiner asks them specific details about the assault. These fear reactions are not conscious choices, nor overreactions. They are an automatic response triggered by traumatic memories. For this reason, it is crucial for SARTs to provide and seek information at a rate that does not overwhelm victims.

The powerful neurochemicals that trigger the fight-or-flight response have far-reaching effects, including dramatic effects on the manner in which memories are recalled. Often, a traumatized person cannot generate the kind of narrative memory that normally follows an important experience. Their memories are often fragmented, out of sequence, and filled with gaps. They may recall very specific details from particular aspects of the assault and little or nothing about other aspects. The fact that a traumatized person recalls a detail that they did not remember earlier is not evidence of fabrication. Rather, it demonstrates a characteristic way in which traumatic memories are stored and recalled.

Victims participating in the civil or criminal justice process continuously recount their traumas, appear in the courtroom where their assailants sit, and answer a multitude of intrusive personal questions. These situations can be the equivalent of activating a chemical time bomb in the victim's brain.

Take great care in responding to and interviewing victims.

Coping Strategies

Coping strategies are used to manage stress. Sexual assault victims respond with strategies that they are accustomed to using, particularly if the strategies have brought them relief in the past. Unfortunately, traumatic experiences can overwhelm a person's usual coping strategies. As a result, victims may turn to more destructive strategies to numb or distract them from emotional pain.

- » Unhealthy coping strategies such as the following can compromise victims' safety, health, functioning, and well-being:⁷
- » Self-medicating with alcohol and other addictive substances.
- » Compulsive shopping.
- » Isolation.

- » Eating disorders (e.g., overeating, starving oneself, bingeing, purging).
- » Compulsive sexual activity.

Healthy coping strategies that some survivors have found therapeutic include the following:⁸

- » Talking with friends or family.
- » Journaling.
- » Praying or meditating.
- » Engaging in expressive arts such as drama, music, and dance.
- » Seeking assistance from the justice system (pressing criminal charges, obtaining protective orders, filing lawsuits, and pursuing restorative justice to hold offenders accountable).

There may be barriers to using some or all of these coping strategies. For example, victims of minority ethnic populations, individuals living in poverty, and victims of same-sex sexual assault may not trust the criminal justice system. Others may lack awareness of the options available to them.

Stages of Trauma and Recovery

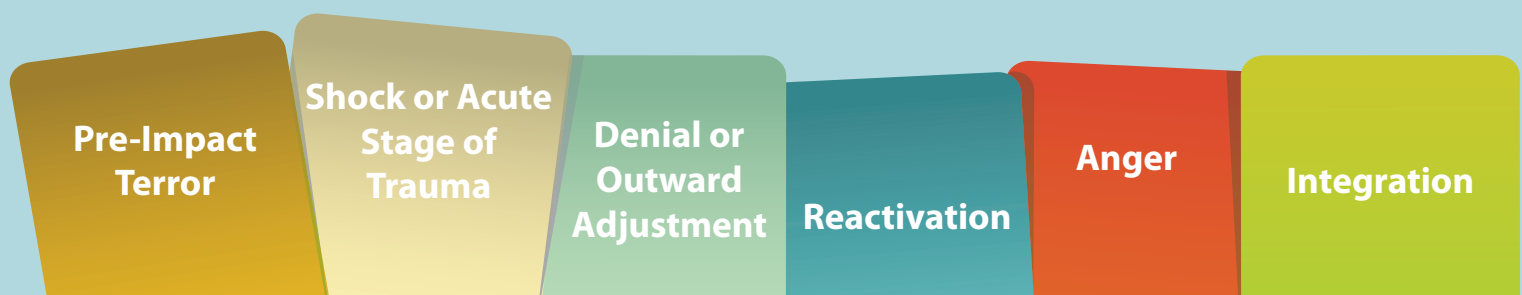
The following stages of trauma and recovery are generalizations.⁹ Not all victims will follow the same patterns or the same timeframe. Each individual reacts differently. Some may never experience certain symptoms, some may fluctuate between stages, and some may become stuck in a particular stage. Use the information on stages as a guide to attain a general understanding of how victims may be feeling and what they might be experiencing.

The stages of trauma and recovery are generalizations.

Use the information on stages as a guide to attain a general understanding of how victims may be feeling and what they might be experiencing.

Not every victim will experience each stage or in any progressive manner.

STAGES OF TRAUMA AND RECOVERY



Pre-Impact Terror

This stage occurs during the very frightening moments just prior to the assault itself, when the victims know, without a doubt, what will happen but are totally powerless to stop it. In other words, trauma does not start after the assault; it starts before it. The concept of pre-impact terror has been used to describe the pain and suffering (beyond loss of life or limb) of airplane passengers who know the plane is going to crash (Haley v. Pan American World Airways, 746 F.2d 311, 5th Cir. 1984).

Similarly, sexual assault victims are permanently changed right before the assault happens by the intentional disregard for their physical and psychological well-being. Knowing they are powerless to stop the sexual assault and knowing that another person intends them harm can intensify the agony of rape for victims before it ever happens.

Shock or Acute Stage of Trauma

After sexual assault, victims experience numerous reactions, some of which include the following:¹⁰

- » **Shock:** Victims may feel stunned or dazed and may shut down emotionally.
- » **Denial and disbelief:** Protects victims from experiencing the full intensity of emotions following the crime.
- » **Confusion and irritability:** Victims may have difficulty fully remembering the assault. They may feel in control one minute and out of control the next, or they may go from blaming themselves to becoming enraged by people trying to help them.
- » **Flashbacks of trauma:** Triggers can include anniversaries of the event, media events, or other circumstances that connect the victims' physical senses with the facts of the crime committed against them.
- » **Fear and startle response:** Victims may be concerned about their safety in situations that may or may not be dangerous and may be easily startled.
- » **Disrupted sleep:** Victims may have trouble falling or staying asleep and may also experience nightmares.
- » **Disrupted eating patterns:** Victims may lose their appetite or have an increased appetite.
- » **Interpersonal conflicts:** Arguments with family members, friends, and coworkers are common

following sexual assault. Victims also may have trouble experiencing feelings of love.

- » **Changes in sexual behavior:** Many victims fear resuming or having sex after a sexual assault. Others lose interest in sex.
- » **Withdrawal:** Victims may isolate themselves and avoid normal activities as a form of self-protection. They may avoid conversations about the trauma and choose to stay away from places, activities, or people that remind them of the sexual assault.
- » **Self-harm or suicidal thoughts:** Some victims may hurt themselves as a method of coping, and others have suicidal thoughts.
- » **Physical symptoms:** Some common physical reactions following sexual assault include trembling, sweating, headaches, nausea, physical numbness, and chest pain. Preexisting medical conditions also may worsen due to stress.

Denial or Outward Adjustment

After the assault, victims may realize that their lives have changed forever. Figuring out how to move forward can be a very important first step after the crisis period. Some victims reestablish routines but have underlying, unexpressed feelings that percolate over time.

While in this phase, victims attempt to make sense out of the crime and exert a lot of emotional energy attempting to resume their lives as they previously knew them.

If you are working with victims during this stage, be aware that the following issues and behaviors can surface:

- » **Physical reactions:** Flashbacks, disconnection with body, negative responses to sensory triggers, weakened immune system, and fatigue.
- » **Emotional reactions:** Vulnerability, isolation, anxiety, hypersensitivity, a sense of being out of control, grief, anger, generalized fear, depression, and defensiveness.
- » **Thoughts:** Low self-esteem, self-blame, rape-related thoughts, believing that "I'll never be the same" or "I make people feel uncomfortable," and feeling like no one understands.
- » **Behaviors:** Avoiding crowds, withdrawing from people and activities, changes in appearance, self-endangerment, self-injury, suicide attempts, self-medication (e.g., drug or alcohol abuse), avoiding being alone, and disengaging from activities that were previously enjoyed.

- » **Environment:** Stressful thoughts and feelings triggered by contact with the perpetrator, seasonal reminders/anniversaries, media coverage, societal beliefs, and the criminal justice process.
- » **Intimacy:** Relationship doubts, further victimization in unhealthy or abusive relationships, trust issues, and avoiding sex or having sex when one doesn't want to.
- » **Family:** Loss of support from family and family members struggling with their own underlying life experiences.
- » **Spirituality:** Believing that the trauma resulted from bad karma or God's will, struggling with ideas about good and evil, subscribing meaning to the event, and seeking support from one's faith and religious community.

Reactivation

This phase, sometimes referred to as the "life-falls-apart" stage, is usually triggered by an event that stirs up memories associated with the assault. When a victim seeks help at this stage, it can confuse family and friends who thought that their loved one had recovered when in fact the victim had been in denial.

Victims may experience —

- » Depression.
- » Suicidal thoughts.
- » Feelings of guilt, shame, helplessness, and confusion.
- » Academic or relationship difficulties.
- » Physical symptoms (e.g., headaches, gastric problems).

- » Nightmares.
- » Flashbacks.
- » Changes in eating or sleeping patterns.

Anger

When victims begin to acknowledge that they had no control over what happened and were not to blame, they may begin to experience intense feelings of fear, anger, and rage. They may —

- » Be angry with everyone but their perpetrators because offenders are the "least safe targets" for victims' anger.
- » Start a grieving process.
- » Begin to identify their personal losses and start to face the pain that surrounds those issues.

Integration

The integration phase may be the most challenging. One day, victims may announce their recovery. Another day, they may fear that they will never be what they consider to be normal again.

Eventually, most victims' intrusive memories and emotional turmoil lessen. Many victims are amazingly resilient and redefine their experiences and their lives by tapping into an inner strength they may have never known they had. When sexual assault is integrated into a victim's life as a significant life event among many other experiences, many individuals call themselves survivors, overcomers, or thrivers rather than victims.

DEVELOP A SART

What is a SART?

To ensure justice and create a more compassionate and streamlined response, service providers must intervene in a way that speaks to the context of each victim's circumstance and respects the unique roles of the different professionals involved in responding to sexual assault. Over the years, communities have developed a team approach with just those goals in mind. Multidisciplinary teams, often called SARTs (sexual assault response teams), partner together to provide interagency, coordinated responses that make victims' needs a priority, hold offenders accountable, and promote public safety.

Core members typically include advocates, law enforcement officers, forensic medical examiners—including sexual assault nurse examiners (SANEs), forensic laboratory personnel, and prosecutors.

Additional team members can include dispatchers, emergency medical technicians, correctional staff, culturally specific organization representatives, sex offender management professionals, policymakers, federal grant administrators, faith-based providers, and civil and victims' rights attorneys.

Read this section to find out more about the SART model, how SARTs help victims and responders, and why you should consider developing a SART in your community.

Are All SARTs the Same?

Although SARTs are frequently defined as sexual assault response teams, they also are referred to as sexual assault resource teams or suspected abuse response teams. According to the Report on the National Needs Assessment of Sexual Assault Response Teams, authored by the National Sexual Violence Resource Center, other communities call their coordinated approaches multidisciplinary response teams (MDTs), sexual assault interagency councils (SAICs), child/adult abuse response teams (CARTs) and sexual assault multidisciplinary action response teams (SMARTs).

The SART model has become the standard for responding to victims of sexual assault. Models range from informal, cooperative partnerships to more formalized coordinated, multidisciplinary

responses on local, regional, state, tribal, or territory levels. SARTs function in various ways and often provide a wide range of services.

In general, SARTs —

- » Support victims' rights.
- » Commit to meeting victims' needs.
- » Organize their service delivery to enhance evidence collection.
- » Educate the community about available intervention and prevention services.

Teams often define themselves by the level of cooperation and collaboration among members. For example, sexual assault resource teams generally include medical, legal, and advocacy agencies or organizations that cooperate and communicate with each other while serving victims. Most resource teams have cooperative interagency understandings, host regularly scheduled team meetings, and share resources and expertise. However, the team members and their agencies maintain their own guidelines and protocols rather than establishing a collaborative team identity. This model allows multiple agencies to monitor the overall effectiveness of interagency responses, review the consequences of those responses for criminal justice proceedings, and address emerging issues proactively.

SARTs that define themselves as response teams activate and dispatch team members (law enforcement officers, forensic medical examiners, advocates, and sometimes prosecutors) in a coordinated fashion to provide integrated and immediate responses following sexual assaults. The primary advantage of a response team model is that it minimizes the number of contacts that victims must initially make to receive quality medical, legal, and advocacy services. Because response team members are activated together, the specific roles and responsibilities of participating agencies are interwoven into team guidelines and protocols that coordinate interdisciplinary responsibilities based on expertise.

How Do SARTs Help Victims?

SARTs can diminish the short- and long-term impacts of trauma by mobilizing interdisciplinary expertise to assess and address victims' needs from the acute stage to recovery. The cooperative partnerships formed by SARTs can validate victims' concerns, inform victims of available options for addressing their concerns, and improve service accessibility for diverse populations. The team model also can improve cross-discipline communication and enable victims to provide feedback on their cases.

More specifically, SARTs help victims by, among other activities:¹

- » Supporting victims during invasive medical procedures and difficult interviews.
- » Supporting victims emotionally as they navigate the criminal justice system.
- » Designating specific facilities for forensic medical exams that make timely responses a priority and offer victims privacy.
- » Providing medical assessments and prophylactic treatment for sexually transmitted infections and to address reproductive health concerns.
- » Ensuring that medical and legal providers collect evidence effectively and follow a chain of custody so that it stands up in court.
- » Building a network of community referrals to meet victims' practical, emotional, spiritual, and economic needs (e.g., temporary shelter, transportation, employment intervention, home security, assistance with restitution and victims' compensation claims).
- » Minimizing the retraumatization of victims, often through joint or coordinated interviews to reduce the number of times victims must tell their stories.

How Do SARTs Help Responders?

Multidisciplinary teams provide a range of resources and shared expertise to help make services for victims a priority and to encourage quality evidence collection. Many teams provide interagency cross-training, develop guidelines and protocols for consistent responses, and consult with a network of government- and community-based service providers to heighten their expertise.

For service providers, these benefits translate into:²

- » Better informed decisions through an understanding of cross-agency roles.
- » More efficient use of limited resources.
- » Improved interagency responses based on victim-identified needs and state-of-the-art investigative practices.
- » Seamless service referrals.
- » Safer communities through sexual assault prevention education.

The Success of SARTs

Cases that involve SARTs —

- » Are reported more quickly.
- » Have more evidence (in particular, DNA evidence).
- » Are the strongest predictor that charges will be filed in sexual assault cases with adult female victims.
- » Yield more evidence on average than cases in which no SANE or SART intervention occurs.
- » Are more likely to lead to arrest than cases in which there is no intervention.
- » Have personnel who keep victims better informed and engaged throughout the criminal justice process.

Source: Nugent-Borakove et al., *Testing the Efficacy of SANE/SART Programs: Do They Make a Difference in Sexual Assault Arrest & Prosecution Outcomes?* 2006.

<https://www.ncjrs.gov/pdffiles1/nij/grants/214252.pdf>

Why Should Communities Consider SARTs?

The SART model helps communities stretch their resource dollars and provides an avenue for community members to become involved in the intervention in and prevention of sexual assault.

Prevention initiatives address both the causes and consequences of sexual violence. SARTs can work to stop sexual assault from happening (primary prevention), minimize the harm that occurs from sexual violence (secondary prevention), and treat victims in the aftermath of sexual violence (tertiary prevention).³ In practice, SARTs can help prevent sexual violence by⁴ —

- » Defining the magnitude, scope, characteristics, and consequences of sexual assault through data collection.
- » Identifying and researching risk and protective factors.
- » Developing and evaluating interventions.

In addition, SARTs help communities —

- » Build culturally specific services.
- » Address violence at both individual and systemic levels.
- » Integrate intervention and prevention services.
- » Streamline access to victim services.
- » Hold offenders accountable.
- » Provide consistent responses through the civil and criminal justice systems.
- » Address sexual violence as a major public health and criminal justice concern.

Community Capacity Building

Sexual Violence and the Spectrum of Prevention identifies six levels of community capacity building that help strategically address prevention. Consider adapting these levels into action steps, as laid out below, and integrating them into your current response:

- » Educate victims about personal safety.
- » Promote public safety through public awareness campaigns.
- » Educate multidisciplinary service providers who can educate their constituency/clients.
- » Build collaborative partnerships to provide a collective voice to end sexual violence.
- » Develop interagency guidelines that underscore and shape public safety.
- » Create local policies that support national efforts to end sexual violence.

Note: The steps shown here are adapted from information found in Rachel Davis, Lisa Fujie Parks, and Larry Cohen, 2006, *Sexual Violence and the Spectrum of Prevention: Towards a Community Solution*, Enola, PA: National Sexual Violence Resource Center.



How did SARTs Evolve?

A glimpse into the history of SARTs offers a portrait of passionate individuals, agencies, and coalitions who called for a fundamental rethinking of how sexual assault victims were treated, the way evidence was collected, and how cases were managed. The histories reveal how survivors of sexual violence and community leaders (advocates, law enforcement officers, forensic laboratory scientists, health care professionals, and prosecutors) bridged boundaries and developed integrated systems that were victim centered and legally sound. Their stories are about foresight, tenacity, planning, training, and creativity. Moreover, their stories demonstrate that positive social change often follows on the heels of multidisciplinary collaborations.

Read this section to find out about criminal and civil justice reforms related to sexual violence, SART history by decade, and the potential of SARTs in the future.

Federal Support

Several federal agencies help support and develop SARTs, including the following:

- » Office on Violence Against Women
- » Office for Victims of Crime
- » Centers for Disease Control and Prevention
- » National Institute of Justice

These agencies fund research on evidence-based practices, support the development of multidisciplinary training guidelines, fund agencies to provide customized technical assistance, and promote the distribution of materials to help inform and establish SARTs throughout the Nation.

Legislative Reforms

Sweeping changes have been made to sexual assault statutes since the 1970s that shift the focus from victims to perpetrators. The reforms have —

- » Modified statutory definitions of rape.
- » Discontinued the need for victims to prove resistance.

- » Eliminated the need for corroboration.
- » Enhanced penalties when drugs or alcohol are used to facilitate sexual assault.
- » Extended confidentiality privileges to community-based advocates and counselors.
- » Prohibited housing and employment discrimination or retaliation following sexual assault.
- » Created national sex offender registries to promote public safety.
- » Repealed marital rape exceptions.

Although these reforms are significant, the concrete outcomes for victims and society have been disappointing. In short, criminal rape reform laws do not appear to have deterred sexual assault, enhanced its prosecution, or increased conviction rates.

This Section

*Much of the information in this section is adapted with permission from Jessica E. Mindlin and Susan H. Vickers, 2007, *Beyond the Criminal Justice System: Using the Law to Help Restore the Lives of Sexual Assault Victims*, Victim Rights Law Center, which was adapting material from I. Seidman and S. Vickers, 2005, "The Second Wave: An Agenda for the Next Thirty Years of Rape Law Reform," *Suffolk University Law Review* 38(2): 467–492 (2005).*

Research indicates that societal attitudes haven't kept pace with statutory reform. Many are confused about what constitutes consensual sex, ambivalent about criminal sanctions for sexual assault not involving physical injuries, and unclear about the boundary between sex and rape.

Unfortunately, some in the criminal justice system continue to rely on outdated and erroneous notions of sexual assault victims and perpetrators. For example, they may view vulnerable or marginalized victims (e.g., victims with a history of substance abuse, intellectual disabilities, or undocumented immigration status) as less credible.

As a result, sexual assault victims often face the same hurdles that they did before the advent of rape law reform. Jurors still expect immediate complaints by victims and expect them to show signs of a struggle, even though "resistance" has been eliminated as a statutory element of the crime. In addition, trial, appellate, and state supreme courts are still arguing over the same

issues: the meaning of consent, degrees of force, the victim's role as an active or passive participant, and a survivor's right to privacy.

To be successful in championing sexual assault victims' rights in both the criminal and civil arenas, the outcomes from the past 30 years of rape law reform in the criminal system cannot be ignored. Those advocating for sexual assault victims must learn from the failures as well as the successes. Although statutory reforms have not produced significant changes in outcomes within the criminal justice process to date, the law can serve as a tool for victim healing and recovery.

Rape reform laws, by themselves, do not persuade victims to report or to seek services. Victims need to know that when they disclose their sexual assaults—when they reach out for help—they will be met with timely, compassionate, and competent responses for as long they need them. To turn statutory breakthroughs into practical applications, many communities form SARTs to monitor and evaluate interagency responses, address criminal justice objectives, and make victims' medical, legal, and advocacy needs a priority.

Build Your SART

We can never make those who have been victimized whole again, but we can provide services to help them move forward.

John W. Gillis,
Former OVC Director 2003

How SARTs decide to organize and work together depends on the individuals, organizations, and agencies invited to participate and the resources available at local, regional, state, territory, tribal, or institutional levels. The levels of partnership and formality vary depending on the economic, political, and historic structures within jurisdictions. However, SARTs generally share a common purpose—to provide comprehensive and specialized services, ensure continuity of care for victims, enhance evidence collection, and increase public safety.

For the purposes of this toolkit, cooperation, coordination, and collaboration are all acknowledged as avenues to forming SARTs. Collaboration, however, usually provides the most comprehensive model for responding to sexual violence. For this reason, this section emphasizes ways to build SARTs as a collaborative response.



The 3 C's

COOPERATION occurs when multidisciplinary agencies informally exchange information, as needs arise.

COORDINATION occurs when multidisciplinary agencies work together with an understanding that their missions are compatible.

COLLABORATION occurs when multidisciplinary agencies commit to share resources, refer victims for services, coordinate or respond to sexual violence as a team, and monitor and evaluate interagency responses through quality assurance mechanisms.

Form a Planning Team

Building a SART requires forming a planning team to bring together agencies and organizations that respond to sexual violence and have culturally specific expertise and/or power to change systems. One person or several agencies must be willing to commit the time and effort required to form a team and to lead interagency sexual assault responders through the planning process. The team must be built on a foundation of respect, understanding, and trust, which can be cultivated into a long-term sense of ownership for the SART's plans and purposes.

Remember the Victim

Including victims' voices in meaningful ways during the early planning stages will help ensure that your SART's design is culturally responsive, practical, and relevant to a host of victims' needs and criminal justice objectives.

Many different individuals can be instrumental in cultivating a SART. For example, the team concept could start when —

- » A survivor writes a letter to the editor of a local newspaper appealing to community leaders to provide a better response to sexual violence.
- » A director of a rape crisis/recovery center forms a planning group to determine ways to provide more comprehensive responses to victims, whether or not they report their crimes.
- » A decision maker from law enforcement, wanting to improve criminal investigations, contacts a rape recovery center to coordinate immediate advocacy support following a report.
- » A hospital administrator decides to form a multidisciplinary ad hoc committee to study the feasibility of establishing a hospital-based program for sexual assault patients.
- » A health care professional, recently trained and certified as a sexual assault forensic examiner, contacts core responders to establish a coordinated multidisciplinary response.
- » A military sexual assault response coordinator contacts hospital administrators within a certain radius of a military installation to develop a collaborative plan to ensure that active duty personnel who appear at civilian hospitals maintain their restrictive reporting options.
- » A campus health service official contacts several community-based organizations to develop a coordinated response, regardless of where students first seek assistance.

- » A domestic violence shelter director contacts a rape crisis agency about sharing administrative office space and developing a single site for the forensic medical response to domestic and sexual violence.

Or, SARTs could be organized on a broader level. For example —

- » Officials from a district attorney's office or attorney general's office decide to form a statewide task force or coordinating committee to enhance service delivery and public safety. In 1987, for example, a task force formed in North Dakota to develop multidisciplinary materials that would provide uniform procedures to enhance the quality and quantity of evidence collection and reduce victim trauma.
- » A sexual assault coalition opts to offer statewide or territory-wide training and technical assistance to communities needing leadership in coordinating interagency responses to sexual assault (see Coalition-Driven SART Development-FL in this toolkit).
- » Several organizations and agencies become aware of a neighboring SART and jointly decide to share resources, make referrals, and coordinate activities in their own jurisdictions. For example, the Memphis Sexual Assault Resource Center serves victims in a tri-state area that includes eastern Arkansas, northern Mississippi, and western Tennessee. Because the center had a highly respected and well-recognized sexual assault medical forensic program, law enforcement agencies in both Mississippi and Arkansas spontaneously began to transport victims to Tennessee for victim advocacy and medical forensic exams.

Establish SART Leadership

SARTs need leaders who are committed to sustaining the team concept over time and who will collaborate effectively among agencies, programs, and funding sources. SART leaders need to understand multidisciplinary roles and responsibilities and integrate resources in ways that are victim centered, cost effective, and mutually beneficial across disciplines. Successful leaders need analytical skills to weigh options, management experience to organize SART objectives and set agendas for team meetings, and group facilitation/conflict resolution skills to promote communication among team members.

There are many different ways to lead and effectively organize SARTs. Some planning teams start by having each participating agency donate its time and services during the planning

phase. Once the SART is established, some hire coordinators to provide administrative oversight. Other planning teams have obtained funding for a coordinator's position from the onset to help with preliminary organizational activities and information gathering.

Find a SART Coordinator

The importance of a SART coordinator cannot be overstated. Having someone coordinate your SART's activities and provide administrative leadership helps to keep your team motivated and focused. If you decide not to include a designated coordinator's position, it could be difficult to maintain momentum over the long term.

This section provides tips on how to —

- » Create a job description.
- » Interview candidates.

Create a Job Description

Finding the right SART coordinator starts with a clear, concise job description. Use the following template as a guide when developing a description for your SART coordinator position.

- » Position summary: Define responsibilities and describe to whom the coordinator reports.
- » Qualifications: Decide on the experience, educational, and technical requirements needed.
- » Responsibilities: Create a list of duties. For example, responsibilities could include the following:
 - Organize and maintain the SART operating guide and materials.
 - Maintain monthly on-call calendars for victim advocates and sexual assault forensic examiners and coordinate their on-call activities.
 - Set meeting agendas and facilitate SART meetings.
 - Develop and maintain procedures for data collection and case record keeping.
 - Manage information tracking systems.
 - Plan special projects, budgets, and annual work plans; analyze trends; or plan for the analysis of data.
 - Monitor and follow up on grant objectives.
 - Facilitate working relationships with representatives from law enforcement, the

district attorney's office, health care, the crime lab, and other community alliances.

- Conduct presentations to inform the community about SART services.
- Assist with professional trainings for criminal justice agencies, medical facilities, social service agencies, and other helping professionals.

- » Hours required: List work hours and exempt/nonexempt status.

Interview Candidates

Interviewing a SART coordinator requires finding out about the individual's personal strengths, decision-making skills, and work style/experience. The key to hiring the right coordinator is knowing the right questions to ask during the interview. Standardizing the questions helps to identify extraordinary candidates among a pool of applicants. Interview questions that can help you evaluate the best candidate might include the following:

- » Personal Strengths and Weaknesses
 - What is your personal mission statement?
 - List five words that describe your character.
 - What specific strengths do you bring to a SART?
 - What are your limitations?
 - Give an example of a time that you felt you went above and beyond the call of duty in your previous position.
 - What challenges you about other people and how do you deal with it?
 - Why are you leaving your present job?
- » Decision making and Management Skills
 - How do you make important decisions?
 - How do you prioritize responsibilities?
 - What risks did you take in previous jobs and what were the results?
 - How do you decide between two equally good options?
 - Tell me about a time when you had to deal with conflict on the job.
 - Core SART membership includes representatives from advocacy, law enforcement, health care, prosecution, and the crime lab. In your opinion, which agency is most important?

» Ability To Work Collaboratively With Diverse People and Community Groups

- By providing examples, convince me that you can adapt to a wide variety of people, situations, and environments.
- Give me a specific occasion in which you conformed to a policy with which you did not agree.
- Give me an example of a time when you were able to successfully communicate with another person even when that individual may not have personally liked you (or vice versa).
- Are you comfortable working with groups and able to negotiate complex group interactions? (Explain.)

» Work Style and Experience

- How would you go about establishing your credibility with a multidisciplinary team?
- How would you describe your work style?
- What was your single most noteworthy achievement or contribution in your current job?
- Tell me a time when you had to give someone difficult feedback.
- What changes would you make on your previous job?
- Give examples of ideas that you had or that you implemented.

The overall goal during an interview is to learn as much about each candidate as possible and determine if the candidate's knowledge, skills, and abilities include both leadership and administrative qualities. Most important, it will be crucial for the coordinator to respect the roles of each team member and to commit to victim-centered and criminal justice objectives.

Define the SART's Jurisdiction

When defining your SART's jurisdiction, consider the specific problems victims may encounter when navigating multiple service areas, identify jurisdictional concerns for interagency collaborators, and assess the legal considerations for incorporating local, state, and federal regulations into a SART model.

Without intentional consideration of jurisdictional issues, uncertainty about an appropriate SART response may arise and lead to delays in services

for victims and stalled criminal investigations. **Proactively address complex issues before they arise** by assessing state laws, creating local and regional multidisciplinary protocols and guidelines, and establishing regional partnerships with medical, legal, and advocacy agencies that victims may contact.

Generally, SARTs are created within specific geographic regions based on political or economic conditions, available resources, and multijurisdictional considerations; other jurisdictional issues can come into play as well. This section reviews these issues:

Political Conditions

Different political conditions within a region could affect your decision to set up a SART in that region.

Regardless of the jurisdiction's geographical size and makeup, it is important to consider how many law enforcement agencies, hospitals, and community advocacy programs serve the area to effectively coordinate a response among each entity.

For example, **rural jurisdictions** may be challenged by geographic isolation, limited access to services, the need to travel large distances for a single response, minimal funding for specialized services, privacy concerns for victims, and widespread economic depression.

If a region has limited resources, you may want to identify agencies and facilities in neighboring areas with which you can join to develop a regional response, or consider partnering with other victim service organizations in the area. For example, a shelter for battered women with spare office space might be temporarily designated for sexual assault forensic exams.

Urban areas also have challenges. They may need to coordinate services among incorporated and unincorporated portions of a city, determine how to establish partnerships with agencies that have limited free time due to high case loads, work to coordinate services among multiple service providers, or streamline the SART activation process. For example, the SART of Brevard County, Florida, streamlined its services through an agreement with the Salvation Army, which is the designated domestic violence shelter. The Salvation Army offered space at its new facility for performing medical forensic medical exams for victims county-wide. Previously, these exams had been performed at six busy hospital emergency departments in the county, where there were no

shower facilities readily available. To ensure proper oversight, the local public health department agreed to provide a medical director for the new exam facility.

Multijurisdictional Considerations

Victims do not live in a vacuum. SARTs that serve victims in the Armed Services may need to coordinate their response between local and military authorities and health care practitioners. Serving American Indian victims often requires SARTs to coordinate with federal, state, local, and tribal service providers. Campus SARTs need to be prepared to integrate the sexual assault responses of campus security and local law enforcement and of community-based and campus-based advocacy and health care providers. SARTs within rural jurisdictions or that border other states need to develop cross-jurisdictional guidelines to ensure a consistent response among medical responders, legal responders, and advocates, regardless of where victims first seek services.

If your SART involves cross-jurisdictional collaborations, you must gather information about state statutes, health department regulations, and federal grant certifications within each jurisdiction to ensure that your SART's activities and services comply with them. You also should create protocols or guidelines that honor each state's laws during interstate collaborations. Basic decisions, protocols, and working agreements among jurisdictions help to ensure that services will be available immediately when victims seek services at any given agency or organization.

When developing your protocol or guidelines, you will need to consider —

- » What are the privileged communications statutes in each jurisdiction.
- » How payment for forensic medical exams will be handled when victims are transported to another state for exams.
- » What the activation process is for advocates and health care professionals when victims use interjurisdictional services (e.g., military victims using civilian facilities, American Indian victims using community-based and tribal services, students accessing campus and noncampus assistance).
- » Regionally, which agencies and organizations can respond when victims disclose sexual assault.
- » What options are available for victims who aren't pursuing a criminal justice response but who still want to hold the offender accountable.

- » Whether all law enforcement departments use the same crime lab.
- » What interagency agreements are needed.
- » What are the purposes of the agreements.
- » How will the staff at each agency be educated on the agreements.

Assess Community Readiness

Before you form your SART, you'll need to understand the following issues as they relate to your community:

» Its perception of sexual violence:

- How are sexual assaults reported in the local media?
- Do high schools and colleges/universities support presentations about preventing sexual assault?
- Is there community support for a response to sexual violence that includes a volunteer base?

» Its current services for victims:

- What have victims identified as needs or unmet needs?
- Are services easily accessible for individuals with disabilities?
- Are services equally accessible for victims residing in urban and rural areas?
- Are there institutional and community services available for victims living on college campuses, reservations, or military installations?
- Are ethnic minority groups well served?
- Is there a coordinated response for undocumented victims?
- Are services provided for victims with limited English proficiency?

» Its current resources:

- What nonprofit organizations and governmental agencies serve sexual assault victims?
- Has a SART model been used in the past? If so, what changes have occurred since then?

To determine whether the community is prepared for the long-term commitment of establishing a SART, collect data on the following:

- » Jurisdictional considerations.

- » Sexual assault trends.
- » Local, state, federal, tribal, territorial, campus, and military resources.
- » Formal or informal interagency protocols.
- » Barriers and system issues involved in the response to sexual violence.
- » Risk factors affecting public health and safety.

This data-informed planning can be especially useful for SART organizers. Information collected can answer questions about the frequency of sexual assault, where it is happening, its victims' demographics, and its perpetrators' mode of operation. The data can then be used to compile resources, examine service delivery, and address risk factors.

Obtaining data is crucial to creating your SART's mission and establishing team goals and objectives that are specific to the needs and resources of your jurisdiction.

Data collection doesn't stop after this initial assessment of community readiness. You should continue collecting information after you establish your SART to track your success over time, aid future requests for funding, and inform researchers and policymakers of trends that need to be addressed. Because of this, **data collection is described in much more detail in the next section of this toolkit**, Collect Data, which discusses interagency statistical data, community needs assessment surveys, victim surveys, focus group findings, and public forums.

Identify Opportunities for Collaboration

Think of your SART as part of a system rather than as a single project. Collaboration can help you better align your community's resources with victims' needs to increase the effectiveness of service delivery, provide specialized educational opportunities in the community, improve interagency communication, and offer greater outreach to underserved or marginalized populations.

Find Partners

To determine collaborative opportunities, begin by considering natural allies (e.g., individuals or groups with a stake in the prevention and/or intervention of sexual assault). Are there local agencies and organizations that have grant funding that mandates that they collaborate? Are there organizations from surrounding

communities that are willing and available to collaborate?

For example, in 2004, the Secretary of Defense sent a directive to all military branches regarding collaboration with civilian authorities to support sexual assault victims. The memorandum stated that it is U.S. Department of Defense policy that military installations in the United States (and overseas, where appropriate) shall establish a formal memorandum of understanding with local community service providers and other military services.



Civilian and Military Collaboration

The Kentucky National Guard (KYNG) has established a strong partnership with the Kentucky Association of Sexual Assault Programs to provide improved services and quality care to over 7,000 members of the National Guard and their dependents across all 120 counties and 70 Armories in Kentucky. The KYNG is comprised of members of the Army National Guard and the Air National Guard. The KYNG is mandated to have around 45 Service Members trained and nationally certified to provide advocacy services as Victim Advocates for survivors of sexual assaults, and strives to exceed that number at all times. We are standing up the Special Victim Counsel (SVC) program here in the KYNG, to provide legal services and advice which take into consideration the survivor's best interests. The SVC is separate legal services from the prosecutor or defense attorneys, and is a program that can only be found within the Department of Defense. The KYNG has a separate legal system that can be

used for KYNG Service Members when their case may not be reviewed by the civilian court system. This military legal system is found in the Kentucky Revised Statutes Chapter 35, also known as the Kentucky Code of Military Justice. The KYNG's Sexual Assault Prevention and Response Office's Community Outreach program raises awareness of its services and partnerships with community agencies by conducting workshops at a variety of conferences across the state, developing and publishing numerous awareness brochures and pamphlets, by providing information tables at different events statewide, and providing free briefings, speakers and training for agencies, universities, colleges or others at their request.

Fort Knox is a certified Kentucky city, covering 109,054 acres in three Kentucky counties. Fort Knox is adjacent to the city of Radcliff, 15 miles north of Elizabethtown, and approximately 35 miles south of Louisville. Fort Knox's Sexual Harassment/Assault Response and Prevention (SHARP) program is here to provide services to sexual assault victims/survivors. Fort Knox is staffed with a SHARP Program Manager, Brigade Sexual Assault Response Coordinators (SARC's) and Victim Advocates (VA's). Our hospital, Ireland Army Community Hospital (MEDDAC), is equipped to perform sexual assault forensic exams (SAFE) and emergency care. Fort Knox also offers legal services through the Special Victim Prosecutor (SVP) and the Special Victim Counsel (SVC). We also have behavioral health services and the Army Criminal Investigation Division (CID) located on the installation. Our Installation gives educational training, support services and brings awareness by reaching out to the Soldiers and the community through classes, informational booths, briefings and media. We have a strong bond with Elizabethtown's Silver Leaf sexual trauma recovery services to assist in our care to victims of sexual assault.

Fort Campbell strides the borders of both Kentucky and Tennessee and is unique in this aspect when compared to other military facilities within Kentucky. Fort Campbell has Soldiers residing within both states, and has built ties within the communities of both states as well. The SHARP program at Fort Campbell has the same services available as Fort Knox, and works with agencies in both states to provide improved access to services off of the base. The advocacy program at Fort Campbell has to be trained on three potential judicial systems laws, those of Kentucky, Tennessee, and the Department of Defense (which is the Uniform Code of Military Justice or UCMJ). The UCMJ is the primary legal process used for Active Duty Service Members,

and applies both on and off duty as well as on and off base.

Core first responders to sexual violence are natural allies. Depending on the jurisdiction, this includes advocates, law enforcement officials, sexual assault forensic examiners, prosecutors, and forensic laboratory personnel. In addition, consider groups and social structures that might stand to gain by supporting the creation of a SART. They could include educational institutions, public health agencies, substance abuse agencies, faith-based organizations, domestic violence agencies, and mental health facilities, among others. A good approach for identifying natural allies is to look creatively within the jurisdiction and assess which service providers might assist victims medically, legally, economically, spiritually, psychologically, or financially.

Although not specifically a SART, an example of a comprehensive community partnership is the Ann Patterson Dooley Family Safety Center in Tulsa, Oklahoma. The center houses community partners that include a domestic violence/sexual assault advocacy center; the Retired Senior Volunteer Program (provides clerical help and victim services); the District Attorney's Office; the Sheriff's Office; the Police Department; a faith-based organization; and the Multicultural Service Center. The site offers direct services to clients and provides a convenient location for partners to inform each other of interagency issues that need to be addressed to coordinate or improve services.

Partnerships, beyond providing direct services, may also help your planning and outreach efforts. For example, local corporations and businesses might be able to donate meeting spaces and equipment, such as photocopiers and computers. Businesses, whether large or small, may help by publishing SART documents, providing technological expertise for interagency communications and data collection, or offering direct financial support for your overhead expenses.

Tapping local resources not only helps implement and sustain SARTs, it is a strategic form of public awareness that can prompt more community ownership in both the prevention of sexual violence and intervention when it occurs.

Integrate Community Services

The long-term sustainability of your SART rests on your ability to build on the unique strengths and assets of people, institutions, and organizations within the region. In preparing for a sustained multidisciplinary response to sexual violence, consider the following questions:

- » Does a SART model fit into the community's other collaborative and multidisciplinary efforts for crime victims?
- » Is there organizational support through domestic violence task forces, child abuse response teams, or elder abuse task forces?
- » What are the commonalities, differences, and respective roles among other coordinated community teams in the jurisdiction?

Other SARTs have integrated their team meetings with child advocacy centers (CACs). According to the National Children's Advocacy Center, "a CAC is a child-focused, community-oriented, facility-based program in which representatives from many disciplines meet to discuss and make decisions about investigation, treatment, and prosecution of child abuse cases. They also work to prevent further victimization." In Fairbanks, Alaska, for example, the CAC meets monthly and the SART meets quarterly. Each team attends the other team's meetings. On the other hand, in Kotzebue, Alaska, the CAC and SART meetings are combined. Kotzebue is a remote region that is small in population (under 10,000) but large in size (about the size of Indiana). By combining CAC and SART meetings, Kotzebue gets the largest turnout from its first responders.

Another way to integrate services is through family justice centers. The Office on Violence Against Women's Family Justice Center Initiative started in 2003. Its goal is to make a victim's search for help and justice more effective by bringing professionals who provide an array of services together under one roof. (The Ann Patterson Dooley Family Safety Center in Oklahoma is one example of a family justice center.)

Overcome Common Barriers

One of the biggest barriers to collaboration is the reluctance of potential collaborators to participate, which can occur when your chosen SART model doesn't suit your community. Your response to sexual violence best serves victims and criminal justice when you consider the community's specific geographic, political, economic, and ethnic and cultural issues. For this reason, it may be helpful to informally contact potential SART members early in the planning process to determine potential barriers and identify allies.

Involving Potential SART Agencies During the Planning Stage

Before the Dane County Coordinated Community Response to Sexual Assault in Madison, Wisconsin, began, the executive director of the local rape crisis center had personal conversations with every core system in the community. Most had creative ideas to help improve the multidisciplinary responses to sexual violence and were willing to join a team to help make the needed changes.

If you experience resistance from one core sexual assault responder, or more, consider seeking endorsement by local or state officials or their designees (e.g., district attorney, attorney general, sheriff, police chief, city council member). Another option is to organize your SART as a pilot approach; with good planning, tangible outcomes, and community visibility, initially hesitant agencies may eventually choose to participate. The key to SART development is building on the strengths of interested agencies and organizations within the community (e.g., their current collaborations, funding incentives for collaboration).

Several barriers, and potential solutions, are discussed below:

- » **Turf issues:** If there are turf issues, inform reluctant agencies that you are seeking a victim-centered model that respects each agency's roles and responsibilities.
- » **History of collaboration:** Before forming a SART, it is important to have honest conversations with participants about the history of collaboration between organizations. If there has been an unfortunate community history, either among organizations or individuals, point out the differences between what has happened in the past and what is currently proposed.
- » **Isolation:** If there are limited service organizations within the community or if there is little support for your SART, consider forging new partnerships. For example, rural SARTs may minimize isolation by forming partnerships with public health agencies and community-based treatment centers or combine resources with organizations in surrounding townships or counties.
- » **Funding:** If there seems to be no funding available to meet your SART's organizational and administrative needs, look for creative funding streams within the community, including

corporate and foundation grants. (Also see Sustain Your SART in this toolkit.) At the same time, begin to work on organizational issues that are significant, but require little or no funding, such as collecting local statistical data, reviewing the current responses to sexual assault, drafting a mission statement, or defining core team values.

- » **Lack of public awareness:** Potential team members may not understand the benefits of a SART or may have apprehensions about the credibility of partnering agencies. To overcome this, keep a victim-centered and public safety focus, provide data on the scope of sexual assault in the jurisdiction, and develop public awareness materials.

Filling Resource Gaps

If there is little organizational capacity for forming a SART, try bridging gaps by working with state legislators to form statewide task forces. For example, the Oklahoma Task Force to Stop Sexual Violence, which was created in 2006 by House Resolution 1010, studied and made recommendations concerning the funding of services throughout the state for victims of sexual violence.

Develop Budgetary Resources

When considering budgetary needs, you must realistically determine what can be provided by team members and what resources might require additional funding. To start the budget process, identify existing resources within core agencies and potential external resources for donated items and services. Next, determine your staffing needs and identify volunteer support. Other team costs may not necessarily be high because the purpose of SART is to promote communication and collaboration among existing agencies, and the costs for team members' time or SART facilities may be absorbed by participating agencies.

Depending on the jurisdiction and its community resources, other budgetary considerations include the following:

- » Program costs
 - Office space, equipment and furnishings, postage, office supplies, copy machine, film, film development, SART forms, and so forth.
 - Transportation, clothing replacement for victims, and toiletry items at the exam site.
 - Use of medical facilities such as the exam

room, waiting room, and administration office space.

- Exam room furnishings and equipment.
- Office space for joint interviews (e.g., specially equipped rooms in prosecuting attorney's offices and/or law enforcement departments).
- Medications and medical supplies.
- Costs for crime lab analysis.
- Cell phones or pagers for core responders.
- » Personnel costs
 - SART coordinator.
 - Victim advocacy positions (community based and government based).
 - Medical forensic examiners.
 - Crime lab specialist.
 - [Specialized] law enforcement units.
 - [Specialized] prosecuting attorney units.
 - Other _____
- » Education and training costs
 - Training for team members.
 - Publications and reference materials.
 - Brochures and other program information.
 - Other _____

Decide on Core Membership

Some communities invite core responders from advocacy, law enforcement, health care, prosecution, and crime labs to plan and oversee the SART (e.g., monitoring the response to sexual violence) once it is established. Other communities start by establishing steering committees to plan the SART and then transfer oversight responsibilities to advisory committees or coordinating councils composed of core responders and/or community leaders.

Participating core members must have a clear perception of the need for a SART, understand what will be expected of them, and be willing to commit to scheduled planning meetings. SARTs do not redefine core members' agency roles per se, but rather integrate them into a new, collective identity that draws on each member's professional expertise.

Core Competencies

Those who meet with victims must be trained in victim issues, crisis response, violence prevention, and multidisciplinary cooperation. Use the following list of competencies as a catalyst for developing, prioritizing, and customizing core competencies for responders in your jurisdiction:

- » Can communicate non-judgmentally and compassionately with sexual assault victims, their families, and friends.
- » Understands the importance of survivors' rights to self-determination.
- » Knows state and national laws, rules, and regulations regarding sexual violence, including mandatory reporting responsibilities.
- » Knows the laws and ethical principles that apply to medical, legal, and advocacy responders.
- » Knows how to provide assessments, interventions, and prevention programming that are culturally competent.
- » Is aware of factors that increase vulnerability to sexual violence (e.g., disability, age, isolation) while in no way blaming victims for these vulnerabilities.
- » Knows developmentally appropriate questions for interviewing victims.

Source: Used with permission from Debra Seltzer, Ohio Department of Health.

Primary responders to sexual assault generally include victim advocates, law enforcement officers, sexual assault forensic examiners, crime lab specialists, and prosecutors. For SART planning purposes, the toolkit also lists for consideration personnel from emergency medical services, dispatch, public health, mental health, and faith-based organizations.

Victim Advocates

Advocates promote victims' rights and assist with their emotional, physical, psychological, economic, and spiritual needs. Although there is a clear distinction between community- and government-based advocacy (e.g., community-based advocates may hold statutorily defined privileged communications whereas government-based advocates do not),

the general role of the advocate is to ensure that addressing the victim's full range of needs is a priority.

On a SART, victim advocates —

- » Act as liaison among SART agencies on behalf of victims.
- » Work collaboratively with team members to ensure quality services.
- » Protect and promote victims' rights to confidentiality.
- » Educate the team on issues of diverse populations.
- » Work with the team to develop innovative practices.
- » Ensure that victims' followup support and services are addressed.
- » Resolve problems that may impede victims' receipt of timely and accurate case notification.
- » Help implement initiatives aimed at educating the community about preventing sexual assault.

Law Enforcement Officers

Many jurisdictions have more than one law enforcement authority. Law enforcement agencies can include city or county police; sheriff's offices; highway patrol; state, tribal, campus, and military police; the Federal Bureau of Investigation; and U.S. State Park Rangers. For example, the Stillaguamish Tribe of Indians in Washington State patrol tribal parks and wilderness areas and have full police authority throughout the reservation. Some rangers—particularly those employed by public agencies (e.g., U.S. National Park Service)—have police powers and enforce laws in parks and surrounding areas.

No optimal single approach determines which department serves on a SART. Possible options include selecting a permanent member from the law enforcement office that investigates the largest number of sexual assaults or asking law enforcement offices that operate in the jurisdiction to select a permanent representative and then invite other agencies as needed. Each jurisdiction needs to develop the approach that best satisfies its needs.

On a SART, law enforcement officers —

- » Provide case status information.
- » Train team members on law enforcement policies and practices.
- » Act as liaison between the team and other law enforcement agencies.

- » Educate the team about how to improve coordination with law enforcement agencies.
- » Update the team on emerging criminal justice issues.
- » Provide background information for team case reviews.
- » Update the team on local ordinances.
- » Help implement initiatives aimed at teaching the community how to prevent sexual assault.
- » Review evidence collection procedures and make recommendations for appropriate changes.
- » Educate the team about the scientific methods used to analyze evidence.
- » Act as liaison between the team and the scientific community.
- » Help implement initiatives aimed at teaching the community how to prevent sexual assault.

Sexual Assault Forensic Examiners

Sexual assault forensic examiners are health care providers who receive specialized training in how to conduct sexual assault medical forensic examinations and fulfill clinical requirements to be certified as a sexual assault medical forensic examiner.

On a SART, sexual assault forensic examiners—

- » Serve as liaison with the medical community.
- » Provide the team with current information from medical literature pertinent to sexual assault.
- » Assist in case reviews.
- » Educate the team on the elements and procedures of sexual assault forensic exams.
- » Educate the team on medical issues including sexually transmitted infections, HIV prophylaxis, and emergency contraception.
- » Educate the team on how to improve coordination with hospitals, health care professionals, and medical schools.
- » Help implement initiatives aimed at teaching the community how to prevent sexual assault.

Forensic Laboratory Personnel

A criminalist searches for, collects, and preserves physical evidence in the investigation of crimes; examines evidence by means of physical and chemical analyses; prepares reports of findings; and gives expert testimony in court.

On a SART, forensic laboratory personnel —

- » Educate the team about new discoveries, developments, or techniques that apply to the forensic field.
- » Educate the team about the quality of evidence received on cases.

Prosecutors

A prosecutor is a governmental trial lawyer who investigates and tries criminal cases. Prosecutors are typically known as a district attorney, state's attorney, or United States attorney.

On a SART, prosecutors—

- » Alert the team when cases can or cannot be prosecuted.
- » Educate the team about prosecutorial policies and practices.
- » Provide legal definitions and explanations.
- » Assist in developing and implementing strategies to enhance prosecution of sexual assault.
- » Provide training on pertinent legal issues.
- » Serve as liaison with other legal offices.
- » Assist with case reviews.
- » Provide updates on case dispositions.
- » Help implement initiatives aimed at teaching the community how to prevent sexual assault.

EMS Personnel

Emergency medical services (EMS) personnel—paramedics, emergency medical technicians, and medical first responders—are responsible for providing early, pre-hospital treatment to those in need of urgent medical care and rapid transportation to an emergency department, when necessary.

On a SART, EMS personnel —

- » Provide the team with medical information related to emergency procedures in response to sexual assaults.

Give detailed explanations of EMS procedures and protocols.

- » Address issues regarding crime scene preservation practices.

- » Assist the team with general crime scene preservation practices.
- » Act as liaison between the team and the EMS community.
- » Provide testimony in court.
- » Help implement initiatives aimed at teaching the community how to prevent sexual assault.

Dispatchers

The 911 operator determines whether the victim is in need of emergency medical attention and in a safe environment, collects pertinent case information, and accurately relays this information to the responding officer in a timely manner.

On a SART, dispatchers —

- » Educate the team about emerging issues in dispatch.
- » Educate the team about communication technologies.
- » Update the team on dispatch protocols.
- » Inform the team about activation responses.
- » Act as liaison between the team and dispatch personnel.
- » Help implement initiatives aimed at teaching the community how to prevent sexual assault.

Public Health Officials

Public health officials practice the science and art of preventing disease and promoting health through an organized community effort. Their expertise includes ongoing assessment of the community's health care needs, injury prevention, emergency response planning, and control of communicable infections.

On a SART, local, city, county, state, or federal public health officials —

- » Provide information and assistance on data collection and analysis.
- » Access information from other health professionals who provide services to victims.
- » Join with statisticians and epidemiologists to assist in data collection and analysis.
- » Educate the team about general health issues.
- » Integrate strategies for sexual assault intervention and prevention.
- » Provide information on the development and

implementation of public health prevention activities and programs.

- » Act as liaison between the team and the community's other health care providers.
- » Help implement initiatives aimed at teaching the community how to prevent sexual assault.

Mental Health Officials

Core mental health professionals include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists.

On a SART, mental health officials —

- » Educate the team about posttraumatic stress disorder and counterintuitive behaviors.
- » Provide information about mental health treatment.
- » Educate the team on risk factors for suicide among victims.
- » Bridge services to ensure that mental health support is provided to victims and their families.
- » Educate the team on vicarious trauma and debriefing techniques.
- » Help implement initiatives aimed at teaching the community how to prevent sexual assault.

Faith-Based Organizations

Faith-based organizations are an integral part of our Nation's social service network. They can help your SART create referral networks and assist victims with their spiritual concerns (e.g., faith-based communities that form partnerships with community-based advocates can offer onsite counseling as a collaborative effort between clergy and community-based advocacy).

On a SART, members of faith-based organizations —

- » Identify barriers that impede victims from seeking services.
- » Inform the team about victims' spiritual needs.
- » Bridge service gaps between community service agencies and faith-based organizations.
- » Act as liaison between the team and faith-based organizations.
- » Provide faith-based prevention education.
- » Provide training and education for hospital, law enforcement, and firefighter chaplaincies.

Schedule a Planning Meeting

Once you have collected community data and identified agencies you want on the team, it is important to establish a time and place to bring everyone together to discuss the SART model and establish interagency relationships. Determine the goals for the initial planning meeting up front, such as obtaining interagency buy-in, facilitating community readiness, or determining multidisciplinary coordination issues.

The location for the initial organizational planning meeting may or may not be a permanent location for the SART. Wherever meetings are held, they should be easily accessible, private enough to support the SART emphasis on victim confidentiality, and comfortably accommodate all participants.⁶ Using meeting rooms at public libraries or other nonparticipating organizations or educational institutions may go a long way in rallying community support for the SART model. Other options include donated space at participating agencies.

Invitations

In the meeting invitation, describe the SART model, emphasize its positive goals, and express appreciation for the participation of those you invite. Define the process as a partnership and clearly outline your expectations. You may want to include the proposed SART structure and team members' roles and responsibilities, as follows:

- » SART structure
 - The team composition includes representatives from victim advocacy, health care, law enforcement, the crime lab, prosecution, and so forth.
 - Each team member will represent a collaborative effort to improve the overall response to sexual violence.
 - Participants will develop and commit to a set of guiding principles that promote victims' rights and maximize criminal justice efficiency.
- » SART members' roles and responsibilities
 - Provide information and consultation in their areas of expertise.
 - Define their agency's or organization's roles and responsibilities regarding sexual violence prevention and intervention.
 - Assist with identifying gaps and priority issues relating to the response to and prevention of sexual violence.

- Identify emerging issues and possible solutions in the response to sexual violence.
- Participate in regularly scheduled meetings.
- Assist with the development of multidisciplinary, interagency guidelines.
- Evaluate and monitor multidisciplinary guidelines with team members to ensure quality and consistency.
- Educate the community on SART activities.
- Provide long-term support to sustain the SART.

Agenda

During the initial planning meeting, allot time for participants to introduce themselves and identify a current sexual assault issue that could be better addressed through interagency collaboration. In addition, use the Planning for a SART (Appx A) assessment tool in this toolkit to discuss current statistics and responses to sexual violence, thereby underscoring the SART's value. Or use the SARTs at Work video to show the importance of multidisciplinary and interagency collaboration.

Before the initial meeting concludes, get confirmation from team members that they are interested in being involved and ask for feedback on what they would like to see on future agendas. Participants also need to decide when and where future meetings will be held and who will coordinate them. In these subsequent planning meetings, you may want to include a brief presentation by a victim of sexual assault.

Statements of Commitment

You can make an agency's commitment to participate on a SART official by drafting a short commitment form for participants to sign. To minimize miscommunication if there are staff turnovers, have each SART representative cosign the statement of commitment along with the agency's executive officer.

The commitment form can outline the SART's basic expectations such as developing victim-centered, culturally specific protocols; supporting quality control measures for SART responses; and working to coordinate efforts with other agencies to assist victims and enhance the investigation and prosecution of sexual assault. It is also helpful for the form to suggest that if SART members are unavailable for meetings, they agree to provide another representative from the agency to act on their behalf.

Expand SART Membership

When you first establish your SART, it is best to work with as few people as necessary to meet your objectives. The more people involved, the more likely they are to encounter difficulties in learning about each other, balancing power, coming to agreement on issues, and coordinating the work. Once established, you may want to expand the team to help guide culturally relevant responses, make good referral connections, and incorporate risk reduction and prevention education into your outreach efforts.

Potential new members to add include stakeholders who support SART work, such as allied organizations and funders, and survivors of sexual assault, who can help you make informed decisions about critical needs for victim-centered responses. For each group of stakeholders, you'll need to determine the issues they care about, why they care, what they can do, how they will mobilize to respond, and how you will achieve cross training.

By diversifying and expanding your SART's membership, you can build leadership to support a wide range of victims' needs and help criminal justice professionals secure expert resources. New members also add fresh vitality to the team. Ultimately, providing victims with an integrated team of service providers helps them receive all the assistance they need.

Consider the following agencies and individuals—not an exhaustive list—when expanding your team:

- » Civil legal attorneys to provide legal information to the team and assist with multijurisdictional issues, international/immigration law, and victims' civil legal remedies and rights.
- » Community employers to inform the team about workplace violence and safety issues.
- » Crime victim compensation agencies to educate the team about crime victims' compensation benefits, claims processing, and application issues (e.g., victims often find it difficult to navigate through the regulations and forms required to receive reimbursement).
- » Culturally specific organizations to inform your SART about specific issues within diverse ethnic populations and to promote referral networks.
- » Disabilities experts to educate SART members on specific accessibility needs for victims with disabilities and inform primary responders about appropriate services.
- » Domestic violence experts to enable the team to further address the link between intimate partner violence and sexual violence and to ensure that victims receive appropriate services regardless of where they first ask for help (e.g., some SARTs have agreements with domestic violence shelters to provide safe housing for victims, regardless of whether the victims were in a battering relationship).
- » Educational representatives to help bridge intervention and prevention initiatives (you will need to determine which educational system or personnel should participate, such as higher education personnel, school district personnel, school administrators, social workers, or school/campus nurses).
- » Juvenile justice program staff to help promote victims' rights within the juvenile justice process and to assist with strategies for managing juvenile sex offenders.
- » Elected officials to help the team proactively address systems and policy issues.
- » Grant administrators to help coordinate local and statewide SART objectives, sustainability options, and public policy initiatives.
- » Hospital administrators to ensure that a coordinated response is efficient and seamless when victims present in emergency departments—hospital administrators can educate the team on medical issues and hospital practices.
- » Media experts (e.g., television and radio broadcasters, newspaper reporters) to help the team promote public awareness of sexual assault intervention and prevention and to keep the community informed of its activities.
- » Military officials to assist with specific needs of victims serving in the military and to help coordinate the response inter-jurisdictionally.
- » Probation, parole, and correctional officers (e.g., officers involved with electronic monitoring, officers from city jails or state correctional facilities) to assist you with victim safety needs and sex offender management issues.
- » Researchers (e.g., volunteer consultants, employees of public and private institutions of higher education, professionals within medical and legal educational institutions) to help the team monitor and evaluate initiatives, assess community needs, and analyze victim surveys.
- » Sex offender management specialists to provide comprehensive victim-centered responses during case management of offenders. Sex offender

management personnel are in a unique position in the criminal justice system as they work not only with offenders but also with victims and those who live and work with offenders.

- » Sexual assault survivors to help the team understand how the system addresses victims' needs and to keep the team focused on the victim.
- » Substance abuse programs to address the connection between the aftermath of sexual assault and drug or alcohol abuse (e.g., 38–45 percent of women in substance abuse treatment programs are survivors of sexual violence).

DEVELOP A SART

Collect Data

Without consistent information about the number of victims affected by sexual violence, your ability to respond is limited in several ways:

- » You can't gauge the magnitude of sexual violence.
- » You can't identify individuals at highest risk who might benefit from focused intervention or increased services.
- » You can't monitor changes in the incidence and prevalence of sexual violence over time.
- » Gathering data can help you identify gaps in services. Baseline statistics can underscore the need for a SART, assist you with setting goals and objectives, aid future funding requests, and inform researchers and policymakers of trends that need to be addressed. The data collection process can also be a catalyst for developing and building partnerships with key responders. Just as important, data collection is the foundation for evaluation—a process for assessing effectiveness even while your SART is taking form.

Consider the following steps **before** collecting data:

- » Determine what information is needed. (How will SART goals be measured?)

National Database

The Sexual Assault Resource Service collects national victim data to identify SANE programs' strengths and weaknesses, improve their evidence collection, and enhance prosecution rates in future cases. If you participate in the SANE program national database, the Sexual Assault Resource Service will—

- » Provide data collection software.
- » Provide analysis of your data free of charge.
- » Provide national aggregate data for comparison purposes.
- » Assist you with developing a system to collect followup data on your clients (e.g., rape kit evidence results, legal case outcomes).

- » Assess from whom, how frequently, and in what form the data will be collected.
- » Decide who should have access to the data for other analyses that might serve each agency differently and how that access will work.
- » Verify the reliability of data entries (clear definitions, procedures, and training).
- » Adopt a flexible data system that can accommodate evolving responses to sexual violence.
- » Create a system that is user friendly.
- » Determine how the data will be used to evaluate the interagency response.

The Right Tool

Domestic Violence and Sexual Assault Data Resource Center Summarizes how states are collecting data, the kinds of information they collect, and national and state projects related to domestic violence and sexual assault.

Information is power. SARTs have multiple opportunities to augment their individual and collective power by accessing, collecting, and sharing information electronically.

Ideally, you should pull data from multiple sources so that you can compare and contrast the information. In addition to collecting and analyzing response data, you can also use data to determine staffing needs in order to expand outreach. Staffing needs are an ever-present issue in many states. The problem is particularly acute in rural areas, but many large cities also face chronic staffing shortages and service gaps. Once you collect, synthesize, and analyze data, you can evaluate external factors (e.g., shifting client needs, increased competition for funding dollars) that influence the resources your SART needs and develop strategies to overcome challenges and meet emerging needs.

Gather Interagency Data

Which Data To Collect

To understand the scope of sexual assault in your jurisdiction, you must pull together data from —

- » Rape crisis centers.
- » Hospitals and other health care facilities.
- » Elder services.
- » Law enforcement.
- » Prosecution.
- » Institutional settings (e.g., campuses, military facilities, correctional facilities).
- » Culturally specific organizations.

Be realistic when determining which data to compile. The following chart provides a glimpse of data elements to consider.

How To Share Data

When you collect interagency data, it is important to share that data among participating SART agencies. The following tips should help guide you in setting up an information-sharing process:

- » Appoint an information management committee composed of representatives from the SART agencies, funding officials, and management information systems experts.
- » Determine what information is already collected and maintained by all the agencies involved.
- » Evaluate information needs.
- » Clarify reasons to share information.
- » Identify which specific information is to be shared and who needs access to each item of information.
- » Determine statutory record requirements about information collection and dissemination as mandated by federal, state, and local governments.
- » Draft an interagency agreement.
- » Fund the information management system.
- » Designate information management liaisons in each agency.
- » Build the system.

Data Collection in Cuyahoga County

To organize its data collection, Cuyahoga County Coordinated Community Response created a discipline-specific subcommittee with a contact person from each core discipline in the jurisdiction. Over time, as the contributing agencies learned how valuable the data were to them, the list of data elements grew and became increasingly more useful.

Source: William Sabol, Leadership and the Implementation of the Coordinated Community Response Initiative in Cuyahoga County, Cleveland Rape Crisis Center, 2001.

Start by collecting basic data—those data elements that are most easily accessible. Once your SART is well established, consider expanding the types of data collected. (To help you map minimum and expanded data elements, see Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements.) To ensure the reliability of data, avoid complex forms with easily misunderstood phrases, including forms designed to collect information that will never be used. Also, ensure that individuals entering the data have sufficient time and training to complete the entries accurately and fully.

Federal Data Standards Versus State/Local Practices

States often find themselves caught between federal data standards and state and local practices. Improved data reporting efforts should address crime complexities and piggyback other reporting systems to avoid repetitive data entry or incompatible information sharing.

Source: James Zepp, Domestic and Sexual Violence Data Collection: A Report To Congress Under The Violence Against Women Act, 1996.

SART Agency	Statistics
Community Advocacy	<ul style="list-style-type: none"> » Number of victims served who reported to law enforcement. » Number of victims served who didn't report to law enforcement. » Type of assault (e.g., rape, sexual battery). » Number of community referrals. » Information about victims (e.g., age, gender, ethnicity, disability). » Relationship of perpetrators to victims. » Number and types of services provided.
Law Enforcement	<ul style="list-style-type: none"> » Number of cases assigned for investigation. » Types of assault (e.g., rape, sexual battery). » Number of cases submitted to the district attorney for review. » Number of cases prosecuted. » Location of sexual assaults. » Information about victims (e.g., age, gender, ethnicity, disability). » Information about perpetrators (e.g., age, gender, ethnicity, disability).
Health Care	<ul style="list-style-type: none"> » Number of forensic medical examinations performed. » Information about victims (e.g., age, gender, ethnicity, disability). » Type of assault (e.g., rape, sexual battery). » Number of victims seen at campus health services. » Number of victims seen at Indian Health Services. » Number and types of services provided. » Number of health care providers subpoenaed to testify.
Forensic Laboratory	<ul style="list-style-type: none"> » Number of sexual assault forensic medical collection kits processed by crime labs. » Data on quality of evidence collected by forensic examiners. » Data on quality of evidence collected by law enforcement.
Victim Witness Assistance Center	<ul style="list-style-type: none"> » Number of cases referred to community-based services. » Information on victims (e.g., age, gender, ethnicity, disability). » Number and types of services provided.
Prosecution	<ul style="list-style-type: none"> » Number of cases referred by law enforcement agencies annually. » Number of case filings. » Number of plea negotiations and sentences. » Number of trials. » Number of cases by disposition (e.g., guilty, not guilty, no contest, mistrial).

Gather Community Data

As indicated in the Community Mobilization Manual,² you can collect community-based data —

About victims not served.

- » Using needs assessments.
- » Using victim surveys.
- » From focus groups.
- » After town meetings.

Victims Not Served

Sexual assault victims do not live in a vacuum; any data collected on victims should take into account individual factors that could restrict access to services and leave victims without recourse. For example, the Violence Against Women Act of 2000 (VAWA 2000) requires grantees to report on the effectiveness of activities carried out with grant funds, including the number of persons served and number of persons seeking services who could not be served.

Situations in which victims seek services but are not served could arise when³ —

- » Victims do not meet eligibility or statutory requirements.
- » Program rules are not acceptable to victims.
- » Services offered are not appropriate for victims.
- » Victims have transportation problems.
- » Services could pose conflicts of interest.
- » Agencies have inadequate language capacity (including sign language).
- » Victims are geographically isolated.

When collecting data, it is important to consider victims who may not be served because they never sought services. This includes individuals who did not report their sexual assaults to law enforcement or victims who do not attempt to access services due to disability, religion, homelessness, institutionalization, multiple service needs, or ethnic or cultural reasons. For example, a battered woman may not disclose sexual assault when transported to a hospital emergency department with obvious physical injuries. Or, a deaf victim whose primary language is American Sign Language (ASL) may be required to use a text telephone (TTY) to receive service delivery. ASL concepts are not always readily translated into words through TTYs, which may limit a deaf person's ability to request and obtain services.

To help determine which victims are not currently served —

- » Speak with culturally specific community organizations.
- » Partner with health care professionals, medical schools, and disability specialists to create sexual assault screening instruments.
- » Integrate intervention strategies with community prevention education.
- » Collaborate with domestic violence agencies, community shelters, substance abuse treatment centers, and other community agencies at which sexual assault victims may receive secondary services.

Needs Assessments

Conducting a community needs assessment enables you to seek candid and diverse views on issues before considering and implementing solutions. The information gathered can provide you with guidance on the most appropriate methods for addressing service gaps. There is no single right way to conduct a needs assessment. However, the following steps can help you draft a practical survey that complements your community's specific makeup:⁴

- » Decide how many people to question. Assess a reasonable number of individuals to question based on the purpose of the survey (e.g., generate community awareness of services, identify service gaps, aid in SART planning, promote community mobilization).
- » Decide who will be questioned. Decide whether your survey will include responses just from victims currently served or if you need a broader survey to assess outreach to underserved populations.
- » Decide which questions to ask. Keep the questionnaire short. Short instruments are more readily completed by respondents and less expensive to produce, distribute, collect, and analyze. Once you have prepared a draft of the survey instrument, check it against your SART's goals and objectives to make sure nonessential information is excluded.
- » Decide how questions are going to be asked. Closed-ended questions involve a choice among fixed alternatives. Open-ended questions give those answering the chance to say anything they want. Many surveys include both types of questions.

- » Decide on a timeframe for collecting data. Limit the data collection time to no more than 6 weeks. This will help develop a sense of urgency and keep the needs assessment targeted.
- » Test the survey. Select four to five people from a group whom you will actually survey to pilot test the instrument.
- » Revise the survey. Edit the survey based on the test group feedback. You may need to repeat this test-and-revision process more than once.
- » Tabulate the results. For closed-ended questions, this can be a matter of simple addition. For open-ended questions, you can code the results into categories, which will shape the interpretation of the data. If you expect a large number of respondents, consider an online survey that can provide statistical analyses. One option is Survey Monkey.
- Evaluate the process. Take time after the needs assessment has been completed to evaluate the instrument. What worked well? What problems did you encounter? How could you improve the needs assessment instrument? This evaluation can then be included in an executive summary, which will lend credibility to the findings.

Read More

Community Toolbox: Assessing Community Needs and Resources Includes information on structuring needs assessments and provides links to supplemental resources.

Denver Victim Services 2000 Needs Assessment Describes the development of a needs assessment strategy and measurement tools.

Oregon 2002 Needs Assessment Discusses the findings of a needs assessment of the state of crime victims' services and victims' needs in Oregon.

Victim Surveys

Conduct victim surveys to find out how well the community is responding to victims' needs. According to the Kentucky Association of Sexual Assault Programs, surveys need to ask victims about how their cases were handled and how service providers treated them:⁵

It is important to assess victims' experiences throughout the criminal justice process, including those victims whose cases:

Are not reported to authorities.

- » Are not pursued because the perpetrator is not apprehended.

Are not filed (or dropped) after the initial investigation.

- » Are pled out before or during trial.
- » Are completed through trial, but may or may not obtain a guilty verdict.
- » Result in a guilty verdict with sentences that may or may not include incarceration.

Predevelopment Questions

Before designing a victim survey, consider several key questions:⁶

- » Should the survey measure victims' satisfaction with all the services they received?
- » Should the survey measure the victims' satisfaction only with services obtained from the agency that provided the survey?
- » Should the survey form capture information about the services provided to victims within a given timeframe?
- » How should the survey be disseminated to ensure maximum response?
- » How should the survey address the wide variation in victim service programs in terms of types of victims served, types of services provided, and the ways services are delivered?
- » How could the survey format and method of implementation make victims comfortable and motivated to complete the survey?

Survey Development

The victim survey needs to capture both quantitative and qualitative information about services, including the types of assistance received, whether services were easily accessible, victims' experiences with the criminal justice system, satisfaction with services received, referrals provided (to shed light on interagency coordination), and assistance that victims needed but did not receive.

The survey should include a title, introduction, directions, and questions (including questions related to demographics). The survey's title should be clear and concise and reflect its content. The introductory statement should identify the survey's purpose, explain confidentiality, and state how the data will be used. When creating directions for the survey, it is important not only to describe how to complete the survey but where and how to return it. The actual survey questions can be a combination of types (e.g., scale, category, checklist, yes/no, open-ended) but should be limited to questions that are necessary. Putting demographic-related questions last on your form will increase the probability that they will be answered.

Here are some more tips for developing victim surveys:

- » Keep the survey short (no more than three pages).
- » Use plain and simple language (avoid jargon).
- » Explain the purpose of the survey.
- » Ensure confidentiality.
- » Provide multilingual copies.
- » Include the following sections:
 - **Background of assault:** Year and location, whether the crime was reported, and so forth.
 - **Victim experience:** Victims' experiences with victim services, law enforcement, forensic examiners/health care, campus health care, Indian Health Services, criminal justice, community social service agencies, faith-based organizations, and so forth.
 - **Comments:** A section for victims to explain how they were treated.

You can survey victims at the conclusion of services, as part of a mid-service evaluation, or at any time you think it is appropriate. To improve your response rate, consider conducting surveys in person rather than allowing participants to complete the surveys at home.

The Right Tool

PM Builder: Instrument Development Checklist and Sample Serves a good example of a survey instrument, with accompanying instructions for setting it up.

In This Toolkit: Intake and Outcome-Based Form (Word) Offers a series of data collection forms and a victim survey.

Form for Evaluating Police Response to Rape and Sexual Assault Helps evaluate the response of law enforcement officers to victims of rape and sexual assault.

Focus Groups

Focus groups are in depth interviews with groups of people designed to identify specific issues. Whereas needs assessments and victim surveys help communities determine a course of action once a problem or issue has been identified, focus groups help uncover problems or issues that may not be recognized.⁷ Listening as people share different points of view provides a wealth of information—not just about what they think, but why they think the way they do.

Begin planning the focus group meeting at least 1 month in advance, and make sure to start with clear and measurable goals when developing the meeting agenda. Limit participation to 6–12 individuals and the timeframe from 90 minutes to 3 hours. To generate meaningful group discussions, focus group facilitators must be able to separate themselves from the topics at hand, maintain complete objectivity, and have no hidden agendas that will affect the outcomes.⁸

Town Meetings

Town meetings, also called public forums, should be hosted at different sites around the community to ensure diverse and equal representation. These meetings allow participants to express their views about key issues and discuss what can be done about them. In North Dakota, for example, representatives from law enforcement, health care, advocacy, and forensic laboratory fields hosted public hearings throughout the state. The outcome from the meetings reinforced the need to develop a protocol for collecting the evidence of sexual assault and to create a forensic medical evidence collection kit to ensure that evidence is consistently collected and stored correctly.

Select a site for the meeting that is easy to find, accessible, and comfortable, such as a library or educational facility. Advertise and invite participants to forums by posting fliers and developing public service announcements and press releases. If you want the media to attend the hearings, you must publicize the likelihood that media may be present to ensure that participants understand beforehand that confidentiality is not guaranteed. You also can invite community agencies and organizations to attend, such as victim service agencies, mental health facilities, public agencies that may assist sexual assault victims (e.g., victims' compensation boards), medical facilities and associations, educational institutions, legislative offices, and ethnic, religious, and cultural organizations.

A public hearing—or even a series of public hearings—provides an opportunity for each segment of the community to participate in the development of your vision and mission. (See Create a Strategic Plan, the next section in this toolkit, for more information about creating vision and mission statements.)

Sample Agenda

I. Welcome/Opening Remarks

Description of the extent of sexual violence in the region and invitation for participants to express their views.

II. Statement of Need

SART member testimonials.

III. Statement by Elected Officials

Endorsement for SARTs.

IV. Open Forum (3–5 minute limit per speaker)

- » What are the problems with the response to sexual violence?
- » What are the consequences?
- » Who is affected?
- » How are they affected (e.g., physically, economically, emotionally, spiritually)?
- » How can victim advocates, health care, and legal professionals help? What other community agencies would help?
- » What services would help victims over the long term?

V. Closing Remarks

Summary of comments and next steps.

Compile Data Reports

The interpretation of interagency statistical data, community needs assessment surveys, victim surveys, focus group findings, and town meetings goes beyond simply tabulating the results. The data need to be evaluated to determine what the results mean, patterns that occur, and your SART's proposed next steps. Summarizing the data by writing an executive summary and comprehensive report will help you capture a broad scope of issues. The data report can be organized into sections:

- » Briefing: A compilation of data.
- » Executive summary: Conclusions regarding the data.
- » Recommendations: The SART's action steps.

Reports are rarely read cover to cover, so it is important to start with the most important information. You also need to explain what is known that was not known before and how the new information will help improve your multidisciplinary response. To enhance your report's credibility, list any limitations of the findings or alternative explanations for them.

Facilitation Tips

- » Ask an opening question—either a very general question about violence or a specific question about sexual assault.
- » Summarize what you think you have heard and ask if the group agrees.
- » Rephrase participant's questions.
- » Ask probing questions.
- » Make eye contact with each member in the group, especially with those who may not have spoken.
- » When all questions have been asked, and before the group ends, ask if anyone has any other comments to make. This strategy can be useful in gathering other opinions that have not yet been voiced.
- » Tell the members about any next steps that will occur.

Source: Work Group for Community Health and Development, "Conducting Focus Groups," The Community Toolbox.

DEVELOPE A SART

Create a Strategic Plan

Strategic planning is an organizational blueprint you can use to create a uniform vision and purpose that is shared by all SART members. The fundamental benefits of a strategic plan? You can use it to improve the quality of victim services you provide, set priorities, and determine the best direction for the SART's future. The plan is ultimately a set of decisions about what to do, why to do it, how to do it, and who will do it.

Strategic planning implies that some organizational decisions and actions are more important than others—and that much of the strategy lies in making the tough decisions about what is most important to achieving success. The process itself, however, promotes communication by bringing together multidisciplinary agencies with a common goal. Although there may be difficult discussions, strategic planning accommodates differing interests and values in the decision making process.

As with any other organizational tool, you can do a little planning or a lot of planning. You'll know you have planned enough when team members understand and have consensus about the SART's direction and action steps. However, strategic planning doesn't necessarily end once the first plan is developed. Although strategic planning takes a long-range approach, it helps you determine progress, assess the validity of the plan, and make adjustments based on changing circumstances and emerging opportunities. Ultimately, a strategic plan is essential for enhanced service delivery and continued funding support.

Strategic- versus Long-Range Planning

Strategic planning assumes that a team must be responsive to a dynamic, changing environment.

Long-range planning assumes that current knowledge is sufficiently reliable to ensure a plan's reliability over the duration of its implementation.

You can create a strategic plan at any point of SART development, whether you are forming a team or have a team already established.¹ First, assess the current response to sexual violence (see Collect Data for more information). Then, begin the strategic planning process:

- » Create the SART's vision and mission statements.
- » Develop goals and objectives.
- » Develop protocols to institutionalize the SART's objectives.

Vision and Mission

Vision statements help define what your SART will be, how it can perform, and what it intends to do. For example, the vision statement of the New Mexico SANE Task Force is to have those affected by sexual violence receive consistent and quality medical treatment and forensic service from providers who meet the fundamental qualifications and training in the State of New Mexico.² Likewise, each agency or organization within a SART may have its own vision statement. Finding common ground among multidisciplinary vision statements will help you define a new collaborative identity.

Your vision statement should be compelling and should convey your SART's desired future. The statement should be positive, in the present tense, brief enough to be memorable, realistic, credible, uniquely descriptive, easily communicated and understood, specific in purpose, a guide to action, and consistent with SART core values.

Vision statements that work combine four elements:

- » They are grand, they excite and inspire, and they are presented with credible commitment. People want to be inspired and feel good about where they are heading.
- » They are within grasp—doable within a set time—while challenging people to work hard. People rise to challenges when they believe they can succeed.
- » They are backed with funding and other support for the SART. Resources exist (e.g., sufficient money, willpower, and capacity) to fuel the work necessary to succeed.
- » They can be expressed succinctly. People respond to memorable ideas.

Mission statements are similar to vision statements, but they're more concrete and action oriented. For example, here is the mission statement of the DC Rape Crisis Center:

The DC Rape Crisis Center is dedicated to creating a world free of sexual violence. The Center works for social change through community outreach, education, and legal and public policy initiatives. It helps survivors and their families heal from the aftermath of sexual violence through crisis intervention, counseling and advocacy.

Committed to the belief that all forms of oppression are linked, the Center values accessibility, cultural diversity and the empowerment of women and children.

Understanding that there are unpredictable circumstances that can affect progress, you can make your mission statement a roadmap and operational standard for your SART's purposes. When creating your mission statement, ask yourself the following: "If the SART were to do one thing that would have the most positive impact, what would that thing be?" Other considerations include —

- » Does the mission statement clearly state how, why, what, and to whom the SART will respond?
- » Does it state why the SART is important?
- » Is the mission broad enough that all agencies on the team can see how they can contribute?
- » Is the mission something that would rarely change?
- » Will the mission make sense to the community?

For example, Cuyahoga County's SART developed guiding principles for pursuing its mission and vision:³

- » Provide equal access to services for all individuals who have been sexually assaulted regardless of race, ethnicity, gender, sexual orientation, income, ability, language, age, religion, or other personal characteristics.
- » Develop and maintain professional relationships through respectful communication and cross-disciplinary education among team members.
- » Educate professionals within the health, social, and justice systems and the community at large to overcome the silence and stigma surrounding sexual assault.
- » Establish and implement countywide standards of practice to ensure consistent responses from providers who will be held accountable to the standards.

- » Inform individuals about their rights and choices with regard to health care, social services, and the justice system.

Defining Core Values

A crucial first step in developing a SART is defining mutually agreeable core values that can act as a filter for team decisions. For example, team values could include the following:¹

- » Upholding victims' privacy and confidentiality.
- » Honoring cultural, physical, mental, emotional, and language needs of victims.
- » Committing to sexual assault prevention education.
- » Valuing victims' voices within the criminal justice system.
- » Remaining professional and innovative.
- » Working openly and collaboratively.
- » Treating everyone with respect.
- » Working to improve the response to sexual violence at the individual and systemic levels.
- » When developing your vision and mission statements, consider defining your team's core values as well.

¹ Sexual and Wife Assault Project, 2002, Halton Community Response Protocols for Sexual Assault and Domestic Violence.

Goals and Objectives

Goals provide a framework for more detailed levels of planning. Objectives, on the other hand, are specific, quantifiable, and time-bound statements of tasks you want to accomplish or results you want to achieve. This section reviews —

- » Goals
- » Objectives
- » Action plan
- » Logic model

Goals

Goals are more specific than mission statements. They can be set at a local, regional, institutional, state, territory, tribal, or campus level. State, territory, and military goals generally represent a broad strategic SART direction, whereas local, campus, tribal, or regional SARTs normally are more jurisdictionally specific.

One of the most important questions to address in creating goals is “Will the goals support the SART’s vision and mission?” In addition, you also may want to address priorities synthesized from community needs assessment surveys. (See Collect Data in this toolkit for more information about surveys.)

Goals encompass a relatively long period—at least 3 years or more—or have no stated time period. They should address gaps between the current and desired level of service. According to the Strategic Planning Toolkit, goals and objectives are often used interchangeably, but they are different:⁴

Objectives

The crux of writing realistic objectives is learning what changes need to happen to fulfill your mission. It is generally best to start with objectives that have short-term action steps that are attainable and tangible. This strategy gives you early and positive results from which to build your SART’s next steps. Objectives should be⁵ —

- » Specific: Objectives should reflect specific, desired accomplishments. They need to be detailed and compatible with sexual assault response policies, protocols, and state, local, tribal, or military ordinances and statutes.
- » Measurable: Objectives must be measurable so that SARTs can determine when they have been accomplished.

- » Achievable: Objectives are standards for achievement. They may be challenging, but they should not demand the impossible.
- » Relevant: Objectives need to specify a result; for example, “provide private waiting areas for victims at exam sites.”
- » Timed: Objectives need to specify a relatively short timeframe—from a few weeks to no more than a year.
- » Challenging: Objectives stretch the SART to make significant improvements.

When developing your objectives, include problems to be resolved within social, legal, economic, political, and policy contexts. In other words, brainstorm what is currently being done to address sexual violence and by whom and whether there are recent events or social or economic trends and policy shifts that could affect your objectives. In addition, consider past efforts to respond to the same or closely related needs, the consequences and lessons learned from those efforts, and what additional knowledge is needed to proceed successfully. For example, are there innovative practices in other jurisdictions that are relevant to your objectives? To what extent could you adapt and incorporate them into your own?

Setting attainable objectives requires a system that you can follow to prioritize them. To start, consider using the following below.

You also may want to consider completing a self-assessment grid—a tool that allows you to score organizations on their organizational capacity, determining where they are strong and where they need work. In other words, the grid can help you identify infrastructures that support your objectives, thereby enabling you to identify those objectives that are most feasibly accomplished.

Goals	Objectives
Are broad.	Are narrow.
Include general intentions.	Are precise.
Are intangible.	Are tangible.
Are abstract.	Are concrete.
Are not tied to a timeframe.	Are always tied to a timeframe.

Priority	Priority Rationale
Must Do	Objectives that are important and feasible.
Important to Try.	Objectives that are important but will be difficult to accomplish.
Easy to Do	Objectives that are easy to accomplish but may not be very important. Making these objectives a priority provides speedy benchmarks for success.
Last Resort	Objectives of low importance that are difficult to complete.

Action Plan

Action plans lay out the main steps in carrying out a specific objective. In addition to the steps, action plans can include the responsible persons, completion dates, and resources required. Your plan also should document potential barriers and potential allies to engage so that you can address challenges proactively.

Action Step	Persons Responsible	Date Completed	Resources Required	Potential Barriers or Resistance	Collaborators
What will happen?	Who will do what?	Timing of each step	Resources and support (what is needed and what is available)	Individuals or agencies that may oppose the plan	Who else should know about or be involved in this action?

A sample action plan showing the mission, goal, and two objectives follows:

Mission: To ensure the coordination of a consistent, competent, respectful, victim-centered response to sexual violence.

Goal: To promote collaborative partnerships.

Objective 1: Establish a SART composed of an investigator, prosecutor, health care professional, forensic laboratory specialist, victim advocate, and civil legal attorney.

Action Step	Responsible	Date Completed	Resources	Barrier	Collaborators
Set an introductory SART meeting time and location.					
Invite potential team members.					
Host introductory team meeting.					
Obtain commitment from members.					
Decide future meeting times.					
Develop vision and mission statements.					
Develop core team values.					
Define team members' roles and responsibilities.					

Objective 2: Develop multidisciplinary protocols. (For more information, see Protocols in this section.)

Action Step	Responsible	Date Completed	Resources	Barrier	Collaborators
Determine which problems or barriers impede victim participation in the criminal justice system.					
Obtain statistics - the rate and types of sexual violence.					
Compile records of existing resources.					
Survey victims and the community.					
Write a report from survey data.					
Identify which policies, procedures, or laws need to be changed or introduced.					
Identify and prioritize issues to address.					
Complete role and responsibility matrix for each agency.					
Create a SART protocol based on roles and responsibilities.					
Create written interagency agreements (memorandums of understanding or agreement).					
Train agency staff on SART protocols and guidelines.					
Monitor implementation of protocols.					
Evaluate effectiveness of protocols.					

Logic Model

Once teams have defined and prioritized their goals and objectives, the next step is the construction of a logic model—a way of thinking that links your SART’s activities to the outcomes you hope to achieve.

Logic models help you define⁶ —

- » Your vision and goals.
- » Steps (activities) you need to take to achieve your goals.
- » Whether the steps will lead to desired outcomes.
- » Which indicators (e.g., number of cases) will help you track the degree to which you are taking intended actions (process evaluation) and which indicators (e.g., victim satisfaction) will track team goals (outcome evaluation).

Although you should develop your logic model when you first plan your SART, know that it isn’t static or detached from ongoing SART activities; you also can use it for focusing evaluation efforts. (See Monitor and Evaluate Your Efforts in this toolkit for more information about evaluation.)

Generally, it is easiest to work backwards. Once you define desired outcomes, you can identify activities that are needed to achieve them. Once you identify activities (outputs), you can determine which resources (inputs) are needed to develop and implement them.

Inputs are resources dedicated to the program. Examples are money, staff and staff time, volunteers and volunteer time, facilities, equipment, and supplies.

Outputs are the direct products of program activities and usually are measured in terms of the volume of work accomplished. For example, the numbers of community referrals, medical forensic exams, and cases investigated and prosecuted.

Outcomes are benefits to victims and the criminal justice system based on coordinated service delivery. For example, victims may be more willing to assist with the investigation and prosecution of their cases because their practical, emotional, psychological, social, and economic needs are prioritized.

When creating a logic model, ask yourself the following questions:

- » **What is the problem or challenge we are trying to address?** Beginning by identifying problems or challenges will help to ensure that everyone on the team is on the same page.
- » **What long-term outcomes do we hope to**

achieve? Long-term outcomes are what you hope to ultimately achieve—in other words, your SART’s vision.

- » **What short-term outcomes may lead to these long-term outcomes?** Short-term outcomes prepare you to achieve your vision.
- » **Which activities will help us achieve outcomes?** The activities must be specific.
- » **Are we working on assumptions?** Any time an arrow is drawn from one box to another (e.g., from an activity to an outcome) it suggests that the one leads to another. Make sure your activities will lead to your desired outcomes. For example, will increased community networking really lead to more victim-centered responses? Discuss how you reach any conclusions and whether evidence supports them.
- » **What will the focus of our evaluation be?** Identify indicators for each outcome. Indicators are areas of change that help to identify the degree of your SART’s impact. They should be measurable, clearly defined, and accessible. For example, you may want to assess if team meetings promote increased knowledge of community resources. One indicator is that team members report increased knowledge of available community resources. Another potential indicator is that referrals to community resources have increased. In addition, consider if data needed to measure outcomes are currently being collected or are available. If not, are there cost-effective instruments available? (See Monitor and Evaluate Your Efforts in this toolkit for information about evaluating your SART.)

The Right Tool

Enhancing Program Performance with Logic Models: Logic Model Basics Teaches users the basics of logic models.

Logic Model Builder Takes users through the process of developing a customized logic model (requires user to establish an account).

Logic Model Worksheet Allows users to chart inputs, outputs, and outcomes.

Sample SART Logic Model

Goal: Increase interagency communication to ensure more consistent, victim-centered responses.

Objective: Develop a responsibility matrix to coordinate medical, legal, and advocacy responses.

INPUTS

Document medical, legal, and advocacy (primary and secondary) responsibilities in responding to sexual assault victims.



OUTPUTS

Ask each agency on the SART to verify and document its responsibilities when responding to victims. Create an interagency responsibility matrix and share it with SART agencies and allied agencies to ensure they understand the SART process.



OUTCOMES

Initial

- A. SART members are knowledgeable about specific roles and responsibilities of team members.
- B. Community organizations, educational institutions, and medical facilities are prepared to provide referrals to SART agencies.



Intermediate

- A. Develop or revise SART protocols or guidelines based on cross-system responsibilities in responding to victims.
- B. Follow response protocols to ensure seamless delivery of services, regardless of which agency that victims initially contact.



Long-term

- A. Revise protocols based on emerging medical, legal, and advocacy issues.
- B. Support victims immediately after disclosure and ensure that they receive services for as long as needed.

Protocols

SART protocols (or guidelines) are an agreement between agencies about the provision of sexual assault services and the roles and responsibilities of core responders in providing those services. Ultimately, protocols allow you to institutionalize interagency roles and responsibilities to maintain high-quality, consistent responses over the long term.

Comprehensive protocols can⁷ —

- » Alleviate barriers and historical misunderstandings.
- » Maintain momentum during staff transitions.
- » Clearly illustrate the role of each agency or service in responding to victims of sexual assault.
- » Promote policies designed to reach underserved or unserved populations.
- » Foster interagency communication.
- » Enhance multidisciplinary working relationships.
- » Educate the community at large on the issue of sexual assault.
- » Provide quality control mechanisms for service delivery.
- » Provide parameters for resolving emerging issues.

Protocol Basics

Protocols are working documents that provide direction to sexual assault responders to ensure that they consider victims' wishes and requests and maintain the quality and integrity of evidence. A number of issues must be addressed in every protocol, such as definitions of basic terms, procedures for key personnel, storage and transport of evidence, response checklists (including activation procedures and agency referrals), and important instructions for victims (e.g., the importance of not eating, drinking, urinating, bathing, or showering until the forensic medical examination is performed).

Your work is not complete when your protocol is written. The protocol, per se, is not so much a final product as it is a blueprint that will change and grow as more information becomes available.⁸

Determining Responsibilities

SART protocol development requires each agency on your SART to customize its sexual assault protocols or guidelines to fit into a multidisciplinary, coordinated response. Because interagency response systems differ, a SART responsibility matrix can help team members organize their roles and responsibilities to facilitate an integrated protocol for the team.

What is a responsibility matrix? It's a tool you can develop that quickly shows all team members what their roles are and what other team members' roles are, organized by the service provided. One example is the Minnesota Model Sexual Assault Response Protocol. The matrix does not represent all the steps involved in the handling of every sexual assault case; to remain manageable, it lists tasks that directly involve or affect victims or have considerable implications for the team. You can use this matrix as a guide, but you will need to customize it to fit your SART's needs and also should update the matrix periodically to account for any changes taking place in your jurisdiction (e.g., changes in the law, technology, nature of crime).

Sample Protocols

One example of a protocol is A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents. Although limited to the forensic medical response following sexual assault, the protocol underscores the importance of multidisciplinary roles and responsibilities.

Being Flexible

You will need to balance the need for structure and certainty with a system that allows for flexibility based on victims' specific needs and case variables. For example, once policies are written, there could be legal or procedural repercussions when procedures are not followed, no matter how compelling the reason.

To offset this potential problem, some teams refrain from using the term protocol and write their policies as guidelines to minimize legal repercussions when policies are not followed.

Following Statutes

Some teams develop protocols for each judicial district as mandated by statute. For example, Georgia Statute 15-24-2 mandates the formation of a sexual assault protocol committee, stipulates who will serve on the committee, and governs the frequency of meetings. The statute states that the protocol shall be a written document outlining in detail the procedures used for investigating, collecting evidence, paying for expenses related to evidence collection, and prosecuting cases arising from alleged sexual assault. Once the protocol is written, the protocol committee continues to meet at least annually to evaluate the effectiveness of the protocol and appropriately modify and update it. The statute further states that a failure by an agency to follow the protocol shall not constitute an affirmative or other defense to prosecution of a sexual assault, nor shall a failure by an agency to follow the protocol give rise to a civil cause of action.

Multidisciplinary Issues

When developing your protocol, you'll need to consider optimal responses from the agencies or organizations that victims will likely contact in the aftermath of sexual violence, and you should address specific needs proactively. For example, how will your response be different if victims choose not to report the sexual assault? How will you address the specific needs of victims with limited English proficiency, victims with disabilities, victims who are intoxicated or drugged prior to the assault, or victims who are assaulted by intimate partners?

Advocates

- » Who will provide which services and when? How will advocates be dispatched? Are there jurisdictional issues to consider?
- » For advocates within the criminal justice system, when does their role begin and end? What is their role if the case is not pursued within the criminal justice system?
- » How will advocates observe confidentiality rules (e.g., during team meetings or case reviews)?
- » How will you ensure that all team members understand their roles and boundaries?
- » How will advocates prioritize the needs of the victim, medical personnel, law enforcement, and prosecutors?
- » How will victims who do not want to report their assaults access advocates?
- » If a victim does not choose to report but wants the perpetrator identified to law enforcement, can you accommodate the request?

- » Should advocates respond to secondary victims (e.g., family, friends)?

Medical/Forensic Officials

- » What is the current medical response to sexual assault in your jurisdiction?
- » Is your response as effective as it needs to be? Why or why not?
- » Who attends to sexual assault victims, and what do they do (e.g., physician assistants, emergency medical technicians, family nurse practitioners)?
- » What is the timeframe for performing exams?
- » Would involving a trained sexual assault nurse examiner improve your response? How would it benefit the victim?
- » How will you ensure adequate medical followup?
- » Are exam facilities accessible, private, and available 24/7?
- » How does the forensic evidence collected by a sexual assault nurse examiner fit into the larger evidence collection context?

Law Enforcement

- » Are patrol officers trained in responding to sexual violence?
- » What are the specific roles of dispatch? Patrol officers? Detectives? Law enforcement supervisors?
- » Is there a best practice when it comes to the initial victim interview? Followup interviews?
- » How many interviews are usually sufficient? Who conducts each interview? Is there an ideal place to conduct followup interviews?
- » Can advocates be present during interviews?
- » Which types of evidence should always be collected, and which types should depend on the circumstances of the sexual assault?
- » Is there a role in the evidence collection process for taped phone calls between victims and (known) perpetrators (pretext calls)? Will pretext calls be done at the instigation of the police or the district attorney's office?
- » When, where, and how will suspect exams be performed?
- » Is law enforcement routinely in contact with corrections regarding suspects who are under supervision?

- » What resources are available for victims and suspects with specific needs?

Prosecution

- » Are sexual assault cases difficult to prosecute? Why? What team procedures could enhance prosecution?
- » What should be included in an optimal investigation of sexual assault?
- » After law enforcement completes its investigation, how do prosecutors handle the need for additional investigation?
- » Are prosecutors trained in handling sexual assault cases?
- » Should the district attorney's office review every sexual assault case reported to any law enforcement agency in the jurisdiction?
- » How do prosecutors determine whether to prosecute sexual assault cases? For example, are cases selected because there is evidence beyond a reasonable doubt or because of community safety or victim impact?
- » Would it be helpful to have specialized sexual assault units in the prosecutor's office?
- » How do prosecutors inform victims when their cases do not go forward?
- » When should the prosecutor contact the victim directly? When does a prosecutor-based victim/witness assistant contact victims?

Vulnerable Populations

- » Which characteristics define vulnerability?
- » Which populations are considered vulnerable in your community?
- » Which individuals are least likely to be believed if they disclose sexual assault?
- » What available resources will assist in the investigation, support, and prosecution of cases involving vulnerable victims?
- » When must sexual assault against vulnerable adults be reported to authorities? Which agencies investigate and protect vulnerable populations?

Cultural Considerations

- » What is already in place within SART member agencies to promote cultural competence? How can you more effectively use what is already in place?

- » How can you ensure that your SART's sexual assault responses meet the needs of specific populations?

- » Are there special training needs to meet?
- » In what ways do you need to consider cultural issues when responding to victims' families?
- » What would an ideal sexual assault response be for a non-English speaking survivor? Someone who is undocumented? An exchange student? Lesbian, gay, transgender, or bisexual victims?

Formal Endorsement

Interagency agreements, also called memorandums of understanding (MOUs) or memorandums of agreement (MOAs), do not replace agency policy—they memorialize collaborative guidelines. For example, the U.S. Department of Defense directs military installations in the United States (and overseas, where appropriate) to establish a formal MOU with local community service providers and other military services to¹⁰ —

- » Enhance information sharing concerning investigations, arrests, and prosecutions of reported sexual assault cases.
- » Improve the response to sexual assault victims.
- » Collaborate with local community crisis counseling centers and coordinate services that may not be available on military installations.
- » Coordinate medical and counseling services between military installations and/or deployed units.

A sample MOU is attached to this document (Appendix B).

Training

Training is a crucial part of the protocol adoption process that ensures each agency and organization understands how the protocol affects it. You'll need to decide what training is needed, who should receive training (specific to each position in each agency), how much training is needed, and how the training can be evaluated.¹¹

Your training program can cover SART activation, community resources, victims' rights, legal requirements, medical responses, advocacy responses, investigative strategies and procedures, multicultural

responses, court procedures, and victim support. These are just a few of the areas in which team members should receive training. Training in every area should include a balance between system requirements and victim-centered activities.

Here are a few tips about setting up a training program:

- » To offset the cost, you may decide to seek grant funding.
- » Service providers will need to be trained specific to their responsibilities as identified in the protocol.
- » Make the training flexible enough to meet the varying knowledge and skill levels of all trainees.
- » When you schedule trainings, make sure to accommodate variable work hours and shifts to ensure that all responders can attend.

Monitoring

Because protocol development and revision are an ongoing, dynamic process, monitoring allows you to assess the need for policy adjustments. To help with the process, consider the following questions as a springboard to determine your protocol's challenges and successes:

- » Is the protocol consistently followed?
- » Has the protocol benefited the advocacy, medical, and legal response to sexual violence? How?
- » How are team members using the protocol?
- » Where, when, and why do agencies deviate from the protocol? Do certain trends need to be addressed?
- » Are there emerging issues not previously considered (statutory changes or technological and scientific advances in evidence collection)?

Monitoring protocol implementation is critical to an effective team response. For example, if a particular response is consistently not executed, it will be difficult to evaluate the SART's effectiveness. The point is not to hinder innovation that can improve the response, but to recognize that the effectiveness of a coordinated response is based on the consistent follow-through of endorsed principles and policies. In other words, deviations from the response cannot help to improve the response if they are not understood and ultimately supported by the whole team.

Methods for monitoring protocol implementation can take many forms. Some teams use completed checklists, a review of records or cases, and self-reporting from responding team members to determine the level to which the protocol is being implemented. Others incorporate anonymous victim experience surveys into their assessment process. To be successful, the monitoring plan should be connected to short-term and long-range goals for improving the response. For example, if teams believe that early disclosure will result in victims getting more of their needs addressed, a monitoring plan may underscore the initial, acute response to sexual violence.

Evaluation

Evaluating protocol implementation can help you understand how well the protocol facilitates the team's goals and objectives. Traditional measures of success in the criminal justice system (e.g., conviction rates, clearance rates, arrest statistics) only tell part of the story. You also must evaluate the team's effectiveness in meeting victims' needs.

Consider the following questions:¹²

- » What do we want to know from our evaluation?
- » Which data should we collect as part of our SART response?
- » How will we elicit feedback from victims and responders?
- » What would be the benefits or drawbacks in having a case review system?
- » What process will we use to collect feedback?
- » Who will evaluate the information received?
- » How often should we evaluate our SART?
- » Are sexual assault victims more satisfied with their treatment now than they were before the protocol was developed?
- » Does the coordinated involvement of different responders (e.g., advocates, law enforcement) result in better performance from all responders?

DEVELOPE A SART

Determine Communication Standards

Determine Communication Standards

The way SART team members communicate with each other and with victims plays a large part in providing effective victim services. While other sections in this toolkit have briefly described communication issues, this section reviews those issues in more detail, covering —

- » Shared language
- » Ethics
- » Confidentiality

Shared Language

If language creates reality, and words define real life experiences, then how we choose words and use language has great influence.¹

Individuals who have been sexually assaulted are often defined by service providers according to their professional relationship. For example, for medical and nursing personnel, the person is a patient. For a social worker or counselor, he or she is a client. The police and prosecuting attorney's office interact with victims and witnesses. Rape crisis staff provide services to victims and survivors.²

This section reviews how to —

- » Consider the impact of your words.
- » Develop common definitions.

Consider the Impact of Your Words

You need to be especially attentive about language used in the health care and justice systems. Victims turn to these places for help, healing, and fairness. Every single word and phrase has vital consequences for restoring victims' trust and well-being. For this reason, it is not only important both to know and understand the language of each other's disciplines, but to create a shared SART language accepted by all participating agencies.

For example, one forensic nurse has stated, "The choice of words can make a big difference in the forensic medical exam report, especially in court." The nurse stated that she learned about the importance of language the hard way—the first time she testified in court. The defense attorney tried to discredit the victim because the nurse had documented "patient refused" for a procedure that many other jurisdictions no longer consider important. The nurse learned that in the future it would be better to document "patient declined" on the forensic medical exam form.³

Develop Common Definitions

You can facilitate better interagency communication by establishing common definitions for technical words. One way to create a shared language is for SART members to discuss their roles and responsibilities, giving them an opportunity to ask questions and clarify procedures. Another way to shape a common language is by developing SART protocols or guidelines, in which terms are defined and easily understood. Documenting a shared language may also mean developing a list of frequently used acronyms to ensure that all SART members understand abbreviated language used in interagency work.

Each SART is governed by statutory definitions, protocol terms, and agency-specific terminology. The following list should help you institutionalize frequently used words to ensure the words and definitions are understood and used consistently across disciplines as they refer to the response to sexual assault. The list, adapted from one developed by the Centers for Disease Control and Prevention,⁴ is simply a guide, a starting place, as you develop a multidisciplinary, shared language specific to your jurisdiction.

Consent: Freely given agreement to have sexual intercourse or sexual contact as indicated by words or overt actions by a person legally and functionally competent.

Disability: The Americans with Disabilities Act (ADA) has a three-part definition of disability. An individual with a disability is a person who has a physical or mental impairment that substantially limits one or more major life activities, or has a record of such an impairment, or is regarded as having such an impairment. ADA defines physical impairment as "any physiological disorder or

condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.” ADA does not list all the diseases or conditions that are covered because it is impossible to document every possible impairment.

Friend/acquaintance: Someone victims know but who is not (currently or previously) related by blood or marriage. Friends/acquaintances could include coworkers, neighbors, dates, former dates, or roommates (not an exhaustive list).

Inability to consent: An inability to freely agree to have sexual contact or sexual intercourse due to age, illness, disability, or being asleep, unconscious, or under the influence of alcohol or other drugs.

Inability to refuse: Sexual contact was not refused because of the use of weapons or due to physical violence, threats of physical violence, real or perceived coercion, intimidation, or pressure or misuse of authority.

Incident: A single act or series of acts of sexual violence that are connected to one another. The incident could persist over a period of minutes, hours, or days. One perpetrator or multiple perpetrators may be involved.

Intimate partner: Current or former spouse, boyfriend, or girlfriend. Intimate partners may or may not be cohabiting and may not have existing sexual relationships.

Mental health care: Individual or group care by credentialed or licensed psychiatrists, psychologists, social workers, or other counselors who work with mental health issues. This definition could include pastoral counseling if such counseling is specifically related to the mental health of the victim.

Non-contact sexual abuse: Non-contact sexual abuse can include voyeurism, exhibitionism, pornography, sexual harassment, or taking nude photographs of a sexual nature of another person without his or her legal consent or knowledge.

Non-stranger: Non-strangers might include guards, maintenance people, clerks, and others who are known to the victim but who are not friends, acquaintances, or former or current intimate partners.

Person in position of power or trust: This category involves offenders who have power or authority over victims. Persons in position of power and trust could include teachers, caregivers, religious leaders, coaches, health care professionals, or employers (not an exhaustive list).

Physical evidence collection: Physical evidence can include hairs, fibers, or specimens of body fluids from a victim’s body or garments or other tangible evidence that may aid in the identification and prosecution of perpetrators.

Psychological functioning: The intellectual, mental health, emotional, behavioral, or social functioning of victims. Changes in psychological functioning can be either temporary (180 days or less) or chronic (greater than 180 days). Examples of changes in psychological functioning include increases in or development of anxiety, depression, insomnia, eating disorders, posttraumatic stress disorder, dissociation, inattention, memory impairment, self-medication, self-mutilation, sexual dysfunction, and attempted or completed suicide.

Residential institution: This type of setting includes nursing homes, college campuses, retirement homes, military barracks, or jails and prisons. Victims may reside at these settings. Perpetrators may have access to these institutions (e.g., by being an employee).

Secondary responders: Agencies and organizations positioned to respond to victims of sexual assault after an initial intervention. Individuals considered secondary responders may include probation and parole officers, faith-based personnel, correctional officers, civil attorneys, and teachers or professors (not an exhaustive list).

Sex act (or sexual act): Contact between the penis and the vulva or the penis and the anus involving penetration, however slight; contact between the mouth and the penis, vulva, or anus; or penetration of the anal or genital opening of another person by a hand, finger, or other object.

Sexual assault: Intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person without his or her consent, or of a person who is unable to consent or refuse.

Substance abuse treatment: Any treatment related to alcohol or other drug use, abuse, or dependence.

Ethics

According to A Program Manual for Child Death Review, which contains a chapter on ethical dilemmas faced by teams, “ethics is commonly defined as a set of moral principles or a system of moral values that govern an individual or group.”⁵ Ethical codes also provide boundaries that keep relationships between victims and responders appropriate (e.g., SART members should not give victims their home phone numbers or personal histories or invite them out for purely social engagements).

Multidisciplinary ethics affect all SART members because decisions made by one discipline affect other disciplines. For example, a bilingual advocate who is supporting a victim during a detective’s interview may conclude that an interpreter’s translation is incorrect; yet the advocate’s role is not to participate in the interview or translate for the victim. This situation could cause a dilemma for the advocate (to speak or not to speak) and could affect criminal justice proceedings. Discussing possible ethical situations beforehand (e.g., during team meetings) can help ensure that interagency roles are understood, even in exceptional situations.

This section reviews —

- » SART code of ethics
- » Ethics and the law
- » Ethical communication

SART Code of Ethics

The dignity and healing of victims depends on the respect and assistance extended to them by professionals. To establish a victim-centered response, you should understand the codes of ethics governing advocates and medical and legal responders and work to develop a standard of ethical principles for the team itself. Use the following list as a catalyst for customizing SART standards when responding to victims or working with team members and allied professionals:⁶

- » SART Ethical Principles for Responding to Victims
 - Maintain proficiency in the delivery of services through continuing education.
 - Provide accessible services to victims, including services that are culturally sensitive.
 - Report any conflict of interest that prevents delivering competent services to victims.
 - Respect and protect victims’ rights.

- Respect privacy and confidentiality.
- » SART Ethical Principles for Working With Colleagues, Other Professionals, and the Public
 - Respect others.
 - Seek appropriate methods for addressing conflict with colleagues that will model constructive conflict resolution.
 - Help those who are new to the field to promote consistent quality in the response to sexual violence.
 - Promote crime and violence prevention.

Ethics and the Law

Sometimes the relationship between ethics and what the law requires may not be the same or may not be clearly distinguished. While closely related, ethical responsibilities usually exceed legal duties and too often we may observe that what may be legal, may not necessarily be ethical.⁷

Consider the following ethical dilemmas to determine the best responses for your jurisdiction. What if —

- » In a spousal rape case, the victim meets with the detective and recants her original report of the rape. Case evidence supports the victim’s initial version of events, not the recantation. What should the prosecutor do? What is the role of the victim advocate in this situation?
- » A landlord hired a convicted sex offender who raped a tenant. During a case review, it becomes clear that the landlord had a duty to warn the victim about a foreseeable risk. Should SART members notify the victim of a tort liability when the civil case could have an impact on the criminal case?
- » A victim declines the forensic exam after being transported to the hospital for fear his or her recreational drug use will be detected. Should primary responders assure the victim that he or she has nothing to worry about? The victim is also terrified that the attacker will harm him or her if the sexual assault is reported. Law enforcement knows the suspect is dangerous and wants to apprehend him. Should team members pressure the victim to report by emphasizing the dire public safety issues at stake?

Ethical Communication

Many times, dilemmas arise because SART members think the best action is immediate action. However, immediate action may not always be the best

solution. Consider, for example, that during a case review, an advocate realizes the victim had a crucial piece of evidence and it is clear that law enforcement is unaware of the evidence. The advocate could reason that because the victim is cooperating with the police, the information could be shared without a confidentiality waiver. However, instead of making an either/or decision (to speak or not to speak), the advocate might consider contacting the victim to obtain a waiver or encourage the victim to contact police.

Or, what if —

- » Following law enforcement's press release of an arrest involving sexual assault in a suburban hospital facility, additional victims have come forward, presenting new allegations of sexual assault against a hospital employee. The community is beginning to panic and members of the press are approaching various SART representatives for interviews and information. How does the team determine who will speak to the media and what information will be released in a way that preserves victim confidentiality but also provides the community with information?
- » While informally discussing a case that has been referred for prosecution, two SART members discover that a conflicting piece of information exists. How should the team proceed?
- » A sexual assault forensic examiner is called out of the exam room, leaving the advocate and victim alone together with the evidence. This circumstance breaks the chain of custody, but the evidence was not tampered with. Should an advocate ignore the issue on the grounds that nobody would ever know?

Working through potential dilemmas proactively can minimize cross-disciplinary misunderstandings or ethical breaches. It is crucial for core SART members to understand ethical codes that govern each discipline and to work together as a team to create a shared ethical standard (e.g., how different disciplines, with different job responsibilities and varying degrees of confidentiality/privileged communications, can resolve issues).

Ethical situations that cause dilemmas generally have warning signs. When applying ethics to a crisis-related situation, take proactive measures whenever possible. For example, the following phrases signal a potential for a compromised ethical response that could ultimately affect criminal justice outcomes:⁸

- » "Well, maybe just this once . . ."
- » "No one will ever know . . ."
- » "Everyone does it . . ."

Personally Identifiable Information

The 2005 reauthorization of the Violence Against Women Act (Public Law 109-162) added a requirement related to nondisclosure of confidential or private information regarding services for victims. Under this provision, grantees and subgrantees using Office on Violence Against Women funds may not disclose personally identifying information about victims served without a written release, unless the disclosure of the information is required by a statute or court order. You may want to consider adopting similar confidentiality standards when developing your SART.

Personally identifying information means information for or about an individual, such as a first and last name, a home or other physical address, contact information, a social security number, date of birth, racial or ethnic background, religious affiliation, or any other information that, in combination with other information, could serve to identify an individual.

Confidentiality

Protecting victims of sexual violence requires understanding relevant privacy rules and regulations, evidentiary privileges and waivers, the unique status of individuals with disabilities or other protected classes of victims, and state and federal constitutional rights—including crime victims' rights amendments and statutes (see Victims' Rights in this toolkit).

Establish SART guidelines to protect victims' privacy. Inform victims of their privacy rights and the ways in which privacy may be compromised or privileged communication waived during civil or criminal litigation. In addition, let victims know the types of information that may be exposed and the roles of the advocate and attorney in protecting their privacy.

Whether your SART is just starting or has been established for years, you'll need to develop and regularly review your confidentiality policy. At a minimum, it should include⁹—

- » A policy section on the philosophy and rationale of confidentiality.
- » Policies on responding to subpoenas.
- » Clear policies on what information must be held confidential.
- » Policies that outline how and when victims' confidentiality is protected (including in support groups).
- » Policies that ensure victims give informed consent when privilege is waived.
- » Other confidentiality issues (e.g., HIPAA, use of interpreters, mandated reporting, advocates onsite, and confidentiality as it relates to different types of victims).
- » **Absolute diluted**—a privilege that was absolute by its promulgation, but later qualified by a court by allowing for an in camera (in chambers) review of the oral communication or the records. Generally, a court's reason for diluting an absolute privilege is a fear of depriving a defendant of due process rights.
- » **Qualified**—the privilege as written gives discretion to a judge or administrator to hold an in camera review to determine whether the information contained in the confidential communication will be used as evidence in the proceeding.

Absolute privileges allow for complete confidentiality and privacy (e.g., the information holder may never or almost never be required to testify or produce documents). More commonly, states have limited (absolute diluted) or qualified privileges, such that community-based service providers may be required to produce records and testimony for judicial inspection. The judge then decides what may or may not be publicly disclosed. Additionally, more than one privilege may apply (e.g., if the advocate is a social worker and rape crisis counselor, there may be statutory protections governing both roles). Hence, whether a confidential communication is privileged depends on the relationship between the parties and the circumstances under which the communication is made.

Confidential and Privileged Communications

Although the concepts of confidentiality and privileged communications overlap, they are not necessarily the same. For example, victims are entitled to confidentiality regardless of statutes governing privileged communications. Information that is confidential and kept out of public record, however, could be disclosed by court order, as there are no legal protections for confidential communications. On the other hand, information that is privileged may never be disclosed, unless the privilege has been waived or certain exceptions have been met.¹⁰

Confidential Communications

A confidential communication is one made with the expectation of privacy. Information that is confidential is private information that is not accessible to the general public. However, if confidential information is subpoenaed, it must generally be released unless it is privileged information. An example of a confidential communication might be when a victim tells a trusted coworker about a sexual assault that took place. This communication is made with the expectation of privacy. However, there is nothing to prevent the coworker from telling other people about the sexual assault. And, if the coworker were to be subpoenaed, he or she would have to answer questions.

Privileged Communications

Privileged communication is defined as statements made by people within protected relationships (e.g., husband and wife, attorney and client) that the law shelters from forced disclosure on the witness stand. Three general categories of privileges exist:¹¹

- » **Absolute**—protects any communication or record of communication between a victim and a qualifying service provider made in furtherance of psychological and emotional healing from examination by defendant or the court.
- » **Informed choice** is a voluntary, well-considered decision that an individual makes on the basis of options, information, and understanding. The decisionmaking process should result in a free and informed decision by the individual about whether he or she wants to proceed.
- » **Informed consent** is the communication between victim and provider that confirms that the victim has made an informed and voluntary choice to proceed. Informed consent can only be obtained after the victim has been informed about the process and other alternatives. Voluntary consent cannot be obtained by

means of duress, coercion, or misrepresentation. Regardless of the presence or absence of written documentation, informed consent requires providers to ensure that a victim has knowingly and voluntarily agreed to the process. Whether informed consent is written or verbal, however, it cannot replace the informed-choice process, which depends on the exchange of information between providers and victims.

Informed consent also requires that victims understand the implications of their choices, without feeling threatened. For example, if a victim declines a sexual assault medical forensic exam, the lack of physical evidence could negatively affect the prosecution of the case. Victims need to fully understand the benefits and disadvantages of their decisions so that they do not regret their decisions later.

SART Recordkeeping

Nonprofit organizations and government agencies may embrace technology without thoroughly understanding the unintended consequences that may arise from it. As data systems become increasingly interconnected, it is vital that SART organizations anticipate and minimize the potential for harm to victims. Essentially, you need to secure the confidentiality of all communications and minimize any data about victims that are collected, stored, and shared. In addition, because some victims will request assistance or advocacy online, it is critical to think proactively through all safety, confidentiality, and monitoring possibilities in connection with electronic communications.

Carefully balance the benefits of recording information against the possible harm that the information could cause the victim or the criminal case if the information were released. Consider written policies on recordkeeping based on guiding principles. In other words, you should always know why information is being kept (e.g., for funders, for the victim's benefit, for reference).

There are benefits and burdens to recordkeeping. Making decisions about what to record and what not to record is easier if you have some underlying principles to guide the process.¹³ You'll need to decide—

- » Who will have access to SART files.
- » Who will be the designated custodian of SART records.
- » What records will be kept following case reviews.
- » What process will be used to maintain and destroy files.

In addition, you'll need to develop policies for electronically stored records, such as the following:¹⁴

- » Choose passwords that are difficult or impossible to guess. Make the password at least eight characters long and use uppercase and lowercase characters, numbers, and punctuation.
- » Regularly back up critical data.
- » Use virus protection software.
- » Use a firewall as a gatekeeper between SART computers and the Internet.
- » Log off of the Internet after you're finished using it.
- » Use screensavers with password protection.
- » Physically secure computers (e.g., laptops should be secured, desktop PCs should not be publicly accessible).
- » Position screens to prevent inadvertent viewing.
- » Place servers in closed, properly ventilated rooms.
- » Encrypt data.
- » Do not e-mail victim-related information to anyone.

Unintentional Confidentiality Waivers

Some of the greatest threats to victims' confidentiality and privacy are subpoenas, the demand that crisis counseling records be produced in civil or criminal proceedings, mere slips of the tongue, media reports, victims' lack of informed consent when waiving confidentiality rights, and public records laws. Here are a few examples of how confidentiality breaches can happen:

- » A court subpoenas the records of a crisis center and requires testimony of the counselor without the victim's consent. The center believes it has no legal recourse to fight a subpoena.
- » In a hospital parking lot, an advocate and a sexual assault forensic nurse debrief about an exam they had been involved in, disclosing case details and using the victim's name within hearing distance of others.
- » Staff at a rape crisis center are meeting in the center's conference room and do not hear the landlord enter the building. They are discussing support services available for a victim. The landlord, attempting to be courteous, stands outside the conference room and hears every word spoken because he did not want to interrupt the meeting.

According to Confidentiality and Sexual Violence Survivors: A Toolkit for State Coalitions¹⁵ —

Many times, a victim waives her privileges without intending to do so. This is extremely significant because once a privilege is breached, it is often legally and practically impossible to remedy any harm that results from the breach. In addition, media access to information may become an issue. Generally, the media may use any information it obtains lawfully, even if someone else unlawfully or inadvertently disclosed it. . . . Therefore, it is vitally important for a victim to be fully advised about the various circumstances that may result in an inadvertent waiver. The most common situations include:

- » Multidisciplinary teams;
- » Allied professionals sharing information;
- » Insurance disclosures;
- » Pursuit of administrative benefits, such as social security or unemployment benefits; and
- » Parental/family member disclosure.

If there is a confidentiality waiver, is it a complete waiver as a matter of law or does the state, territory, campus, military, or tribal code and statute recognize partial or limited waivers? Are time limits specified on the waiver? May victims authorize professionals, each of whom has a privileged relationship with the victim, to communicate with one another without compromising the privilege?

Intentional Confidentiality Waivers

Victims can voluntarily waive their privileges, but you should alert them to the benefits and drawbacks of doing so. For example, a benefit could be that sharing information with others on the SART team could improve services and help pending investigations. On the other hand, victims may not be able to control the type or amount of information released or to whom it is released.¹⁶ For example —

- » Some or all of the records may be given to the defendant.
- » Some or all of the information may get introduced in court, depending on judges' rulings.
- » Advocates may be called to testify at trial.
- » Advocates' personal observations, beliefs, and opinions may be disclosed.
- » Trial testimony may be available to the public through the court clerk's office.

- » Information discussed during counseling sessions held after the waiver is signed may not be confidential.

In addition, although the victim can dictate what the center may voluntarily release, once the center does so, confidentiality is waived and, if a subpoena is served, all victim records and communications may be subject to release.¹⁷

In general, releases of information should be clear, concise, and limited to a specific purpose to be achieved; individually tailored to the needs of specific victims; and thoroughly reviewed with the victim.¹⁸ Consider including the following information:

- » Name of the agency or person permitted to share information.
- » Names of agencies or organizations to which disclosures will be made.
- » Name of the victim.
- » Purpose of the disclosure.
- » How much and what kind of information is to be disclosed.
- » The victim's signature.
- » The date the waiver was signed.
- » A statement that the confidentiality waiver can be revoked at any time except to the extent that your SART has already reviewed the case.
- » The date, event, or condition upon which the consent will expire if not previously revoked.

The most common situations in which victims intentionally waive privilege are when they¹⁹ —

- » **Report a crime:** Let victims know that if they want their attackers arrested and prosecuted, the medical forensic information will be released to law enforcement and prosecution. (Counseling and other private records are not, however, automatically subject to disclosure.)
- » **File a civil lawsuit:** Let victims know that it will be very difficult to control their privacy. If they file civil suits based on physical and emotional damages, their psychotherapist/counselor records may be made public.

When drafting confidentiality policies, carefully consider not allowing emergency verbal releases of information. Only in the rarest of circumstances should a victim be able to authorize a release of information by phone or by any means of communication that does not allow the victim to read and sign the release. If you do decide to allow verbal releases, stipulate the following safeguards in your policy:²⁰

- » Clearly document which emergency circumstances apply.
- » Make sure that other SART members witness and sign the release.
- » Make the scope of information to be released as narrow as possible.
- » Follow up the verbal release with a written one as soon as possible.

Open Records

Nearly every state has its own version of the Freedom of Information Act, some of which are referred to as open records, open meetings, open government, or sunshine laws. The laws may contain exemptions to disclosure that a victim may want to protect (e.g., exemptions specific to certain classes of victims, such as victims of sexual violence or minors).²¹ For example, Florida law requires that certain sex offense information remain confidential as long as the following conditions are met:²²

- » The victim is not already known in the community.
- » The victim has not voluntarily called public attention to the offense.
- » The victim's identity has not otherwise become a reasonable subject of public concern.
- » Disclosure would endanger the victim, cause mental or emotional harm, make the victim reluctant to testify, or otherwise be inappropriate.

Other Confidentiality Issues

HIPAA

The Health Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects the privacy and security of an individual's health data, particularly regarding the acquisition, use, and exchange of patient information. The rule poses some challenges for SARTs, however, when individuals are not clear on HIPAA exemptions and permissible disclosures.

Interpreters

Before using an interpreter to translate for victims, be aware of any confidentiality issues that may arise. Also be aware that finding an interpreter unknown to the victim may be a challenge, depending on the size of your jurisdiction. Review any local and state laws, rules, and procedures regarding the use of interpreters in your jurisdiction.

Mandated Reporting

In many cases we are able to protect the victim's privacy and allow the victim to determine who may have access to information about his/her reported assault. However, there are circumstance in accordance with Kentucky Revised Statutes that require notification to the Cabinet for Health and Family Services, and/or an appropriate law enforcement agency. Ensure all members of your SART are well versed in the mandatory reporting laws in Kentucky.

Kentucky's Open Records Act

Kentucky's Open Records Act allows the public to monitor how government agencies fulfill their duties. However, the ruling in *In re: Courier-Journal/Crime Victims Compensation Board (03-ORD-153)* held that the Crime Victims Compensation Board may refuse to disclose detailed information from certain police reports, sexual assault examination reports, and medical records related to a victim's post-assault suicide attempt, and acknowledged that "information is no less private simply because that information is available someplace."

Source: Kentucky Association of Sexual Assault Programs, *Responding to Sexual Violence: A Guide for Professionals in the Commonwealth*, 2007.

For more information: see *Your Duty Under the Law* published by the Office of the Attorney General. Provides an overview of provisions of the Open Records Act, KRS61.870 to 61.884.
http://ag.ky.gov/civil/orom/documents/yourdutyunderthelaw_708_.pdf

Advocates Onsite

Advocates may be employed at district attorney's offices, law enforcement agencies, or probation and parole departments in addition to community-based advocacy organizations. Where such arrangements exist, it is essential that the government-based agencies have a clear understanding of the different confidentiality and privilege responsibilities that apply to community-based advocates.

Read More

Confidentiality and Sexual Violence Survivors: A Toolkit for State Coalitions. Discusses the use of interpreters as it relates to confidentiality.

A National Code of Ethics for Interpreters in Health Care. Lists a code of ethics for interpreters in health care, developed by the National Council on Interpreting in Health

Types of Victims

Unique confidentiality issues may arise when serving specific victims. For example —

- » Victims in educational settings. Maintaining confidentiality on campus can be problematic. Students often live in such close proximity to each other that privacy is short lived. Jurisdictional issues also come into play (federal laws, state laws, school policies), as do several other factors (e.g., age of victim and attacker, relationship between victim and attacker). For more information, read —
 - Confidentiality and Sexual Violence Survivors: A Toolkit for State Coalitions.
 - Family Educational Right to Privacy Act, 20 U.S.C. § 1232g.
 - The Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, 20 U.S.C. § 1092(f).
 - Campus Sex Crimes Prevention Act, Public Law 106-386, § 160.
 - Foley Amendment (to the Campus Sex Crimes Prevention Act).
 - Rutgers University Confidentiality Guidelines.
- » Military victims. The Department of Defense offers unrestricted and restricted reporting options to military victims of sexual assault. Victims go through the unrestricted reporting channel when they want medical treatment, counseling, and an official investigation of the case. If a victim wants medical treatment and counseling but does not want the case to be officially investigated (and therefore retains confidentiality), he or she would be able to use the restricted reporting channel. For more information, read —
 - Sexual Assault Prevention and Response (SAPR) Program, Directive Number 6495.01.
 - Confidentiality and Sexual Violence Survivors: A Toolkit for State Coalitions.
- » Rural victims. To maintain the privacy of rural victims, consider creating protocols for victims needing services regionally to protect their privacy or activation protocols providing guidance on the response to sexual assault when suspects are well known or in trusted positions (e.g., teachers, coaches, clergy, law enforcement officers, doctors). You also could conduct a community needs assessment survey or hold a town meeting, which might bring to light other issues that need to be addressed when developing guidelines to help ensure victim anonymity.

DEVELOPE A SART

Hold Team Meetings

Established SARTs generally hold regularly scheduled meetings to—

- » Collect and analyze sexual assault statistics.
- » Develop or revise community needs assessment instruments.
- » Analyze victim experience surveys.
- » Develop or revise the SART's strategic plan.
- » Create or revise protocols and guidelines for a coordinated response.
- » Review cases and evaluate systemic responses.
- » Provide interagency cross training.
- » Address public policy issues.

Team meetings are an important and necessary part of collaboration and a strategic way to monitor and evaluate the interagency response to sexual violence. As a statewide coordinator of the Kansas Sexual Assault Network put it¹ —

Over the past seven years I have worked with professionals from all over the state who have come together to form SARTs. Some individuals come with an initial reservation, others come with drive and determination. The end result of the meeting process is a strong team of community members willing to learn about and from one another, sift through challenges, overcome turf issues, commit to common goals, face the fear of change, build mutual respect and ultimately, decide to change the way victims access and receive services. I have seen team members argue, I have seen them laugh, I have seen tears, I have seen compassion, I have seen frustration, and I have seen systems change for the better.

Pick the Place and Time

Make sure that your SART meetings are held in a location that is accessible and convenient and comfortably accommodates all participants.² Consider rotating meeting places and times to accommodate different schedules and to give SART members a chance to become familiar with other agency settings. For example, Cuyahoga County, Ohio's SART usually meets at the same location for convenience, but it rotates locations periodically to acquaint members with different agency responses (e.g., the FBI hosted

a meeting at the Cleveland FBI Headquarters to familiarize members with their work).

In the beginning, you'll likely hold planning meetings weekly or biweekly. Once your SART is established, you can move to monthly or quarterly meetings. In Reno County, Kansas, for example, the SART meets at the hospital every 45 days for a brown bag lunch. The meeting is very informal and usually lasts about an hour. The Fairbanks, Alaska, SART meets quarterly at the local hospital and invites the sexual assault response coordinator from the military to every meeting.

If your SART is running well, you may want to shorten the meeting time, skip a month, or meet only when issues arise or not at all. Be careful, however, about interrupting the momentum of these meetings. Problems may develop, standards may shift, relationships may break down, and, ultimately, without team meetings, problems could go unresolved. If meeting attendance declines, consider developing an evaluation form to help you identify ways to improve the meeting process.

Create the Agenda

To maintain efficiency and encourage interagency participation, include agenda items that deal with all SART disciplines.

Tips to help meetings remain purposeful include the following:³

- » Provide agendas with goals for the meeting that are clear, concise, and measurable.
- » Include sufficient time for each agenda item.
- » Distribute the agenda and supporting information at least 1 week before the meeting.
- » Begin each meeting by reviewing any items remaining from the previous meeting.
- » Foster continuity from one meeting to the next by reminding team members of where they are in the process.
- » End each meeting with a summary of the next steps needed.

A clear agenda can reinforce your SART's purpose and foster collaboration. Add suggested times for each item on the agenda to help you move the discussion along. The meeting facilitator can bring an annotated agenda with notes about who will guide each section, what process will be used, and any other notes to ensure that team members move smoothly through each agenda item.

Maintain a consistent agenda format to help your SART keep its sense of direction and momentum, and conclude your meetings by setting a date for the next meeting (if meetings are not already prescheduled).

Facilitate Meetings

Facilitating a SART meeting may mean educating SART members in new ways of thinking about sharing information and resources. Because the SART concept is one of an equal partnership among agencies, the meeting facilitator needs to commit to shared decision making.

Skillful facilitation will help your SART define and reach its goals, assess needs, and manage interpersonal dynamics. Here are some tips to help you facilitate your team meetings:

- » Establish brainstorming sessions to allow the free flow of ideas.
- » Tie together various comments, questions, and concerns raised in discussions.
- » Confirm that everyone present understands the decisions being reached.
- » Work to involve people who tend to be quiet during the meetings.
- » Keep the meetings and discussions focused on the objectives of the group.
- » Address controversial issues thoroughly rather than attempting to reach a consensus prematurely.

Brainstorming

The very nature of a SART requires that teams discuss differing approaches to issues and policies. To ensure that each member has an opportunity to be heard, you may need to brainstorm possible solutions. One of the primary benefits of brainstorming is that each team member can learn from the experiences and knowledge of other team members.

Team members can speak as ideas occur to them, through small group breakouts that report back to the entire team, or in a round-robin format during which team members are each given opportunities to speak.

To facilitate brainstorming⁵ —

- » Welcome all ideas—it is better to modify an extremely innovative idea than to censor it.
- » Encourage the team to strive for a large number of ideas—quantity can lead to quality.
- » Encourage the team not to criticize or judge.
- » Allow sufficient time for questions, clarification, and comment after brainstorming.
- » Record all ideas on a flipchart.
- » Encourage team members to build on each other's ideas.

Promoting Teamwork

Many teams have found that joint training fosters teamwork. Team members who train together may find opportunities to discuss issues of mutual concern, both in the training itself and during breaks. Spending time together away from the immediate and constant demands of the office allows the team to focus on how it functions. Moreover, team members hear the same information, which improves their shared understanding of the challenges they face in their response to sexual violence and their ability to find solutions to those challenges.

Although not essential, social activities can strengthen your team. Simply combining lunch with a team meeting can serve this social purpose. Some teams sponsor picnics, awards banquets, and other activities to reinforce good working relationships.

Source: Office of Juvenile Justice and Delinquency Prevention, *Forming a Multidisciplinary Team To Investigate Child Abuse*, 2000.

DEVELOP A SART

Sustaining the SART

When you first create your SART, you should ensure that your collaborative responses to sexual violence remain viable. Your SART must be able to survive staff transitions; social, political, and economic challenges; and the impact of emerging issues and scientific or medical breakthroughs that can affect team caseloads and resources.

Making your SART sustainable can include building its capacities in a range of areas, such as in organizational development, business planning, evaluation, conflict resolution, fundraising, leadership development, marketing, team building and training, risk management, program design, meeting facilitation, and networking opportunities.

Why Is a Sustainability Plan Important?

Intentionally planning for sustainability is essential. Research has found that —

- » Social systems need to be reorganized to create victim-centered settings.¹
- » Responders need to maintain their involvement with victims beyond the initial intervention.²
- » Victims need services whether or not they are initially involved in the criminal justice system.³

Victim-centered care after an assault is vital to recovery and an indicator of victims' willingness to participate in criminal justice proceedings. Both anecdotal and research-based evidence lead to the conclusion that having the appropriate individuals respond collaboratively, instead of simply referring victims to various agencies, usually results in victims being willing at least to meet with law enforcement to disclose their assaults.⁴

In addition, when teams develop a strategy for institutionalizing their multidisciplinary responses, they can bring about perceptions, beliefs, and attitudes that are favorable to more consistent and compassionate responses to sexual assault. For example, the SART in Ames, Iowa, has noted that "With the SART in place, team members report that excellent partnerships exist throughout the system that are meeting the needs of victims better. Sexual assault reports to the team have increased each year: There were 18 in 1998, 47 in 1999, and 62 in 2000—a 244 percent increase in calls between 1998 and 2000. The team credits the increase in SART calls to the word getting out in the community that victims who call will be treated with respect."⁵

Asking Questions About Your SART

Before creating a SART sustainability plan, consider asking the following questions:

- » **Do you have a clearly defined mission, goals, and objectives?** Your mission, goals, and objectives provide a picture of what needs to be sustained. (See Create a Strategic Plan in this toolkit.)
- » **What is your budget?** A budgetary analysis helps you estimate the resources you have and what you will need to maintain fiscal stability. (See Build Your SART in this toolkit.)
- » **Do you have a solid infrastructure?** Assessing team membership and processes can help you address weaknesses that could undermine sustainability and highlight the strengths of your team. (See Monitor and Evaluate Your Efforts in this toolkit.)
- » **Have you developed a strategic plan?** A strategic plan weaves goals and objectives into action steps to manage and guide your SART toward specific long-term outcomes. (See Create a Strategic Plan in this toolkit.)
- » **What is your definition of success?** Defining success means linking your goals and objectives with clearly defined outcomes and adjusting responses based on what is learned. (See Types of Evaluation in this toolkit.)
- » **Is your team forward thinking?** Sustainability depends on your team's adaptability to changing conditions. Addressing sustainability early in the development process can help identify resources and strategies that are most likely to help you maintain momentum. (See Future of SARTs in this toolkit.)
- » **Do you have a monitoring and evaluation system?** Monitoring and evaluation will help you gauge early warning signs of potential issues that could affect your SART's credibility and viability. For example, do you have a system for monitoring and evaluating victims' experiences with the services they received? (See Monitor and Evaluate Your Efforts in this toolkit.)

- » **Does your team support its members?** SART team members are at risk for developing vicarious trauma as a result of their work with sexual assault victims. Symptoms of vicarious trauma are similar to those experienced by individuals with posttraumatic stress disorder and include numbing, hyper-vigilance, sleep difficulties, and intrusive thoughts of traumas described by victims. Vicarious trauma is a sustainability issue, as team members suffering from vicarious trauma may be less able to effectively serve the SART. (Resources related to vicarious trauma are available.)
- » **What is the level of community support?** It is important to consider whose support is needed and develop appropriate outreach efforts for community involvement. Rally leaders from businesses, faith-based institutions, government agencies, and other parts of the community to request support. For example, the New York City Alliance Against Sexual Assault included a request for support at the end of its citywide evaluation report:⁶
- » **“We Need Your Help Because Sexual Violence Is Still a Problem:”** Our work is made possible by the generous contributions of people like you; people who share the commitment of engaging all communities in addressing sexual violence. Together we can ensure survivors of sexual violence receive the best care and dare to envision a world without sexual violence. All we need is you! Please give today.

(See Assess Community Readiness and Identify Opportunities for Collaboration in this toolkit.)

Developing the Plan

Although it might seem otherwise, a plan for sustainability is not just about raising funds; it’s also about raising friends. Friend raising is about building relationships with individuals and organizations within the community that can help you meet both long- and short-term goals. Put another way, friend raising is an ongoing public awareness campaign.

Developing a sustainability plan means developing goals, objectives, strategies, and action steps for getting and keeping resources. Read on for several steps to help guide you through the process:

- » Decide who will develop the plan.
- » Conduct an internal audit.
- » Determine and assess resources.
- » Set objectives.
- » Reach out to supporters.
- » Implement the plan.

Decide Who Will Develop the Plan

Depending on the size of your SART and its level of development, you may choose to form a sustainability subcommittee or to address sustainability as an ongoing agenda item during team meetings. Including all or most team members in the process can help ingrain sustainability efforts in the team, helping it to proactively⁷ —

- » Find money, services, or equipment to meet current needs and future directions for the team.
- » Ease the transition from one source of funding to another, such as at the end of a grant period.

Conduct an Internal Audit

Find out what resources and expenses your team has right now:

SART Program Costs

- » Office space, equipment, and furnishings (e.g., phones, fax and copy machines, computers, postage, office supplies, film and film development, SART forms).
- » Transportation, clothing replacement for victims, and toiletry or comfort items at the exam site.
- » Use of medical facilities such as an exam room, waiting room, and administration office space.
- » Exam room furnishings and equipment.
- » Office space for joint interviews (i.e., specially equipped rooms for coordinating medical and legal interviews).
- » Medications and medical supplies.
- » Costs for crime lab analysis.
- » Pagers or mobile phones for core responders.
- » Other_____.

SART Personnel Costs

- » SART coordinator.
- » Victim advocates (community based and government based).
- » Medical forensic examiners.
- » Crime lab specialist.
- » [Specialized] law enforcement units.
- » [Specialized] prosecuting attorney units.
- » Other_____.

Education and Training Costs

- » Training for team members.
- » Travel.
- » Publications and reference materials.
- » Informational brochures and other program information.
- » Other _____.

Determine and Assess Resources

You should determine the minimum and optimal resources you will need to sustain your SART and you also should assess any resources you have or you can tap.

Determining minimum resources is similar to performing an internal audit. The difference is that this step asks teams to think if anything can be cut from current expenditures to create a bare bones budget if it becomes necessary. For example, teams can assess budgetary items and ask—

- » Is it essential to the SART's mission?
- » Is it something that the team believes it should be doing?

In determining optimal resources, you will be finding out what it will take (in terms of resources) to accomplish your long-term plans. Will your goals require more staff or better trained staff? A new building? Volunteers? Equipment? Training? For example, a team may be concerned with a high turnover rate in law enforcement and the prosecuting attorney's office and the importance for victims to maintain relationships with the same service providers. Teams may want to consider the resources required to initiate a vertical prosecution strategy (maintaining the same prosecutor throughout the case). Or teams may want to budget for the costs involved in teaching new team members about SART's expected standard of care.

Resource assessment can include reviewing —

- » Team assets
- » Community assets
- » Historical assets

Team Assets

Team assets are resources and expertise that SART members and current volunteers bring to the table. For example—

- » Experience in writing funding proposals

to government entities, foundations, and corporations.

- » Experience in researching funding opportunities.
- » Experience in implementing a business venture.
- » Knowledge of local consultants who write grant proposals or coordinate special events.
- » Contacts in local colleges or universities, faith-based organizations, and culturally specific organizations.
- » Contacts in or members of service clubs and organizations.

Community Assets

When assessing community resources, look beyond merely fiscal support and look to companies, organizations, volunteers, and victims for help:

- » Find out if community institutions (e.g., public libraries, educational institutions, governmental agencies) will provide free space for team meetings.
- » Approach area businesses, college sororities, and faith-based institutions to recruit volunteers or to provide replacement clothing or toiletry items for the exam site.
- » See if other community groups would like to show their support by providing comfort items for victims during the criminal justice process.

Most large corporations engage in some form of community outreach, such as providing in-kind matches for employees' charitable donations or the donation of equipment and supplies. Even smaller businesses may have something to contribute. Perhaps a local print shop could produce your brochures at a reduced cost. Or a local ad agency might be willing to donate some time to help market your SART. Perhaps a local law firm would assist with meeting the civil legal needs of victims.

Some businesses and organizations that typically don't interact with sexual assault services (e.g., realtors) have found the need to connect with local SARTs following an assault on an employee. Not only do these collaborations promote victim support and heighten awareness, they also create opportunities for collaboration, fundraising, and change in policies and procedures to promote safety.

Consider partnerships with —

- » Associations and organizations: Potential supporters could include anticrime groups, neighborhood block clubs, cultural groups, disability or special needs groups, education

groups, groups for older individuals, health advocacy groups, men's clubs, mentoring groups, neighborhood clubs, recreation groups, religious groups, service clubs, social groups, or women's clubs. These organizations include members from a broad spectrum of the community, and getting the support of any of these groups can have a ripple effect in gaining support from other organizations.

- » Private and public institutions: These entities may include universities, community colleges, hospitals, libraries, social service agencies, nonprofit organizations, fire departments, media, or foundations.
- » Governmental officials or bodies: Getting the support of the city council, the mayor, the state legislature, or others in the government can go a long way toward making your SART permanent, especially in terms of funding. When approaching legislative bodies, it is important to be familiar with any lobbying laws and regulations that might apply to the team.

Historical Assets

Consider whether there have been collaborative efforts in your SART's jurisdiction in the past. For example, if an individual or community agency provided your SART with grant writing services, you may want to bridge those connections again to mend misunderstandings, if any, and to access their assistance if they have been untapped for awhile.

Set Objectives

If your team already has all of the money and resources it currently needs to operate (or is very close), begin to set objectives to meet short- and long-term goals. For example, you might ask what needs to happen to ensure that community responders to sexual violence work collaboratively, refer victims to appropriate service providers, and follow up on victims' care:

- » Your short-term objective might be to secure funding to hire a SART coordinator to handle the administrative functions of the team or to purchase equipment (e.g., computers, colposcopes, cameras).
- » Your long-term objective might include finding office space for victim interviews or a facility to house medical, legal, and advocacy responders under one roof.

Reach Out to Supporters

You will need to determine ways to convey the benefits of your SART to specific groups, which could be as simple as explaining the benefits to individuals and organizations by phone or sending letters that underscore the value of your SART while requesting support. Or, you could write a more detailed proposal that leads to a memorandum of understanding or agreement between your SART and other agencies. Whatever form your outreach takes, let potential supporters know the following:

- » Exactly what sort of support you need (or an invitation to meet and discuss the details).
- » When you want the support to begin (and, if applicable, end).
- » Why they should be interested.

Make sure you create an outreach timeline to indicate the various actions to be taken, when they should occur, and who should take them. Organize the timeline by each sustainability goal. Feel free to use the chart below or one similar to it.⁸

SART Models as Strong Predictors

When conveying the benefits of your SART to potential supporters in the community, consider relaying the following information:

- » SART cases are reported more quickly, have more evidence (DNA evidence in particular) available, and have more victim participation.
- » SANE/SART intervention is a factor in the identification and arrest of suspects and the strongest predictor that charges will be filed.
- » SANE/SART intervention helps to increase the likelihood of conviction.

Source: M. Elaine Nugent-Borakov, Patricia Fanflick, David Troutman, Nicole Johnson, Ann Burgess, and Annie Lewis O'Connor, *Testing the Efficacy of SANE/SART Programs: Do They Make a Difference in Sexual Assault Arrest and Prosecution Outcomes?*, 2006.

Community Outreach Timeline				
Goal	Action Steps to Meet the Objective	By Whom	By When	Date Completed

Implement the Plan

Your sustainability plan should now include your SART's —

- » Minimum and optimal budgets/resources.
- » List of team and community resources.
- » Community outreach objectives.
- » Timeline for outreach.

By taking the time to write a sustainability plan, you may increase your SART's —

- » Ability to apply what has been learned to future goals.
- » Ability to show the value of your SART to employers, community partners, and funding agencies. Even if you need to modify aspects of the plan, identifying funding and resource requirements clearly demonstrates that you are focused on results and cost effectiveness.
- » Ability to provide a formal record that will help to institutionalize your SART (a sustainability plan documents what was tried in the past and why, the level of community support, and what problems were encountered).

Implementing a sustainability plan means monitoring and evaluating progress. Remember, planning never stops—the sustainability plan is a blueprint you will need to review and revise based on your team's successes, challenges, and emerging issues.

Raising Public Awareness

Public awareness puts the spotlight on your SART's goals and accomplishments and educates the community about available intervention and prevention education services. Public awareness can also inform the community about the causes and effects of sexual violence. Publicizing this information not only lends support to SART-specific services and prevention education efforts, it also educates community members who may be called to support victims after victims disclose that they have been sexually assaulted or to serve as jurors in such cases.

General Tips for Attracting and Keeping Support

- » Thank community supporters publicly.
- » Give supporters feedback so they will know how they are being most helpful.
- » Continue to promote the SART's value by showing the community that the team is needed and effective.

In terms of sustainability, public awareness can go a long way toward making your SART permanent. Public awareness campaigns can expand alliances, promote growth, and educate community members.

- » Expand community alliances. Some potential supporters might be willing to support a specific activity of your SART even though they might not be willing to support all of the team's work. For example, schools and colleges may support sexual assault prevention education programs rather than SART's intervention services.
- » Propel SARTs forward. Ongoing public awareness could promote more diversified grant funding and resource support. Getting support from

various sources gives you more financial certainty. For example, Sexual Assault Awareness Month activities can publicize the value of SARTs to victims, service providers, and the community.

- » Support policy changes. Public awareness campaigns can educate and influence communities to support policies that increase victim-centered services and criminal and civil justice objectives. One of the most popular and effective ways to build support for policy change is to work with the media. For example, the Cuyahoga County SART contacted a local radio program and offered to host a “Call the Cops” radio show. During the broadcast, the team members described the purpose and practices of the Cuyahoga County SART, discussed local and national sexual assault statistics, and answered questions from listeners.

Charting Future Directions

The SART model underscores the need for community responders to both work and respond together at any given time. The shared expertise, tailored to each victim, can ensure that the short- and long-term needs of victims are kept at the forefront of the process. This toolkit challenges you to assess current responses and consider your SART’s future direction. Asking “what if?” can chart a course that embraces new, comprehensive solutions.

Some SARTs did ask “what if?,” and came up with legislative solutions to help manage their costs and publicize the benefits of their multidisciplinary responses:

- » Sexual Assault Victims Emergency Medical Response Fund (Oregon): This fund was established through legislative action to encourage appropriate medical care for victims by providing a stable, confidential means of payment for sexual assault medical exams and the collection of evidence.

- » Funding for Sexual Assault Services (Illinois): Illinois law imposes a \$200 fine on anyone convicted of sexual assault or attempted sexual assault, which is deposited in the Sexual Assault Services Fund. Monies from this fund are used by organizations that provide community-based services to victims of sexual assault.
- » Statute Promoting SARTs (Virginia): This law requires that the Virginia Department of Criminal Justice Services “promote the use of local and regional sexual assault response team policy and protocol as an integral part of an effective coordinated community response to sexual assault.”
- » Funds for Rape Crisis Services (Florida): A Florida law imposes a \$150 fine on certain convicted offenders. The fines are deposited into the Rape Crisis Program Trust Fund, which provides funds to the state’s rape crisis centers.
- » Georgia Protocol Legislation: This law mandates that SART protocols be developed for each judicial circuit throughout Georgia.

ADDITIONAL INFORMATION

Notes, Resources, Key Terms, Appendix

Notes

Message from the Director

1. Rand, M., and S. Catalano, 2007, Criminal Victimization, 2006, <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=765>. Washington, DC: Bureau of Justice Statistics.

Learn about SARTs

1. A. Berkowitz, 2002, "Guidelines for Consent in Intimate Relationships," <http://www.alanberkowitz.com/articles/consent.pdf>. Campus Safety and Student Development Newsletter 3(4): 49–50.
2. T. Scalzo, 2007, Prosecuting Alcohol-Facilitated Sexual Assault, http://www.ndaa.org/pdf/pub_prosecuting_alcohol_facilitated_sexual_assault.pdf. Alexandria, VA: American Prosecutors Research Institute, National District Attorneys Association, 7.
3. P. Tjaden and N. Thoennes, 1998, Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey, <http://www.nij.gov/publications/pages/publication-detail.aspx?ncjnumber=172837>. Washington, DC: U.S. Department of Justice, National Institute of Justice.
4. C. Rennison, 2001, Violent Victimization and Race, 1993–98, <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=594>. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics.
5. D. Sobsey, 1994, Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance?, Baltimore, MD: Paul H. Brooks Publishing Co., Inc.
6. B. Fisher, F. Cullen, and M. Turner, 2000, The Sexual Victimization of College Women, <https://www.ncjrs.gov/pdffiles1/nij/182369.pdf>. Washington, DC: U.S. Department of Justice, National Institute of Justice and Bureau of Justice Statistics.
7. A. Sadler et al., 2000, "Health-Related Consequences of Physical and Sexual Violence: Women in the Military," *Obstetrics and Gynecology* (96): 473–78.
8. H. Resnick, H.D. Kilpatrick, C. Walsh, and L. Veronen, "'Marital Rape' Case Studies in Family Violence," 329–353, as cited in R.K. Bergen, 1996, *Wife Rape: Understanding the Response of Survivors and Service Providers*, Sage Publications, Inc.
9. E. Kushel, P. Robertson, and A. Moss, 2003, "No Door to Lock: Victimization Among Homeless and Marginally Housed Persons," *Archives of Internal Medicine* 163(10).
10. P. Tjaden and N. Thoennes, 2006, Extent, Nature, and Consequences of Rape Victimization: Findings From the National Violence Against Women Survey, <https://www.ncjrs.gov/pdffiles1/nij/210346.pdf>. Washington, DC: U.S. Department of Justice, National Institute of Justice, iii.
11. C. Rennison, 2002, Rape and Sexual Assault: Reporting to Police and Medical Attention, 1992–2000, <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=1133>. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics, 3.
12. P. Tjaden and N. Thoennes, 2000, Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey, <https://www.ncjrs.gov/pdffiles1/nij/183781.pdf>. Washington, D.C.: U.S. Department of Justice, National Institute of Justice.
13. H. Ramsey-Klawnsnik, 1991, "Elder Sexual Abuse: Preliminary Findings," *Journal of Elder Abuse & Neglect* 3(3).
14. L. Heise, M. Ellsberg, and M. Gottemoeller, 1999, Population Reports: Ending Violence Against Women <http://infoforhealth.org/>. L(11), Baltimore, MD: Johns Hopkins University School of Public Health, Population Information Program.
15. Centre for International Crime Prevention, 1999, Handbook of Justice for Victims, <http://www.uncjin.org/Standards/9857854.pdf>. New York City, NY: United Nations Office for Drug Control and Crime Prevention, Centre for International Crime Prevention, 4.

16. H. Resnick, R. Acierno, and D. Kilpatrick, 1977, "Health Impact of Interpersonal Violence 2: Medical and Mental Health Outcomes," *Behavioral Medicine* 23(2): 65–78.
17. National Center for Injury Prevention and Control, 2003, *Costs of Intimate Partner Violence Against Women in the United States*, Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
18. National Institute of Justice, 1996, *The Extent and Costs of Crime Victimization: A New Look*, <https://www.ncjrs.gov/pdffiles1/nij/155282rp.pdf>. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
19. This list is compiled from several different sources: the American Psychological Association (Tips for Recovering From Disasters and Other Traumatic Events) <http://www.apa.org/helpcenter/recovering-disasters.aspx>, the Rape, Abuse & Incest National Network (Effects of Sexual Assault) <http://rainn.org/get-information/effects-of-sexual-assault>. The National Center for Victims of Crime (How Crime Victims React to Trauma), and Sexual Assault Advocate/Counselor Training (Impact of Sexual Assault) <https://www.ovcttac.gov/SAACT/module4.cfm>. <http://ovc.ncjrs.gov/sartkit/develop/sustain-print.html>

Understand Victims

1. International Association of Chiefs of Police, 2000, *What Do Victims Want? Effective Strategies to Achieve Justice for Victims of Crime*, 1999 IACP Summit on Victims of Crime, Alexandria, VA: International Association of Chiefs of Police, 4.
2. Thema Bryant-Davis, 2005, *Thriving in the Wake of Trauma: A Multicultural Guide*, Westport, CT: Praeger Publishers, 2–3.
3. Rebecca Campbell and Sharon Wasco, 2005, "Understanding Rape and Sexual Assault: 20 Years of Progress and Future Directions," <http://jiv.sagepub.com/content/20/1/127.abstract>. *Journal of Interpersonal Violence* 20 (1): 127–131.
4. Rebecca Campbell, 1998, "The Community Response to Rape: Victims' Experiences with the Legal, Medical, and Mental Health Systems," <http://link.springer.com/article/10.1023%2FA%3A1022155003633>. *American Journal of Community Psychology* 26(3): 355–379; Dean Kilpatrick and Anne Seymour, 1992, *Rape in America: A Report to the Nation*, http://academicdepartments.musc.edu/ncvc/resources_prof/rape_in_america.pdf. Arlington, VA: National Victim Center.
5. Kilpatrick and Seymour, *Rape in America: A Report to the Nation*. http://academicdepartments.musc.edu/ncvc/resources_prof/rape_in_america.pdf.
6. SANE Training, victim experience, Tulsa, Oklahoma, 1994. Used with permission.
7. Bryant-Davis, *Thriving in the Wake of Trauma: A Multicultural Guide*, 146.
8. *Ibid.*, 147.
9. Sexual Assault Support Services at Duke University identified the stages of trauma and recovery described in this section.

What is a SART

1. State of Arizona, Office of the Attorney General, 2001, *Recommended Guidelines for a Coordinated Community Response to Sexual Assault*, <http://www.ncdsv.org/images/Arizona%20SART%20Manual-D%5b1%5d.pdf>. Phoenix, AZ: Office of the Attorney General.
2. National Center for Women and Policing, 2001, *Successfully Investigating Acquaintance Sexual Assault: A National Training Manual for Law Enforcement*, Beverly Hills, CA: National Center for Women and Policing.
3. World Health Organization, 2004, *Handbook for the Documentation of Interpersonal Violence Prevention Programmes*, <http://whqlibdoc.who.int/publications/2004/9241546395.pdf>. Geneva, Switzerland: World Health Organization.
4. World Health Organization, 2004, *Preventing Violence: A Guide to Implementing the Recommendations of the World Report on Violence and Health*, Geneva, Switzerland: World Health Organization. <http://whqlibdoc.who.int/publications/2004/9241592079.pdf>.

Collect Data

1. Office for Victims of Crime, 2002, "Innovative Technologies and the Information Age," https://www.ncjrs.gov/ovc_archives/nvaa2002/chapter21.html. Chapter 21, *National Victim Assistance Academy Textbook*, Washington, DC: U.S. Department of Justice, Office for Victims of Crime.
2. Kansas Sexual Assault Network, 2005, *Community Mobilization Manual*, KS: Kansas Sexual Assault Network.
3. Office on Violence Against Women, 2008, *Semi-Annual Progress Report For Grants to Encourage Arrest Policies and Enforcement of Protection Orders Program* <http://muskie.usm.maine.edu/vawamei/pagenotfound.htm>. (Sample form), Washington, DC: U.S. Department of Justice, Office on Violence Against Women.

4. Work Group for Community Health and Development, nd, "Assessing Community Needs and Resources," <http://ctb.ku.edu/en/assessing-community-needs-and-resources>. The Community Tool Box, Lawrence, KS: Work Group for Community Health and Development.
5. Laura Taylor, Developing a Sexual Assault Response Team: A Resource Guide for Kentucky Communities, A86. Cases that were not reported to authorities include those in which a forensic medical legal exam is performed. Other cases could include those not pursued because victims chose not to assist with prosecution.
6. Office for Victims of Crime, 2002, Denver Victim Services 2000 Needs Assessment (The Client Satisfaction Survey) https://www.ncjrs.gov/ovc_archives/bulletins/dv_10_2000_1/dvs_5.html. Washington, DC: U.S. Department of Justice, Office for Victims of Crime.
7. Derek Okubo, 2000, The Community Visioning and Strategic Planning Handbook, Denver, CO: National Civic League.
8. Office for Victims of Crime and OVC Training and Technical Assistance Center, nd, Strategic Planning Toolkit, <https://www.ovcttac.gov/taResources/stratPlan.cfm>. Washington, DC: Office for Victims of Crime, T2–32.
- vawnet.org/Assoc_Files_VAWnet/NRCDDV_EvalDVCC.pdf. Harrisburg, PA: National Resource Center on Domestic Violence, 45.
7. Office of Juvenile Justice and Delinquency Prevention, 2000, "Forming a Team," https://www.ncjrs.gov/html/ojjdp/portable_guides/forming/forming.html. Forming a Multidisciplinary Team to Investigate Child Abuse, Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
8. Correspondence with Donna Dunn, nd, Sexual Violence Justice Institute, Minnesota Coalition Against Sexual Assault.
9. Attorney General's Sexual Assault Task Force, 2002, Oregon Attorney General's Sexual Assault Task Force SART Handbook, Version I, Salem, OR: Attorney General's Sexual Assault Task Force.
10. U.S. Department of Defense, 2006, "Sexual Assault Prevention and Response Program Procedures," Department of Defense Instruction, Number 6495.02.
11. Anita Boles and John Patterson, 1997, Improving Community Response to Crime Victims, Newbury Park, CA: Sage Publications, 101–107.
12. Attorney General's Sexual Assault Task Force, Oregon Attorney General's Sexual Assault Task Force SART Handbook, Version I.

Create a strategic plan

1. OVC Training and Technical Assistance Center, 2004, Strategic Planning Toolkit, <https://www.ovcttac.gov/taResources/stratPlan.cfm>. Washington, DC: U.S. Department of Justice, Office for Victims of Crime.
2. Correspondence with Connie Monahan, Sexual Assault Nurse Examiner Coordinator, nd, New Mexico Coalition of Sexual Assault Programs, <http://nmcsap.org/about.html>.
3. Cuyahoga County Sexual Assault Response Team, 2005, SART Standards of Practice, Cleveland, OH: Cuyahoga County Sexual Assault Response Team.
4. OVC Training and Technical Assistance Center, Strategic Planning Toolkit, 3–5.
5. Work Group for Community Health and Development, nd, "Developing a Strategic Plan: Creating Objectives," <http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/create-objectives/main>. Community Tool Box, Lawrence, KS: Work Group for Community Health and Development.
6. Adapted from Nicole Allen and Leslie Hagen, 2003, A Practical Guide to Evaluating Domestic Violence Coordinating Councils, http://new.vawnet.org/Assoc_Files_VAWnet/NRCDDV_EvalDVCC.pdf.

Determine Communication Standards

1. Susan Faupel, 2001, Concern for Language Justified, http://www.icasa.org/docs/Summer_2001_lead_article.pdf. Springfield, IL: Illinois Coalition Against Sexual Assault, 12.
2. See, for example, Ohio Department of Health, 2004, Ohio Protocol For Sexual Assault Forensic And Medical Examination, Columbus, OH: Ohio Department of Health.
3. National SART Listserv, <http://www.nsvrc.org/projects/national-sart-listserv>. December, 2006.
4. K.C. Basile and L.E. Saltzman, 2002, Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements, http://www.cdc.gov/ncipc/pub-res/sv_surveillance/SexViolSurv.pdf. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 9–11.
5. Theresa Covington, Valodi Foster, and Sara Rich, 2002, A Program Manual for Child Death Review, <http://www.childdeathreview.org/Finalversionprotocolmanual.pdf>. Okemos, MI: The National Center for Child Death Review, 79.

6. Florida Network of Victim Witness Services, Code Of Professional Ethics for Florida Victim Witness Service Providers. Accessed June 18, 2010.
 7. Covington, Foster, and Rich, A Program Manual for Child Death Review, <http://www.childdeathreview.org/Finalversionprotocolmanual.pdf>. 80.
 8. Len Marrella, 2001, *In Search of Ethics: Conversations with Men and Women of Character*, Sandord, FL: DC Press, 248.
 9. Jessica Mindlin, Liani Jean Heh Reeves, and the National Crime Victim Law Institute at Lewis & Clark Law School, 2005, *Confidentiality and Sexual Violence Survivors: A Toolkit for State Coalitions*, <http://law.lclark.edu/live/files/6471-confidentiality-and-sexual-violence-survivors-a>. Portland, OR: National Crime Victim Law Institute.
 10. Ibid.
 11. Ibid, 13–14.
 12. Ibid.
 13. Leslie Hagen, Kathleen Hagenian, Gail Keieger, and Kim Rattet, 2001, *Confidentiality Policy Considerations and Recommendations: A Resource Manual for Michigan Domestic Violence and Sexual Assault Programs*, Okemos, MI: Michigan Coalition Against Domestic and Sexual Violence.
 14. Connecticut Sexual Assault Crisis Services, Inc., 2003, *Confidentiality—The Foundation of Healing: A Manual for Sexual Assault Crisis Centers*, East Hartford, CT: Connecticut Sexual Assault Crisis Services, Inc.
 15. Mindlin, Reeves, and the National Crime Victim Law Institute at Lewis & Clark Law School, *Confidentiality and Sexual Violence Survivors: A Toolkit for State Coalitions*, <http://law.lclark.edu/live/files/6471-confidentiality-and-sexual-violence-survivors-a>. 24.
 16. Connecticut Sexual Assault Crisis Services, Inc., 2003, *Confidentiality—The Foundation of Healing: A Manual for Sexual Assault Crisis Centers*, East Hartford, CT: Connecticut Sexual Assault Crisis Services, Inc., 6-19–6-20.
 17. Mindlin, Reeves, and the National Crime Victim Law Institute at Lewis & Clark Law School, *Confidentiality and Sexual Violence Survivors: A Toolkit for State Coalitions*, <http://law.lclark.edu/live/files/6471-confidentiality-and-sexual-violence-survivors-a>. 25.
 18. Hagen, Hagenian, Keieger, and Rattet, *Confidentiality Policy Considerations and Recommendations: A Resource Manual for Michigan Domestic Violence and Sexual Assault Programs*, 23.
 19. Mindlin, Reeves, and the National Crime Victim Law Institute at Lewis & Clark Law School, *Confidentiality and Sexual Violence Survivors: A Toolkit for State Coalitions*, <http://law.lclark.edu/live/files/6471-confidentiality-and-sexual-violence-survivors-a>. 24–25.
 20. Hagen, Hagenian, Keieger, and Rattet, *Confidentiality Policy Considerations and Recommendations: A Resource Manual for Michigan Domestic Violence and Sexual Assault Programs*, 29–30.
 21. Mindlin, Reeves, and the National Crime Victim Law Institute at Lewis & Clark Law School, *Confidentiality and Sexual Violence Survivors: A Toolkit for State Coalitions*, <http://law.lclark.edu/live/files/6471-confidentiality-and-sexual-violence-survivors-a>. 35.
 22. Ibid.
 23. Teresa Scalzo, 2006, “Rape and Sexual Assault Reporting Laws,” <http://www.ncdsv.org/images/Rape%20and%20Sex%20Assault%20Reporting%20Laws.pdf>. The Voice 1(3).
- ## Hold Team Meetings
1. Correspondence with Julianne Johnson, Statewide Coordinator, nd, Kansas Sexual Assault Network, Wichita, Kansas.
 2. American Prosecutors Research Institute and National Council of Juvenile and Family Court Judges, 1998, *Confronting Violence Against Women: A Community Action Approach*, Alexandria, VA: American Prosecutors Research Institute.
 3. National Institute of Justice, 2004, “What Does It Take to Make Collaboration Work? Lessons Learned Through the Criminal Justice System Project,” <http://ncjrs.org/pdffiles/jr000251c.pdf>. NIJ Journal 251.
 4. Correspondence with Donna Dunn, nd, Minnesota Coalition Against Sexual Assault.
 5. Michael Brassard and Diane Ritter, 1994, *The Memory Jogger II: A Pocket Guide of Tools for Continuous Improvement and Effective Planning*, Section 5, Expertise 14, Salem, NH: Goal/QPC.
- ## Sustain Your SART
1. Rebecca Campbell, 1998, “The Community Response to Rape: Victims’ Experiences with the Legal, Medical and Mental Health Systems,” *American Journal of Community Psychology* 26(3): 355–379.

2. Ibid.
3. Arlene Weisz, David Canales-Portalatin, and Neva Nahan, 2001, Evaluation of Victim Advocacy within a Team Approach: Final Report Summary, grant report submitted to the National Institute of Justice.
4. Martha Burt, Janine Zweig, Cynthia Andrews, Ashley Van Ness, Neal Parikh, Brenda K. Uekert, and Adele Harrell, 2001, Evaluation of the STOP Formula Grants to Combat Violence Against Women, The Violence Against Women Act of 1994, <https://www.ncjrs.gov/pdffiles1/nij/grants/197059.pdf>. Washington, DC: Urban Institute.
5. Ibid., 64.
6. Deborah Fry, 2007, A Room of Our Own: Sexual Assault Survivors Evaluate Services, http://www.svfreencyc.org/media/research/bc_1_full.pdf. New York City, NY: New York City Alliance Against Sexual Assault, 71.
7. Work Group for Community Health and Development, 2010, "Developing a Committee to Help with Financial Sustainability," <http://ctb.ku.edu/en/table-of-contents/finances/grants-and-financial-resources/financial-sustainability-committee/main>. Community Tool Box, Lawrence, KS: Work Group for Community Health and Development.
8. Adapted from Work Group for Community Health and Development, 2010, "Developing a Plan for Financial Stability: Tools and Checklists," <http://ctb.ku.edu/en/table-of-contents/finances/grants-and-financial-resources/financial-sustainability/tools#tool3>. Community Tool Box, Lawrence, KS: Work Group for Community Health and Development. Used with permission.

Resources

Building Stronger Sexual Assault Survivor Services Through Collaboration

<http://www.taasa.org/member/pdfs/bssasstc-eng.pdf>. Describes key roles for community sexual assault coalitions (or task forces). The manual, which can be useful for communities starting SARTs or expanding collaborative partnerships, provides samples and checklists for needs assessments, memorandums of understanding, community resources, mission statements, and self-evaluation instruments.

Capacity Building Defined and Demystified,

http://www.fieldstonealliance.org/client/tools_you_can_use/06-20-06_cap_bldg.cfm.

Defines six components of capacity building and includes links to capacity-building activities and other resources.

Collaboration: A Training Curriculum to Enhance the Effectiveness of Criminal Justice Teams,

<http://www.collaborativejustice.org/docs/2005%20Collaboration%20Curriculum.pdf>.

Assists multidisciplinary criminal justice teams in establishing or enhancing collaborative relationships. All teams can benefit from this curriculum, whether newly formed, long established, or tasked with a specific project or broader purpose (e.g., a multiagency council mandated to oversee all criminal justice activities in a jurisdiction).

Collaboration Framework—Addressing Community Capacity

<http://crs.uvm.edu/nnco/collab/framework.html>.

Helps SARTs that are either starting collaborations or need help in strengthening existing collaborations. Once a SART has been established, the document may be used as a diagnostic tool for evaluating the team's continued development and expansion.

The Collaboration Primer

<http://www.hret.org/resources/2230003986>.

Provides useful tips for health care professionals that can be adapted across disciplines. The document reviews foundational as well as more abstract elements of successful partnerships and includes a checklist of questions and issues to consider before embarking on collaborative arrangements and examples of model partnerships.

Community-Based Criminal Crisis Response Initiative: Assessing Community Needs

<http://www.jiis.org/ccri/Pubs/Assessing%20Community%20Needs.pdf>.

Provides information on a community-based, multidisciplinary approach that is tailored to the needs and resources of a community and designed to enhance services to victims and reduce their trauma. This report reviews the steps involved in developing a coordinated response and includes information on the planning process that may be helpful to SARTs.

Developing Effective Coalitions: An Eight Step Guide

<http://www.preventioninstitute.org/component/jlibrary/article/id-104/127.html>.

Helps partnerships launch and stabilize successfully by reviewing how to determine the appropriateness of a coalition, select members, define key elements, maintain vitality, and conduct ongoing evaluations. Although the examples given are specific to injury prevention coalitions, most can be applied to coalitions working on various health-related issues.

Gauging Progress: A Guidebook For Community Sexual Assault Programs and Community Development Initiatives

http://new.vawnet.org/Assoc_Files_VAWnet/GaugingProgress.pdf.

Lays the groundwork for thinking about how to gauge progress, with an emphasis on how to conceptualize evaluation of a community development initiative. The information can be useful for SARTs in developing and expanding team roles and responsibilities that can be monitored and evaluated. The appendix includes several useful organization and evaluation tools that SARTs can customize.

Getting It Right: Collaborative Problem Solving for Criminal Justice

<https://s3.amazonaws.com/static.nicic.gov/Library/019834.pdf>.

Spells out a practical, team-based approach to assessing current systems and implementing strategies for change. It was developed primarily for local criminal justice policy teams that want to work together to promote safety, prevent and solve crime, and hold offenders accountable.

How to “Nimble-ize” a Collaboration

http://www.fieldstonealliance.org/client/tools_you_can_use/07-25-07_nimble_collab.cfm.

Includes 10 principles for creating a resilient collaboration structure and why they are critical to success.

Looking Back, Moving Forward: A Program for Communities Responding to Sexual Assault (Workbook)

https://www.ncjrs.gov/ovc_archives/reports/soo/lbmf-wb.htm.

Assists interagency councils in organizing and carrying out the steps for developing and implementing a multidisciplinary, multiagency, victim-centered protocol. The workbook has easily customizable letters, media releases, meeting agendas, and other tools.

The Tension of Turf: Making It Work for the Coalition

http://www.preventioninstitute.org/index.php?option=com_jlibrar&view=article&id=103&Itemid=127.

Discusses common types of turf struggles and reasons why they occur and offers recommendations for limiting negative turf issues. Companion piece to Developing Effective Coalitions: An Eight Step Guide, which focuses on coalition startup.

Collecting Evaluation Data: An Overview of Sources and Methods,

<http://learningstore.uwex.edu/assets/pdfs/G3658-4.pdf>.
Covers sources and methods of data collection.

The Community Tool Box

<http://ctb.ku.edu/en>.

Provides resources for identifying local needs and resources, conducting public forums and listening sessions, collecting information, conducting focus groups, conducting needs assessment surveys, identifying community assets and resources, developing baseline measures, determining service utilization, and conducting interviews and surveys.

In This Toolkit: Intake and Outcome-Based Form

<http://ovc.ncjrs.gov/sartkit/tools/advocacy/IntakeandOutcome-BasedForm.doc> (Word)

Includes various data collection forms, such as those dealing with accompaniment data, crisis intervention, education, followup data, hotline data, peer and therapeutic counseling, volunteer trainer data, volunteer data, and client satisfaction data.

PM Builder: Instrument Development Checklist and Sample

<http://www.nationalserviceresources.org/star/instrument-development-checklist-sample>.

Serves a good example of a survey instrument, with accompanying instructions for setting it up.

Quick Health Data Online

<http://www.healthstatus2010.com/owh>.

Provides state- and county-level data for all 50 states, the District of Columbia, and U.S. territories. Data reports are available by gender, race, and ethnicity and come from various sources. Categories include demographics, reproductive health, violence, prevention, disease, and mental health.

Rape in the 50 States

http://academicdepartments.musc.edu/ncvc/grants/50_states_reports.htm.

Reviews the prevalence of rape in each of the 50 states. The report includes an estimate of the number and percentage of adult women who have been raped, a comparison of the magnitude of the problem in each state with that of the Nation at large, and a discussion of factors that increase the risk of being attacked.

SANE Program National Database

<http://www.sane-sart.com/staticpages/index.php?page=20031119085851195>.

Assists SARTs in setting up procedures for obtaining important feedback information, evaluating results, and comparing results to those in other regions.

Tips for Getting Technology Funding

http://www.fieldstonealliance.org/client/tools_you_can_use/10-04-05_techie.cfm.

Discusses six ways to improve the prospect of getting technology funding.

Using Technology To Enable Collaboration

https://www.ncjrs.gov/ovc_archives/bulletins/ut_8_2001/welcome.html.

Summarizes the collaborative effort and needs assessment that were critical to the conception and development of an online resource directory, an online training center, and an automated, online client case management system. The bulletin describes technology components and their implementation and suggests how communities can develop and maintain the same or similar technology-based initiatives.

Virginia Sexual and Domestic Violence Data Collection System

<http://www.vadata.org/index.html>.

Enhances and improves the collection of statewide data from all victims who use the services of local domestic violence programs and sexual assault centers.

Best Practices in the Investigation and Prosecution of Sexual Assault Cases

http://www.mncasa.org/svji_smart_best.html.

Links to an interagency responsibility matrix used by the Minnesota Model Protocol Project that focuses on tasks that directly involve or affect victims or have considerable implications for teaming.

Collaboration Framework—Addressing Community Capacity

<http://crs.uvm.edu/nnco/collab/framework.html>.

Helps individuals who are either starting collaborations or need help in strengthening an existing collaboration.

Community Organizational Assessment Tool

<http://www.uwex.edu/ces/pdande/evaluation/pdf/assesstool.pdf>.

Helps guide group discussion about how a board of directors, organization, or committee is functioning. Can easily be adapted by SARTs.

Community Tool Box

<http://ctb.ku.edu/en>.

Provides practical information to support work in promoting community development. There are sections on leadership, strategic planning, community assessment, problem analysis, grant writing, and evaluation to give just a few examples.

Enhancing Program Performance with Logic Models: Logic Model Basics

http://www.uwex.edu/ces/lmcourse/interface/coop_M1_Overview.htm.

Teaches users the basics of logic models.

Logic Model Worksheet

http://www.uwex.edu/ces/lmcourse/PDFs/LM_worksheet.pdf.

Allows users to chart inputs, outputs, and outcomes.

The Response to Sexual Assault: Removing Barriers to Services and Justice

http://www.mcadsv.org/resources/files/providers/response_to_sa.pdf.

Enables communities, victim advocacy organizations, medical systems, criminal justice systems, and other key systems in Michigan to design and support effective local and state responses to sexual assault involving adults and adolescents.

Toolkit to End Violence Against Women

http://www.saiv.net/SourceBook/Storage/documents/Toolkit/doc_toolkitTOC.pdf.

Includes recommendations for strengthening prevention efforts and improving services and advocacy for victims. Chapters of interest to SARTs may include information for the military, colleges and universities, American Indians, community-based services, mental health care, criminal and civil justice remedies, faith-based organizations, and educating the public.

Using Analysis for Problem-Solving: A Guidebook for Law Enforcement

<http://www.popcenter.org/library/reading/pdfs/Analysis.pdf>.

Provides police practitioners with a resource for conducting problem analysis. It is not a text on research methods but instead identifies issues and concerns police practitioners face in analyzing problems.

Confidentiality and Sexual Violence Survivors: A Toolkit for State Coalitions

<http://law.lclark.edu/live/files/6471-confidentiality-and-sexual-violence-survivors-a>.

Includes chapters on state and federal privileged communications statutes, rape shield laws, sources of privacy for victims, confidentiality waivers, discovery issues and confidentiality, public records, mandatory reporting, anonymous victims, and privacy considerations for specific populations.

Confidentiality and Information-Sharing Within a Coordinated Community Response

<http://data.ipharos.com/bwjp/documents/confidentiality.pdf>.

Outlines privileged communications for advocates, confidentiality and databases, recordkeeping, and confidentiality differences between government-based and community-based advocates.

Data Security Checklist to Increase Victim Safety & Privacy

<http://muskie.usm.maine.edu/vawamei/attachments/other/NNEDVDataSecurity.pdf>.

Describes the importance of maintaining victims' safety and privacy when using data collection technology, and includes a checklist of guidelines and recommendations to enhance database security.

Discovery Versus Production: There is a Difference,
http://law.lclark.edu/centers/national_crime_victim_law_institute/.

Discusses the basic differences between discovery and production when a defendant seeks access to a victim's records, and the importance of that difference to the victim.

Final Privacy Rule Preamble, U.S. Department of Health and Human Services

<http://aspe.hhs.gov/admsimp/final/PvcTxt01.htm>.
Includes standards for protecting the privacy of individually identifiable health information. It applies to health care providers who must provide enhanced protections for individually identifiable health information.

Parameters of Privilege and Confidentiality when Collaborating with Community Partners—A Guide for Sexual Assault Counselors and Advocates

Provides members of multidisciplinary teams with information about the scope of privileged communications that sexual assault counselors/advocates must honor. Search for this publication on the National Sexual Violence Resource Center's Library Web site.

Privacy of Victims' Counseling Communications

https://www.ncjrs.gov/ovc_archives/bulletins/legalseries/bulletin8/welcome.html.
Reviews state laws and issues related to the privacy of communications between victims and their counselors.

The Victim's Right to Confidentiality

<http://www.icasa.org/docs/misc/thevictimsrighttoconfidentiality.doc>
Provides a historical background on confidentiality and its implications for services received at rape crisis centers in Illinois.

Collaboration Toolkit: How to Build, Fix, and Sustain Productive Partnerships

http://www.cops.usdoj.gov/html/cd_rom/collaboration_toolkit/pubs/collaborationtoolkit.pdf.
Identifies nine components of a successful collaboration: stakeholders with a vested interest in the issue, trust among and between the partners, a shared vision and common goals, expertise among partners to solve community problems, teamwork strategies, open communication, motivated partners, sufficient means to implement and sustain the collaborative effort, and an action plan. As your SART develops and matures, revisit each component to assess the status of the collaboration.

Conflict Resolution Education: A Guide to Implementing Programs in Schools, Youth-Serving Organizations, and Community and Juvenile Justice Settings

<https://www.ncjrs.gov/pdffiles/conflic.pdf>.

Advances the development of conflict resolution in educational and juvenile justice settings. SARTs can use the material as a reference tool.

Facilitation Skills for Managers

<http://nicic.gov/library/016857>.
Trains managers who run meetings or lead task groups. The modules cover a range of topics, including forming groups, handling challenges, and completing the work.

Facilitation Skills for Trainers

<http://nicic.gov/library/016856>.
Helps experienced trainers who want to develop group participation and discussion skills. The material includes information on learning behaviors, facilitation strategies, and dealing with conflict.

Strategies for Building Effective Work Teams, Participant's Manual

<http://nicic.gov/library/017914>.
Covers critical elements of teamwork and stages of team development. The manual provides ways to assess organizational and individual readiness for developing and using work teams, developing high performance work teams, implementing interventions to enhance team productivity, and creating strategies to overcome barriers to team development.

Handbook on Justice for Victims

<http://www.uncjin.org/Standards/9857854.pdf>.
Helps criminal justice agencies and others who meet with victims implement victim service programs and develop victim-sensitive policies, procedures, and protocols.

Incomplete, Inconsistent, and Untrue Statements Made by Victims: Understanding the Causes and Overcoming the Challenges

http://www.mysati.com/enews/Mar2007/practices_03_07.htm.
Addresses why victims may make incomplete, inconsistent, or untrue statements to law enforcement and discusses how to overcome the challenges such statements pose to an investigation.

New Directions from the Field: Victims Rights and Services for the 21st Century

https://www.ncjrs.gov/ovc_archives/directions/welcome.html.
Incorporates views from victims, victim advocates, criminal justice practitioners, and allied professionals to form recommendations for providing justice and comprehensive services to crime victims.

The Psychological Consequences of Sexual Trauma

<http://snow.vawnet.org/applied-research-papers/?docid=349>.
Describes research findings on the effects of childhood and adult sexual victimization on women's mental health.

Toolkit to End Violence Against Women

<https://www.ncjrs.gov/app/publications/abstract.aspx?ID=206041>.

Contains recommendations for strengthening prevention efforts and improving services from numerous experts in the fields of sexual assault, domestic violence, and stalking.

Victim Responses to Sexual Assault: Counterintuitive or Simply Adaptive?

http://www.ndaa.org/pdf/pub_victim_responses_sexual_assault.pdf.

Provides information on the different responses that individuals who are sexually assaulted display as well as the different coping strategies of victims.

Evaluation Guide

Air University Sampling and Surveying Handbook—Guidelines for Planning, Organizing, and Conducting Surveys

<http://www.au.af.mil/au/awc/awcgate/edref/smpl-srv.pdf>

Covers types of surveys, their advantages and disadvantages, survey development, and analysis of data collection plans and surveys.

Basic Guide to Outcomes-Based Evaluation for Nonprofit Organizations with Very Limited Resources

<http://managementhelp.org/evaluation/outcomes-evaluation-guide.htm>.

Includes basic outcomes-based planning steps.

Community Tool Box, Section 5. Our Evaluation Model: Evaluating Comprehensive Community Initiatives

<http://ctb.ku.edu/en/table-of-contents/overview/model-for-community-change-and-improvement/evaluation-model/main>.

Provides information on the what, why, when, who, and how of evaluations; situational examples, tools and checklists; and overheads that summarize major evaluation points.

Evaluation Plan Workbook

http://www.innonet.org/client_docs/File/evaluation_plan_workbook.pdf.

Introduces the concepts and processes of planning a program evaluation.

Evaluation Toolkit

<http://friendsnrc.org/evaluation-toolkit>.

Helps users develop customized evaluation plans from the ground up.

Including Evaluation in Outreach Project Planning

http://nnlm.gov/evaluation/booklets/booklet2/booklet2_whole.pdf.

Includes information on developing outcomes-based projects and assessment plans, describes how to use a logic model at different stages of development, and provides sample data resources and evaluation methods.

Key Steps in Outcome Management

http://www.urban.org/UploadedPDF/310776_KeySteps.pdf.

Reviews the outcome measurement process, identifying specific steps and providing suggestions for examining and using the information.

Planning a Program Evaluation

<http://learningstore.uwex.edu/assets/pdfs/G3658-1.PDF>.

Includes chapters on creating an evaluation, collecting and using data, and managing evaluations.

Planning a Program Evaluation: Worksheet

<http://learningstore.uwex.edu/assets/pdfs/G3658-1W.PDF>.

Provides a chart to document stakeholders, the focus of evaluations, data collection methods, data analysis and interpretation, and other information.

Taking Stock: A Practical Guide to Evaluating Your Own Programs

<http://www.horizon-research.com/reports/1997/stock.pdf>.

Provides guidance on designing and implementing evaluations.

A UNICEF Guide for Monitoring and Evaluation

<http://preval.org/documentos/00473.pdf>.

Explains and contrasts the monitoring and evaluation processes.

Sample Forms

Community Organizational Assessment Tool

<http://www.uwex.edu/ces/pdande/evaluation/pdf/assesstool.pdf>.

Helps users evaluate how board members, organizations, and communities are functioning. Can be adapted by SARTs.

Evaluation Tools

<http://ovc.ncjrs.gov/sartkit/tools/eval-tools.html>

Includes links to several evaluation tools used by different SARTs throughout the Nation.

Intake and Outcome-Based Form

[http://ovc.ncjrs.gov/sartkit/tool/advocacy/IntakeandOutcome-BasedForm.doc.\(Word\)](http://ovc.ncjrs.gov/sartkit/tool/advocacy/IntakeandOutcome-BasedForm.doc.(Word))
Includes a victim survey at the end of the document.

Police Response to Rape and Sexual Assault

http://justicewomen.com/help_rape_evaluation.html.

Covers the initial police response, victim interviews, and investigation follow-ups. Provides information on the different responses that individuals who are sexually assaulted display as well as the different coping strategies of victims.

Key Terms

Activities: What you do to fulfill your mission (e.g., service delivery).

Effectiveness: A measure of your ability to produce a specific desired effect or result that can be qualitatively measured. **Evaluation:** The systematic investigation of the merit or significance of your SART. Evaluations answer specific questions about whether current policies, guideline, protocols, and responses work or do not work and provide the reasons why.

Goals: Future organizational and programmatic directions for your SART.

Impact: Positive and negative long-term effects of your SART's responses whether intended or unintended.

Indicator: A quantitative or qualitative measurement that is used to demonstrate whether your SART's goals and objectives have been achieved. Indicators help to answer key questions, such as where you are currently, where you want to go, and whether you are taking the right path to meet your goals.

Inputs: Any resources dedicated to the SART. Examples are money, staff and staff time, volunteers and volunteer time, facilities, equipment, and supplies.

Monitoring: Tracks your performance against what was planned or expected according to your SART's policies, protocols, and guidelines.

Objectives: Clear, realistic, specific, measurable, and time-limited statements of action that can move you toward achieving your goals.

Outcome Evaluation: A comprehensive examination of components and strategies intended to achieve a specific outcome. An outcome evaluation gauges the extent of success in achieving the outcome, assesses the underlying reasons for achievement or non-achievement, validates the contributions of SART agencies and allied professionals, and identifies key lessons learned and recommendations to improve performance.

Outcomes: Benefits for victims and the criminal justice system based on coordinated service delivery. For example, victims may be more willing to assist with the investigation and prosecution of their cases because their practical, emotional, psychological, social, and economic needs are prioritized.

Outputs: SART products and services. For example, the numbers of community referrals, medical forensic exams, and cases investigated and prosecuted. They are important because they should lead to a desired benefit for participants or target populations.

Performance Measurement: A system that analyzes, interprets, and reports on the achievement of outcomes.

Process Evaluation: Examines whether your SART is operating as intended. A process evaluation helps identify which changes are needed in design, strategies, and operations to improve performance.

Program Outcomes: The benefits of your services to victims, service providers, and the community.

Program Services (also known as activities or outputs): The services that you provide.

Qualitative Evaluation: Describes and interprets how well your SART is working, such as your SART's relevance, quality of resources (including literacy materials), efficiency of policies and activities, and cost in relation to what has been achieved.

Quantitative Evaluation: Documents how much your SART has accomplished, such as the numbers of individuals served and materials produced, amount of outreach to underserved populations, number of community referrals, number of cases prosecuted, and number of sexual assault reports or prosecutions.

APPENDICES

A - Planning Tool

B - Sample Memorandum of Understanding

Planning Tool

Planning for a Sexual Assault Response Team (SART)

Assessing Readiness for SART

Developed by the National Sexual Violence Resource Center

Assessing Your Readiness for a Sexual Assault Response Team

1. Define the geographic area that the team will cover (local, regional, state, etc.):

2. What is the total population of your jurisdiction?

3. How many hospitals serve your jurisdiction?

4. How many rape crisis/recovery agencies are in your jurisdiction?

5. How many law enforcement agencies are in your jurisdiction?

6. Describe the populations within your jurisdiction:

Group	Percent
Caucasian	
African American	
American Indian	
Hispanic	
Pacific Islander	
Asian	
Individuals With Disabilities	
Lesbian	
Gay	
Transgendered	
Rural Residents	
Immigrants/Refugees	
Other	

7. How many sexual assault cases were received in the past year?

Agency	Number
Law Enforcement	
Prosecution	
Victim Advocacy	
Sexual Assault Forensic Exam Projects	
Crime Lab	

8. Who perpetrated the sexual assaults that occurred in the past year?

Perpetrator	Number
Stranger	
Non-stranger	

Spousal	
Intimate Partner	
Juvenile	
Teacher	
Medical Personnel	
Law Enforcement Officer	
Clergy	
Caretaker	
Other	

9. What types of sexual assault occurred in the past year?

Type of Sexual Assault	Number
Attempted Rape	
Rape	
Sexual Battery	
Indecent Contact	
Forced Oral or Anal Contact	
Other	

10. What have victims identified as needs or unmet needs?

11. What is the benefit of forming a SART?

12. What is the community's perception of sexual violence?

13. What additional information do you have about sexual assault cases and trends in your jurisdiction?

14. What agencies collect data on sexual assault?

Agency	Type of Data
Domestic Violence Shelters	
Substance Abuse Treatment Centers	
Mental Health Centers	
Correctional Facilities	

Sex Offender Treatment	
Higher Education	
Public Health	
Social Services	
Prosecutor	
Law Enforcement	
Courts	
Community Advocate Groups	
High Schools	
Other	

15. How will SART meet the needs of participating agencies and organizations?

16. Are there specific guidelines, procedures, or protocols in place for responding to sexual assault?

Protocol	Yes or No
Law Enforcement Protocols	
Reporting Protocols or Statutes	
Forensic Exam Protocols	
Prosecution Protocols	
SART Activation Protocols	
Dispatch Protocols	
Emergency Medical Services Protocols	
Victim Advocacy Protocols	
Crime Lab Protocols	
Campus Protocols	
Military Protocols	
Tribal Nation Protocols	
Territory Protocols	

17. Which law enforcement agencies operate in this jurisdiction?

Agency	Contact Name
State Police	
Sheriff	
Police	
College/University Police	
School Police	
Military Police	
Tribal Police	
Federal Bureau of Investigation	
Other	

18. Which agencies are primary responders to sexual assault?

Agency	Contact Name
Victim Advocacy	
Emergency Medical Services (EMS)	
Law Enforcement (police, sheriff, state patrol)	
Crime Lab	
Prosecution	
Sexual Assault Forensic Examiner	
Public Health	
Mental Health	
Other	

19. What other agencies/individuals need to be considered for SART?

Agency/Individual	Contact Name
Civil Legal Attorneys	
Domestic Violence Program Experts	
Education Representatives	
Juvenile Justice Program Staff	
Hospital Staff	
Disabilities Specialist	
Substance Abuse Providers	
Research Community	
Hospital/Facility Administration	
Health Care	
Courts	
Probation/Parole/Correctional	
Crime Victim Compensation Agencies	
Governmental Agencies	
Educational Institutions	
Public Institutions (including libraries, Chamber of Commerce, etc.)	
Media	
Victims/Survivors	
Elected Officials	

Faith Based	
Culturally Specific Organizations	
Other	

20. What procedures do victim advocates follow when responding to sexual assault?

21. What procedures does law enforcement follow when responding to sexual assault?
Consider protocols and state statutes.

22. What procedures do forensic examiners follow when responding to sexual assault?

23. What procedures do prosecutors follow when responding to sexual assault?

24. How are agencies coordinated after a disclosure of sexual assault?

25. How can a SART connect to the diversity within the community?

26. What interagency collaborations currently exist in your community? How does SART fit into those efforts (e.g., domestic violence task forces, child abuse response teams)?

27. On a scale of 1–10 (poor–excellent), how would you describe multidisciplinary, interagency cooperation in your community?

28. Do law enforcement and health care officials have procedures for working with victim advocacy agencies? Yes ____ No ____ If yes, briefly describe the processes:

29. What challenges or barriers may exist in forming a SART?

Challenges	Describe
Victim Advocacy	
Law Enforcement	
Sexual Assault Forensic Examiners	
Prosecution	
Public Health	
Mental Health	
Crime Lab	
Obtaining Core Team Membership	
Confidentiality Issues	
Developing Sexual Assault Response Team Protocols	
Political Climate	
Community History of Collaboration	
Signing an Interagency Agreement	
Other	

Sample
Memorandum of Understanding

incorporated by written instrument, and effective when executed and signed by all parties to this MOU.

B. Applicable Law. The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of [insert State name]. The courts of the State of [insert State name] shall have jurisdiction over any action arising out of this MOU and over the parties, and the venue shall be the [insert the Judicial District and County], [insert State name].

D. Entirety of Agreement. This MOU, consisting of [insert number] pages, represents the entire and integrated agreement between the parties and supersedes all prior negotiations, representations and agreements, whether written or oral.

E. Severability. Should any portion of this MOU be judicially determined to be illegal or unenforceable, the remainder of the MOU shall continue in full force and effect, and either party may renegotiate the terms affected by the severance.

F. Sovereign Immunity. The [requesting law enforcement agency] and the [assigning law enforcement agency] and their respective governing bodies do not waive their sovereign immunity by entering into this MOU, and each fully retains all immunities and defenses provided by law with respect to any action based on or occurring as a result of this MOU.

G. Third Party Beneficiary Rights. The parties do not intend to create in any other individual or entity the status of a third party beneficiary, and this MOU shall not be construed so as to create such status. The rights, duties and obligations contained in this MOU shall operate only between the parties to this MOU, and shall inure solely to the benefit of the parties to this MOU. The provisions of this MOU are intended only to assist the parties in determining and performing their obligations under this MOU. The parties to this MOU intend and expressly agree that only parties signatory to this MOU shall have any legal or equitable right to seek to enforce this MOU, to seek any remedy arising out of a party's performance or failure to perform any term or condition of this MOU, or to bring an action for the breach of this MOU.

8. Signatures. In witness whereof, the parties to this MOU through their duly authorized representatives have executed this MOU on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

The effective date of this MOU is the date of the signature last affixed to this page.

[AGENCY]

[Name and Title]	Date
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[Name and Title] _____ Date _____

[AGENCY]

[Name and Title]	Date
------------------	------

[Name and Title] Date



A 2014 ADAPTATION FOR
KENTUCKY'S COLLABORATIVE TEAMS