

Colorado Coalition Against Sexual Assault -
Statewide Sexual Assault Response Team Manual
Version I

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Should you have any questions or concerns, please feel free to contact the Colorado Coalition Against Sexual Assault (CCASA) at 303-861-7033.

Overview

In 1984, Colorado Coalition Against Sexual Assault was formed by rape crisis advocates. Since its inception, CCASA has grown to offer statewide conferences on sexual assault, training teams, prevention campaigns, and a strong membership base. At present, CCASA has over 100 members, including agencies who provide direct support and advocacy to victims of sexual violence as well as individuals and allies committed to working towards a society free from sexual violence and oppression.

CCASA began housing a Sexual Assault Nurse Examiner (SANE) Coordinator in 1995, to provide training and support for SANEs throughout the state. From that, CCASA expanded its programming to include Sexual Assault Response Team support and expanded SANE to include Sexual Assault Examiners (SAE), which are other licensed medical professionals who conduct the forensic evidence collection exam. With this expansion, CCASA developed this manual to assist existing SART communities, as well as development of new SART programs. Because it is the most common, the term SART will be used throughout this book to denote local multidisciplinary, collaborative efforts although your community may use a different terminology.

This handbook will lead you through the process of developing or strengthening your community's sexual assault response team and may be used in its entirety or as a resource for specific stages of development.

For anyone in the first phase of development, it is recommended that you follow the entire process, using each section at a separate meeting. This process takes time and patience. In addition, the complexity of issues you face in your community can alter the process significantly. Cultural awareness and competency is vital throughout this project, so please alter any materials that will more effectively help you reach the community you serve.

The information in this handbook, from general information about meeting topics, to the resources provided, serves as guidance – not a rigid set of instructions. This manual includes specific topic areas, ideas, and questions posed by various national organizations, amongst other resources. Updates to this handbook will occur every year. To that note, we embrace comments, suggestions and specifics from your program that would assist other Colorado programs and serve as a national example. We are hopeful that in the future, this handbook will contain examples and practices from each county's SART development, implementation and coordination process. Portions of this manual were published originally by Oregon's Attorney General Sexual Assault Task Force's SART, to whom we extend our thanks in allowing us to adapt it for our purpose. We would also like to acknowledge the Kentucky Association of Sexual Assault Programs, Inc. (KASAP) and the California Coalition Against Sexual Assault's (CALCASA), whose manuals also assisted the development of a framework for this manual

For questions, comments, or requests for specific information, resources, and/or trainings, please contact CCASA. The CCASA Statewide SAE/SART Community Outreach Program and Coordinator can be reached at:

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Overview - Terminology

The following is a summary of terms that will appear throughout the manual.

First Response: The response that takes place the first time a victim notifies an agency that a sexual assault has occurred. This response will vary between jurisdictions.

Forensic Medical Examination: An examination performed by a licensed medical professional for collecting forensic evidence from a sexual assault.

SANE: (Sexual Assault Nurse Examiner) - A registered professional nurse who has successfully completed both the didactic and clinical training to become a SANE.

SAE: (Sexual Assault Examiner) – A licensed medical professional who has completed training to perform forensic medical examinations for sexual assault. This can be doctor, nurse or clinician.

SART: (Sexual Assault Response Team) – “a multidisciplinary interagency team of individuals working collaboratively to provide services for the community by offering specialized sexual assault intervention services. Teams are specialized to fit the needs of each community and generally have goals of increasing reporting and conviction of sexual assaults and countering the experience of sexual trauma with a sensitive and competent response.

Typically, teams consist of key responders such as advocates, law enforcement officers, forensic examiners (e.g.; SANE/SAFE/FNE), crime lab personnel and prosecutors.”¹

Community-based Advocates: Victim advocates associated with rape crisis centers, community agencies or non-profit organizations. They are typically trained volunteers, not paid staff and have confidentiality, which, advocates based in law enforcement or district attorney’s offices do not.

Systems-based Advocates: Victim advocates that are a part of a law enforcement team or district attorney’s office. They can be volunteers or paid staff, but can share information with law enforcement gained in conversation with the victim.

Origin of SART

The SART concept originated through professionals who believed that it was possible to do a better job responding to sexual assault victims by working together in collaboration with one and other. What they found conclusively, is that the coordinated response, in conjunction with increased training, made for better investigations, better victim support, and better prosecutions.

According to the California Against Sexual Assault's SART Manual, the first program having key features of the SART model was established in 1975 by the Memphis, Tennessee Police Department through a Federal grant. The program was called The Rape Crisis Center. In a 1986 formal report to the National Institute of Mental Health (NIMH), the program description included a Director, three counselors, ten nurse practitioners, a laboratory technician, a secretary, and 45 volunteers. The report states that the early focus of the program was on the medical examination and evidence collection. This program is recognized as the first Sexual Assault Nurse Examiner (SANE) Team in the nation. The NIMH report, however, makes it clear that coordinated interviews took place between the City Police, County Sheriff's Department and the SANE Team. In addition, the victim could receive examinations without law enforcement agency involvement.

Before the grant expired, the program was transferred and made a separate bureau under the City of Memphis Executive Division for reasons of budgetary protection. Although not formally identified as SART, this program had the components of the SART model.²

Having a strong SART will lead not only to collaboration between law enforcement, advocacy, medical, and other participating agencies, but could also help develop a Sexual Assault Examiner (SAE) program that is unique to the community to support the needs of victims of sexual assault.

SART in Colorado

The first Sexual Assault Nurse Examiner (SANE) program in Colorado was piloted at Colorado at Memorial Hospital in Colorado Springs in 1995 as a project of CCASA. Valerie Sievers (MSN, RN, CNS, CEN, SANE-A, Forensic Clinical Nurse Specialist), who staffed that first program continues to serve SANE programs throughout the state as a trainer, technical assistance resource and direct service provider at the University of Colorado at Colorado Springs Beth-El College of Nursing and Health Sciences. From that point onward, SART teams have formed as support for SANE programs.

With the creation of a SART Community Outreach Coordinator in 2006, CCASA addressed the need of Colorado communities for support of SART programs in non-traditional settings.

National Overview of Sexual Assault

Sexual assault is an issue that crosses all gender, racial, and economic lines in the United States – yet remains nearly invisible in the public arena. This is because of the huge discrepancy between incidence and disclosure.

Sexual assaults encompass a wide range of forced or compelled sexual acts that affect victims and their loved ones. The effects of sexual assault are far-reaching and include immediate and long-term psychological, social, physical and emotional impacts.

The Bureau of Justice Statistics cites that there were 127,430 instances of rape or attempted rape in 2006.³ The Centers for Disease Control and Prevention (CDC) reveal that 78% of victims are women, while 22% are men.⁴

These figures do not include victims 12 or younger. While there are no reliable annual surveys of sexual assaults on children, the Justice Department has estimated that 1 of 6 victims are under the age of 12.

Colorado Overview

Twenty-four percent (1 in 4) of Colorado women and 6% (1 in 17) Colorado men have experienced a completed or attempted sexual assault in their lifetime. This equates to over 11,000 women and men each year experiencing a sexual assault in Colorado⁵.

The Colorado Bureau of Investigation reports that in 2005 1,971 forcible rapes were reported to law enforcement agencies in Colorado. This is a 5.4% increase in forcible rapes over 2004. Forcible rape accounted for 3.0% of the major offenses reported. 1,797 or 91.2% of the rapes were reported as completed forcible rapes. 174 or 8.8% of the rapes were reported as attempted offenses.⁶

Materials from Other States

Materials from other states are offered as examples to be used as resources during planning sessions to demonstrate the variety of ways other areas have worked to address a specific topic or issue.

Building a SART – The planning process

This manual can be used in a variety of ways. For communities who are looking to operate in a linear fashion, you can begin with monthly meetings over the course of one year. The sections of this handbook are outlined by topic. For communities who already have established SARTs, this manual can also be used to strengthen certain areas of your SART, or select the sections that need to be addressed. A community could also use this manual is to compare your current policies and protocols with those listed here to evaluate your SART.

It is encouraged, especially for SARTs that are in the beginning stages, to meet monthly. In this way, the team is able to continue to evaluate roles and responsibilities, progress, engage in continuing education, and review cases to help with establishing the best response for victims of sexual assault.

Section 1 – SART Introduction – Why a SART in my community?

Section 2 - Building your SART – Who and how?

Section 3 – Decision Making and Roles and Responsibilities

Section 4 – Advocacy Response

Section 5 – Law Enforcement Response

Section 6 – Medical Response

Section 7 – Prosecution Response

Section 8 – Developing First Responder Protocols

Section 9 – Continuing Education

Section 10 – Evaluations

Section 11 – Community Outreach and Final Considerations

Section 12 – Case Reviews

APPENDIX

Sexual Assault Response Team (SART):

A SART is a multidisciplinary interagency team of individuals working collaboratively to provide services for the community by offering specialized sexual assault intervention services.⁷

The formation of a SART is driven by the desire to improve each step of the response to sexual assault in your community. When the SANE programs were first introduced as one answer to sexual assault, many SART programs were formed as an afterthought. The development of a SART is the first step to addressing the community's needs concerning sexual assault.

Many communities lack the human and financial resources necessary to house a fully staffed SANE program. Building a collaborative team will allow a community to offer additional solutions to victims of sexual assault both when a SANE program is present, and when a community is not able to support a SANE program. This manual will help you to develop each step of that process; from outlining roles and responsibilities of each member agency, assessing cultural competency, and first responder protocol. Fully understanding the roles and protocol for every step in your process is vital to the success of your SART.

Why a SART?

Discussing the reasons and rationale for forming a SART are not only important for the formation of the SART, but for the community to understand the basis on which you have formed this collaborative effort. This is merely a working list of suggestions which communities can add to or edit in order to meet their unique needs.

- To make the victim the center in all actions involving their well-being, be it in community advocacy or the criminal justice system
- To increase coordination between agencies that work with victims of sexual assault
- To clearly define roles and responsibilities across agency lines to establish equal response to all victims in the community
- To increase community understanding of sexual assault, as well as the community's ability to respond.

Questions and Concerns

1. What is the benefit of forming a SART in your community?
2. How will your SART fit into existing local collaborative efforts?

Victim-centered vs. system-centered

A victim-centered system relies upon a change from a focus on the “case” to a victim/survivor focus. “Victim-centered” shows an awareness of the needs of the victim within the response and the process of healthcare, criminal justice system and advocacy. One challenge in creating an effective criminal justice response to sexual assault is balancing the needs of victims with the requirements of building solid cases for prosecution, if the victim is choosing to move forward. Additionally, the limitations of finite and largely insufficient resources within each responding agency and the lack of resources in many communities make it challenging to develop realistic solutions.

How will you respond to victims with specific needs – victims that are members of a vulnerable population? How will you respond to a victim who is gay, lesbian, bisexual, or transgender? Will your response differ if the victim is a teenager who has engaged in underage consumption of alcohol? To victims with a disability, victims who suffer from mental illness, an inability to speak English? Having the ability to respond to community members of varying needs, including the vulnerable population, will be an indicator of a sustainable and encompassing program.

There are many ways to evaluate the success of the community response, not just criminal justice indicators. The team should be confident that a victim will find the participating agencies easy to work with, accessible, sensitive to their needs, and informative at all times.

Additionally, developing assessment tools to evaluate these questions will keep your SART informed about their effectiveness in the community. These tools will be discussed later on in this manual, and samples have been included in the appendix.

Potential concerns

- ✓ What does victim-centered mean to you?
- ✓ How will you prioritize the needs of the victim without offering “false hope”?
- ✓ Is the victim involved in every step of the process?

The following is a chart from the Minnesota Model Sexual Assault Response Protocol Project.

Case-Centered	Victim-Centered
<p>Law Enforcement Interview: The interview with the victim seeks to:</p> <ul style="list-style-type: none"> ● identify elements of a crime ● evaluate the victim as a potential witness ● determine the victim’s credibility 	<p>Law Enforcement Interview: The interview with the victim seeks to:</p> <ul style="list-style-type: none"> ● identify the nature of the harm done as well as the elements of any crimes ● acknowledge the violation ● listen for concerns about current and future well-being ● discuss the victim’s wishes about the future of the case ● address the case requirements ● a by product of the successful interview will be to give law enforcement the necessary information to make a determination about the victim as a credible witness
<p>Press Releases:</p> <ul style="list-style-type: none"> ● A media or press release is timed according to case preferences and the media’s request for public data. Typically, the victim learns of case progress through media reports 	<p>Press Releases:</p> <ul style="list-style-type: none"> ● Every effort is made to inform the victim of information to be released to the media before it is made public. Appropriate discretion is used regarding certain case details and/or in line with culturally specific concerns.
<p>Plea Bargains:</p> <ul style="list-style-type: none"> ● A plea agreement is reached between prosecution and defense counsel minutes before a previously scheduled court hearing on the case. The plea is taken at the hearing, the offender simply answers yes or no to questions asked by his attorney to establish the elements of the crime. The victim finds out in court – or afterwards – that the case has been plead and that it is all over. 	<p>Plea Bargains:</p> <ul style="list-style-type: none"> ● Possible plea agreements have been discussed with the victim and her or his advocate prior to the hearing. If the purpose of the hearing changes, the prosecutor works with the advocate to make sure the victim is both notified and present to hear the change in plea. The hearing time is changed, if necessary to accommodate the presence of the victim. Whenever possible, the offender is asked to tell, in his own words, what happened with questions from the attorneys to help establish the elements of the crime for the record.
<p>Jury Decision:</p> <ul style="list-style-type: none"> ● A jury is ready to deliver their verdict at the end of a long deliberation. All parties are contacted to return to the court for the verdict, including the victim who wants to be present. The court declines to wait for the arrival of the victim before reading the verdict. She finds out about it after everyone has left the courtroom. 	<p>Jury Decision:</p> <ul style="list-style-type: none"> ● A jury is ready to deliver their verdict at the end of a long deliberation. The advocate has left a cell phone number to call for immediate notification of the victim. The court awaits the arrival of the victim before allowing the reading of the verdict.

Community Collaboration

A SART offers many benefits to victims in the community, but must be achieved through multidisciplinary collaboration. So what are the benefits in collaborating for each participating discipline? The Texas Association Against Sexual Assault generated a list of ten ways in which community coalitions are capable of primary functions according to reviews of the literature.⁸

- Minimize duplication of services.
- Increase the effectiveness and efficient delivery of programs/services.
- Improve capacity to plan and evaluate.
- Strengthen local organizations and institutions to respond better to the needs and aspirations of the constituents.
- Develop wider public support for issues.
- Increase the influence of individual community institutions over community policies and practice.
- Increase accountability.
- Exploit new resources in a changing economy.
- Increase participation from diverse sectors and constituencies.
- Broaden the mission of member organizations and develop more comprehensive strategies.

Section 2 – Building a SART

Now it is time to develop the list of agencies that will be represented from your community. The SART can be as large or small as can adequately fulfill the needs in your area.

Before undertaking the process of developing a SART program, it is imperative to establish a wide base of community support. The success of a SART program is facilitated by contact with community members who have a commitment to improving the community's response to sexual assault victims. Constant communication and collaboration with community members is essential for your program to grow and be effective.

It is important to garner community support and exposure through this contact, and to make sure those who will ultimately determine the effectiveness of the program will help make it work. Ideally, the SART should include representatives from various agencies with a vested interest in developing this team. The chairperson should be a person with sufficient influence to assemble the task force members and have sufficient time within their current position to oversee and facilitate SART formation.

In general, a representative from a community-based advocacy program maintains this position. If the group is unable to agree upon a chairperson or sole voice of leadership, consider a steering committee to facilitate the group and help with decisions and conflicts. Different decision-making tactics will be discussed in the next section.

Depending on the size of your SART, the availability of members and the understanding of the time necessary to chair a SART program, you may go through a variety of facilitation options.

Questions and Concerns

1. What are the pros and cons to having a chairperson vs. steering committee to lead the SART?
2. How will the size and representation of your SART reflect the cultural dynamics of your community?
3. Do we understand the mission and priorities of each organization attending the planning meeting?

Who should be represented on the SART?

To be effective, the SART should be comprised of at least one member from law enforcement, advocacy, prosecution, and local medical teams. These are the first responder agencies and are most likely to encounter and respond to sexual assault in your community.

Here are some suggestions for additional members:

- Hospital/facility administration
- Sexual assault/Rape crisis centers
- Domestic violence crisis centers and shelters
- Child welfare teams
- A representative from each law enforcement jurisdiction in community; including local, sheriffs, and federal agencies
- Mental health providers
- Elected officials and/or legislators
- Prosecutors/district attorney's office
- Judges
- Victim advocates (system and/or community based)
- Colorado Bureau of Investigation
- Probation, parole, and correctional institutions
- Schools and universities – Individual teachers and superintendents
- Human trafficking agencies
- Immigration services, ICE
- Park authorities
- Resort administration
- Tribal representation

The SART should reflect the racial and cultural diversity of your community.

You should consider including any other system or organization that has a stake in improving the community's response to sexual assault and will be impacted by the development of a SART program.

The purpose of the SART is to help guide members in their response to victims of sexual violence by creating a community SART protocol, along with sparking community interest in the program.

Once you have identified these individuals, it is important to bring everyone to the table. This first meeting can be a simple discussion about what a SART can do in the community. You may also want to invite community members who support SART development. It is important to be clear that this is a multidisciplinary team who will be working together to serve victims of sexual violence together. There may be conflict between participating agencies. A designated facilitator for meetings may help reduce conflict between participating agencies.

Once organized, a good way to open dialogue is to have members present their perceived role in a sexual assault case. Having each member state their role in the community as it relates to sexual assault cases can help members understand one and other's perspective. The next steps include creating a purpose statement for the team. A statement of purpose helps everyone adhere to the goal of working to develop comprehensive response for victims of sexual violence. The following page lists some SART membership and purpose statement guidelines from other states/areas.

**SART membership information
from around the country**

California

Representatives from the rape crisis center, each area law enforcement agency, DA's office, crime lab, SANE from each hospital that has a program, DA-based victim assistance program, area hospital

Alaska

First responders only: Law enforcement, advocates and health care professionals

Pennsylvania

Representatives from the hospital, SANE, advocates, law enforcement, and commonwealth attorney

Minnesota

Nonprofit advocate; prosecution-based advocate; victim advocate from parole and probation; university or college representative; prosecutor; forensic medical professional; public health representative; parole and probation officer. Also: sexual assault mental health professionals; jail representative; judicial representative; and 911 dispatcher attend periodically

Arizona

Many counties include members of FBI and/or Bureau of Indian Affairs when identified as the investigators for felony cases on tribal lands

**SART purpose statements from
around the country**

California - CALCASA

The purpose of the SART is to counter the experience of sexual assault with a sensitive and competent multidisciplinary response, to support efforts to restore wellbeing to the victim, and to bring responsible person(s) to justice.

Pennsylvania

The purpose of the SART is to provide a consistent, competent and comprehensive response to sexual assault and to each victim regardless of where the assault occurred or where the victim resides.

San Diego County, CA

The purpose of the SART is to improve the provisions of services to victims of sexual assault by providing sensitive, efficient, interdisciplinary services and to ensure accurate evidence collection to promote the apprehension and prosecution of perpetrators.

Carver County, MN

The purpose of the SART is to ensure the coordination of a consistent, respectful, victim-centered response to sexual assault in Carver County.

Section 3 – Decision Making

SART is a partnership between agencies each with a distinctive mission, roles and responsibilities. In this unique collaborative partnership, getting in practice of making routine group decisions before tackling a controversial topic can be helpful. Decision-making should be collaborative, if possible, with a chairperson or designated facilitator aiding in the process. The SART can greatly increase its effectiveness by establishing broad principles for addressing problems and resolving conflicts. The following information has been quoted or adapted from the California Coalition Against Sexual Assault SART Manual.⁹

Anticipation, Not Reaction

Anticipating issues that could arise, as opposed to reacting to tense situations, will help the group in establishing guidelines for resolution.

1. Turf Issues

Turf issues can and will surface at any of the planning, organizing or implementation stages. Problems usually arise from conflicts in mission and goals, feelings of being “cornered” by other participating agencies, or through personality differences. The challenge is to build operating relationships that can withstand the confrontation of conflicting points of view.

2. Mission and Goal Conflicts

At times, the focus of the conflict can be around organizational mission and goals. This is the time to openly identify and discuss the mission and goals of each agency or discipline. There will be protocols and limitations that guide the operations of each organization. Open discussion can prevent personalization and polarization of conflicts.

3. Difficult Personalities

Primarily in small communities, or those in which similar individuals participate in many task forces or meetings, there can be difficult personalities may occupy key positions for years. Collaborative efforts and the positive results they produce for the good of the victim must be emphasized. Work to utilize existing pathways and relationships to build bridges and come to mutual understandings.

4. Personalization of Conflicts

In working to develop a victim-centered response, it is important to continue to emphasize this as the focus of the group. Interagency or personality conflicts can tear the team apart if an individual feels they are being singled out, attacked or insulted personally. Use the skills of different team members to educate each other around agency protocols and philosophical differences.

Seven basic operating principles to establish for resolving problems are:

- a decision-making philosophy grounded in the concept of "what is best for the victim" and "what is in the best interest of the community";
- a commitment to the SART approach;
- understanding that mistakes and conflicts are expected and that they introduce problems to be solved;
- understand that problems and/or conflict are opportunities for improvement;
- protocols and constructive methods for resolving mistakes and disagreements will be developed in response to problems;
- problems will be addressed, and not be allowed to continue unresolved;
- always take a constructive approach no matter how difficult the problem;
- recognize that some problems do not lend themselves to immediate resolution, and taking the "long view" may be indicated.

In conflict resolution, it is important to remember that the facts of the situation are only one level of the conflict. The second level of conflict is the meaning, interpretation and significance of the facts to each individual. Sometimes this meaning magnifies when people feel overwhelmed by their jobs or other circumstances. Reaching an understanding of the meaning, significance, interpretation, and ramification(s) of the facts to the individuals involved in the conflict can facilitate problem solving. In this way, each person can begin to appreciate the other's point of view. The next step is to identify various options for problem solving and to select the best option that works for all concerned. Finally, it is important to remember that not everything is rational. For seekers of rationality and objectivity, this is a hard concept to come by.¹⁰

Develop a Problem Solving Approach in Advance

In the case of differences, which have the potential or capacity for jeopardizing victim care, explicit procedures, **agreed upon in advance**, are needed.

One of the most challenging tasks is to resolve the occasional conflict between criminal justice SART goals and victim-centered SART goals. This is where the team must reach consensus about the best overall approach to maximize everyone's outcome. Generally, attempting to solve the problem at the lowest level within each agency is best. If indicated, however, an unsolved, persistent or recurrent problem may need to involve agency management. The best way for handling this process is to inform the person directly. If the problem persists, keep taking the problem to each level in the organization involving the parties from each previous level. Avoid immediately "going to the top" unless it is absolutely necessary, because resentment will develop. Solutions with "buy in" are stronger and often more lasting than those "imposed upon."

Sometimes, it may be necessary to approach agency management. If this occurs, recognize that the relationships between the individuals in question may not be the same again. Continue to be positive, constructive, and take "the long view." Never avoid telling the person you are taking the matter up to the next level in the organization. First, they will find out anyway. Second, the discussion will focus on your process rather than the content of your message. Always keep in mind - if people do not like your content, they will always attack your process. Having a sound process ensures that others must focus on the content of your message.

Most introductory SARTs found that their early meetings included significant discussion on their individual roles and agency practices. This is the most important step as it can eliminate potential conflict before it even occurs.

Another significant challenge for SARTs has been how to translate their developing cohesion to others within their agencies to ensure successful implementation of their protocol. Successful implementation occurs via training that introduces the protocol to members of participating agencies by sharing the SART's mission, joint understanding of key concepts and desired goals.

These efforts are particularly successful when SART representatives have kept their colleagues informed about the work throughout the development of the policies and procedures of the SART.

Exchange of Information

The exchange of information, how often it is shared, and the level of confidentiality are important to discuss during SART formation. The interagency council or team should consider what information needs to be shared among team members and with victims/survivors in the course of responding to a case and how it can be done with due consideration for confidentiality protections, case integrity, and safety concerns.

For example, community-based advocates have a different level of confidentiality in relation to law enforcement. Will this affect the SART's ability to discuss cases and respond effectively? Also, in small or rural communities there may be a higher level of concern where victim and perpetrator, family members, or other community members may all be involved and aware of the situation.

Section 4 – Advocacy Roles, Responsibilities, and Responses

The role of the advocate is vital to a victim of sexual assault and the other first responders on the SART. In many areas, there are community-based advocates as well as advocates associated with law enforcement and the district attorney's office. There are also advocates that work with specific populations such as children, LGBT community, individuals with disabilities and others. As you discuss the roles of each advocate in the team, bear in mind the different levels of confidentiality and how that affects a victim-centered goal.

Advocates will come into direct contact with all SART members, including law enforcement, medical personnel, and prosecution. Their roles and responsibilities in all of these interactions are important to maintain confidentiality and agency procedure, as well as in support of the victim. As mentioned, be sure to discuss the unique roles of both community and systems-based advocacy and the skills that each can bring to the table.

As advocates encounter medical personnel, primarily Sexual Assault Nurse Examiners (SANE) or Sexual Assault Forensic Examiners (SAFE), there can be concerns with the presence of the advocate during the time of the forensic exam and the liability with regards to the Health Insurance Portability and Accountability Act (HIPAA).

CCASA supports the presence of a community-based advocate for the victim during the time of the exam.

The advocate is there as a support for the victim as well as the Sexual Assault Examiner who is conducting the exam. This role however should be discussed amongst the SART members.

HIPAA governs individuals who engage in electronic billing, which many nurses do. HIPAA does allow for presence of other individuals during release of Personal Health Information (PHI) by a patient under specific circumstances. In order to help prevent any difficulties that may arise from discussions on this matter, we have provided an authorization form in the appendix that should be used in these situations.

This form, when signed by the victim, will release the medical professional from liability in discussing PHI in the presence of the advocate. Remember, however, that in these situations, an advocate may be subpoenaed for the defense or prosecution. Please contact CCASA for technical assistance in specific situations.

The following checklists help discuss the roles and responsibilities of advocates and assist with development of advocacy response, which will be used to determine first responder protocols for the SART. As you review these points in the group, be sure to let advocates voice all of their opinions and concerns. The team will not be able to function efficiently if there is unresolved conflict between members. If there is a dispute, reference earlier discussions around decision making. You may also want to designate a facilitator, if one does not already exist.

Roles and Responsibilities

- Determine whether or not the victim is safe both physically and emotionally (and do safety planning if needed)
- Determine the immediate medical care needs of the victim and whether or not the victim wants to go to the hospital or another medical provider for STD/pregnancy care
- Assess and accommodate the special needs of the victim (including, but not limited to language or cultural barriers, physical, mental, age, gender, rural, etc.)
- Provide crisis intervention, support, information and referrals to the victim and family and friends
- Provide nonjudgmental information about options
- Determine whether or not the victim wants to report
- If not reporting, provide information on evidence collection timeline and how it affects the victim's future options
- If reporting, contact law enforcement or follow SART protocol/guidelines
- Provide transportation to hospital for medical evaluation if necessary
- Inform victim of preserving options through evidence collection and evaluation
- Assess whether victim has need of food/shelter/clothing/transportation
- Access services and resources for victim or assist them in accessing services and resources as needed
- Accompany, support and provide information throughout all aspects of the process
- Regularly check-in with survivor on their needs, concerns, comfort and questions, continuing follow-up care after the initial response.
- Ensure that the survivor understands the systems in which they find themselves, including the roles and objectives of each agency and individual involved in her response
- Serve as a liaison between the victim and professional agencies
- Advocate on behalf of the victim's self-defined needs, decisions, wishes, questions and/or concerns
- Provide support, information and referral to family and friends of the victim
- Provide accompaniment when requested (forensic exam, courtroom, etc.)

**Developing Advocacy
Response**

It is vital for each of the first responders (advocacy, law enforcement, medical, and prosecution) review their agency procedure and response in light of SART collaboration. Some procedures may change to prepare for establishment of SART first responders protocol (to be discussed in a later section).

The following issues are to be discussed with the SART.¹¹ The answers will lead the team in development of the advocacy response.

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1. If there are multiple community-based advocacy providers in the county, who will provide which services and when? Will this be affected by local jurisdiction of law enforcement?
2. If there is the presence of law enforcement advocates, when will they be used? Can these advocates be used if the victim wishes to engage in anonymous reporting?
3. Will advocates be paged by the hospital? By law enforcement?
4. Will both advocates (community and criminal justice-based) be paged as part of first responder protocol?

5. How will the confidentiality rules of each SART member agency be observed within the SART? How will the confidentiality of the victim be maintained and information shared with the SART? Remember that community-based advocates have a different level of confidentiality than systems-based.

6. In providing services, how does the advocate prioritize the needs of the victim, medical personnel, law enforcement and prosecutors?

7. How will a victim who does not want to report a sexual assault access an advocate?

8. What would be the process in cases where the victim does not choose to report but wants the system to know about the perpetrator?

9. What is the value in offering advocacy services in teams? Can one advocate look after both the needs of the victim and family/friends?

10. How will the advocates continue to educate SART members on rape trauma, vicarious trauma, and other important issues? Will these trainings be required for law enforcement, medical personnel, and prosecution?

11. Will the advocates be able to offer multilingual and multicultural services? If not, how will victims get the information they need?

Section 5 – Law Enforcement Roles, Responsibilities, and Responses

Law enforcement has unique roles and responsibilities on the SART. It is preferable to have all local branches of law enforcement: the sheriff's office, campus security, park rangers, tribal law enforcement, Immigration and Customs Enforcement (ICE), and/or other federal agencies participate. Each agency will have the chance to discuss their priorities and protocols with the group and be able to develop SART protocols that are acceptable to everyone. There may be existing issues between these groups and discussion can be difficult. Again, the use of a moderator and/or facilitator is extremely helpful.

Once all of these individuals are in place, the roles and responsibilities can be discussed. There are important duties that will be shared between patrol officers, detectives, investigators, immigration forces, and other branches of law enforcement. This is the time to openly discuss the skills and needs that are specific to each group.

All members of the SART are charged with making their roles and responsibilities victim-centered. Does this conflict with the way sexual assault victims are currently processed by law enforcement? Are members aware of the signs of rape trauma and the resources that are available to them?

Do law enforcement officers understand their statutory requirement to pay for the cost of the forensic exam?

Two of the Colorado statutes that detail law enforcement responsibilities include payment of forensic exams and injuries to be reported. It is encouraged that both statutes, **C.R.S. 18-3-407.5** and **C.R.S. 12-36-135** are discussed in detail with all SART members.

In particular, **C.R.S. 18-3-407.5** details the responsibility of law enforcement to pay for the cost of the forensic exam, regardless of the victim's compliance with the criminal justice system. It is important to note that no other medical fees associated with the victim's presence in a hospital can be billed to law enforcement.

C.R.S. 18-3-407.5 Victim Evidence

(1) Any direct cost associated with the collection of forensic evidence from the victim shall be paid by the referring or requesting law enforcement agency.

CCASA hosts the Emergency Medical Exam Fund, which can be used to cover the cost of the forensic exam in the following circumstances:

- A victim of sexual assault wishes to have a forensic exam, but does not wish to comply with law enforcement in reporting the sexual assault.
- A law enforcement agency can clearly demonstrate severe budget restrictions that would prevent the fulfillment of their payment responsibilities.

Please see the appendix for the memo and application form regarding this EME Fund and its uses.

Roles and Responsibilities

- Protect and serve the needs of the victims and the community
- Collect and preserve evidence
- Identify and interview the victim and witnesses
- Identify and interview/interrogate the suspect
- Apprehend the suspect
- Conduct the investigation
- Assist with the prosecution – testimony/information/investigation
- Provide information to the victim regarding the investigative status of their case
- Provide a victim-centered response (as defined by your SART)
- Assess and address victim safety
- Encourage specialization for sexual assault cases
- Develop both rapport and trust with the victim
- Arrest perpetrators of sexual assault
- Reduce the fear of sexual assault
- Provide victims with information about VRA
- Have a complete familiarity with relevant sexual assault laws
- Gain a thorough understanding about the methods/patterns/characteristics of perpetrators
- Work in a collaborative and coordinated fashion with prosecution, other law enforcement professionals, victim advocates, medical professionals and crime labs
- Ensure that victims have an understanding of their legal rights, as informed by law enforcement
- Respect the human dignity and the uniqueness of the victim, unrestricted by considerations of racial, cultural, age, social or economic status, personal attributes, the nature of the health problems or the nature of the crime
- Maintain appropriate confidentiality of records, photographs and communications, while ensuring that all records are promptly and properly transferred, as required to appropriate persons or institutions.
- Report appropriately according to local, state and federal mandates
- Follow the chain of custody when collecting, securing and turning over evidence
- Secure photographs in locked space, handles them with respect and dignity for the victim and reveals the photographs only to those with a need to know
- Obtain required training and updates to serve the sexual assault population
- Provide input and recommendations to the SART, as an interdisciplinary member
- Obtain report from the Sexual Assault Examiner (SAE) regarding the forensic examination
- Present case to the District Attorney
- Work to operate under victim-centered guidelines – informing the victim of all information, interview times, and agency procedures

**Developing Law Enforcement
Response**

It is vital for each of the first responders (advocacy, law enforcement, medical, and prosecution) review their agency procedure and response in light of SART collaboration. Some procedures may change to prepare for establishment of SART first responders protocol (to be discussed in a later section).

The following issues are to be discussed with the SART.¹² The answers will lead the team in development of the law enforcement response.

.....

1. When is the best time and place to conduct the initial victim interview?
2. Who should do the initial interview? A patrol officer? A detective?
3. How can a victim advocate be helpful during police interviews?
4. What are the training needs for patrol officers to enable them to do the best job possible in interviewing victims, suspects, and witnesses and in collecting evidence?
5. What would be the best practice when it comes to interviewing a victim? How many interviews are usually sufficient? Who will conduct each interview? Where would be the ideal place to conduct the interviews? What protocol will be followed in the victim is under the influence of drugs and/or alcohol?
6. Should part of the protocol for law enforcement be to contact corrections for possible information on suspects who are under supervision?

7. What evidence should always be collected? What should depend on circumstances? What is “enough” in collecting evidence or gathering statements?
8. What will the role of the officer be in collecting evidence from the suspect (suspect forensic exam kits)? Where in the process will be the obtaining of a warrant to force the suspect to submit to the evidence collection process?
9. Is there a role in the evidence collection process for taped phone calls between victims and (known) perpetrators? Will this be done at the instigation of the police or the DA’s office?
10. What will the specific roles be of dispatch? Patrol officer? Detective? Sergeant?
11. What are the resources if the victim or suspect has special needs?
12. What will happen if the victim is an undocumented individual? (See Cultural Competency and Resource sections if you have no experience with this population)
13. How will the confidentiality rules of each SART member agency be observed within the SART? How will the confidentiality of the victim be maintained and information shared with the SART? Remember that community-based advocates have a different level of confidentiality than systems-based.
14. Are multilingual and multicultural services available to communicate equally with victims?

Section 6 – Medical Roles, Responsibilities, and Responses

There are many items of discussion around the roles, responsibilities, and response of medical professionals that participate on your SART. It is important to invite all hospitals, clinics, and other centers that may house space for forensic exams. Some communities prefer the Emergency Department of a hospital to be used, as they can offer medical services as well as the forensic exam. Some advocacy centers have designated rooms where Sexual Assault Examiners come to conduct the forensic exam. Regardless of what model your community chooses, it is vital that the needs of the victim are met. The SANE Development and Operation Guide¹³ suggests that victims often face:

- Inadequate services and lower standards of care when compared to other ED patients
- Long wait times in which they are discouraged from eating, drinking, or urinating
- Hospital staff that is uneducated in regards to sexual assault, and thus unwilling to perform the exams

CCASA feels that every victim deserves equal access to health and forensic services. Nurses who felt that a nursing-focused service model could be implemented to best serve victims of sexual assault started the SANE model in 1977. The training for SANE certification is thorough and extensive, and leaves the nurse with a full understanding of the needs of the victim, the skills to collect forensic evidence, the ability to provide expert testimony in court, and the professional demeanor to continue to serve victims day after day.

There are other nursing-focused service models that are very successful; for example, Sexual Assault Forensic Examiners (SAFE) and Forensic Nurse Examiners (FNE), and there are models that utilize the skills of doctors, physician's assistants, midwives, and other professionals in addition to nurses. All models can be covered by the term Sexual Assault Examiner (SAE). Individuals who hold some form of certification clearly offer the best standards of care that a victim can encounter. Due to human, capital and financial resource constraints, some communities, primarily rural, are not able to bear the cost of training, equipment, on-call staffing, or simply do not see enough sexual assault cases per year to justify such programs.

We encourage all medical professionals to participate in education around sexual assault and the process of forensic evidence collection. For more information, please contact CCASA.

Through SART participation, the team can generate ideas to have prosecutors and district attorneys offer practice sessions for nurses and doctors to try out their skills in testifying. The team can decide on options for providing victims with clothing at the site of their exam. The team can brainstorm how to generate funds or write grants to assist hospitals or clinics in getting specialized equipment. Small steps in educating medical professionals in your community about the occurrence of sexual assault and the vital role they can play will help the SART in developing comprehensive medical and forensic services.

Roles and Responsibilities

- Provide an effective medical response
- Identify, collect and preserve evidence
- Inform the patient of all relevant procedures and practices
- Ensure that the patient has all the follow-up information necessary to address future health care concerns
- Provide a victim-centered response
- Provide continuity of care – from start to finish
- Work within a multidisciplinary effort and work collaboratively with the SART
- Initiate the coordinated team response
- Ensure victim sensitive care from all staff
- Provide follow-up information including information to meet psychological needs, physical needs, health care, and information and referral
- Provide trained personnel to collect evidence and work with victim
- Prompt the victim-centered exam and ensure that it is gentle, uninterrupted and takes place in a dedicated room
- Maintain the competency of staff through continued training/education
- Provide peer review
- Provide for quality assurance
- Explain the medical-legal examination in terms appropriate to the age and anxiety of the patient
- Ensure that patient understands the medical-legal process before obtaining written consent to proceed with the medical-legal examination
- Ensure a guardian is contacted or a court order is obtained in the case of an unconscious victim, severely disabled victim or a victim who is otherwise unable to give informed consent
- Communicate with law enforcement about the examination if the victim wishes to report
- Provide the opportunity and support of having the advocate, or another support person in attendance during the forensic examination.
- Perform the initial assessment in a timely manner
- Assess the patient's understanding and needs throughout the forensic examination
- Refer the patient, as indicated for further medical care based on the patient's request or medical findings
- Work with the advocate to help the patient identify personal supports for medical and emotional needs
- Maintain confidentiality of records, photographs and communications

Developing Medical Response

It is vital for each of the first responders (advocacy, law enforcement, medical, and prosecution) review their agency procedure and response in light of SART collaboration. Some procedures may change to prepare for establishment of SART first responders protocol (to be discussed in a later section).

The following issues are to be discussed with the SART.¹⁴ The answers will lead the team in development of the medical response.

.....

1. What is your community's current acute medical response for sexual assault?
 - 1a. What are the roles of the different medical professionals (PA, EMT, FNP, etc.)?
2. Is your current response as effective as it needs to be? Why?
3. Would the availability of a trained Sexual Assault Examiner improve your community's response to sexual assault? If yes, how?
4. What would be the specific benefit to the victim to have a specially trained examiner available?
5. Are all medical personnel educated about the appropriate response to a sexual assault patient? Who is able to conduct the forensic exam if there is no certified examiner?

6. How will your community ensure that adequate medical follow-up for the victim?
7. How does the forensic evidence that is collected fit into the larger evidence collection context?
8. Will the medical professional encourage the presence of an advocate in the room during the exam?
9. Are there opportunities for continuing education?
10. How will medical professionals keep current on all skills that are required to fully support the victim (testifying, state statutes and protocols, anonymous reporting requirements, etc.)?

Section 7 – Prosecution Roles, Responsibilities, and Responses

The prosecutors, as other responders already discussed, have unique roles on the SART. Through them, the SART can track prosecution rates, numbers of plea agreements reached, and work to educate judges in your community. Your SART must decide which standards it will use for self-evaluation, but after 3-5 years of operation, it will be appropriate to begin tracking how prosecution rates have been affected by the presence on of the SART in the community.

Some areas have district attorneys who work specifically with crime victims or victims of sex assault, but some regions are simply too small to have such a resource. Similarly, there can be victim advocates that work or volunteer through the district attorney's office and they are another piece of the advocacy discussion, and are able to offer insight into victim behavior to prosecutors.

Having the mind of a prosecutor at the table can be a great asset for a SART. Sometimes advocates, medical personnel, and even law enforcement lack the foresight to understand how all of their actions can affect the ability of the case to move forward. In this way, prosecutors are able to offer that unique perspective in helping the team see the "big picture" when it comes to the criminal justice system.

Many nurses and doctors reported feeling more confident in their work with forensic examinations once they understood how it would be used and how closely prosecution and defense would examine each piece.

In addition, prosecutors trained in and who have experience with the dynamics of sex assault cases are very helpful in assisting with community outreach and education. They are able to reach out to judges and other professional contacts to speak about sexual assault. They can speak in the community about common rape myths, prevalence of sexual assault in the state and local community, and continue to uphold the goal of victim-centered services.

Roles and Responsibilities

- Evaluate the case for prosecution, considering the merits and seriousness of the case as well as the interests of justice, needs of the victim, and community safety
- Ensure a thorough and collaborative investigation of the facts and circumstances of the case
- Hold perpetrators of sexual assaults accountable for their crimes
- Provide a victim centered response
- Encourage use of the term “victim” by judges instead of “accuser”
- Encourage specialization for SA prosecutors and facilitate vertical prosecution (one prosecutor from beginning to end)
- Increase the knowledge and expertise of all attorneys who prosecute SA cases dynamics, laws and skills
- Take into account the victim’s input throughout the process
- Meet with the victim in-person to both evaluate the case and to share information
- Work in a coordinated and collaborative fashion with law enforcement, victim advocates, medical professionals and crime labs
- Evaluate cases submitted by law enforcement
- Advise the victim of her /his right to be identified as Jane or John Doe in all records and during all proceedings if the court finds it reasonably necessary to protect the victim's privacy
- Inform victims of the status of the case from the time of the initial charging decision to sentencing
- Discourage case continuances
- Explain the reasons for continuances and seeks mutually agreeable dates for hearings that are rescheduled
- Arrange for interpreting services for victims and witnesses when necessary to assist a victim to understand questions and frame answers
- Bring to the attention of the court the views of the victim on bail decisions, continuances, plea bargains, dismissals, sentencing and restitution
- Pursue to the fullest extent that the law allows, those defendants who harass, threaten or otherwise attempt to intimidate or retaliate against victims or witnesses
- Arrange for the prompt return of the victim’s property if it is no longer needed as evidence in court
- Seek no contacts orders as conditions of bail or own recognizance release
- Include the victim whenever possible in decisions concerning the filing of the case, the reduction of charges, plea bargain offers, dismissal or other possible case dispositions
- Consult with law enforcement, health care personnel, and rape crisis advocates in the furtherance of the prosecution of the case
- Notify the victim of his/her rights regarding HIV testing of the defendant
- Refer the victim to victim/witness services for information regarding violent crime compensation from the state
- Advise the victim of his/her right to have a support person and advocate present during interviews and in court
- Discuss the case with the SAE and law enforcement prior to trial date

**Developing Prosecution
Response**

It is vital for each of the first responders (advocacy, law enforcement, medical, and prosecution) review their agency procedure and response in light of SART collaboration. Some procedures may change to prepare for establishment of SART first responders protocol (to be discussed in a later section).

The following issues are to be discussed with the SART.¹⁵ The answers will lead the team in development of the prosecution response.

.....

1. How would having a SART assist in the investigation and prosecution of sexual assault cases?
2. How do we define an optimal investigation of sexual assault crimes to aid us in having better cases to prosecute?
3. What will we do if after the police investigation, more investigation is needed?
4. Are SA cases difficult to prosecute? Why? What would you change?
5. How can victim advocates assist in the better prosecution of cases?
6. How is gaining experience of prosecuting sexual assault cases beneficial to prosecutors?

7. Should the DA's office review every sexual assault case reported to any law enforcement agency in the county?

8. What should be the criteria in which we base whether to prosecute a case? Simply on merit? Or on merit plus community safety, victim impact, justice?

9. Should every sexual assault case go to Grand Jury? What would be the benefit? The drawbacks?

10. Should we develop specialized sexual assault prosecutors for adolescent and adult sexual assault cases?

11. What are the benefits and drawbacks in meeting with a victim in person to assess the case? To let him or her know the case will not be going forward?

12. How does establishing rapport with a victim work toward the end of developing a cooperative witness?

13. When should the prosecutor have direct contact with the victim? When is it appropriate for an advocate to be present?

Section 8 – First Responder Protocols

Now that the roles and responsibilities of four main agencies have been evaluated, the SART can discuss guidelines for first responders. First responders are the individuals and agencies that will come into initial contact with a victim.

This can present in many ways. A victim could:

- Present to a hospital or clinic with a recent sexual assault
- Call 911 to seek medical attention for a recent sexual assault
- Disclose an assault to an advocate
- Report an assault to a law enforcement officer
- Bring their child to report an assault

Discuss other situations in how a victim could present their sexual assault and to whom. What are other agencies besides advocacy, medical personnel, law enforcement, and prosecution that could come into direct contact with the victim? Are there factors about your community that makes is susceptible to sexual assault?

How will the response be the same or different if the victim:

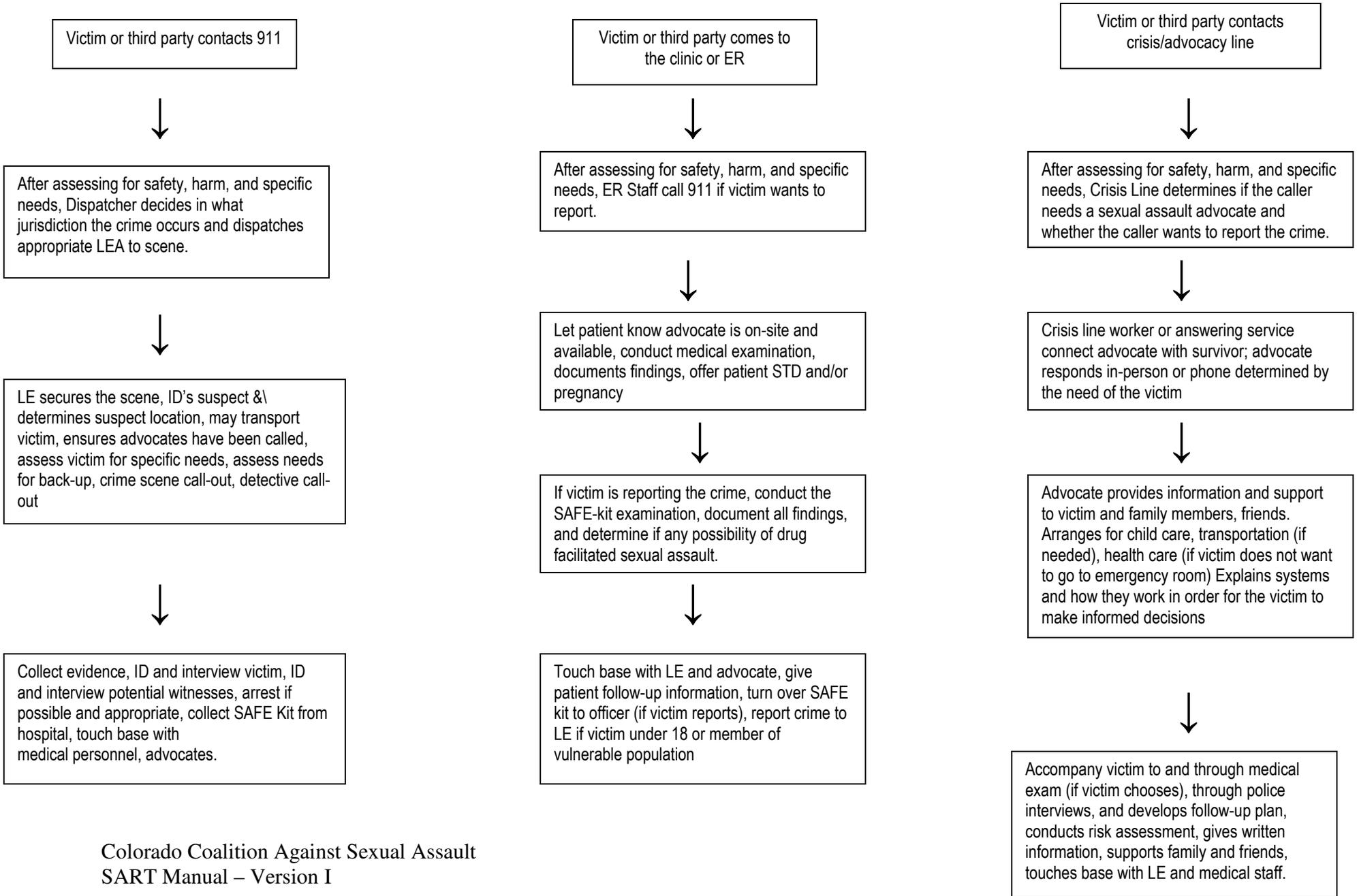
- Is a child or adolescent
- Is non-English speaking
- Is intoxicated or drugged
- Is Lesbian/Gay/Transgender/Bisexual/Queer
- Is deaf or blind
- Is developmentally delayed
- Is mentally ill
- Is a victim of domestic violence

- Is undocumented
- Is physically disabled
- Is accused of physical assault by the suspect
- Has an outstanding warrant (and will the response differ depending on the level of crime?)
- Does not wish to report to law enforcement?
- Is part of a protection program?
- Is a participant in Colorado's Address Confidentiality Program?

By having each agency discuss what their response would be to these situations, the team can begin to gather the information necessary to plan a set of first responder guidelines. We want the response to be as consistent as possible with all individuals. For example, many communities who begin the SART process discover that there is no guideline for who will page an advocate and at what time. Making all of these interactions clear and consistent will provide the best experience for the victim, and ensure that all agencies are able to do their jobs effectively and smoothly.

In the Oregon Attorney General Sexual Assault Task Force SART Handbook, they provide a sample of what a first responder flow chart could look like. What other initial situations would you add to your flow chart? How would you change this sample to fit the roles and responsibilities of all SART members?

FIRST RESPONSE TO SEXUAL ASSAULT FLOWCHART
[Sample from the Oregon Attorney General Sexual Assault
Task Force SART Handbook]



Section 9 – Continuing Education

The SART needs to be a group that is always evolving, always learning, and always breaking new ground in providing a comprehensive response to sexual assault in the community. Organizing the roles and responsibilities of team members and establishing guidelines for first responder protocols is very important, but the team must also examine many areas of continued education.

Vulnerable Populations

There are probably many populations in your community that are more vulnerable to sexual assault. Some examples of vulnerable populations include:

- Lesbian/Gay/Bisexual/Transgender/Queer (LGBTQ)
- Mentally disabled
- Physically disabled
- Non-English speaking
- Undocumented
- Partners or relatives of prominent or powerful community members
- Children
- Elderly

What other populations are unique and/or specific to your community? Here are some questions you can discuss together:

- Who are the vulnerable populations in your community? What are the characteristics that define vulnerability?
- Who are those least likely to be credible or believed if they disclose sexual assault?
- What resources are there to assist in the investigation, support, and prosecution of vulnerable victims?
- When must sexual assault against vulnerable adults be reported to authorities? Who are the agencies who investigate and protect vulnerable populations?
- Are individual SART members uncomfortable or educated about any of these vulnerable populations? For example, if an advocate is opposed to homosexuality, are they able to set aside those feelings to provide the best possible services in the case of a sexual assault?
- Do you invite members of these populations, or organizations that serve these individuals specifically, as SART members or to present information and/or training to the team?
- What is already in place within SART member agencies to promote cultural competence? How can the SART effectively use what is already in place?
- Is it relevant to learn the how the issue and impact of sexual assault varies among cultures?
- In what ways do we need to consider cultural issues in our response to a victim and family?
- How can the SART ensure that the sexual assault response meets the needs of the specific populations?
- How can we include training on cultural competency in the training of members of the SART?

Trainings

The following is a brief list of trainings and trainers for various disciplines. Some of these are free, and some are not, but all are good chances for your SART to work together with trainers to gain more experience. If you have questions or are looking for specific trainings, contact CCASA.

❑ **The End Violence Against Women (EVAW) Project** – The Ending Violence Against Women Project is a multi-disciplinary training and technical assistance project consisting of professionals in the fields of: law enforcement, prosecution, victim advocacy, medical services, and other specialists.

Funded through the STOP Violence Against Women Act, this nationally recognized project has been offering training and technical assistance to communities in Colorado since 1996.

<http://www.evawproject.org/>

❑ **Health Bridge Alliance** - Health Bridge Alliance reaches a broad variety of professional fields, including human and social services, healthcare and mental health professionals, child protection professionals, victim advocates, and others.

<http://www.hballiance.org>

❑ **Beth-El College of Nursing and Health Sciences – SANE Training** – Education includes 48-hours of classroom and didactic education followed by completion of 90 hours of clinical experience. The clinical experience is structured in adult and pediatric acute and non-acute settings, as well as a judicial component that includes observation of criminal trial proceedings and expert testimony. The education is provided over 6 days (48 classroom hours) and addresses holistic care and appropriate forensic evidence collection from adult, adolescent and child victims of sexual assault, as well as perpetrators of interpersonal violence. The classroom component is followed by 90 hours of proctored, clinical experience, with an experienced SANE or physician.

<http://www.uccs.edu/~bethel/SANE.htm>

❑ **Colorado Coalition Against Domestic Violence (CCADV)** – The coalition offers a variety of trainings around domestic violence and interpersonal violence.

www.ccadv.org

Section 10 – Evaluations

Evaluating the effectiveness, progress, and impact that the SART has on your community is an important step. This allows team members to see the importance of multidisciplinary collaboration. Evaluation is a great way to engage in community outreach and it demonstrates the work towards a comprehensive service provision to potential funders, political leaders, and other parties of influence.

There is an increasing amount of information on the effectiveness of SANE programs in their response to victims. Some areas evaluate their success by reviewing prosecution rates relative to SART development.

There are many ways to evaluate the SART. Dr. Rebecca Campbell developed a chart of the five most common outcomes used for SAE/SART evaluation¹⁶:

While the forensic and legal evaluations may be simpler and appear to lend the most important data, they are not the most appropriate measures of success for SART programs in early stages of development.

An effective SART takes years of building, developing, and informing the community about the options that become available to them. It would take many years of having a functioning SART in the community to evaluate the effectiveness based on prosecution rates. Instead, you may want to focus your initial evaluations on psychological and medical/health impacts

When developing an evaluation for SAE or SART programs, it is important to focus on one outcome, and then define one or two goals and objectives for that outcome. For example, again from Dr. Campbell:

Forensic	To improve quality of evidence
Legal	To increase prosecution rates
Psychological	To reduce distress and promote recovery
Medical/Health	To provide comprehensive medical/health care services
Community Change	To change the community response to rape

Outcome	Psychological impact
Goal	Our SANE-SART program will promote victims' psychological recoveries
Objective	Victims will report feeling supported, respected, and believed by SANE-SART team members

For each outcome, you should define one or two goals, and each will have multiple objectives. The more narrow the focus, the more conclusive data you will obtain. Refrain from attempting to evaluate too many aspects of your SART at one time. The shorter the survey or evaluation, the better chance you will have of gaining appropriate data. Individuals, primarily if you are attempting to evaluate victims on their experience with SART participants, will not be as likely to answer twenty questions about their traumatic experiences, but may be willing to answer five or ten.

It is also advised that you work with someone who has experience in evaluations; this could be a professional evaluator or researcher, a university professor, or someone else from the community who has experience in this work.

There are four important questions to ask when you are developing an evaluation:

- Who to collect the data from?
- How many times will you collect the data?
- How will you collect the data?
- Will you collect the data in numbers or words/stories?

Once you answer these questions, it will help lend the ideal design of the evaluation. From there, it is important to designate who from your SART will be responsible for collecting, analyzing, and putting the data together into a report.

Once gathered, the results of your surveys can be used to educate all members of participating agencies and their employees that do not attend SART meetings, potential grant funders, and the community. But most importantly, it shows the members of your SART clear evidence of their impact.

In the appendix, there are two sample survey and tracking forms that were provided by Dr. Campbell. They are free to use and adapt, but we ask that you comply with Dr. Campbell's request to notify her of use and/or adaptation of these forms for her research purposes.

Section 11 – Community Outreach and Final Considerations

One important item in discussing SART development is the manner in which the community will be made aware of the services of this unique team.

The following list is a short list of some techniques that other communities with functioning SARTs have used:

- ❑ Taking out quarterly space in local newspapers to update the community on progress and available services
- ❑ Hold town hall forums
- ❑ Postcards and/or newsletters sent to all community members
- ❑ Posters and magnets in clinics, hospitals, police stations, and other public service agencies
- ❑ Including all services and first responder guidelines for the SART in all advocacy, police, Sexual Assault Examiner, prosecution, and new staff orientations and trainings in the community
- ❑ Collaborating with local universities, community colleges, trade schools, and other educational facilities that can release this information to students

No matter what techniques you use and at what time you choose to employ them, it is vital that your community is aware that this team has been formed to assist victims of sexual assault.

Every SART across the nation looks different. There are national resources that have been and continue to be developed by National Sexual Violence

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Resources Center (NSVRC), Men Can Stop Rape, and other statewide coalitions for sexual assault, domestic violence, LGBT rights, teen violence, human trafficking, and other forms of violence against persons. The appendix at the end of this manual is dedicated entirely to online and print resources that can be accessed by any SART to assist them.

No matter what stage of development your community's SART is in, remember that the model for this team was created to serve victims of sexual violence. The SART model has revolutionized the treatment of victims across many disciplines, and continues to serve victims by education service and community agencies as well as the public at large.

The Colorado Coalition Against Sexual Assault continues to work to develop new techniques, trainings, and support services for those working to serve victims equally. If you have a specific need or questions, please do not hesitate to contact the coalition. It is through collaborative support that we can work to end sexual violence in our communities. We applaud your work and encourage questions, comments, or suggestions for improvement for this SART resource manual.

The CCASA statewide SAE/SART Community Outreach Coordinator can be reached at:

Colorado Coalition Against Sexual Assault
Lauren Croucher – SAE/SART Community
Outreach Coordinator
PO Box 300398
Denver, CO 80203
Lauren@ccasa.org
303.861.7033

Section 12 – Case Reviews

This section is devoted entirely to case reviews. Many SARTs use the process of case review to evaluate their services, as well as conversation starters in new SARTs. We are providing samples of case reviews, both fictional and historical from other areas, to help begin this process. For SARTs that are having difficulty in opening interagency dialogue, or encouraging participating agencies to discuss issues that they may be unwilling to at first, these case reviews are an excellent starting point.

Especially in the beginning stages of SART development, it would be beneficial to designate a facilitator within the group and to not review cases where individuals who sit at the table were present. This may increase feelings of defense, anger, and frustration in trying to explain their position to other group members. On the other hand, when a SART has openly discussed the roles and responsibilities of all members, going through the case reviews provided here may lend some more discussion within the group to further solidify guidelines.

Case reviews lend information that may not have been previously discussed within the SART. As other areas and states have provided these reviews, we ask that if you have cases that you are willing to share for review, please send those to the SAE/SART Community Outreach Coordinator at CCASA.

Some primary questions you may want to ask for every case review:

- ❑ What are the known facts?
- ❑ What are the unknown facts?
- ❑ What were responses that went well?
- ❑ What were improvements/guidelines that are needed?
- ❑ How will the changes be instituted?
- ❑ What changes/recommendations are common to all disciplines?
- ❑ What changes/recommendations are unique to specific disciplines?

Simulated Case Review #1

A 35-year old Latina woman named Maria called the rape crisis center from her home to report that she had been raped by her ex-boyfriend. She spoke in English but Spanish was her preferred language. The advocate on the crisis line asked her a few safety questions and the victim responded by sobbing that her ex-boyfriend threw a ten-dollar bill on her stomach and left her apartment saying that if she tells anyone that he will “get her good”.

The victim is not on birth control and is terrified she could be pregnant from the assault. She also told the advocate that she has an outstanding warrant for a traffic violation and is afraid the police will arrest her if she reports. The advocate assured her that law enforcement would not arrest her and the victim agreed to call the police. The reporting officer took a brief statement from Maria and transported her to a local hospital for a sexual assault medical forensic exam. Upon arrival at the hospital, the triage nurse told Maria about her right to a victim advocate, but Maria didn't want the nurse to call an advocate because it was already 2:00 AM.

Two friends that had been with Maria earlier in the evening found her on the beach: semi-conscious with her pants and underwear around her ankles and her shirt over her head clutching a ten-dollar bill. The friends reported that they were with Maria earlier in the evening at a beach bar and she left around midnight with her ex-boyfriend.

The friends told law enforcement that Maria had been drinking a lot of drinks at the bar and was unable to stand up without assistance before they saw her leave with her ex-boyfriend.

Law enforcement contacted the suspect while the victim underwent a forensic exam. The suspect told law enforcement that if they checked the victim's purse, they would find drugs in it. A law enforcement supervisor arrives at the hospital and asks to speak with the sexual assault examiner who stops the exam to speak with the law enforcement supervisor. The supervisor told the nurse that the victim has an outstanding warrant for a traffic violation and that the suspect told him that the victim has drugs in her purse. The nurse shrugged her shoulders then went back into the exam room to finish the exam.

The prosecuting attorney's office filed charges against the perpetrator. The media took an interest in the case because the suspect is the son of a prominent official. The prosecutor puts out press releases and responds to requests for public information. The victim learns of the case progress through media reports. A plea agreement is reached between prosecution and the defense counsel minutes before a previously scheduled evidentiary hearing on the case. The plea is taken at the hearing, and the offender simply answers yes or no questions asked by his attorney to establish the elements of the crime. The victim is notified after the hearing that the defendant pled guilty to assault and battery, not a sex offense.

Simulated Case Review #2

A 23-year-old woman is sexually assaulted by her ex-boyfriend. She goes to the police station, and a patrol officer takes her to the emergency room for a forensic exam. She indicates that she is very uncomfortable with a male police officer escorting her, but she is told that there are no female officers available at that time. The person at the front desk in the emergency room tells the officer that they are very busy, but if they have a seat in the waiting room, they will call them shortly. After an hour the victim is given a room, and two hours later a nurse practitioner who has no experience with rape kits performs the exam. The victim advocate from the rape crisis center is called half-way through the exam and arrives a half hour after the exam is over.

The patrol officer asks the victim advocate to leave the room and asks the woman very detailed questions about the attack.

The victim does not hear from the police department for several days. When she calls, they say no arrest has been made. She does not hear from them again until she calls a week later and finds out the perpetrator has been arrested.

The state attorney's office files charges against the perpetrator. The victim does not learn the progress of the case from the DA. She calls the courthouse and DA's office, attempting to learn the dates and times of various hearings.

Possible Ending #1:

When the victim arrives for an evidentiary hearing, she is told that a plea agreement has been reached between prosecution and the defense counsel.

Possible Ending #2:

The jury is ready to deliver its verdict at the end of a long trial. All parties are contacted to return to court for the reading of the verdict, including the victim who has requested to be present at such time and wishes to deliver a victim impact statement. Since the victim is not required to be present for the reading of the verdict, the court declines to wait until she arrives. Upon arrival, the victim learns of the verdict as everyone is leaving the courtroom.

Simulated Case Review #3

A 19-year-old male presents at the local emergency room, saying that he had been raped by a man that he had met at a party that evening. He indicates that he is anxious about having law enforcement called, as he is gay and has experienced negative encounters with male officers previously. He also does not wish for his employer to discover that he is gay as he fears repercussions in the workplace. He asks if there is the option to have the evidence collected now and that he be given some time to consider whether or not a report is filed with law enforcement.

In this jurisdiction, there are no protocols in place for anonymous reporting, so he is told that an officer must be called out if he wishes to have a forensic exam conducted. He agrees, and he is asked to sit in the emergency room waiting area until an officer arrives, though there is a sexual assault examiner who is already at the hospital.

Nearly two hours later, an officer arrives to approve the use of the sexual assault forensic evidence kit. The officer asks the victim if he can take his statement at that time, and asks about the man's other sexual partners and the frequency of those encounters. The SAE is now with another patient, so the victim waits another hour until she is available again.

When the exam is completed, the victim requests a set of scrubs or clothing, as his has been taken as part of the exam. The victim is told that he must call a friend or family member to bring a change of clothes.

The local newspaper prints reports of arrests and crimes in the community, and the victim's name and nature of the report is made public. The victim is asked questions about the crime by his boss, and is terminated from employment within a week. Several days later, a detective contacts the victim to take another statement.

After another month, the victim has heard nothing of the case. He contacts the detective who then informs him that the district attorney decided not to move forward with prosecution, as she felt that the victim would not make a credible witness due to his sexuality.

Endnotes

- ¹ <http://www.nsvrc.org/projects/template2.aspx?PageNum=1&ProjectID=42>
- ² www.calcasa.org
- ³ http://www.ojp.usdoj.gov/bjs/abstract/cvus/number_of_incidents745.htm
- ⁴ <http://www.cdc.gov/ncipc/factsheets/svfacts.htm>
- ⁵ Sexual Assault in Colorado: Results of a 1998 Statewide Survey. 1998. Colorado Department of Public Health and Environment and Colorado Coalition Against Sexual Assault
- ⁶ <http://cbi.state.co.us/dr/cic2k5/major%20crime/rape.htm>
- ⁷ <http://www.nsvrc.org/projects/template2.aspx?PageNum=1&ProjectID=42>
- ⁸ <http://www.taasa.org/member/pdfs/bssasstc-eng.pdf>
- ⁹ www.calcasa.org
- ¹⁰ www.calcasa.org
- ¹¹ <http://www.oregonsatf.org/SART/handbook.html>
- ¹² Ibid.
- ¹³ <http://www.ojp.usdoj.gov/ovc/publications/infores/sane/saneguide.pdf>
- ¹⁴ <http://www.oregonsatf.org/SART/handbook.html>
- ¹⁵ Ibid.
- ¹⁶ Campbell, R., Patterson, D., and Lichy, L.F., “The effectiveness of sexual assault nurse examiner (SANE) program: A review of psychological, medical, legal, and community outcomes”, *Trauma, Violence, & Abuse: A Review Journal*, 2005: 6 (4), 313-329.

APPENDIX

National SART Toolkit Online Resources

The National SART Toolkit, a project of NSVRS, has not yet been released but the following online resources are available to access:

National Sexual Violence Resource Center (NSVRC): <http://www.nsvrc.org>

National Online Resource Center on Violence Against Women (VAWnet): <http://www.vawnet.org>

OVC Online Resources and Web Forms: <http://ovc.ncjrs.org/ovcproviderforum/>

OVC Directory of Crime Victim Services: <http://ovc.ncjrs.org/findvictimservices/default.html>

Sexual Assault Forensic Examiner (SAFE) Technical Assistance: <http://www.safeta.org>

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

SDFI-TeleMedicine – E-forms for SART/SANE – Without Charge

http://www.sdfi.com/sdfi_telemedicine_esignature_solutions.html

Listservs

National SART Listserv: www.nsvrc.org

American Prosecutor’s Research Institute: <http://groups.yahoo.com/group/apri-vawp/>

The Abuse and Disability Outreach Forum (CANdo): <http://disability-abuse.com/mailman/listinfo/cando>

Indigenous Women (CAVNET-IW): CAVNET_IW_subscribe@yahoo.com

Prevention Connection: prevent-connect_subscribe@yahoo.com

Sexual Assault Training Center E-News Alerts: <http://www.mysatl.com/list.htm>

Community Resources

Community Tool Box – Skill-building information on topics around community health

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

Collaboration Math - This tool was created to help organizations from diverse disciplines work together. It enables them to better understand each other's perspectives and to identify both strengths and gaps in their partnership. This tool is designed to eliminate misconceptions, clarify the benefits of collaborative participation, determine what needs to be better understood, and identify key players that may be missing.

http://www.preventioninstitute.org/pdf/collab_math_1S_012004.pdf

Rural Resources

Rural Victim Assistance: A Victim/Witness Guide for Rural Prosecutors (April 2006) - This guide provides tips and strategies to overcoming the challenges rural prosecutors' offices face in providing assistance to crime victims and effectively prosecuting the perpetrators of crime. Advice is based on a survey of rural prosecutors' offices conducted by the American Prosecutors Research Institute.

http://www.ojp.usdoj.gov/ovc/publications/infores/rural_victim_assistance/welcome.html

Minority Community Victim Assistance (1990) - This OVC handbook (NCJ 170148) is designed to give minority community residents a practical approach to assisting crime victims in their communities and neighborhoods; for law enforcement agencies, the handbook describes victim services that are both cost effective and feasible for community-based programs.

<http://www.ojp.usdoj.gov/ovc/publications/infores/minor/welcome.html>

Rural Victim Assistance - The American Prosecutors Research Institute (APRI), with funding from the Office for Victims of Crime (OVC), Office of Justice Programs, U.S. Department of Justice, has explored the state of victim/witness assistance in rural prosecutors' offices, the challenges these offices face in trying to meet the needs of victims, and promising strategies for overcoming these challenges. This guide will provide prosecutors and prosecutor-based victim/witness advocates with practical and useful information to help them better serve rural crime victims.

http://www.ojp.usdoj.gov/ovc/publications/infores/rural_victim_assistance/

SYSTEMS CHANGE TRACKING FORMS

Developed by: Rebecca Campbell, Ph.D., Debra Patterson, MSW, MA,
Megan Greeson, BA, Michigan State University

Consultation by: Renae Diegel, RN, BBL, CEN, CLNC, SANE-A
Jamie Ferrell, BSN, RN, DABFN, CA/CP SANE, SANE-A

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These forms are not copyrighted and can be used without charge by other communities. HOWEVER, we kindly ask that you contact Dr. Rebecca Campbell prior to use for updated information.

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Please review your institution's policies regarding program evaluation/quality improvement monitoring to determine whether you need Institutional Review Board (IRB) (ethics review) approval prior to administering this or any other survey.

Patient's Last Name	Patient's First Name	Complaint Number (if known)	Date of Exam	Case Outcome
				<input type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction

				<input type="checkbox"/> Unknown
				<input type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
				<input type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown

Before going to the prosecutor’s office, you would fill out identifying information in the first four columns for each of the patients whose files you pulled from your records. This will allow you to look up the cases in the prosecutor’s database. Next, you or someone from the prosecutor’s office would put an X next to the final outcome of each case.

How to determine a case outcome

To review, often cases will reach multiple stages in prosecution. A case that is convicted at trial was also warranted. The case outcome is the *final* result the case reaches in the criminal justice system. Therefore, in this instance, conviction at trial is the case outcome-conviction, not warranting.

The important thing is to remember that cases go through many stages; a case may go through plea bargaining but that is not necessarily its outcome. If a bargain was not reached and the defendant did not plea to a charge, the case would have gone to trial. Either conviction or acquittal at trial would be the final outcome. Reviewing the order of the stages of the prosecution process may also help you to identify final case outcomes.

What do I do when cases are missing information?

We have included “unknown” as an option in case you find there is not enough information in the prosecutor’s database to identify a particular case outcome. By having an answer choice for “unknown” information, if you find any places that have not been filled out, you know that you accidentally skipped these cases and you can go back and fix the errors.

Insert identifying information about the cases you pulled from your files into the first four columns.

Put an X next to the final case outcome for each case.

Patient's Last Name	Patient's First Name	Patient Number (if known)	Date of Exam	Outcome
				<input type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
				<input type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
				<input type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown

- Case number 0001 was warranted, but later the judge dropped the case.
- Case 0002 was acquitted at trial.
- The prosecutor warranted case 0003. The defendant pled to lesser charges in order to receive a lighter sentence.
- Case 0004 was sent to the prosecutor, but never warranted.

Patient's Last Name	Patient's First Name	Complaint Number (if known)	Date of Exam	Case Outcome
Doe	Jane	05-0001	01/01/06	<input type="checkbox"/> Not warranted <input checked="" type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Smith	Mary	05-0002	01/01/06	<input type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input type="checkbox"/> Pled/Plea Bargain reached <input checked="" type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown
Brown	Suzy	05-0003	01/01/06	<input type="checkbox"/> Not warranted <input type="checkbox"/> Warranted, but later dismissed <input checked="" type="checkbox"/> Pled/Plea Bargain reached <input type="checkbox"/> Trial/Acquittal <input type="checkbox"/> Trial/Conviction <input type="checkbox"/> Unknown

Johnson	Elizabeth	05-0004	01/01/06	<input checked="" type="checkbox"/> Not warranted
				<input type="checkbox"/> Warranted, but later dismissed
				<input type="checkbox"/> Pled/Plea Bargain reached
				<input type="checkbox"/> Trial/Acquittal
				<input type="checkbox"/> Trial/Conviction
				<input type="checkbox"/> Unknown

- 1) Keep track of your results in the Table below.
- 2) Count the total number of cases that you collected information about.
- 3) Choose a case outcome (not warranted, warranted but later dismissed, pled/ plea bargain reached, trial/acquittal, trial/conviction, or unknown).
- 4) Count up the number of cases with that outcome.
- 5) Repeat this for each outcome, including “unknown” cases.
- 6) Check your work by adding up the frequencies for each outcome. If you counted correctly, this number should be equal to the total number of cases that you collected information about.

Final Case Outcome	Number of Cases
Not warranted	
Warranted but later dismissed	
Pled/ Plea bargain reached	
Trial/ Acquittal	
Trial/ Conviction	
Unknown	
Total Number of Cases	

Percentage Results

Final Case Outcome	Frequency Number Cases	or of	Divide by number of cases that you have information about	Multiply by 100
Not warranted				
Warranted but later dismissed				
Pled/ Plea bargain reached				
Trial/ Acquittal				
Trial/ Conviction				
Check your work/Totals				

- 1) Using your frequency results, add up the number of cases that you have information about.
 - $\# \text{ of cases} = \text{Total \# of cases} - \# \text{ of unknown cases}$
- 2) Choose one of the case outcomes. Using your frequency results, divide the frequency for that outcome by the number of cases that you have information about.
 - $= \text{Frequency} / \# \text{ of cases you have information about}$
- 3) Multiply by 100 and add a percent sign (%). This gives you your percentage for that outcome.
 - $= (\text{Frequency} / \# \text{ of cases}) \times 100\%$
- 4) Repeat for each outcome.
- 5) Check your work by adding up all of your percentages. They should add up to 100% unless you rounded. If they don't, check your calculations.

SANE EMPOWERING CARE SURVEY

Developed by: Rebecca Campbell, Ph.D., Debra Patterson, MSW, MA,
Adrienne Adams, MA, Michigan State University

Consultation by: Renae Diegel, RN, BBL, CEN, CLNC, SANE-A

Version: Advocate-Administered Oral Questions
(Before Survivor Leaves SANE)

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THESE MATERIALS ARE CURRENTLY UNDER REVIEW IN
A REFEREED SCIENTIFIC JOURNAL

This survey is not copyrighted and can be used without charge by
other communities. HOWEVER, we kindly ask that you contact
Dr. Rebecca Campbell prior to use for updated scaling information.

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Please review your institution's policies regarding program
evaluation/quality improvement monitoring to determine whether
you need Institutional Review Board (IRB) (ethics review) approval
prior to administering this or any other survey.

SANE Empowering Care Survey

Version: Advocate -Administered Oral Questions Before Survivor Leaves SANE

Developed by: Rebecca Campbell, Ph.D., Debra Patterson, MSW, MA, Adrienne Adams, MA

DO NOT CITE OR USE WITHOUT PERMISSION; CONTACT rmc@msu.edu

Purpose: *Before you go, we are trying to get feedback on the services provided by the nurse. This feedback is important and will be used to improve our services.*

Procedure: *I would be asking you some questions about your experience with the nurse and your satisfaction with the care you received. As we talk, I will be taking notes on your answers on this paper. The survey should only take about 10-15 minutes.*

Would you be willing to provide feedback on the services you received from the nurse?

Confidentiality: *Your feedback will remain confidential. The nurse will not be allowed to see your answers. When we're done, I'll put the survey in a locked box that only the program coordinator and the evaluators can access. The nursing staff will receive a summary report that will not include your name. Furthermore, your identity will not be revealed in any reports written about the evaluation.*

Rights: *Before we begin, I want to let you know that you may say no to any of the questions or end the survey at any time. Your decision whether to do the survey will not affect your relationship with Turning Point, the services you receive from Turning Point, or impact your case in anyway.*

Do you have any questions?

Do I have your permission to continue with the survey? **Yes** **No**

SECTION 1: *In this first set of questions, I will be asking you some specific things about your interaction with the nurse.*

How often did....	None of the time	Some of the time	Most of the time	The whole time	Declined to answer	N/A
1. The nurse explain what was going to happen next in the exam	1	2	3	4	8	9
2. The nurse ask if you had questions	1	2	3	4	8	9
3. You have a chance to help with the exam if you wanted to (e.g. pull or comb own hair)	1	2	3	4	8	9
4. The nurse tell you how parts of the exam might feel before she did them	1	2	3	4	8	9
5. The nurse take your needs and concerns seriously	1	2	3	4	8	9

6. The nurse listen to you	1	2	3	4	8	9
7. You feel you could take a break during the exam or say no to any part of the exam	1	2	3	4	8	9
8. The nurse explain why each part of the exam was important	1	2	3	4	8	9

SECTION 2: We're moving into the last set of questions. Before starting, I just want to check in - do you want to continue with the survey? Yes No

In this last set of questions, I would like to ask you about how you felt during and after your interaction with the nurse.

	Not at all	A little	Some what	A lot or completely	Declined to answer	N/A
9. How much care and compassion did you feel that the nurse showed?	1	2	3	4	8	9
10. How much control did you feel that you had during the exam?	1	2	3	4	8	9
11. How informed did you feel about what was happening in the exam?	1	2	3	4	8	9
12. How clear were the nurse's instructions about the medications?	1	2	3	4	8	9
13. How informed did you feel about where to go for follow-up medical care?	1	2	3	4	8	9
14. How much pressure did you feel from the nurse to go through with prosecution?	1	2	3	4	8	9
15. How likely will you be to contact the nurse if you have a problem?	1	2	3	4	8	9
16. How likely will you be to attend counseling at (RCC AGENCY)?	1	2	3	4	8	9

17. Was there anything that you needed while you were here that you did not receive?

I just have one last question.

18. What was most helpful about the services you received while you were here?

- ✓ *I just want to double check I didn't miss anything. [Look over survey and clarify as needed]*
- ✓ *We're all done. Do you have any questions?*
- ✓ *Thank you for providing feedback!!*

HIPAA AUTHORIZATION FORM

Authorization for Disclosure of Health Information

Would you like to have a *FREE Sexual Assault Advocate* present during your medical exam?

Advocates are provided by your local crisis center to give you counseling services and information about your rights.

AN ADVOCATE IS STANDING BY TO HELP YOU. THIS SERVICE IS FREE, AND IT WILL NOT CAUSE YOU ADDITIONAL DELAY.

Please choose one option:

- Yes, I would like to talk to the sexual assault advocate who is standing by. ***Please fill out the form on the back side of this paper.***

- I do not want to talk to a sexual assault advocate right now, but I authorize the hospital to give the advocate my contact information, including my name, address, phone number(s), email address(es) and my preferred method(s) for contact so the crisis center can follow up later.
Please fill out the form on the back side of this paper.

- No, I do not wish any contact with the advocate or crisis center at this time. ***You do not need to fill out this form.***

Authorization for Disclosure of Health Information

This form complies with the federal Health Insurance Portability and Accountability Act (HIPAA, 45 CFR 164.508).

I, _____, voluntarily authorize the disclosure of information from my record under the following conditions:

The following hospital is authorized to make the disclosure:

Hospital: _____

Address: _____

City/State: _____

The requested information is to be disclosed to:

Crisis center or advocate: _____

Address: _____

City/State: _____

Statement of purpose: This disclosure is made to facilitate my access to a trained sexual assault advocate.

Description of information to be disclosed: Please see the choice indicated at the top of this form.

Right to revoke authorization in writing: I understand that I have the right to revoke this authorization in writing at any time. I understand that if I revoke this authorization, I must present my written revocation to the health information management department of this hospital. I understand that the revocation will not apply to information that has already been released in response to this authorization.

Expiration of authorization: If this authorization has not been revoked, it will terminate ONE YEAR from the date of my signature unless I have specified a different expiration date or expiration event. Expiration date if different: _____

Statement that benefits or treatment are not conditioned on authorization: I understand that this authorization is voluntary. I do not have to sign this form to ensure healthcare treatment. This hospital will not condition treatment or eligibility for care on my providing this authorization.

Statement of potential re-disclosure: I understand that once this information is disclosed, it may be re-disclosed by the recipient, and the information may no longer be protected by federal privacy laws including the Health Insurance Portability and Accountability Act Privacy Rule [45 C.F.R. 164].

Signature of Patient:

_____ Date: _____

Signature of Parent, Guardian, or Authorized Representative if Patient is a Minor:

_____ Date: _____

CCASA Emergency Medical Exam Fund Information

As of April 1, 2007, the Colorado Coalition Against Sexual Assault (CCASA) will be administering a STOP VAWA Emergency Medical Exam (EME) fund to pay for forensic exams when no other payment options are available.

The creation of this fund **does not** eliminate the requirement that law enforcement pay the direct costs associated with the collection of forensic evidence (C.R.S. 18-3-407.5). Instead, this fund can be used in the following circumstances:

- A victim of sexual assault wishes to have a forensic exam, but does not wish to comply with law enforcement.
- A law enforcement agency can clearly demonstrate severe budget restrictions that would prevent the fulfillment of their payment responsibilities.

With the VAWA Reauthorization of 2005, states are able to use the STOP VAWA funds for pay for forensic exams if it is performed by a trained examiner, and if the state does not require sexual assault victims to seek reimbursement for the exam from their insurance carriers. In addition, the VAWA Reauthorization of 2005 mandates that states cannot require sexual assault victims to participate in the criminal justice system or cooperate with law enforcement in order to receive a forensic exam, receive reimbursement for the cost of the exam, or both. We encourage communities to work collaboratively to adapt protocols to reflect this change in allowing anonymous reporting.

At this time, the CCASA EME Fund can **only** be used for the cost of the forensic exam and prophylaxis. No other medical costs or bills associated with the assault will be covered. The Colorado Organization for Victim Assistance (COVA) continues to house an emergency fund for expenses other than forensic exams.

With the CCASA EME Fund, victims will not be required to first file with victim compensation, in compliance with the VAWA Reauthorization of 2005 provision of anonymous reporting. In addition, all requests must come from a professional and/or advocate in the field or from the victim themselves.

For further information, or to request funds, please contact Tamika Payne, Executive Director of the Colorado Coalition Against Sexual Assault at 303-861-7033.

How to Access CCASA's Emergency Medical Exam Fund

CCASA has received grant funding from STOP VAWA to administer an Emergency Medical Exam Fund "EME" for Colorado sexual assault victims. The goal of the program is to provide emergency funds for sexual assault victims who are not reporting to law enforcement or if the local law enforcement agency has no other means to pay the cost of the examination. Procedures for accessing the Fund are as follows:

1. All requests must come from a professional and/or advocate in the field or the victim themselves. Professionals are non-profit employees who work with sexual assault victims, community-based advocates, district attorney victim-witness coordinators, probation victim advocates, law enforcement. The victim themselves may contact CCASA.

2. All traditional resources for funding (Victims Compensation, Denver Victim Service Center, and Interfaith Task Force for Community Service, Inc.) should be exhausted before the time of the Emergency Medical Exam Fund request.

3. The request for funds should be for the cost of the forensic medical exam.

4. No amount over \$500 will be released without approval from either the Executive Director or the Associate Director of CCASA and least one member of the Executive Committee of the CCASA Board of Directors.

5. Funds should be paid, whenever possible, to the vendor or service provider, not directly to the victim.

6. Documentation (invoices, receipts, etc.) must be provided to CCASA for the funded services or products.

For further information or to request funds, contact Tamika D Payne at 303-861-7033 or 1-877-37-CCASA

The application is also available online at <http://www.ccasa.org/programs/>

COLORADO COALITION AGAINST SEXUAL ASSAULT EMERGENCY
MEDICAL EXAM APPLICATION

Please Complete and Fax to CCASA 303-832-7067, Attn: Emergency Medical Exam Request

Date of Application: _____ Received by: _____

Referring Agency: _____

Agency Contact: _____

Agency Contact Telephone Number: _____ Fax: _____

Amount of time referring agency has worked with the victim or the victim's family _____

Victim's name: _____ (last name only necessary if required to make payment)

Type of victimization: _____

County where victimization occurred: _____

Date of incident: _____ Ongoing: YES NO Reported to Law Enforcement: YES NO

Has victim applied for Victim Compensation? YES NO Status: _____

Has victim received information concerning their constitutional rights? YES NO

Has the victim received funds from CCASA before: YES NO If yes, when _____?

Amount requested (exact): \$ _____ Approved by: _____ Amount Approved: _____

Describe specifically what the funds will be used for:

Why does the victim need emergency financial assistance from CCASA at this time?

List sources, if any, already contacted for emergency assistance funds:

Has victim received emergency assistance funds from other sources? YES NO If yes, list date(s) and from what organization(s)?

