

# ***GUIDELINES FOR COMMUNITY RESPONSE TO SEXUAL ASSAULT IN ALASKA***

## **I. PURPOSE**

These guidelines were created to provide a framework for developing, training, and implementing community sexual assault response in Alaska. Communities are encouraged to use these guidelines as they establish their Sexual Assault Response Teams (SARTs) to fit each community's unique circumstances, resources, and needs.<sup>1</sup>

## **II. COMMUNITY RESPONSE TO SEXUAL ASSAULT**

The Sexual Assault Response Team generally includes victim advocates, law enforcement officers, and health care providers. These team members provide a coordinated, efficient, and supportive response to persons who have been sexually assaulted while focusing on victim's needs and choices. The Sexual Assault Response Team is designed to reduce the trauma of a sexual assault by providing victim-centered advocacy, care, and services, and to increase the likelihood that assaults can be successfully prosecuted.

Communities need to identify responses that are reasonable for them.

## **III. TEAM STRUCTURE**

### **A. Roles of Team Members**

Each team member has a unique role. However, circumstances may require flexibility in serving the needs of a victim beyond those suggested below.

#### **1. Victim Advocate (hereafter referred to as "advocate")**

Advocates provide immediate and ongoing support to the victim such as:

- listening to the victim
- informing the victim of her or his rights including confidentiality and payment
- answering questions about the SART process

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<sup>1</sup> These guidelines are not intended to apply to Children's Advocacy Centers or child abuse cases.

- being present for the victim
- identifying resources and options for immediate needs and long-term support (i.e., child care, food, transportation, safe shelter, and medical and court accompaniment)
- assisting with creating a safety plan
- assisting with all other duties normally associated with victim advocacy

Advocates do **not**:

- participate in the gathering of evidence, fact-finding, or investigating of the assault
- provide an opinion on the merits of the case
- conduct the medical-forensic or law enforcement interviews
- generally testify in court

## 2. Law Enforcement

Law enforcement officers generally perform the following functions:

- being responsible for the immediate safety needs of the victim
- interviewing the victim
- investigating the crime
- conducting or arranging for a forensic exam of the suspect when necessary
- collecting and preserving evidence
- identifying, arresting and/or referring charges on the suspect
- writing a report
- participating in court proceedings

Law enforcement officers do **not**:

- conduct a complete victim medical-forensic exam
- actively advocate on behalf of the victim

## 3. Health Care Provider

Health care providers generally perform the following services:

- assessing, diagnosing, and treating injuries and conditions related to the assault
- offering health care information and referrals as needed
- identifying, documenting, collecting, and preserving forensic evidence during the medical-forensic exam in a way to ensure the chain of custody
- testifying in court as needed

Health care providers do **not**:

- investigate the crime
- provide victim advocacy services

## **B. Training Recommendations**

Each team member is expected to have training in their field. It is also recommended that each team member receive general team training, specialized instruction, and practical experience responding to sexual assault.

### 1. General team training

It is strongly recommended that team members share information regarding their respective roles and responsibilities to ensure a victim-centered, multi-disciplinary team approach. The roles and responsibilities include:

- confidentiality as it applies to each team member
- victim-centered advocacy
- use of the Sexual Assault Evidence Collection Kit (*see* description below)
- the forensic interview
- investigation by law enforcement
- evidence collection
- the medical-forensic exam

It is also recommended that each team member learn about the following topics as related to sexual assault:

- the criminal/civil legal process
- responses to impact of trauma on victim
- diversity and cultural awareness

- disabilities
- substance abuse
- mental health
- sexually transmitted infections
- pregnancy
- self-care for team members

For further information about training or assistance in creating your community's Sexual Assault Response Team, contact the Council on Domestic Violence and Sexual Assault (CDVSA) at (907) 465-4356.

## 2. Suggested specialized training

*Advocates:* Familiarity with Alaska sexual assault statutes and civil legal options, support groups, long-term follow up and support, special populations, and ways of providing services without re-victimization

*Law enforcement officers:* Familiarity with Alaska sexual assault statutes, sexual assault evidence collection, interview/interrogation techniques specific to sexual assault, and pre-planned recorded conversations (*Glass warrants*)

*Health care providers:* Minimum of 40 hours sexual assault nurse examiner (SANE)/ sexual assault forensic examiner (SAFE) training and familiarity with standards of practice

## **C. Sexual Assault Response Team Location**

The following are considerations for choosing and preparing a safe and secure location where the team members can come together to assist a victim.

### 1. Safety

Safety of the victim and team members is most important. Some things to consider are limiting public access and having a plan for potentially dangerous situations (for example, if a suspect shows up, or if a victim attempts to harm themselves). A location that can be secured is best.

### 2. Physical location

The physical location should meet the needs of the victim and the team. Privacy for the victim is a high priority. Some things to consider are providing for a private entrance, a private interview area, and a private exam room with a limited-access bathroom and shower.

A separate waiting area for other individuals supporting the victim should be considered.

The victim should have priority in receiving services. The location should maintain all necessary supplies and equipment for the exam and for the comfort of the victim. The location should have a plan for responding to medical emergencies. It should also have a secure area for the temporary storage of evidence.

### 3. Confidential recordkeeping

The medical-forensic records must be maintained and secured separately from the victim's other medical records.

## **D. Sexual Assault Response Team Management Group**

The purpose of the management group is to create a structure that provides for initial and ongoing management of the response team, which includes designating a coordinator. This serves as the structure for addressing any concerns that may arise as the team develops and progresses and also provides case debriefing tools and opportunities.

- Members of the group should include local representative(s) from victim advocacy, health care, law enforcement, the District Attorney's office, and other interests from the community who contribute to a coordinated response to sexual assault cases.
- The group should develop a memorandum of agreement that outlines specific duties, expectations, and shared goals. The agreement should contain a method of quality control that includes team meetings, conflict resolution, and other problem-solving process(es).
- The group should meet regularly to discuss status updates on cases, agency resources, trainings, and other administrative issues such as disabilities, language issues, regional concerns, overlapping jurisdictions, staffing, ages served, and procedures for team debriefing.

## **E. Confidentiality**

Team members have restrictions that prevent them from sharing specific confidential information even with other members of the team. Some of these restrictions are required by law. The team must address how confidentiality affects sharing information:

- within the team such as status updates, follow up, service coordination, and case review
- outside the team such as providing reports to government agencies and facilitating access to other resources

These issues are very complicated and teams are encouraged to contact the Council on Domestic Violence and Sexual Assault (907) 465-4356 as questions arise.

## **F. Privilege**

Victim's private communications with advocates are privileged and will not be shared except in certain limited circumstances. Victim's communications with law enforcement or health care providers at the time of the medical-forensic exam are not privileged. Contact CDVSA for guidance.

## **IV. THE SEXUAL ASSAULT RESPONSE TEAM PROCESS**

### **A. Timeline for Examinations**

It is strongly recommended that the medical-forensic exam be completed as soon as possible. For the collection of DNA, the exam should be completed within 96 hours of the incident. Suitability for a medical-forensic exam beyond 96 hours should be decided on a case-by-case basis.

### **B. SART Activation (Call-out)**

When a law enforcement officer authorizes a medical-forensic exam, the Sexual Assault Response Team is activated. This activation occurs by contacting a law enforcement officer, an advocate, and a health care provider. All three components of the team must be contacted. This is referred to as a "call-out". The confidentiality issues discussed above do not prevent all team members from being contacted for the call-out.

Procedures must be created to ensure an immediate and coordinated call-out response. The procedures must clearly identify:

- contact information for each on-call team member
- an appropriate response time for call-out
- procedures when all of the team members are not able to respond

### **C. Sexual Assault Evidence Collection Kit**

The State of Alaska Crime Lab has, in consultation with law enforcement and medical providers, put together a kit which is literally a box that contains many

of the basic materials needed to investigate a sexual assault and assess a victim's immediate medical needs. This kit contains:

- Instructions on how to use the kit including how to collect various types of evidence during a medical-forensic exam
- A standardized consent form for the victim to sign in both anonymous reports and those wishing to include law enforcement
- A standardized outline of all the essential and necessary information to be gathered from the victim by law enforcement
- A standardized outline of all the essential and necessary information to be gathered from the victim by the health care provider
- Anatomical diagrams to document and describe any and all injuries to the victim
- Guidelines for taking photos
- A standardized evidence collection log
- Standardized materials needed for collecting forensic evidence such as sterile swabs for DNA from fingers, hands, genitals, etc.; a scraping tool for scraping fingernails; a comb for collecting hair samples; packaging and "fill in the blank" labels for each type and piece of evidence

Items not included in the Kit that established SARTs *strongly* recommend to have and use include:

- A digital camera
- A ruler for measuring injuries as documented in the photos
- A digital recorder for the victim interview
- A vaginal speculum
- An anoscope
- Toluidine Blue Dye

Items not included in the Kit that established SARTs recommend and find helpful include:

- A colposcope
- A color chart for use in the photos

#### **D. Consent Forms and Notification of Rights**

Sexual Assault Evidence Collection Kits are provided by the State of Alaska through the Crime Lab to local law enforcement. These kits contain an evidence collection consent form which must be used for victims.

In addition, the health care provider shall obtain informed consent for assessment, diagnosis, and treatment in accordance with their employer's policies. Additional agency requirements may include notification of Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, release of information, and the rights and responsibilities of the patient.

#### **E. Interview Process**

The interview consists of two parts: a forensic history and a medical history. The forensic history is taken by the law enforcement officer and the medical history is taken by the health care provider. All team members are present for the forensic history. The victim chooses who may be present for the medical history.

Prior to the start of the interview, the victim is given the opportunity to speak with a victim advocate who will answer any questions and ensure the victim understands:

- their rights regarding the interview and exam
- the process and structure of the interview and the exam
- the use of digital recordings and photography

#### **F. Exam**

It is recommended that health care providers have the following:

- specific guidelines outlining the steps for the medical-forensic exam
- guidelines for follow-up care and referral

#### **G. Before Victim Leaves**

Before the victim leaves the SART call-out location, each member of the team has the following responsibilities:

*Victim advocate:* ensure the victim has the contact information for call-out members and offer safety planning options and resources for advocacy follow up

*Law enforcement officer:* provide the victim with case number and other investigative information

*Health care provider:* provide discharge instructions, schedule follow-up medical-forensic exams, and provide health care referrals as needed

## **H. Chain of Evidence**

It is necessary to establish a procedure for forensic examiners and law enforcement to ensure that the chain of evidence is maintained. The local District Attorney's office must be consulted in the development of this procedure.

## **I. Payment of Services**

In accordance with Alaska law, victims must not be charged for medical-forensic exams either directly or indirectly, through health insurance or any other means. To help the victim make informed decisions about health care, the team should make the victim aware of costs of medical services beyond the medical-forensic exam and resources for payment.

## **J. Violent Crimes Compensation Board**

The Violent Crimes Compensation Board (VCCB) may be able to help with medical and other expenses resulting from the sexual assault. All team members should provide the victims with Violent Crimes Compensation Board information. Advocates can provide assistance with completing the forms and serve as victim contacts for the reimbursement process.

For further information, contact VCCB at (800) 764-3040.

## **V. RESOURCES**

For more information, see separate [Resources](#) document.