



Texas Association Against Sexual Assault

Strengthening Community  
Responses for Adult Survivors

## **An Introduction to SARTs in Texas**



Updated Nov 16, 2021



## INTRODUCTION

In 2021, the 87<sup>th</sup> Texas Legislature passed a law requiring that all Texas counties form an adult Sexual Assault Response Team (SART). Our deepest gratitude goes to the many stakeholders in Texas that brought about the passage of SB476 by Senator Jane Nelson. Survivors of sexual assault made their voices heard at the Legislature, challenging us all to do better in our community response to sexual violence.

To support the implementation of this new requirement, we offer this guide to be a resource for both sexual assault programs and allied partners in the movement. It is by no means exhaustive, and is simply meant to provide a starting point for communities that are forming their SARTs under the new law. There are extensive and excellent resources available for SARTs from coalitions and research bodies across the country, and we reference these throughout and in the resources section for those who are interested.

It is our intent and hope that all adult survivors making an outcry of sexual assault in their community be met with trained and prepared first responders that have a plan for getting them care and pursuing justice on their behalf and on behalf of the state of Texas. This law requires that survivors of sexual assault be at the center of those plans, and that there be a minimum set of protocols in place for when an outcry occurs.

In order to accomplish that goal, sexual assault responders will be challenged to examine their practices, forge new relationships, and address gaps in their collaborations. It will require mutual accountability on the part of practitioners, and a willingness to do critical reflection on the work. This effort will take time, and TAASA is available as a resource for communities that would like additional support.

In gratitude,

The Texas Association Against Sexual Assault

September 2021

## KEY TERMS & ACRONYMS

**Advocate** – Refers to an employee or volunteer of a Sexual Assault Program, who has received the training required by Texas Government Code Ch 420. Also referred to as ‘community-based advocate’.

**Acute** - A medicolegal term for the first 96-120 hours after a sexual assault. In Texas, children, and adults are entitled by law to receive an acute forensic exam within a 120-hour window.

**CAC** - Child Advocacy Center

**CCR** - Coordinated Community Response. A CCR is a “system of network, agreements, processes and applied principles created by the local shelter movement, criminal justice agencies, and human service programs,” also referred to as the Duluth Model. It is designed to ensure survivors of violence receive timely, comprehensive support and interventions.

**CJS** - Criminal Justice System.

**MDT** – Multidisciplinary Team

**Sexual Assault Program**- As defined by Texas Government Code 420.003(7), includes any local public or private nonprofit corporation, independent of a law enforcement agency or prosecutor’s office, that is operated as an independent program or as part of a municipal, county, or state agency and that provides the minimum services to adult survivors of stranger and non-stranger sexual assault. Provides confidential support, resources, medical/legal accompaniment and crisis intervention to sexual assault victims. Referred to as a Rape Crisis Center.

**SAFE** - Sexual assault forensic exam. A physical exam and verbal interview performed by a trained clinician with a sexual assault victim for the purposes of gathering biological evidence and the documentation of injuries for future criminal proceedings.

**SAK** - Sexual assault kit (or “rape kit”) refers to the collection of evidence typically preserved in a cardboard box during an acute sexual assault forensic exam.

**SANE** - Sexual Assault Nurse Examiner.

**SARRT/SART** - Sexual Assault Response and Resource Team/Sexual Assault Response Team. This term refers to the coordinated community re-

sponse that localities and jurisdictions form to collaboratively address sex crimes in their community.

**Sexual assault** - Rape or vaginal, anal, or oral penetrative acts by the assailant(s) or caused by the assailant(s) without the consent of the victim. While there is a continuum of sexual violence and the term “sexual assault” is often used in reference to any unwanted sexual contact, when used by criminal justice system professionals, it typically refers to the acts outlined in the Texas Penal Code.

**Title IX**- Title IX refers to a federal statute codified at 20 U.S.C. § 1681 that prohibits discrimination based on sex at all educational institutions that receive any amount of federal funding. Title IX requires all schools to address gender-based violence as a form of sex discrimination.

**VAWA**- The Violence Against Women Act, or VAWA, is a federal law codified at 42 U.S.C. § 13925 that addresses and funds services for survivors of domestic violence, sexual assault, dating violence, stalking and trafficking. VAWA established the Office on Violence Against Women (OVW), which administers funding for many different grant programs, such as grants for culturally specific providers, law enforcement, prosecutors, state coalitions, victim service agencies, civil legal assistance and youth services.

**Victim Services Counselor or Crime Victim Liaison**- a civilian employee of a law enforcement agency that provides support, access to resources, case information and referrals to crime victims. Also referred to as ‘systems-based advocate.’

**VOCA**- The Victims of Crime Act, or VOCA, provides federal funding for the Office on Victims of Crime which in turn administers the Crime Victims Fund and provides funding to the states for a broad array of programs focused on services for victims of crime.

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## SECTION 1:

### What is a SART?

While law enforcement agencies, rape crisis centers, forensic examiners, and prosecutors have often been isolated in their response to the victims they serve, Sexual Assault Response Teams (SARTs), are a well-tested<sup>1</sup> way for localities to address this crime in a coordinated method. The information sharing, evaluation and protocol development that take place in these groups promote an efficient and trauma-informed response to victims. Communities that use SARTs are shown to have higher rates of victim engagement and offender accountability.

A Sexual Assault Response Team is a formalized coordinated response to sexual assault. SARTs are a mechanism allowing multi-disciplinary professionals to coordinate and develop interagency responses to sexual assault. They are composed of public and private partners who work together to address adult and sometimes adolescent/post pubescent sexual assault. Each of the professions at the SART table has a role to play in the response, and by ensuring wrap-around support and communication through each step in the process, victims are more likely to be prioritized.

SART responses should be modeled in a way that prioritizes safety and empowers victim choice in the process.

#### ➔ What are some of the ways that SARTs help sexual assault responders and the community?

- Increased offender accountability;
- Organized service delivery to enhance health outcomes, evidence collection, and prosecution;
- Consistent responses to victims;
- An understanding of sexual violence as a major public health and criminal justice concern;
- More informed decision making through an understanding of cross-agency roles;
- Efficient use of limited community resources;
- Opportunities for cross-training;
- Streamlined access to victim services and referrals.

1 Nugent-Borakove et al. (2006) Testing the Efficacy of SANE/SART Programs: Do They Make a Difference in Sexual Assault Arrest & Prosecution Outcomes? National Institute of Justice Journal (282). <https://nij.ojp.gov/library/publications/testing-efficacy-sanesart-programs-do-they-make-difference-sexual-assault>



## What are some of the ways that SARTs help Sexual Assault Victims?<sup>2</sup>

- Consistently honoring crime victim's rights throughout the criminal justice process, such as a survivor's right to an advocate during medical forensic exams and interviews;
- Supporting victims as they navigate the criminal justice system;
- Designating specific facilities for exams that make timely, trauma informed responses a priority and offer victims privacy;
- Ensuring that medical and legal providers collect evidence effectively and follow a chain of custody;
- Building a network of community referrals to meet victims' practical, emotional, financial, spiritual, and economic needs (e.g., temporary shelter, transportation, employment intervention, home security, assistance with Crime Victims Compensation claims); and
- Promoting a collaborative process for investigation that is respectful to victims and minimizes repetition of questions.

It is easy for employees at agencies that cope with daily crisis and busy schedules to become isolated and feel that they are unable to reach out to other community agencies that are working with the same survivors. However, by communicating across disciplines, many professionals report that it not only makes their job easier, but it gives them more visibility, support and access. Most importantly, multidisciplinary collaboration helps create a web of accessibility for survivors who must often traverse unfamiliar ground in their search for both justice and healing<sup>3</sup>.

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2 Kentucky SART Advisory Committee. (2014). SART Toolkit: Resources for Sexual Assault Response Teams.

3 Building Stronger Sexual Assault Survivor Services Through Collaboration: A Manual for Rape Crisis Programs and Communities in Texas for Developing Sexual Assault Coalitions. TAASA.



## SECTION 2: Why are SARTs needed?

### Systemic barriers to addressing the crime of adult sexual assault

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A full discussion on the history of rape laws and sexual violence in this country are beyond the scope of this guide. However, it is critical to have a basic understanding of barriers that this crime faces in our systems due to its historic treatment.

Michigan was the first state to modify its rape statute when it enacted a comprehensive criminal sexual assault law in 1974<sup>4</sup>. Several other states soon followed by reforming their own rape statutes. Significantly, these reforms often included a shift in the burden from victim to attacker. Previous laws had stated that victims were responsible for showing their utmost resistance and had corroboration requirements. The reforms began to address significant elements in the crime of sexual assault that had been previously lacking. Those included sexual assault with an object, sexual assault against male victims, intimate partner sexual assault, and restrictions on the introduction of the victim's character and sexual history into evidence. Many states did not fully enact all of these reforms into their statutes for decades. Marital rape was not fully outlawed until 1993. What this means for practitioners is that many people still working in the field today were trained in or grew up in an environment before rape law reforms were fully enacted.

An observation from a 1982 article in the *Journal of Criminal Law & Criminology* states

*“Research shows that officials react less severely to defendants accused of raping women who are black, and of lower socioeconomic status. Officials also tend to react less severely (e.g., by dismissing cases) to defendants when the women they are accused of raping have “bad” reputations, live in nontraditional arrangements,” were hitchhiking, were drinking at the time of the offense or are identified as chronic alcohol abusers, or had been sexually intimate with the defendant prior to the crime.”<sup>5</sup>*

Research on rape and survivor engagement with media and advocacy have gone a long way over the years to dismantle traditional myths surrounding sexual assault. Many communities are moving away from previously held

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4 Ronet Bachman, Raymond Paternoster, A Contemporary Look at the Effects of Rape Law Reform: How Far Have we Really Come, 84 J. Crim. L. & Criminology 554 (Fall 1993)

5 73 J. Crim. L. & Criminology 1282 (1982) Sexual Assault and Its Prosecution: A Comparison with Other Crimes

myths that rape was only perpetrated by strangers, involved a weapon, or left visible injuries on victims.

Barriers to addressing rape also show up in the healthcare system. Formal public health systems have their own recent history of racism and sexism. As many as 70,000 Americans were forcibly sterilized during the 20<sup>th</sup> century in the United States, including ‘promiscuous’ women, economically disadvantaged people, people of color, and people with disabilities<sup>6</sup>. Popular psychological theories legitimized the idea that women were abused because they liked it, or felt it was deserved. Although society has moved beyond these antiquated practices and notions, this kind of systemic trauma is not easily forgotten and perpetuates a mistrust of formal healthcare systems.

Rape crisis centers also have historically erected obstacles for survivors of sexual assault. Many of them are co-located with domestic violence shelters and share staff, practices and values. Over the years there have been significant barriers to survivors seeking help, inclusive of who is ‘allowed’ to be a client and how long they can receive care from a center. In general, the practices around victim advocacy that have become mainstream have evolved without substantive input from populations that are most likely to be victims of rape: women of color, people with disabilities, and LGBTQ populations. There is tension within and between crisis centers over how to effectively advocate for social change and what it means to be a victim advocate. The anti-violence movement was forged by survivors of violence for survivors of violence, and the professionalization of advocacy and the transition to a role of service provider has created issues for survivors. This mistrust still lingers in programs today:

*“Bringing in therapists changed the shelter profoundly. ‘It felt infantilizing and disempowering,” a former staff member says. “It felt like people with degrees were coming in to take care of these poor women who were victims. Suddenly, it felt like social service, not social change.’”<sup>7</sup>*

The tension trickles into work with victims, causing confusion, inconsistency and even discriminatory practices.

*“While an individual service provider may not have personally oppressed or discriminated against someone, the system they represent often has. Professionals bring their assumptions and preconceived prejudices, as well as their good intentions and present work, into the collaboration and into the room with the survivor.”<sup>8</sup>*  
(VALOR 2021)

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6 Gross, Terry. (March 7, 2016). *The Supreme Court Ruling That Led To 70,000 Forced Sterilizations*. NPR

7 MacFarquhar, Larissa. (August 12, 2019). *The Radical Transformations of a Battered Women’s Shelter*. *The New Yorker*

8 VALOR Advocate Manual. July 2021



For the purpose of setting the right foundation for this guide, it is critical to briefly address the dynamics of sexual assault. The Texas Commission on Law Enforcement states:

*“Sexual assault is an aggressive act whether the assault was perpetrated by a stranger or someone acquainted with the victim. This is not a crime of passion or a craving for sex. It is violent, aggressive and hostile act meant to dominate, humiliate, degrade, control, and terrorize. It is intended to violate the victim’s sense of safety and well-being and reduce her to an object.”*

Sexual violation disrupts a person’s psychological and physical well-being and has long term health consequences for victims.

Sexual assault victim attrition most often occurs at the first interaction between the victim and the criminal justice system. In a multi-jurisdiction study, researchers found that when a woman chose to report a sexual assault to police only 19% of the cases resulted in an arrest, 6% of the cases resulted in a guilty finding due to a plea bargain and less than 2% ever went to trial<sup>9</sup>. This effectively translates to communities where the vast majority of accused rapists are not held accountable, but instead are allowed to continue to perpetrate violence against the public. This outcome is illustrative of a host of cultural and systemic problems facing this crime, and demonstrates one of the reasons why a SART can be so important. Some victims will choose to report their assault to criminal justice authorities—others will not. A SART should attempt to encompass all the options that victims have, and to provide for their support and healing in diverse community settings.

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9 Rebecca Campbell, Deborah Bybee, Stephanie M. Townsend, Jessica Shaw, Nidal Karim and Jenifer Markowitz. The Impact of Sexual Assault Nurse Examiner Programs on Criminal Justice Case Outcomes: A Multisite Replication Study. *Violence Against Women* 2014 20: 607 originally published online 28 May 2014



## SECTION 3: What does the new law require of communities?

### Statutory mandates for the team

Sexual Assault Programs, Law Enforcement Officers, Forensic Examiners and Prosecutors are all operating under **individual mandates** in Texas to respond to adult victims of sexual assault. This law requires that all parties begin the process of working more closely together to maximize resources, reduce trauma, and ensure compliance with crime victims' rights. It should provide a measure of accountability and transparency to both the state and local community.

The statute is located in the Texas Local Government Code, Chapter 351, Subchapter J. It requires **each commissioner's court of a county to establish an Adult Sexual Assault Response Team**. Counties smaller than 250,000 residents have the option of partnering with other nearby, small counties to form a regional SART. The commissioner's court must invite all statutory members that provide services within a county to participate.

#### → Members Outlined by Statute:

1. The Chief Administrator of a Sexual Assault Program (as defined by Govt Code Chapter 420) that provides services within the county, or their designee;
2. A prosecutor with jurisdiction over adult sexual assault cases in the county;
3. The Sheriff of the county, or their designee;
4. The chief of the largest municipal law enforcement agency, if one exists, or their designee;
5. A Sexual Assault Nurse Examiner, Forensic Examiner that provides exams within the county, or if they do not exist, a representative from the largest healthcare provider in the county;
6. A mental or behavioral health provider within the county, or if they do not exist, a representative from the public health department; and
7. Other persons or professionals the SART considers necessary for the operation of the response team.

As noted in number 7, **the team or presiding officer** may decide to expand their membership to other individuals or professionals. The professionals specifically named in 1-6 are simply the minimum team membership that the law requires.

## Presiding Officer

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Once the team is established, the statute mandates that they must elect a presiding officer. This individual supports and guides the SART. Some communities may go further than this and have a broader leadership structure or a steering committee. The law simply provides the minimum requirement that at least one person be assigned leadership duties of the team.

## Meeting Requirements

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The law outlines minimum meeting requirements and provides a framework that ensures response teams remain focused on their main purpose and objectives.

### → Meeting requirements include:

1. The response team must meet at least quarterly and meetings must be independent of a children's advocacy center multidisciplinary team<sup>10</sup>;
2. No later than the 90th day after the last day of a regular legislative session, the SART must review and amend any response team protocols, forms, or guidelines required by the Texas Local Government Code, Chapter 351, Subchapter J.
3. Once the SART has selected their leadership, it must develop a written protocol for responding to adult survivors within the community. Details of this protocol are discussed in Section 9.
4. The SART must present a report to their Commissioners Court no later than December 1 of each odd-numbered year. That report must include a list of active members, a copy of their written protocol, and a summary<sup>11</sup> of report numbers and case dispositions.

## By-Laws

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While **not required** by the law, by-laws may still serve a useful function for new SARTs. They can clearly identify the shared purpose and values of the team. They can set forth expectations for attendance, vacancies and decision making. Some by-laws may even include a process for bringing up and addressing conflict.

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<sup>10</sup> Children's advocacy center multidisciplinary team described by Section 264.406, Family Code.

<sup>11</sup> Or an explanation for why the team cannot produce this summary.

## Q & A

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### → Does this law require the whole team to show up on the scene of an assault?

No, this would not require an on scene SART response in communities. It leaves enough flexibility for counties to determine how their response protocols should be formed.

### → How does this law affect SARTs that already exist in Texas communities?

This will add a measure of accountability for existing SARTs. County level SARTs that are already in place will be required to ensure that their membership and response protocols are in line with these new requirements.

### → Are we allowed to have 2 SARTs in our county?

While there is nothing in this statute that prohibits a community from having 2 response teams, we would encourage existing SARTs to work with their county officials and integrate these new requirements into their collaboration.

### → Does the law grant any new rule-making authority to the county over how individual agencies or organizations respond to adult sexual assault?

No, the bill requires that the County Commissioners Court set up the response team with the designated stakeholders and receive reports every 2 years on membership and implementation, as well as fill statutory vacancies when they occur. It does not grant them new rule-making abilities.

### → Are there other multi-disciplinary teams that have county membership or whom are organized under counties?

Yes, child fatality review teams are a good example of a multidisciplinary team organized with the inclusion of the county. See Tex. Family Code, Section 264.505.

### → Can we invite other members to our SART beyond the ones outlined in the law?

Yes, we encourage communities to invite all relevant, existing stakeholders. For example, some communities may have multiple forensic exam programs and law enforcement agencies that respond to adult sexual assault survivors. In these circumstances, the team will likely be larger. Larger response teams may benefit from incorporating additional structures, by-laws or operating guidelines (for example, subcommittees that report back to the larger SART for feedback and approval). This helps ensure the team remains productive and efficient.

### → What if our agency wants to send more than one person to the SART meetings?

We encourage communities to open attendance for all relevant entities and/or individuals. Your agency may be in a situation where you have an 'official' designee, but have several people in multiple roles that contribute to the community response. For instance, a police department may have 2 sworn sex crimes detectives, a victim services counselor, and a data analyst that they wish to attend meetings.



## SECTION 4:

# What if our community doesn't have some of these agencies?

It is true that not all Texas communities have a SANE or sexual assault program. This requirement should bring *existing* stakeholders together to create a plan for victims in their county. For smaller counties with few providers, it may be best to partner and form a regional or multi-county SART, to ensure that you can get needed professionals to the table. We also encourage communities to invite additional members that may serve survivors in other capacities, like a domestic violence agency or local community center that provides counseling. We cover this further in Section 11. Additionally, TAASA can be a resource for communities that need to identify the nearest Sexual Assault Program.

Some communities already collaborate with agencies outside of the county border to obtain a forensic exam or counseling for an adult victim. It is essential to have these practices formally documented within the response team protocol to ensure consistency and for continued evaluation.

### **SART Tip:**

It may be helpful to create a flow chart of services, to get a better picture of available resources and service providers within your community. Asset mapping can be a helpful tool for identifying existing services and gaps. It is important to work with other community partners to see if anyone has been inadvertently omitted.



## SECTION 5:

# Building your Team: SART Infrastructure

As noted in the previous section, pursuant to state law, each County Commissioners Court is required to establish an adult SART. Counties with under 250,000 residents may opt to form regional SARTs with neighboring small counties.\*

The Commissioners Court is responsible for 1) ensuring the minimum team membership is appointed (or, for existing SARTs, sufficiently in place and formalized), 2) filling vacancies in the team and 3) receiving the biennial report on team progress.

To begin building your SART, identify who and what agencies in your county need to be at the table. For most counties, that will begin by inviting the elected prosecutor, police chief(s), Sexual Assault Program(s), SANE Provider(s), behavioral health provider & elected sheriff to select a staff person to serve on the SART. These appointed individuals should be in a position to speak on behalf of their respective agency in matters relating to adult sexual assault. They should also hold expertise in the subject matter for their discipline, and be willing to be an active and engaged participant in the work of the SART. Forming a strong team requires that the right individuals be at the table and committed to the work.

Once your initial team is in place, *schedule a first meeting*. At the initial meeting of your SART, the team should *review the newly enacted law on Sexual Assault Response Teams* and its mandates for the team. A discussion on the purpose and mandates of the SART will be important for developing infrastructure and achieving higher levels of collaboration. The team should discuss what other individuals or agencies should be invited to participate on the SART.

Once this step is complete, the group will be in a better position to decide upon a *presiding officer and any other organizational structure* they will need. SART leadership and decision making will vary depending upon the needs and resources of the local community. Rules of engagement for the SART should include a process for decision making and identifying and filling vacancies. Each member agency should ensure that they have a plan for succession if their designee can no longer attend. This can be achieved through the *adoption of by-laws* for the team.


\* An earlier version of this guide contained an error stating counties over 250,000 residents may opt to form regional SARTs with neighboring small counties rather than under 250,000 residents.

Once membership and leadership has been established, the SART should develop a *regular meeting schedule*. Some communities will only need or wish to meet the minimum amount required by law. Others will prefer to meet bimonthly or monthly. Some established SARTs or larger communities may prefer to create subcommittees within the team that develop separate meeting schedules.

For the SART to thrive, it is essential to begin developing relationships and have good communication with all community partners. Individual team members are often guided by different principles and/or legal requirements. You will need to set aside bias and ego as you come to the table to collaborate and reflect critically on your community response. Before work is begun on a community protocol, the SART should use an early meeting to establish their mission and develop a *process for managing conflict*.

 **SART Tip:**

It takes consistent practice and intentional work to develop collaborative partnerships with SART members. Teams should take time to learn about each other's knowledge and experience. Consider meeting over coffee or lunch or attending a member organization's awareness event to show support outside of SART meetings. These activities can help build a sense of community.

 **To be an effective contributor to the SART you should begin to understand<sup>12</sup>:**

- the roles, scope, responsibility and availability of members of the multidisciplinary team
- information needs and limitations of other people in the team
- the contribution that different disciplines can make to the safety and well-being of a victim
- willingness to develop collaborative protocols to be accessed by all members of the multidisciplinary team
- how to ask open-ended questions, listen carefully and summarize back
- how to adapt communication styles in ways which are appropriate to different people
- how to make decisions from the multiple perspectives of a team
- the different considerations, resources, or partnerships agencies must have to ensure equitable access to services and support. This includes, but is not limited to, consideration for language, gender, culture, and additional aspects of a person's identity, ability, and/or lived experience.

12 Skills for Health. NHS Knowledge and Skills Framework (October 2004) <https://tools.skillsforhealth.org.uk/competence-details/html/2212/>



## SECTION 6:

# Sample Team Mission Statements

It takes more than an agenda and a set meeting time to develop a cohesive team. To be successful, individuals must be willing to **work as a team** to achieve a shared goal. Team mission statements can provide members with clear direction and purpose. Developing a strong mission statement for your SART may require that you consider and define core values or guiding principles for your group. Those values can then be incorporated into an action-oriented mission for the team. For example, team values could include the following<sup>13</sup>:

- ➔ Upholding victims' privacy and confidentiality
- ➔ Pursuing justice for victims and the community
- ➔ Honoring cultural, physical, mental, emotional, and language needs of victims
- ➔ Valuing victims' voices within the criminal justice system
- ➔ Remaining professional and innovative
- ➔ Working openly and collaboratively
- ➔ Treating everyone with respect
- ➔ Working to improve the response to sexual violence at individual and systemic levels

### ***San Diego SART Mission Statement***

To improve the provision 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.

### ***Wichita SANE/SART Mission Statement***

The purpose of the Via Christi Regional Medical Center Wichita Vicinity SANE/SART Program is to facilitate a community-based collaborative response to all victims of sexual assault by providing immediate and follow up medical, advocacy, and criminal justice services in an ethical and compassionate manner.

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13 Sexual and Wife Assault Project, 2002, [Halton Community Response Protocols for Sexual Assault and Domestic Violence](#).





## SECTION 7:

# Building Relationships & Managing Conflict

Individuals from various disciplines are often guided by different principles, goals, and/or legal requirements. For instance, advocates from sexual assault programs have the legal duty to keep the survivor's information confidential and cannot disclose information without their consent. Conversely, law enforcement officers do not have the same confidentiality requirements. Despite the differences in roles, these two disciplines are brought together by focusing on supporting the survivor's overall safety and wellbeing.

The distinct roles, responsibilities, and perspectives of each team member are vital to the team's overall success. It is the diversity in perspectives that make SARTs a potential place for effective and innovative problem solving<sup>14</sup>. However, if team members are not able to respect each other's perspectives or navigate disagreement, the team's progress can become stagnant and ineffective. Building trust, healthy communication structures, and commitment to managing conflict are the keys to unlocking the team's potential for success.

### Team Building

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Teams should not expect to immediately have the trust and communication structures needed to achieve their goals or to be an effective collaboration. Building great teams requires both work and time.

- ➔ Identifying values and a mission before getting to work will help create a foundation to deal with conflict when it occurs.
- ➔ Team members should be consistently present at meetings and try to spend time getting to know one another.
- ➔ Rotate meeting locations when possible and practical.
- ➔ Agencies should schedule on-site visits to begin learning about the culture, limitations and environment of other team partners.
- ➔ Ask team members to discuss their perceptions of each other's organization. Then have them describe their own organizations. Begin to separate fact from stereotype.
- ➔ Encourage equity within the team by creating a structure where SART members have equal voices in decision making. How and when are decisions made by the team? Do all members need to be present and does there need to be a timeline or voting process? Can discussion take place over email or does it need to be in the meeting itself? How does the team lean on their values and/or state laws when there is disagreement?

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14 Baker, D. P., Day, R., & Salas, E. (2006). Teamwork as an essential component of high-reliability organizations. *Health services research, 41*(4 Pt 2), 1576-1598. <https://doi.org/10.1111/j.1475-6773.2006.00566.x>

## Conflict

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Teams should expect conflict, and learn how to channel it effectively. Conflict can be a source for growth when it is communicated and addressed in a productive manner. Productive conflict focuses on identifying or solving problems, and involves a willingness to teach, as well as an openness to listening and learning.

Handling conflict<sup>15</sup> and difficult discussions is not just the responsibility of the leader of a team. Everyone attending the meeting is responsible for creating a team environment in which conflict is expected periodically and handled constructively. Constructive conflict takes place in a setting that values cooperation more than competition and requires a broad base of active participation among those attending the meeting.

### → Ground Rules for Individuals

- Respond to one another's ideas in a manner that shows everyone's ideas are valued.
- Make open, honest, accurate and complete communication an on-going aim.
- Work to understand both the position and the frame of reference of those who disagree. Use good listening skills such as paraphrasing and clarifying feedback.
- Be critical of ideas, not persons.
- Do not confuse rejection of one's ideas and opinions with personal rejection.

### → Ground Rules for Facilitators and Leaders

- Ensure that there are several rounds of discussion or exchanges of ideas.
- Encourage efforts to combine differing ideas into a new position.
- Support participation from all members. Discourage domination of the discussion by only a few voices.

Develop trust by being honest. State what you mean without being rude or abusive. Make it explicit within the team environment that people can both make mistakes and make decisions.

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15 Adapted from Scholtes, P., *The Team Handbook*, Joiner Publishing, 1988.

## Factors impacting the success of the multidisciplinary team<sup>16</sup>:

### 1 The team members themselves

Level of expertise and specialization; attendance; team leadership; team culture (e.g., mutual respect and trust; equality; resolution of conflict; constructive discussion; absence of personal agendas; ability to request and provide clarification; adaptability; personal development and training).

### 2 Team infrastructure and organization

Regular meeting schedule; technology setup; clearly communicated roles and expectations; notices and reminders for meetings and action items sent out in advance; appropriate and accessible meeting room; preparation for meeting; organization during meetings; post-meeting coordination of services.

### 3 Survivor-centered decision making

Having mechanisms in place to identify all cases/victims where discussion at SART is needed and consent is obtained; survivor-centered care (e.g., survivor's views and preferences are presented by someone who has met them or the survivor themselves if appropriate, and the survivor is given sufficient information and time to make a well-informed decision on their treatment and case); Ensuring that protocol and policy decisions are made giving thought to the impact on the survivor community as a whole.

## → When faced with conflict<sup>17</sup>

- Do not lose sight of the team purpose.
- Be respectful and ensure each contention is considered.
- Clarify the opposing point of view until you are sure you understand.
- If you have an opposing point of view, make sure to state it clearly.
- Once you have been heard, do not continue to restate your position.
- Remember that conflict within a team is natural and work toward a mutually agreeable resolution.
- Base resolutions on consensus, not abdication of responsibility or integrity.
- Reflect back on the values and purpose of the team when making a decision.

16 Soukup, T., Lamb, B. W., Arora, S., Darzi, A., Sevdalis, N., & Green, J. S. (2018). Successful strategies in implementing a multidisciplinary team working in the care of patients with cancer: an overview and synthesis of the available literature. *Journal of multidisciplinary healthcare*, 11, 49-61. <https://doi.org/10.2147/JMDH.S117945>

17 Adapted from *Forming an MDT to Investigate Child Abuse*. (1998). OJJDP. <https://www.ojp.gov/pdffiles1/ojjdp/170020.pdf>



## SECTION 8: Sample Meeting Agenda

A full agenda should be sent out prior to each meeting. This kind of consistency and open communication will contribute to trust-building within the team. Consider asking team members for agenda items ahead of each meeting, or developing a process to have a time for open discussion within each meeting.



### SART Agenda

April 5th, 2021

10:30pm-12:00pm

- Welcome & Introductions
- Approval of March Minutes
- New Member Discussion
- Sub-Committee Updates
- Agency Needs
- Positive Feedback Sharing



## SECTION 9:

# What does a written protocol for your community look like?

While there are a number of requirements within the law to build into the protocol, depending on the size of your community and SART, it may not need to be an overly complex document. For communities of smaller size with limited resources, the options and action steps for service delivery, interagency communication and referrals may be simple and straightforward. For larger counties with multiple agencies or regional SARTs, your team should develop a protocol that accounts for agency service areas, jurisdictions, capacity and current best practices.

Written protocols should be reflective of the **day-to-day practices** of the team. Although each partner agency will have its own internal policies and procedures particular to its mandates, the written protocol is designed to document how the various partner agencies individually respond and work together to coordinate the intervention, treatment, investigation and prosecution efforts for adult sexual assault cases. The protocol can and should change as state law, best practice and needs shift.

### The purpose of the written protocol is

*“to ensure coordination between all agencies involved in sexual assault cases, to increase the efficacy of response, and to minimize survivor traumatization. The response team shall provide the protocol to each agency in the county that responds to disclosures of sexual assault.”<sup>18</sup>*

The new law outlines the following required elements for each county protocol:

### ➔ Elements for responding collaboratively to each crime and victim:

- (1) the procedures to be used in investigating and prosecuting cases arising from a report of sexual assault;
- (2) interagency information sharing, in accordance with state and federal law, to ensure the timely exchange of relevant information and enhance the response to survivors;
- (3) the location and accessibility of sexual assault forensic examinations;
- (4) information on the availability of and access to medical care when the care is clinically indicated;
- (5) a requirement to ensure survivors are offered access to sexual assault program advocates, as defined by Section 420.003, Government Code;
- (6) information on the availability of and access to mental and behavioral health services;
- (7) a requirement to ensure that relevant law enforcement agencies notify survivors in a timely manner regarding the status of any criminal case and court proceeding;

→ **Elements for ongoing needs assessment and quality improvement:**

- (8) *an assessment of relevant community trends, including drug-facilitated sexual assault, the incidence of predatory date rape, and sex trafficking;*
- (9) *a biennial evaluation through sexual assault case reviews of the effectiveness of individual agency and interagency protocols and systems;*
- (10) *at least four hours of annual cross-agency training on the dynamics of sexual assault for response team members participating in the quarterly meetings as required by Section 351.254(c); and*
- (11) *procedures for addressing conflicts within the response team and for maintaining the confidentiality of information shared among response team members as required by law.*

The law requires that the team prioritize certain things when developing their protocol. These priorities include considering the crime victims bill of rights in Chapter 56A of the Code of Criminal Procedure, and the health and safety of survivors. Decisions made on policy or protocol should be made with these rights and responsibilities in mind.

**💡 SART Tip:** It is important to think critically about how each agency determines and assesses if the protocol is prioritizing the survivor's rights as well as their health and safety. Communities can unintentionally create protocols that lead to re-traumatization. Protocols should include mechanisms and practices that center the survivor's needs, rather than the priorities of the agency.

Examples of existing SART protocols from other communities can be found in the appendices. The written protocol for each agency or disciplinary response should be detailed and include information on timeline and action steps. These are often developed by having each agency identify what its responsibilities and action steps are when interacting with a victim. Some communities prefer to transform their protocols into pocket cards for various first responders to carry with them, and include important phone numbers and other information.

*“The purpose of writing a multiagency protocol is to help define the roles and responsibilities of each agency as it responds to the needs of the victims. It is essential to remember that each community differs from others, and development of a protocol for one community is not necessarily a sufficient protocol for another community. There is no “cookie cutter” approach that works for everyone” (Virginia SART Protocol)*

The following excerpt is from the Santa Clara County SART protocol<sup>19</sup>, developed in 2019, and shows just a small portion of one discipline's role in the response.

## *Law Enforcement Response*

### *I. INITIAL INTERVIEW*

*A. The officer who responds to a call of sexual assault should contact the reporting party and attempt to determine whether a crime has occurred. If the reporting party is also the victim, the officer should assess the immediate safety and/or medical needs of the victim and respond appropriately.*

*B. The officer shall explain the benefits of having a sexual assault advocate present, offer to contact a sexual assault advocate, and offer to have the sexual assault advocate present during the interview. Officer shall inform the victim of their right to have an advocate per PC 679.04.*

*C. To have a sexual assault advocate respond in- person, 24 hours a day, an officer should call:*

- 1. YWCA Silicon Valley for all North and Central County jurisdictions at 1-800-572 2782; or*
- 2. Community Solutions for South County jurisdictions at 1-877 -363-7238*
- 3. See advocate section for defined jurisdictions*

*D. Using a trauma-informed approach, the initial interview of the victim should consist of questions to determine what occurred, the identity of the suspect(s), the identity of possible witnesses (first disclosure witnesses included), if a BOLO (Be On The Lookout) needs to be broadcast, and any potential evidence that needs to be collected.*

*E. Whenever possible, the initial interview with the victim should be recorded in accordance with department policy. Body cams must not be activated in hospital facilities without permission from the victim and Sexual Assault Forensic Examiner (SAFE).*

*F. If the officer determines a crime occurred, the officer shall submit a written report documenting their actions, as well as the victim's initial statement. The site of the crime, or the origin of the crime (such as with a kidnapping), determines the jurisdiction of the case. The initial report can be forwarded to the appropriate jurisdiction for investigation.*

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<sup>19</sup> Santa Clara County SART Protocol. (2019). [https://www.sccgov.org/sites/owp/gbv/Documents/SA/SCLARACOUNTY\\_SEXUALASSAULTPROTOCOL\\_FINAL\\_Sep2019.pdf](https://www.sccgov.org/sites/owp/gbv/Documents/SA/SCLARACOUNTY_SEXUALASSAULTPROTOCOL_FINAL_Sep2019.pdf) Used with Permission.

*G. The officer should explain 293(a) PC - Confidentiality - and complete the appropriate form. Juvenile Victims should always be listed as confidential.*

*H. In situations where the victim is in immediate or present danger, the officer shall request an Emergency Protective Restraining Order (EPRO) application.*

- 1. During normal court hours, the officer should call the Family Court at (408) 534-560L and ask to speak to a judge, who is available to process an EPRO.*
- 2. After 5:00 p.m. on weekdays, weekends, and holidays, the officer should call County Communications at (408) 299-250L and ask for the Duty Judge to call back. The officer should leave the phone number where they can be reached. If the Duty Judge is not available, the officer should ask to speak to another judge.*
- 3. Upon obtaining an EPRO, the officer must take the following FIVE actions:*
  - a) Serve the order on the restrained party. An officer is to make a reasonable attempt to serve the restrained party. If they are present or can be readily contacted, serve the order and complete the Proof of Service on the form. Document if and how the order was served in the police report.*
  - b) Give a copy to the Protected Person.*
  - c) File a copy with the Court. Once an EPRO is issued, it is the responsibility of the law enforcement agency to promptly file the EPRO with the Family Justice Center Courthouse at 201 N. First Street, San Jose, CA 95113.*
  - d) Enter the order into the Department of Justice's computer database.*
  - e) Copies of the EPRO should be distributed as follows:*
    - (1) Original- Court*
    - (2) Yellow - Restrained person*
    - {3} Pink - Protected person*
    - (4) Goldenrod - Law enforcement agency*





## SECTION 10: Privacy, Confidentiality & Privilege

**Privacy:** The right of an individual to have control over how their personal information is collected, used, and/or disclosed.

**Confidentiality:** Ethical or legal duty to ensure information is kept private and not disclosed (unless consent is given or legal mandates apply).

**Privilege:** The strongest level of legal privacy protection. It prohibits disclosure of information against someone's will in a court of law.

As of September 1, 2021, advocates that are employed by or who volunteer with a rape crisis center are able to offer qualified privilege protections for sexual assault survivors<sup>20</sup>. This means that there are very few circumstances in which the survivor's information can be shared without their written consent.

In addition to the Texas laws that govern confidentiality, there are numerous Federal privacy laws that impact the ability of rape crisis center advocates, mental health providers and healthcare providers to discuss a survivor's case without written consent. VAWA, VOCA, FVPSA, HIPAA, and FERPA are just a few examples. These various Federal and State laws will require SARTs to plan carefully for all client case reviews that they intend to do as a group. The Victim Rights Law Center has developed a privacy toolkit for CCRs that teams may find helpful in this process<sup>21</sup>.

SART meetings and documentation are exempt from Texas Open Meetings and Open Records Act requirements<sup>22</sup>. In addition, the conversations, information, documents, and records acquired by the response team are confidential and are not subject to subpoena or discovery and may not be introduced into evidence in any civil, criminal, or administrative proceeding, except that information, documents, and records otherwise available from other sources are not immune from subpoena, discovery, or introduction into evidence solely because that information or those documents or records were presented during a response team meeting or maintained by the response team<sup>23</sup>. This is intended to facilitate honest and open discussion amongst the team and allow for flexibility in communication. However a report or compilation of data produced by the team that does not contain any personally identifying information of a survivor, such as the biennial report to the county, is subject to the Open Records Act.

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20 Texas Government Code Section 420.071

21 Victim Rights Law Center. 2016. Privacy Toolkit for CCRTs. <http://4e5ae7d17e.nxcli.net/wp-content/uploads/2021/01/CCR-Toolkit.pdf>

22 Texas Local Government Code Sec. 351.258

23 Texas Local Government Code Sec. 351.258 (e)



## SECTION 11: Case Reviews

SB476 asserts that response teams are tasked with strengthening the community's coordinated response to sexual assault, minimizing survivor traumatization, and enhancing health and judicial outcomes for adult sexual assault survivors. As you read the statute, you may notice that the work of SARTs is ongoing. Even when a protocol for coordinated response has been developed, the team's job is not "done" because at the core of an effective SART is an understanding that there is always room for growth.

Case reviews are one of the mechanisms that response teams can use to assess and improve the effectiveness of their response to adult survivors of sexual assault. While each agency may have its own method of assessing its response, SARTs provide an opportunity to evaluate the effectiveness of response from multiple perspectives.



### **Benefits of case reviews include:**

- gaining a deeper understanding of the roles and responsibilities of different professionals and agencies that respond to adult survivors of sexual assault within the community
- identification of successful practices
- identification of gaps or barriers
- trust and rapport building among team members
- opportunities to enhance sexual assault response policies and protocols

## Case Review Requirements

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### Purpose:

While case reviews can serve many purposes, the law requires that case reviews be used to evaluate the effectiveness of individual agency and interagency protocols and systems.

Intentional planning is vital to ensure case reviews are effective and achieve their stated purpose. Before participating in case review, SARTs should consider:

#### **1 Are there case review guidelines in place to mitigate dynamics within the group?**

Both new and existing teams are subject to power dynamics and community politics.

It can be difficult for team members to address inadequacies in response if they fear it will impact their relationship with that organization or the community. In addition, individual members must also be willing to participate in critical conversations regarding their own performance. Case reviews require honesty and transparency. Teams should not ignore power dynamics or assume that trust among members is inherent. If trust has not been adequately built among members, case reviews can cause tension or conflict, which can impact the teams' overall goals and the effectiveness of the case review. On the other hand, when team members have clear guidelines and understand each individual's roles and expectations for case reviews, it can mitigate those power dynamics and potentially increase trust and enhance collaboration.

#### **2 Has the SART protocol been developed and implemented?**

Evaluation of protocols is one of the stated purposes for case reviews. SART protocols should be established prior to beginning case reviews. This allows members to evaluate if the protocol is responsive to the needs of adult survivors within the community.

#### **3 Is there a general awareness of each team member's organization, role, and responsibilities?**

While case reviews can provide an opportunity for members to gain a deeper understanding of each agency's role, it is important for members to have a foundational knowledge of everyone's role prior to beginning case reviews. Awareness of each discipline's role improves the team's ability to identify and assess the effectiveness of their response.

## Consent for Case Review

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*Texas Local Government Code Sec. 351.258 (f) A response team may only review a sexual assault case of an adult survivor with the signed, written consent of the survivor.*

### → The consent must specify:

- the information or records covered by the release;
- the reason or purpose for the release;
- the person/s or agency/s to which the information is to be released.

Teams should develop a standardized release form for case reviews that meets the requirements of this chapter as outlined above\*. In addition, best practices for forms include:

- **Informed Consent:** Instructions for ensuring the survivor has informed consent prior to signing a release.
  - This can include guidelines such as not asking for consent within the first 72 hours of receiving a sexual assault exam; risks and benefits related to releasing information; right to revoke their consent at any time.
- **Time-limited Release:** indicating the general timeframe in which the information will be released and date when the terms of the release expire.
- **Voluntariness:** Statement notifying survivors that the case review consent form is not tied to their willingness or ability to participate in the criminal investigation or receive services or support. Clearly outlining that their participation is voluntary and that they cannot be denied services or support if they choose not to sign the consent.

\*It is important to note that individual SART members may also have additional legal requirements prior to releasing information related to a survivor they served. For instance, Sexual Assault Programs that wish to actively participate in a case review of a survivor they served will need to plan in advance and obtain an appropriate release of information for each agency that will be present for the review.

Case reviews are only required to take place on a biennial basis, so it is **not necessary or appropriate** for the team to ask every survivor to sign consent forms for case review. It is good practice to develop a set of guidelines for selecting a case to review, scheduling the review well in advance, notifying agencies that are involved, and following up with the survivor to request any needed waivers. It is recommended that any case review request made to a survivor be done after the initial reporting and response period, when they have the opportunity to be more fully informed about the voluntary nature of the process.

## Q & A

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### → Can we discuss cases without sharing reports or identifying information (when we don't have a release form)?

It depends. You must be able to do so without putting the survivor's confidentiality at risk. Regular SART meetings can be a valuable space to receive **general** advice or consult with other professionals about challenges you are facing. There may be circumstances where members can ask questions without sharing case-specific information. However, if there is any risk of identifying the survivor or disclosing case-specific information without their consent, it is not appropriate for the discussion to take place<sup>24</sup>.

### → Should all members be involved in case reviews?

The members that are mandated by the statute should be involved or present in the case reviews. Additional members can be involved at the discretion of the team. Participation of additional members will need to be decided prior to receiving consent from the survivor. The consent form must accurately describe the individuals and/or organizations that will have access to the survivor's private information. When deciding whether or not to include an individual in case reviews consider: How will including this person enhance response to survivors? Does this person have a unique perspective that is needed to effectively evaluate this case? Could including this person negatively impact the survivor whose case is being reviewed?

### → How can we identify which cases to review?

SARTs should discuss processes for obtaining consent and different mechanisms to identify cases. Cases that are particularly challenging or that represent common themes in your community may be beneficial to consider. Team members can utilize follow-up meetings with the survivor to discuss options and assess if they'd like to learn more about having their case reviewed at a SART meeting. It is crucial that the process remain driven by the interests of the survivor, rather than the objectives of the SART.

### → Are we using the case review process in order to evaluate our responses or to staff a case to disposition?

The law states that the case review should be done to evaluate response protocols. However, it does not preclude a SART from utilizing case review to actively staff cases should they wish to do so or feel that their collaboration is strong enough to manage the communication.

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24 Iperen, J., & Pittenger, J. (2017). A SART coordinator's guidebook for case file review. Sexual Violence Justice Institute. MNCASA.



## SECTION 12: **Additional Members**

While there are only 6 statutorily appointed members required by the law, it will be beneficial for the SART to consider what other agencies or individuals would strengthen their team and should be included. These may include any available forensic lab personnel, civil legal organizations or programs that serve domestic violence or human trafficking victims. Some communities are so large that they have multiple sexual assault programs, law enforcement agencies and forensic examiners. In these scenarios, all of those agencies whose primary role or mandate is to respond to adult survivors of sexual assault should be invited to the team.

### → **Survivors**

Survivors of sexual assault who play an active role in advocacy can make an excellent addition to a SART. While many professionals live and work within the communities they serve, their knowledge and experience allow them to address sexual assault responses from a particular perspective. The same is true for survivors. Survivors can provide perspective on service delivery and system response without balancing other professional roles or responsibilities. Some professionals may have concerns about a survivor's ability to meaningfully contribute to SART discussions because they may not "understand" the roles of different professionals or the limitations of systems. This type of thinking reflects the kinds of barriers that often prevent communities from being able to effectively respond to sexual assault survivors in a trauma-informed way. Having survivors at the table strengthens the team because of their perspective on the community, service delivery, and the criminal justice system. They are able to provide a lens on service delivery and system response that no other team member can offer. While many SARTs would not be comfortable with including survivors, it is considered a best practice in the field as more teams across the country invite survivors to participate and provide feedback on processes and response.

### → **Community healing organizations**

Community Healing organizations are typically not formal mental health or rape crisis organizations, but they are organizations that members of their community trust. Many of these organizations have long histories of enhancing the health and wellbeing of the communities they serve. Many faith-based groups provide peer support and counseling for

survivors of interpersonal violence. Other programs may offer restorative justice practices that survivors can engage in should they be interested. Organizations like the YMCA or YWCA may offer low or no-cost counseling for victims, and should be considered for referrals in counties where they exist.

### → **Culturally-specific organizations**

It is important for SARTs to be aware of the demographics within their community. Most communities are comprised of cultural and/or linguistic groups. Connecting with culturally specific organizations helps illuminate gaps and barriers as well as lead to solutions that eliminate barriers and enhance response to survivors. There are formal culturally specific programs that support sexual assault survivors and other victims of crimes in the state of Texas, but there are also community organizations that provide culturally resonant services and support to individuals.

### → **Civil legal partnerships**

Civil legal partners like Texas Legal Services Center, Texas Advocacy Project, or Texas Rio Grande Legal Aid are often invited to the table due to survivor intersections with the civil legal process. Sexual assault protective orders are a good example of this. Adding expertise in this area to your team will strengthen the community's response to survivor needs.

### → **Domestic violence agency advocates**

The majority of sexual assault programs in Texas are considered dual-agencies, meaning they also serve domestic violence survivors. However, there are still a number of stand-alone sexual assault programs and stand-alone domestic violence agencies in the state. If your community does not have a sexual assault program, but does have a domestic violence program, it may be beneficial to consider outreach to that agency.



## SECTION 13:

# What if our community already has a SART?

That's fantastic! As of early 2021, only about 10% of Texas counties actively convene a SART. If you are one of the few, then you are ahead of the curve on compliance with this law. This is also a great opportunity to consider if your collaboration needs a reset or a refocus. We encourage existing teams to reach out to their County Commissioners, or vice versa, to begin the dialogue of integrating these new requirements into your existing SART. If your collaboration includes most or all of the requisite membership and you already have a written protocol in place that meets the elements of this law, there may be very little that needs to change. This is an opportunity for existing SARTs to move into a formal collaboration with their county, enhance sustainability, and have some guideposts for their work. TAASA is available to support counties in identifying whether they have a SART that is active in their community.



## SECTION 14:

# SARTs and CAC MDTs, why are they separate?

The adult sexual assault response team has a statutory obligation to meet separately from any child abuse multidisciplinary team. This is to ensure that adult cases receive specific and intentional focus from the responding agencies. There are a plethora of legal differences and obligations that separate adults and children within Texas laws, and it is important that both populations receive due care and attention. Often communities will have a lot of overlap in who works with adult and child survivors, and this will lead to membership in both groups.





## SECTION 15:

# Additional resources for SARTs

AEquitas, Justice Management Institute, and Urban Institute. (2017). Model Response to Sexual Violence for Prosecutors (RSVP) An Invitation to Lead. Retrieved from [www.aequitasresource.org/wp-content/uploads/2020/01/RSVP-Vol.-I-1.8.20.pdf](http://www.aequitasresource.org/wp-content/uploads/2020/01/RSVP-Vol.-I-1.8.20.pdf)

Alexis Koskan, Ph.D., Daniela B. Friedman, Ph.D., DeAnne K. Hilfinger Messias, Ph.D., RN, FAAN, Heather M. Brandt, Ph.D., CHES, and Katrina Walsemann, Ph.D. (October 2013). Sustainability of promotora initiatives: Program planners' perspectives. *Journal of Public Health Management and Practice*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3827959/>

Alliance for Safety & Justice. (August 2016). Crime Survivors Speak: The First-Ever National Survey of Victims' Views on Safety and Justice. The Tides Center. Retrieved from <https://www.allianceforsafetyandjustice.org/crimesurvivorsspeak/>

Atassi, Leila. (October 24, 2010). Fears of juror biases often prevent rape cases from making it to trial, Cuyahoga County prosecutors say. *Cleveland.com*. Retrieved from [http://blog.cleveland.com/metro/2010/10/fears\\_of\\_juror\\_biases\\_often\\_pr.html](http://blog.cleveland.com/metro/2010/10/fears_of_juror_biases_often_pr.html)

Basile, K., Smith, S., Walters, M., Fowler, D., Hawk, K., Hamburger, M. (2015). Sexual Violence Victimization and Associations with Health in a Community Sample of Hispanic Women. *Journal of Ethnic and Cultural Diversity in Social Work*. 2015; 24(1): 1-17. doi:10.1080/15313204.2014.964441

Boles, A. B. and Patterson, J. C., (1997). Improving community response to crime victims: An eight-step model for developing protocol. Thousand Oaks, CA: Sage Publications, Inc. Centers for Disease Control & Prevention. (April 2013) Findings from the National Intimate Partner & Sexual Violence Survey. State Report Fact Sheet. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportFactsheet.pdf>

End Violence Against Women International. (2017). Sustaining a Coordinated Community Response: Sexual Assault Response & Resource Teams (SARRT). Online Training Institute. [www.evawi.org](http://www.evawi.org)

Federal Bureau of Investigation. (2017). CODIS and NDIS Fact Sheet. Retrieved from <https://www.fbi.gov/services/laboratory/biometric-analysis/codis/codis-and-ndis-factsheet>

Georgia Criminal Justice Coordinating Council. Georgia SART Guide. (2021). <https://svrga.org/resources/sexual-assault-response-team-sart-guide>

Goff, E., Haas, S., Jerney, J, and Pejsa, L. (2015). Sexual assault response teams assessing systems change: A resource for multidisciplinary team leadership. Saint Paul, MN: Sexual Violence Justice Institute, a project of the Minnesota Coalition Against Sexual Assault. Retrieved from [www.mncasa.org](http://www.mncasa.org)

- Lonsway, Kimberly A. and Archambault, Joanne. The “Justice Gap” for Sexual Assault Cases: Future Directions for Research and Reform, *Violence Against Women* 18, p. 156. Retrieved from <http://vaw.sagepub.com/content/18/2/145>
- Moller A, Sondergaard HP, Helstrom L. Tonic immobility during sexual assault – a common reaction predicting post-traumatic stress disorder and severe depression. *Acta Obstet GynecolScand* 2017; DOI: 10.1111/aogs.13174
- National Sexual Violence Resource Center. (2015). Key Findings: Rethinking Serial Perpetration. <https://www.nsvrc.org/publications/nsvrc-publications-research-briefs/key-findings-rethinking-serial-perpetration>
- Ohio Alliance to End Sexual Violence. Ohio Sexual Assault Response Team Manual. [https://oaesv.org/wp-content/uploads/2021/03/sart\\_manual\\_final\\_11-13-2014.pdf](https://oaesv.org/wp-content/uploads/2021/03/sart_manual_final_11-13-2014.pdf)
- San Diego County SART. (2016). San Diego County SART Victim Satisfaction Questionnaire. Retrieved from <http://www.evawintl.org/images/uploads/Documents/SD%20Victim%20Satisfaction%20Survey.pdf>
- Santa Clara County SART Protocol. (2019). Santa Clara County, CA. Retrieved from [https://www.sccgov.org/sites/owp/gbv/Documents/SA/SCLARACOUNTY\\_SEXUALASSAULTPROTOCOL\\_FINAL\\_Sep2019.pdf](https://www.sccgov.org/sites/owp/gbv/Documents/SA/SCLARACOUNTY_SEXUALASSAULTPROTOCOL_FINAL_Sep2019.pdf)
- South Dakota Good & Healthy Community Health Needs Assessment and Improvement Planning Toolkit. (April 2014). Good and Healthy South Dakota Initiative. Retrieved from [http://goodandhealthysd.org/communitytoolkit/#Guiding\\_Principles\\_of\\_the\\_South\\_Dakota\\_Good\\_Healthy\\_Community\\_Health\\_Needs\\_Assessment\\_and\\_Improvement\\_Planning\\_Toolkit](http://goodandhealthysd.org/communitytoolkit/#Guiding_Principles_of_the_South_Dakota_Good_Healthy_Community_Health_Needs_Assessment_and_Improvement_Planning_Toolkit)
- Substance Abuse and Mental Health Services Administration. (August 2015). TraumaInformed Approach and Trauma-Specific Interventions. Retrieved from <https://www.samhsa.gov/nctic/traumainterventions>
- Thelen, Rose. (2000). Advocacy In a Coordinated Community Response: Overview and Highlights of Three Programs. Gender Violence Institute. Retrieved from <http://www.ncdsv.org/images/Advocacy%20in%20a%20CCR.pdf>
- Veazie MA, Teufel-Shone NI, Silverman GS, Connolly AM, Warne S, King BF, Lebowitz MD, Meister JS. (March 2001). Building community capacity in public health: the role of action-oriented partnerships. *Journal of Public Health Management and Practice*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/12174397>
- Virginia Department of Criminal Justice Services. Sexual Assault Response Teams: A Model Protocol for Virginia (2011). [https://www.dcjs.virginia.gov/sites/dcjs.virginia.gov/files/law-enforcement/files/model-policy/sexual\\_assault\\_response\\_teams\\_model\\_protocol.pdf](https://www.dcjs.virginia.gov/sites/dcjs.virginia.gov/files/law-enforcement/files/model-policy/sexual_assault_response_teams_model_protocol.pdf)
- Wemmers, Jo-Anne. (July 15, 2013). Victims’ experiences in the criminal justice system and their recovery from crime. *International Review of Victimology*. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/0269758013492755>



## APPENDIX A:

# Excerpts from an Urban SART Protocol

The [Full SART Protocol](#) can be found on the Santa Clara County District Attorney's Website. All numbers and legal references are local to CA. This is shared here for educational purposes only as each community will have their own requirements. Used with Permission

## Sexual Assault Forensic Examiner (SAFE) Response – Adult/Adolescent

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The role of the adult/adolescent sexual assault forensic examiner (SAFE) includes ensuring medical treatment and conducting medical forensic examinations for victims who report sexual assault. Unless otherwise specified, the Sexual Assault Forensic Medical Exam Report Form will be used to document the acute forensic medical examination for victims.

### SAFE EXAMINATION SITE

A. If the victim arrives with law enforcement, an officer will:

1. Notify the Emergency Department (ED) charge nurse of arrival.
2. Ensure the victim is registered in the hospital computer.
3. Accompany the victim to the private Family Room.
4. Call the SCVMC operator at xxxxxxxx (or "0" if calling from hospital line) and request to speak with the on-call examiner.
5. Notify the agency blood tech to respond and draw lab work.
6. Remain at the exam site (or be relieved by an officer from the same jurisdiction) until the exam is completed and evidence/paperwork is collected from the examiner.

B. If the victim arrives without law enforcement:

1. Hospital staff will determine if the victim wishes to report to law enforcement.
  - b) For victims wishing to report, staff will notify law enforcement to respond. The above procedure will be followed.
  - c) For victims who do not want to report, staff will notify the on-call examiner.

C. On arrival at the exam site, the victim will be assigned to a private room and triaged for medical care.

1. If medical clearance is required, the victim will be seen in the ED by the ED staff. If necessary, the medical forensic examination may be performed in the ED or in victim setting, in conjunction with medical treatment.
2. If medical clearance has been given or is not required, the medical forensic examination will proceed at the SAFE Examination Site.

## **SEXUAL ASSAULT FORENSIC EXAMINER (SAFE) EVALUATION**

- A. Adult/Adolescent medical forensic examinations may only be conducted by qualified SAFEs who are active with the SCVMC SAFE Program.
- B. SAFEs will ensure that the appropriate sexual assault advocate is notified to respond. The advocate will be introduced to the victim and may be present for any or all of the exam, per the victim's choice. If the victim refuses the presence of an advocate, the SAFE will ensure the victim receives contact and service information for the appropriate advocate agency.
- C. SAFEs will discuss all options of the examination process with the victim, including sexually transmitted infection (STI) prophylaxis, pregnancy prevention, and follow-up care.
- D. Informed consent will be a continuous process. All procedures will be explained prior to being performed. The victim will be given the option to decline any or all procedures but will be informed of the importance of collecting all parts of the forensic evidence.
- E. SAFEs will conduct medical forensic exams in a trauma-informed manner and in accordance with established federal, state, and hospital protocols.
- F. SAFEs will offer a shower and clean clothing to the victim prior to discharge.
- G. Victims will be given discharge information about the treatment and care received, follow up instructions, and referral information.
- H. Evidence, including the Sexual Assault Forensic Exam (SAFE) kit, toxicology specimens, and forensic documentation, will be secured and chain of custody maintained until received by law enforcement.
- I. The SAFE will follow all requirements for mandated reporting.
- J. The SAFE will provide the Marsy's Law, strangulation, and victim's rights cards, if they are not already provided by law enforcement.

## District Attorney Response

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### ISSUING A CRIMINAL COMPLAINT

- A. All sexual assault cases, whether misdemeanor or felony, should be delivered to the Office of the District Attorney Sexual Assault Team secretary at the San Jose office, regardless of the crime location.
- B. Investigating officers, who wish to obtain a felony complaint, should meet and discuss the case with the Supervisor of the Sexual Assault Team.
- C. Investigators should bring the following materials:
  - 1. Three (3) copies of all reports, including supplemental reports.
    - a) The following information of all victims should be redacted in copies of reports to be filed with the court pursuant to PC sections 964, 841.5 and 293:
      - 1) Name
      - 2) Address
      - 3) Telephone number
      - 4) Driver's license number
      - 5) California identification card
      - 6) Social security number
      - 7) Date of birth
      - 8) Place of employment
      - 9) Employee identification number
      - 10) Mother's maiden name
      - 11) Demand deposit account numbers
      - 12) Credit card numbers
    - b) The following information of all witnesses should be redacted in copies of reports to be filed with the court pursuant to PC sections 964, 841.5 and 293:
      - 1) Address
      - 2) Telephone number
      - 3) Driver's license number
      - 4) California identification card
      - 5) Social security number
      - 6) Date of birth
      - 7) Place of employment
      - 8) Employee identification number
      - 9) Mother's maiden name
      - 10) Demand deposit account numbers
      - 11) Credit card numbers
  - 2. Copies of all photographs
  - 3. Copies of all audio and video tapes
  - 4. Copies of all medical records, including the medical forensic exam report

5. Copies of DFCS or Juvenile Dependency Court records
  6. Defendant's rap sheet (local, state, FBI)
  7. Completed warrant due diligence form
- D. Sexual Assault filing decisions are made by the District Attorney's Sexual Assault Team.

### **RESPONSIBILITIES OF THE DISTRICT ATTORNEY'S OFFICE (DAO)**

- A. Police reports will be filed with the defendant's discovery packet. The Sexual Assault Team Supervisor will review the case to determine whether any reports (e.g., confidential juvenile case file material) should be held back.
- B. The Sexual Assault Team paralegals will duplicate or otherwise make available audio and videotapes for the defense attorneys on all cases.
- C. Sexual assault medical forensic exam materials, including the report and the photos,
- D. will be provided to the defense after a court order for their release is obtained from the court by the assigned Deputy District Attorney (DDA).
- E. Child pornography materials will be provided to the defense after the defense attorney signs the required stipulation.

### **SUPPLEMENTAL REPORTS**

- A. The investigating officer will provide copies for all supplemental reports (including lab reports and autopsy reports) to the Sexual Assault Team secretary at the DAO. Sexual Assault Team paralegals will provide copies to the assigned DDA and the defendant's attorney.

### **CHARGING APPROACH**

- A. When reviewing a case for issuing, the reviewing DA will ask the following questions before deciding to charge:
  1. Was a crime committed?
  2. Do we know who committed the crime?
  3. Can the crime be proved beyond a reasonable doubt?
  4. Is charging the right thing to do?

### **RESPONSE TO PACKET SUBMITTED FOR CHARGING**

- A. Case is issued as requested.
- B. Case is issued with additional charges.
- C. Case is rejected for all purposes.
- D. Case is rejected with suggestions for additional investigation to be completed.

### **RESPONSE TIME:**

- A. In-custody defendants: Pursuant to Penal Code section 825, the DAO must file charges within 48 hours of a defendant's arrest. See chart below for arraignment schedule.
- B. For out-of-custody defendants, the DAO policy is to make a charging decision within 30 days of receiving the issuing packet in the office.

## **Court Process – ADULT**

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### **INITIAL CONTACT**

- A. Once the District Attorney's Office issues a criminal case, the victim will receive a letter indicating that a case was filed. This letter will contain the following important information:
  - 1. The District Attorney case number that has been assigned to the matter.
  - 2. All the Penal Code charges that the District Attorney filed against the defendant e.g. Penal Code 289(d) (Sexual Penetration where the victim was unconscious of the nature of the act).
  - 3. A contact number for the District Attorney Victim Services Unit and a brief description of the services provided by that center.
  - 4. The contact number for the Supervising Deputy District Attorney of the Sexual Assault Team.
  - 5. The victim will be advised that their name has not been released as part of any public record. Their name is not released to anyone but the defense attorney representing the defendant.
- B. This letter is written in English but provides information in Spanish and Vietnamese with contact numbers for further assistance.
- C. Once the District Attorney's Office issues a case, an advocate from the Victim Services Unit will also send a separate letter to the victim and attempt to contact them.
- D. Once a Deputy District Attorney is assigned to the case, they will reach out to the victim telephonically to introduce themselves and provide contact information.

### **ARRAIGNMENT IN COURT**

- A. On the day that the defendant is arraigned in court (advised of the charges against them) the judge will automatically issue a protective order for the benefit of the victim in the criminal case pursuant to Penal Code 136.2.
- B. The courtroom deputy will personally serve the defendant with a copy of this order. This order typically provides, absent unusual circumstances, that:
  - 1. Defendants shall not contact the victim themselves or through a third party by any means.
  - 2. The defendant may not come within 300 yards of the victim.
  - 3. The victim may record any communications by the restrained person.
- C. It is not necessary for the victim to be present at the arraignment. If the victim's presence is needed, they will be notified far in advance by the Deputy District Attorney assigned to the case.
- D. A copy of this protective order will be mailed to the victim shortly after the hearing.

### **PRETRIAL**

- A. Once a defendant has been arraigned, there will often be multiple court dates where the Deputy District Attorney, the defense attorney, and a judge will share all necessary information about the case with each other.
- B. It is not necessary for the victim to be present at any of these court dates. If the victim is needed, they will be notified far in advance by the Deputy District Attorney assigned to the case.

### **PRELIMINARY HEARING**

- A. If the Deputy District Attorney and the defense attorney are unable to resolve the matter via plea bargain, the case will be set for a preliminary hearing.

- B. A preliminary hearing is a mini trial where the judge will listen to the evidence and decide if there is enough evidence to show:
  - 1. That the charged crimes were committed and
  - 2. The defendant committed those crimes.
- C. This is called probable cause. The judge is the trier of fact. There is no jury present. A victim will be notified that their presence is necessary for this hearing well in advance of the hearing date, if possible.
- D. If the victim or witness to the crime is a child, a court tour will be arranged before the preliminary hearing. The purpose of this tour is to help familiarize the child with the courtroom and the process.
- E. The child will often sit in the witness chair, get to bang the gavel and sometimes judges even allow children to try on their robes. This is all done to alleviate any fear the child may have that the courtroom is a scary place.
- F. For an adult victim or witness who wishes to have a courtroom tour, arrangements can be made.
- G. During the hearing the victim will answer questions first from the Deputy District Attorney and then the defense attorney.

## **TRIAL**

- A. If the judge finds there is sufficient evidence at the preliminary hearing, the case will proceed to trial.
- B. There may be many more court dates after the preliminary hearing where the Deputy District Attorney, the defense attorney and a judge will discuss the case to see if it can resolve without the matter going to trial.
- C. It is not necessary for a victim to attend any of these court dates.
- D. If the case cannot resolve, the case will proceed to trial.
- E. At the trial, the Deputy District Attorney must prove all the elements of the charged crime beyond a reasonable doubt. Twelve jurors will listen to all the evidence and decide if the case has been proven beyond a reasonable doubt.
- F. A victim or witness will be notified that their presence is necessary for this courtroom testimony well in advance, if possible.
- G. The format will be the same as it was at the preliminary hearing. The Deputy District Attorney will ask questions first followed by the defense attorney.
- H. All victim rights that applied at the preliminary hearing in terms of witness support persons apply equally at trial.

## **SENTENCING**

- A. If the jury finds the defendant guilty of any or all charges, or the defendant pleads guilty to any and all charges, a date will be set for the defendant to be sentenced.
- B. Prior to the sentencing, the probation office will reach out to the victim seeking input about the victim's thoughts on the crime and the effect the crime has had on their life. They will inquire about any monetary losses the victim suffered as a result of the crime and any counseling or medical bills the victim incurred.
- C. It is not necessary for a victim to be present on the date of the sentencing but they are entitled to be there if they choose.
- D. Victims have the right to give a victim impact statement in open court at the sentencing. This statement may be anything a victim wishes the court and/or defendant to hear. It usually details the





## APPENDIX B:

# Excerpt from a Rural SART Protocol

All numbers and legal references are local to MN. This is shared here for educational purposes only as each community will have their own requirements and laws. Developed by the Itasca Alliance Against Sexual Assault and shared by the Sexual Violence Justice Institute.

### Victim Services

<p><b>IAASA Office Hours:</b>          Mon- Thur 8am - 5pm          Friday 8am - Noon          XXXXXXXX  <a href="http://www.XXXX.org">www.XXXX.org</a></p>	<p><b>To Contact an Advocate          After Hours:</b>  <i>First Call for Help</i>          XXXXXXXXXXXX</p>
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Itasca Alliance Against Sexual Assault (IAASA) works toward protection and healing from sexual abuse, assault, and harassment by providing free and confidential services to women, children, and men. IAASA believes in being pro-active in providing services and programming to the community while recognizing the negative impact that sexual violence has on the lives of those affected.

**Services include:** 24 hour crisis line, safety assistance, medical advocacy, legal advocacy, one-to-one basic counseling, support groups, and community education/awareness. Services are provided by trained staff and volunteer advocates who have successfully completed 40 hours of training. Volunteers receive ongoing yearly training and are supervised by IAASA Executive Director and agency staff.

**Advocate Role:** The sexual assault advocate is in a unique position of being available to facilitate support and communication throughout all stages following an assault and has the ability to attend to the victim's self-defined needs. The advocate will inform the victim of their options and provide information on possible positive and/or negative outcomes to each option. Exceptions exist in the case of mandatory reporting or in the case of a victim who is in danger to themselves or others. In all situations, the advocate will put the needs of the victim first and will respect and support the victim through all of their decisions.

#### Advocate Duties throughout Intervention:

- Explain IAASA client/agency confidentiality and how their information will be used.
- Obtain appropriate signed releases that are situation specific and time limited before making any contact on behalf of the client.
- Provide ongoing emotional support to address the victim's response to the assault.
- Communicate with other professionals to ensure the victim's needs remain central.
- Be aware of cultural considerations and assess for specialized needs.
- Share information and explore options with the victim to ensure that she/he is able to make informed decisions.

- Provide feedback to the victim maintaining realistic potential outcomes for the case.
- Identify community resources for referral to the victim.
- Provide information related to the filing of protective orders. Provide information to the victim regarding Crime Victim's Rights.

### **Initial Contact/Crisis Call**

- Advocates should use active listening skills in order to offer immediate crisis intervention, emotional support, and referral services.
- Assess the victim's safety and need for medical attention such as; emergency care, injury, self-injurious harm, STD, pregnancy options, etc. The advocate may contact 911 for assistance without victim's consent if they are in immediate physical danger.
- Determine the jurisdiction/location (city/county/state) where the sexual assault took place. Incidents must be reported to the law enforcement agency where the crime occurred.
- Be alert to the symptoms of drug facilitated/induced sexual assault. Symptoms such as confusion, intense sleepiness, unconsciousness, dizziness, weakness, memory loss, nausea, vomiting, problems focusing the eyes, hallucinations, and uncontrollable twitching or tremors are among the indicators for drug facilitated/induced sexual assault. If the victim reports having or seems to be experiencing any of these symptoms, it is recommended that testing be within 12 hours of ingestion (a medical screening exam for toxins will involve either urine or blood toxicology test). Drug testing should be done if the patient reports or suspects that he/she was drugged, even if he/she is without symptoms or signs of the toxin.
- Arrange for transportation to and from the hospital with permission of the victim, such as, a support person, law enforcement, or taxi. Advocates should not provide transportation themselves without prior consent of the Executive Director.
- When making arrangements to meet with the victim during or after office hours, advocates should be sure to meet at the IAASA office or another public location. Advocates should be mindful of their own personal safety when deciding on location. Advocates should get permission from the Executive Director before making arrangements to meet the victim at a residence. IAASA advocates do not respond to the scene where the incident occurred, instead advocates meet clients at the emergency room or law enforcement agency.
- Assist the victim to identify and address immediate concerns such as; safety, protection of children, temporary safe housing, need for emergency funds, etc.
- Determine the need for mandated reporting. Refer to Mandated Reporting/Consent tab for more information.
- Inform the victim of IAASA follow-up services, one-to-one basic counseling, and make appropriate referrals for counseling.

### **Special Considerations in Reporting the Sexual Assault**

**1. Preservation of Evidence:** Inform the victim on the importance of evidence preservation prior to a medical exam and investigation.

- Victim's intending to report the incident should avoid urination, defecation, showering (the cleansing of

body parts), douching, brushing teeth, using mouthwash, etc.

- Instruct the victim to not dispose of or wash garments, bed linens, and other items that may contain evidence such as: fabric stains on furniture or in a car, etc. Request the victim to bring any items containing evidence to hospital in separate paper bags. Items provided as evidence will be returned once the case is completed, which could take from 6 months to 2 years. With the victim's consent the advocate may notify law enforcement that such evidence exists. It is not the role of the advocate to collect evidence, only to provide the victim with information to assist them in making informed decisions.

**2. Reporting Options** - If the assault occurred within 72 hours of initial contact/crisis call, provide the following reporting options to ensure the victim is able to make an informed decision (assuming the incident is not a mandated report situation). Offer information and answer questions the victim may have regarding evidence collection, law enforcement interviews, and/or the criminal justice system.

### Reporting the Incident -

The victim may choose to report the assault to law enforcement and go forward with investigation. With the victim's consent, she/he will submit to a sexual assault evidentiary exam (rape kit), provide information regarding any items to be taken as evidence, and provide details regarding the incident to law enforcement. *If the assault occurred significantly in the past and the victim wants to make a report of the incident, assist her/him to make contact with the law enforcement agency where the incident occurred. If this agency is outside of Itasca County, advocates should make a referral to the closest rape crisis center in that area.*

### Delayed Formal Reporting -

The following reporting option only pertains to sexual assaults that take place within Itasca County. If the assault took place in another county, the advocate should attempt to contact the law enforcement agency in that county to find out any special reporting options that they may have. Victims of sexual assault who choose to **delay formal reporting can request a follow-up interview within 14 days**. This option is available to victim's who are unsure of whether they want to report the incident, but would like to have evidence collected. Victims should be instructed that failure to have evidence collected may decrease the likelihood for successful investigation and charging in the case at a later date.

1. If the victim chooses this reporting option, medical personnel will contact the Sheriff's Department to obtain an initial complaint report (ICR) number. Inform the victim that their name is not given to the law enforcement agency, instead the ICR number is reflected on the sexual assault kit and medical chart.
2. Medical personnel will conduct a sexual assault evidentiary exam (rape kit) and collect all clothing that may have evidence on it. Once sealed, the kit and any clothing will be handed over to the law enforcement agency to be preserved in a secure location for a period of 14 days. A victim advocate will keep in contact with the victim to offer support throughout the process.
3. The victim may formally report the assault to the law enforcement agency located where the assault occurred at any time during the 14 days. The victim advocate will be available to assist the victim through the reporting process and answer any questions for the victim.
4. If the victim chooses to not report the sexual assault at the end of 14 days, all medical evidence will be destroyed and the victim will be allowed to pick up any clothing taken as evidence.

### Not Reporting the Incident -

If the situation is not a mandated report, the victim may choose to **not report** or have evidence collected. Victims should be informed that because a statement and corroborating evidence are not collected, the likelihood for successful investigation and charging this case at a later date is very unlikely. Refer to **Mandated Reporting/Consent** tab for more information.

## Emergency Room/Medical Examination Accompaniment:

The advocate's role while providing medical advocacy is to provide support and information to the victim and their support persons. In addition, the advocate will coordinate care of the client and provide personal advocacy with medical personnel, law enforcement officers, crisis response team, etc. Advocates should work to restore power to victims whenever possible by allowing the victim the opportunity to be informed about the process and to make choices throughout the exam. Advocates should be cautious of bodily fluids on victim's body and around the room. Advocates may take precautions by wearing gloves. Explain to victim that because of evidence you wish to wear them.

- Provide emotional support and advocate for the victim's needs and wishes.
- Obtain necessary and appropriate signed release of information in order to receive or exchange information with medical providers and law enforcement agency (forms located in IAASA totes kept in each hospital's emergency room). One per agency.
- Contact family/friends as requested by the victim.
- Discuss reporting options listed previously and ask victim what they would like to do.
- Assist medical personnel to ensure the victim understands what their rights are as a patient.
- Assist medical personnel to ensure the victim understands the rationale for various parts of the exam and evidence collection.
- If the victim asks about how they will pay or afford this medical exam, explain payment policy.
- Once the exam is completed, discuss Itasca County Payment Policy and Procedure and assist victim to fill out authorization and release of information forms. Refer to the Evidentiary Exam Payment Policy tab for further information.
- Remind medical personnel and law enforcement to maintain the chain of custody. Once the kit is opened, a medical staff person should stay in the room with the kit until it is sealed and handed over to law enforcement. Advocates should avoid assisting medical personnel in collecting evidence. It is not the role of the advocate to collect evidence, only to provide support and information to the victim. This would include assisting the victim in disrobing.
- Ensure medical personnel discuss with the victim options related to emergency contraception options and STD testing. See medical protocol for more information.
- Provide information and support for secondary victims, while maintain primary focus on the victims needs.
- Provide each victim a "Green Folder" before leaving the emergency room (folders and other materials are located in IAASA totes kept in each hospital's emergency room). Ask the nurse to assist you in finding the totes. Inside the folder you will find the following information:
  - a) IAASA agency/service information, community resources, including resources to assist the victim.
  - b) Client Information Sheet - fill in the information on the client information sheet and return to IAASA office by the next business morning. This information is crucial for court advocacy purposes.
  - c) IAASA release of information. Fill out one for each medical and law enforcement.

- Be mindful about when to leave the emergency room after exam is completed. A few things to think about: has the crisis situation been somewhat resolved, does the victim have a safety plan in place, does the victim have a safe place to go, does the victim have transportation to leave the emergency room, is the interview process completed, and has the victim requested you to leave?

### **Investigation with Law Enforcement/Child Protection:**

The advocate's role during the investigative process is to simply provide support during and increase understanding of the investigative process. While providing accompaniment and support during the interview process, the advocate will not participate in the interview, nor will the advocate take any notes. If the officer asks the advocate for input, the advocate should request that the officer turn off the tape to discuss any ideas the advocate may have. The advocate will avoid speaking while the tape is recording.

- Offer to accompany the victim to interviews to provide emotional support.
- Advocate for the victim's needs and wishes during the investigation process.
- Obtain necessary and appropriate signed release of information in order to receive or exchange information with law enforcement.
- Assist the officer to ensure the victim understands the reporting and interview process.
- It is important for the victim to be honest about all behavior, including any alcohol/drug use. It is unlikely that the victim would be charged with any unlawful use of alcohol or drugs under these circumstances. Explain to victims investigators ask detailed questions that may seem like he or she is prying, but simply demonstrates the need to gather all pertinent information regarding the dynamics and corroborating evidence of the assault.
- Serve as a liaison between the victim and law enforcement once the interview is completed (with signed release in place).
- Provide information to the officer regarding the victim's well-being and/or additional information that is important to the case (with consent of the victim).
- Contact the officer periodically about the status of the investigation and relay this information to the victim.

### **Court Process:**

**Caveat:** The court advocate will avoid talking about the details of the case. Instead offer information about the court process, make referrals to other agencies therapists, etc. If the victim/family member insists on needing to speak to someone, they will offer a separate advocate or make a referral to a therapist. Once the case is over and completed, the court advocate may work with the victim.

- Obtain necessary and appropriate signed release of information in order to receive or exchange information with Itasca County Attorney's Office.
- Should the victim/family of victim come forward with new case information refer them to the investigating officer, in that all new case information must go through the investigating agency.
- If victim requests, periodically contact the County Attorney/Court Administration to determine case status. Inform the County Attorney if there is information and/or concern that suggest the case be given priority.

- Be available to support victim during prosecution's decision to charge or decline. The advocate should be supportive while assisting the victim's understanding of prosecution's decision.
- Inform the victim to be cautious when talking to persons who are not affiliated with the investigating agency. Sexual assault advocates should discuss with the victim the pros and cons of having discussions with others including friends and acquaintances.

#### **Arrest/Offender Status:**

- Provide information to the victim regarding Victim Information and Notification Everyday (VINE) program and assist the victim to enroll.
- IAASA signs up for VINE when offender is incarcerated-when notified of defendants release or change in custody, notify victim immediately.

#### **Court Hearings:**

- Advocate for the victim's needs and wishes.
- Track case progress throughout the criminal justice process, notify the victim of all hearing dates and times, as well as any changes in the court schedule.
- Accompany the victim to hearings, if she/he chooses to attend. Report back to the victim if unable to attend hearings.
- Arrange for and accompany the victim to meetings with County Attorney, as necessary.
- Assist victims in filing and recouping any out-of-pocket expenses directly related to the crime.

#### **Plea Agreement/Hearing:**

- Ensure the victim is aware of any plea agreement and get their feedback.
- Explain to the victim their right to prepare and present input regarding plea agreement at the time of the plea hearing.
- Encourage and support the victim during this process, the victim may request the advocate to present input on their behalf.
- Communicate on behalf of the victim to the prosecutor concerning the victim's wishes regarding plea agreement.
- If the victim is unable to attend court hearings, be available to share victim's feelings/concerns with court (with permission of victim).
- Arrange meeting with the County Attorney and the victim, if needed, to discuss a potential plea agreement/case progress.

**Trial:**

**Caveat:** during the trial, the advocate will refrain from talking about the case and will attempt to keep witnesses and supporters from discussing as well.

- Make contact with prosecutor/victim approximately one month before trial is set to begin discussing case plan, assist victim with mental preparation, etc.
- Make sure the victim is aware of subpoena instructions.
- A few days before trial begins, contact court administration to reserve private meeting room near the courtroom where trial will occur. Be sure to share this information with the victim and prosecutor.
- Accompany the victim and provide emotional support throughout trial proceedings. Sit with victim and support persons, encourage witnesses not to discuss case information while trial is going on, answer questions, assist prosecutor as needed.

**Not Guilty/Dismissal:**

- Provide emotional support and assess the victim's needs for ongoing support.
- Explore options for debriefing, including participation in a support group.
- Arrange meeting with County Attorney and the victim, if necessary.

**Conviction (either through plea agreement or guilty verdict in trial):**

- Inform the victim of a Pre-Sentencing Investigation (PSI) which will be conducted by a probation officer. The PSI documents the offender's criminal and personal history, official version of the offense, and victim impact statements and recommendations.
- Obtain necessary and appropriate signed release of information in order to receive or exchange information with Itasca County Probation Office/Department of Corrections.
- Provide victim with contact information of probation officer doing PSI.
- Set meeting with probation officer when victim is having difficulty understanding post-conviction issues and pre-sentence investigation.
- Provide information to the victim related to their right to prepare and present a Victim Impact Statement (VIS) at the sentencing hearing. Provide assistance with the preparation of the VIS.

**Sentencing:**

- Follow up with County Attorney/Victim Assistance Program related to any unresolved restitution issues.
- Accompany the victim to the sentencing hearing and provide emotional support.
- Encourage and support the victim during the presentation of the Victim Impact Statement. The victim may request the advocate to present the VIS.
- Ensure the victim understands all components of sentencing. If the victim did not attend the hearing, follow-up with her/him to ensure their understanding.

**Post-Sentencing/Offender Treatment:**

- If the offender is sentenced to prison, assist with the Minnesota Department of Corrections Victim Notification paperwork.
- Provide information to victim about the Victim Information and Notification Everyday (VINE) program and assist the victim to enroll.
- Be available to assist the victim in understanding the Community Notification process.
- Be available to inform and assist the victim in regards to probation violation hearings.

**Post Criminal Justice Process:**

- Provide and assist (as necessary) the victim with IAASA Victim Satisfaction Survey. The information collected will be used to improve the quality of services that victims of sexual assault receive from law enforcement, medical, victim services, and prosecution.

**Ongoing Victim Services:**

- Provide continuing services as long as victim requires emotional support and/or advocacy.





## APPENDIX C:

# Snapshot of Roles & Responsibilities

This is a brief summary intended to assist in protocol development, and not inclusive of each discipline or their responsibilities.

### Sexual Assault Advocate

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The role of advocates in the response to sexual assault is to provide confidential crisis intervention services, information, referrals, counseling, accompaniment, and support through the process of reporting or understanding their options. Sexual assault advocates help victims navigate the criminal legal system and their rights, provide education on the dynamics of sexual assault, provide access to an array of local services, and develop safety plans.

The SART should consider these and additional questions as the answers will lead the team in development of their collaborative protocol.

- Do we have advocates available for the SANE exam? What about for investigative interviews?
- If there are multiple community-based advocacy providers, who will provide services and when?
- If there are system-based advocates (from law enforcement or district attorney's offices), when will they be used?
- Will advocates be called in by the SANE? By law enforcement?
- Will both community-based and system-based victim advocates be contacted as part the protocol?
- Will victim advocates be able to offer multi-lingual and multicultural services? If not, how do we get victims the information they need?
- Are we ensuring that victims have an opportunity to have a confidential conversation with an advocate?

Victims of sexual assault are often cautious about disclosing the circumstances leading up to the assault and details of the assault itself. Advocates serve as a safe person that can be present during this terrible and traumatic process who has no competing role to play. They do this by listening, believing, empowering, serving as a buffer, and honoring the choices that a victim makes.

Privileged communication is entitled to protection from disclosure in court or other legal and administrative proceedings. Privileged information may be subpoenaed but it is protected and only the holder of the privilege (the victim) may waive the privilege to release the information being subpoenaed. As of September 1st 2021, Sexual assault advocates from a rape crisis center in Texas can offer qualified privilege. All advocacy programs must provide victims with a reasonable expectation of confidentiality with respect to their conversations and exchanges. In order to release any information to other parties, advocates must first obtain written permission from victims prior to contacting or sharing information with any other service providers and responders.

Victim witness counselors in the District Attorney's office, law enforcement victim services, and other government-based advocates are considered members of the government entity for which they work and are not in a position to guarantee confidentiality to the victim, as they are subjected to the Brady Law and the Michael Morton Act.

## Law Enforcement Officers<sup>1</sup>

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Communities should include within the SART all local branches of law enforcement in their county or region. It is vital that each of the agencies review their current procedures and responses in light of SART collaboration. Some agencies may not have a specific protocol for Adult Sexual Assault cases, so this will be an exercise in both developing and documenting best practices.

Some questions to consider during protocol development:

- ➔ Are officers aware of the signs of trauma and the resources available to them?
- ➔ Who should do the initial interview?
- ➔ What are the training needs and resources for patrol officers on interviewing victims and in collecting evidence?
- ➔ What would be the best practice for follow-up interviews of a victim? Where would be the ideal place to conduct the interviews? How will advocates be contacted for these interviews?
- ➔ What evidence should always be collected?
- ➔ Who picks up Sexual Assault Kits (SAK) when they are completed and how are they transported to the crime lab? Is our agency in compliance with Track-Kit?
- ➔ Who notifies victims upon the return of any evidence from a SAK?
- ➔ How are cases presented to the District Attorney's office?
- ➔ What are the victim notification procedures on the part of the LE agency and how should those be improved?
- ➔ Who is responsible for requesting a Magistrate's Order of Emergency Protection after the arrest of a suspect?
- ➔ Are we complying with crime victims' rights regarding provision of information to survivors about protective orders, bail and criminal investigation procedures, the status of evidence collected, and additional information as required by Article 56A.401 and 56A.402 of the Code of Criminal Procedure?
- ➔ Are we returning property taken from survivors in an appropriate and timely manner?

The primary responsibility of law enforcement in the investigation of a sexual assault is to protect the immediate safety and well-being of the victim and the community. An assessment of victim safety is a critical element of the initial reporting and response protocol.

The secondary responsibility of the investigative role is to ascertain if the report of a sexual assault meets

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1 This section adapted from the Georgia SART Guide. 2021. <https://svrga.org/sites/default/files/docs/field/resources/2021sartguidev2-final.pdf>

the elements of a crime under Texas law, and if so, to present that case to the state's attorney for prosecution. To accomplish this purpose, investigating officers must understand the laws of our state.

Thirdly, it is important that law enforcement officers understand and obtain regular training on a victim-centered and offender-focused approach to the investigation of a sexual assault.

## Sexual Assault Examiner

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Sexual Assault Examiners (SAE), or healthcare providers with specialized training serve a critical role in the response and care to victims in the aftermath of an assault. These providers have a better understanding of how trauma impacts individuals and respect the value of empowerment and choice as vital to recovery after sexual violence. The role of the healthcare provider is "responding to the trauma of sexual assault and abuse and intervening through actions in systems to mitigate the impact of sexual violence on individuals, families, groups, communities, and society."<sup>2</sup>

Some questions to consider during protocol development:

- ➔ What is our current acute medical forensic response for adult sexual assault?
- ➔ Are forensic examiners regularly available to us, or if not, how are we offering exams during odd hours?
- ➔ How do we ensure that there is adequate medical follow-up for the victim?
- ➔ Are providers ensuring that victims have immediate/timely access to STI prevention and HIV prophylaxis? What barriers exist to this?
- ➔ Are victims educated on CVC benefits via the healthcare provider or somewhere else?
- ➔ Are all forensic examiners connecting with available community advocates prior to conducting an exam on a patient?

The responsibilities of a SAE in caring for a victim of sexual assault are complex and numerous. Primarily, providers should attend to the immediate physical and psychological needs of that victim. Informed consent should be a continuous process, and victims need to be apprised of their options, including the option to say "no" to any or all of it.

These providers also have a role in any criminal case, through the identification, collection, documentation and preservation of evidence. If a case moves forward, they may be required to testify. It is important that they provide a private space for advocates to have a confidential conversation with each victim, and apprise victims of their own limits around confidentiality.

Collaboration with other stakeholders is important for a successful medical forensic response in any community. Close working relationships with advocates and law enforcement will strengthen the effectiveness of this role in addressing victim needs.

## Prosecutors

Prosecutors hold a lot of power in a community collaboration. They have the ability to move forward with criminal charges for sexual assault, or not. That level of decision-making power is unique to their discipline within the SART, and it can cause conflict and frustration with other stakeholders. According to the Na-

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2 American Nurses Association. (2017). Forensic Nursing: Scope and Standards of Practice. Second edition, p. 15

tional District Attorneys Association, the main responsibility of prosecution is to see that justice is served. When responding to sexual assault cases, prosecutors should consider the safety of the community and the victim. Holding offenders accountable for crimes of sexual violence against adults is a challenging task, and requires intense collaboration with law enforcement, advocates, healthcare providers, lab personnel, and especially survivors themselves.

Some questions to consider during protocol development:

- ➔ Do our prosecutors have training or experience in adult sexual assault cases? If not, where can that be obtained?
- ➔ Should we identify one or more prosecutors that can begin to specialize in these cases to develop experience?
- ➔ Should the District Attorney's office review every sexual assault case reported to any law enforcement agency in our county?
- ➔ What do we do when a case needs further investigation by law enforcement?
- ➔ What criteria do we use when deciding whether to prosecute a case?
- ➔ Are we meeting with victims to discuss prosecutorial decision (potential dismissal or plea agreements)? Why or why not?
- ➔ Are we allowing advocates to be present during victim meetings and interviews? How do we contact them?<sup>3</sup>
- ➔ Are we upholding crime victims rights through our policies and practices as outlined in Chapter 56A of the Code of Criminal Procedure?
- ➔ Are we pursuing a protective order in all cases in which the defendant is convicted of or placed on deferred adjudication for a sexual assault offense?
- ➔ Are we doing safety planning with victims prior to any court proceedings to ensure there is no interaction between victims and offenders?
- ➔ How are we notifying victims about court proceedings and changes?
- ➔ Are we working effectively with advocates to support victims' throughout this process?

This law may challenge prosecutors to provide a higher level of transparency and communication to their community partners than they have in the past. Case outcome tracking is a part of the biennial report, and will require prosecutors to share aggregate numbers of case dispositions with their county officials. This kind of data tracking is a requirement for several federal funding sources, so if your community receives an OVW grant, this information will look similar.

Prosecutors have a responsibility to thoroughly evaluate cases, provide clear feedback to investigators, effectively coordinate with other criminal justice system personnel, uphold crime victims rights, ensure a thorough and collaborative investigation of the facts and circumstances, and hold offenders accountable through prosecution. A victim centered prosecution is often one that is prosecuted vertically, with the same attorney throughout. This approach will take the victims' input into account. Prosecutors should do everything within their power to ensure that victims are not harassed, stalked or otherwise bullied during this process, consult with the SART to further the prosecution of the case, communicate and enforce crime victim rights, seek protective orders when they are needed, and maintain consistent commu-

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3 Articles 56A.451- 56A.454



unication with victims.

APPENDIX D:

## Sample Request for Agency Designee

Date

Organization

Address

City, State

Dear (Name of Executive Director/Chief),

Pursuant to SB476 from the 87<sup>th</sup> Legislative Session, we are in the process of developing a county-wide Adult Sexual Assault Response Team (SART). This is a multidisciplinary team of professionals who will gather regularly to examine the response of our community systems to victims and offenders of these crimes.

We are asking that you consider designating an individual from your agency to represent you on the SART. These representatives should be familiar with how adult sexual assault is addressed by your agency, be positioned to speak on behalf of your agency in matters related to adult sexual assault and be kept up-to-date on current cases or problems that may exist in the collaborative response. This person must be willing to engage transparently in a team environment, build relationships within the group, with an ability to do critical reflection on professional policies and practices in the handling of sexual assault.

Our first meeting is tentatively scheduled for (insert relevant date, time, and location). After the initial convening, the team will determine an appropriate meeting schedule, no less than quarterly. The team will also have the ability to add additional individuals or agencies as they see fit.

Please feel free to contact (insert name and phone number) if you have any questions. Thank you for your consideration of this request.

Sincerely,

XXXX County