



## Ohio Sexual Assault Response Team Model

This project was supported by subgrant No. 2013-WF-VA1-8919 awarded by the state administering office for the STOP Formula Grant Program. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the state or the U.S. Department of Justice, Office on Violence Against Women.

# Table of Contents

Introduction.....	4	
Glossary of Terms		
Glossary of General Terminology.....	6	
Purpose of a Sexual Assault Response Team (SART)		
Mission.....	10	
Vision.....	10	
Goals.....	10	
Benefits of a SART .....	12	
Composition of the SART		
Core Members .....		12
Advocacy.....	12	
Health Care/Sexual Assault Nurse Examiner (SANE).....	14	
Law Enforcement.....	15	
Prosecution.....	16	
Crime Lab.....	16	
Ancillary Members of SART.....	17	
Emergency Medical Services		
Adult Protective Services		
Child Protective Services		
Board of Developmental Disabilities		
Behavioral Health Agency		
LGBTQI		
Culturally Specific Community Organization(s)		

Corrections	
Domestic Violence Advocacy Center/Shelter	
SART Development	
SART Leadership.....	19
SART Establishment.....	21
SARTS Assessments and Benchmarks.....	22
Case Review.....	23
Conflict Resolution.....	23
Networking/Teambuilding.....	24
SART Subcommittees/Multidisciplinary teams.....	24
Basic SART Development Outline (Adapted from the Oregon Task Force).....	25
SART Growth.....	25
SART Cultural Competence.....	26
SART Protocol	
Cuyahoga County Sample Protocol .....	27
Sample Forms	
SART Case Review Release.....	41
SART Confidentiality and Attendance.....	42
SART Case Review.....	43
Culturally Specific Information and Resource Internet Links.....	47
Resources.....	48

## Introduction:

The Ohio Alliance to End Sexual Violence (OAESV) is Ohio's statewide anti-sexual assault coalition, the mission of which is to advocate for comprehensive responses and rape crisis services for survivors and empower communities to prevent sexual violence. In furthering that mission, OAESV sought to increase the capacity of communities throughout Ohio in providing effective responses to survivors of sexual violence through the Sexual Assault Response Team (SART) model. OAESV was awarded a 2013 Services Training Officers Prosecutors (STOP) Violence Against Women Act (VAWA) subgrant, , administered by the Ohio Office of Criminal Justice Services to develop a SART protocol, to provide training in targeted Ohio communities, and to provide technical assistance for established SARTs in the state. A SART Training and Technical Assistance Coordinator was hired by OAESV to facilitate the project, and numerous state experts, local professionals, and national consultants contributed their time and expertise to the project's development and implementation. Based on the success of this project, OAESV's long-term goal will be to promote the establishment and maintenance of engaged SARTs throughout Ohio, in order to facilitate a consistent and evidence-based response to all survivors of sexual violence in the state, regardless of where they live.

## Project Coordinator:

Alison Rerko RN, BSN, SANE-A, SANE-P  
Sexual Assault Response Team Training and Technical Assistance Coordinator  
Ohio Alliance to End Sexual Violence

## Project Collaboration Board Members and Community Partners

Lynn Bilal  
Rape Crisis Director  
Compass Family & Community Services

Aaron Eckhardt  
Training & Technical Assistance Director  
Buckeye Region Anti-Violence Organization (BRAVO)

Christina Hinkle, RN, MSN, SANE-A  
Clinical Nurse Leader –  
University of Cincinnati Medical Center

Sandra Huntzinger, MSW,  
SAFE Program Victim Service Coordinator  
Ohio Attorney General's Office

Tyra Jackson  
Executive Director  
YWCA of Dayton

Wendy Johnson, M.Ed.  
Director  
Victim Assistance Portage County Prosecutor's Office

James Mosaic  
Chief  
Worthington Ohio Division of Police

Kathleen Musso  
Case Manager, Rape Crisis Services  
American Red Cross Jefferson County

Deborah Stoll  
Director  
YWCA H.O.P.E Center, Toledo

Sarah Thomas  
Law Enforcement Training Officer  
Ohio Peace Officer Training Commission

Josue Vicente  
Executive Director  
Ohio Hispanic Coalition

Laurel Neufeld Weaver  
Rape Crisis Director  
Crime Victims Services of Allen & Putnam Counties

Karin Ho  
CISM Program Administrator  
Office of Victim Services  
Ohio Department of Youth Services

## **National Consultants:**

Joanne Archambault, Executive Director  
End Violence Against Women International (EVAWI)

Laura Williams  
Sexual Violence Justice Institute Program Manager  
Minnesota Coalition Against Sexual Assault (MNCASA)

## **Acknowledgements:**

Katie Hanna  
Executive Director  
Ohio Alliance to End Sexual Violence

Becky Perkins  
Communications Coordinator  
Ohio Alliance to End Sexual Violence

Jasmine Barfield  
Statewide Prevention Coordinator  
Ohio Alliance to End Sexual Violence

Rosa Beltré  
Training and Outreach Coordinator  
Ohio Alliance to End Sexual Violence

Michelle Cowley, LPCC-S  
American Red Cross  
Director, Rape Crisis Services

## **Glossary**

### **ACQUITTAL**

A finding by a jury or judge because they were not convinced “beyond a reasonable doubt” that the accused committed the act(s) for which he/she was charged.

### **ACUTE**

A sexual assault that has occurred within 96-hours of reporting/notification for the adult and older adolescent, 72 hours for the younger adolescent and pre-pubescent child. The term “acute” is generally used to differentiate the time period in which sexual assault forensic exam (SAFE) Kit is/can be collected.

### **ADOLESCENT**

A child aged 13, 14, 15, 16 or 17 years

### **ADVOCATE**

A person whose role it is to support victims and the decisions they make.

### **ALLY**

A person who supports an individual or group with little or no power with the intent to be diversely inclusive.

### **CHAIN OF CUSTODY**

The unbroken trail of accountability that ensures the physical security of samples, data, and records in an investigation.

### **CODIS**

The FBI Laboratory’s Combined DNA Index System (CODIS) blends forensic science and computer technology to solve violent crimes including rape and sexual assault. CODIS enables federal, state, and local crime labs to exchange and compare DNA profiles electronically, thereby linking crimes to each other and to convicted offenders.

### **CONSENT**

Permission for something to happen or agreement to do something

### **CULTURALLY AND LINGUISTICALLY APPROPRIATE**

A descriptive associated with service delivery, organizational structure and philosophy. The “for us by us” motto is reflected in service delivery, staff, remedies, traditions, barriers, socio-economics, locale, verbiage, language, safety and outreach.

### **CUSTODY**

Physical control of a person. In criminal law, detention of an individual by virtue of legal process or authority. In civil law, custody of a child means the control, care and maintenance of a child.

### **DEADLY FORCE**

Any force that carries a substantial risk that it will proximately result in the death of any person.

**EXIGENCY**

Evidence that requires immediate attention and collection due to its delicate nature and likelihood to degrade or become unavailable for collection.

**FELONY**

Crime of a more serious nature than that designated as a misdemeanor and with graver penalties. The difference between misdemeanor and felony cases of sexual assault has to do with the degree (seriousness) of injury inflicted and whether or not a weapon is involved in the assault.

**FORCE**

Any violence, compulsion, or constraint physically exerted by any means upon or against a person or thing.

**GRAND JURY**

Group of citizens whose duty it is to determine whether probable cause exists that a crime has been committed and whether a particular person should be indicted for it. It is an accusatory body; its function does not include a determination of guilt.

**INDICTMENT**

A written accusation that one or more persons have committed a crime, presented upon oath, by a grand jury. Circuit court felony cases.

**JURISDICTION**

The authority of law enforcement (including the court) to exercise its power. If law enforcement has not been granted jurisdiction by statute or constitution, it is without authority to act and any action taken by the court is void.

**JURY (PETIT JURY)**

Group of people temporarily selected from the citizens of a particular district and invested with power to decide factual issues in a civil or criminal case.

**OPPRESSION**

How one individual or group is dominated by another, more powerful individual or group through physical, psychological, social or economic threats or force, and frequently by an ideology of dominance.

**PAROLE**

When a person is released from prison conditionally, he or she is on parole and must adhere to certain conditions and report to an assigned parole officer. If a person violates any of the stated conditions, he or she can be returned to prison without a new trial.

**PHYSICAL HARMS TO PERSONS**

Any injury, illness, or other physiological impairment, regardless of its gravity or duration.

**PHYSICAL HARM TO PROPERTY**

Any tangible or intangible damage to property that, in any degree, results in loss to its value or interferes with its use or enjoyment. "Physical harm to property" does not include wear and tear occasioned by normal use.

**PREVENTION**

The act of preventing or impeding. There are three phases in prevention work:

Primary prevention involves the developing of strategies that are designed to stop an event before it happens.

Secondary prevention involves immediate responses after an event has occurred, and are designed to deal with short-term consequences.

Tertiary prevention involves long term responses after an event has occurred, and is designed to deal with long term consequences and sex offender management.

**PROBATION**

A kind of sentence where a judge decides to supervise a person either directly (bench probation) or through a probation officer (formal probation). Conditions of probation can include serving jail time, paying a fine, completing community service, attending alcohol, drug or other counseling programs, staying away from certain people and places, etc. Violation of the terms of probation can result in imprisonment.

**PROPHYLAXIS**

A protective or preventative treatment (for pregnancy, sexually transmitted infection or other health care issues).

**PROSECUTOR**

In criminal cases, the attorney working for the County Prosecutor's office who brings action against individuals for violation of the law. The office of the County Prosecutor represents the State, not individual victims.

**RACISM**

A system in which one group of people exercises abusive power over others on the basis of skin color and racial heritage; a set of explicit beliefs, false assumption and actions based on ideas of superiority over another ethnic or racial group.

**RISK**

A significant possibility, as contrasted with a remote possibility, that a certain result may occur or that certain circumstances may exist.

**SAFE (SEXUAL ASSAULT FORENSIC Evidence) KIT**

The sexual assault forensic evidence kit is the kit utilized to collect evidence off of a victim of sexual violence. The state of Ohio has designed and approved a kit which is manufactured by Sirchie, a forensic evidence collection company. The kit is typically utilized by health care professionals (up to 96 hours post-assault).



**SANE (SEXUAL ASSAULT NURSE EXAMINER)**

A registered professional nurse who has completed specialized training and clinical work to perform the medical and forensic response to sexual assault.

**SART (SEXUAL ASSAULT RESPONSE TEAM)**

The primary and secondary responders to sexual assault who meet to improve the consistency, effectiveness and collaboration of the response. The core members of a SART are generally considered to be advocates, law enforcement, medical personnel/SANEs and prosecutors.

**SATF (SEXUAL ASSAULT TASK FORCE)**

The agencies, departments and individuals concerned with developing (or recommending) policy, procedures, evaluation and systems response to sexual assault.

**SOCIAL JUSTICE**

The belief that each individual and group in a given society has a right to equal opportunity, fairness, civil liberties and participation in the social, educational, economic, institutional and moral freedoms and responsibilities valued by the community.

**TRIAL**

An examination and determination in court of issues between parties. May be civil or criminal. Judge or jury may decide the facts. Judge always decides the issues of law.

**VERDICT**

Formal decision made by a jury on facts of evidence submitted to it, or if a bench trial, the formal decision is made by the judge.

## **Purpose of a Sexual Assault Response Team (SART)**

Sexual Assault Response Teams (SARTs) are designed to provide a coordinated victim centered response, while remaining offender focused regarding the causes, consequences and issues surrounding sexual violence. A SART is a multidisciplinary team comprised of professional service providers that have direct contact with individuals who have experienced a sexual assault. The SART is designed to provide consistent services and information in an attempt to streamline the investigation and response to sexual violence, while also improving care for individuals who have been sexually assaulted.

A SART provides an avenue for collaboration, community education, and networking. A SART also assists individual members of the team and community systems in closing gaps in services. A SART promotes accountability and quality assurance of services provided as a team for victims and the community.

### **Mission and Vision of a SART**

#### **Mission:**

The State of Ohio promotes utilizing a multidisciplinary approach to assist victims on their journey to health and healing while working together to hold offenders accountable, and acting as agents of change through prevention education.

#### **Vision:**

The State of Ohio has a vision of developing and supporting SART teams throughout the state.

### **Goals of a SART include**

- develop a victim centered response protocol designed to facilitate engagement of the victim and the community in the criminal justice process, to reduce further trauma, and to mitigate the effects of the violence on the victim;
- design educational tools to raise awareness about sexual violence, change cultural norms that support victim blaming, and increase offender accountability;
- create quality assurance and performance improvement practices that promote provider accountability, including feedback from team members, community partners, and survivors;
- improve communication between individual team members, creating an environment for effective problem-solving when miscommunication arises;
- streamline community resources and identify what types of new and existing resources would be most beneficial to meet the unique needs of the specific community; and
- create an environment where information, knowledge and expertise can be shared

SART members must recognize that they are accountable to the individuals and communities that they serve.

The orientation of a SART is twofold: victim centered and offender focused. In a victim centered response, the person who has experienced the sexual violence is the primary focus of the services that are provided. This includes considering and focusing on the safety, wellbeing, and privacy of the victim. Victim centered responses for SARTs include creating training tools that facilitate better understanding of sexual violence for first responders when responding to victims. A victim centered response also includes respect for the victim's decisions regarding participation in the criminal justice system.

An offender focused response acknowledges that the offender (not the victim) is responsible for the crime. Offender focused SARTs recognize that offenders are purposeful in their selection of victims. Offenders typically select victims based on one or more vulnerabilities, which may include access to the victim, the victim's physical or mental state, and/or perceived lack of credibility on the part of the victim. An offender focused response requires that the SART members acknowledge that sex offenders are often repeat offenders who often target people that they know, and are manipulators who avoid capture by lying and by taking advantage of societal myths about sexual violence.

Having both an offender and victim focus allows the SART to successfully meet established goals. Successful SARTs utilize their skills to ensure that victims receive services appropriate to their needs, and objectively use their knowledge regarding sexual violence while investigating and prosecuting sexual assault cases.

## **Benefits of a SART**

There are many benefits to participating in a SART. The SART that is both victim and offender focused creates an environment of accountability. Each SART member is held to a higher standard of professionalism. The team is accountable to the victim, the offender, the community and to the other team members. Each interaction with a victim, an offender, and the public provides an opportunity to improve the process and overall response to sexual violence.

Quality assurance and case review allow members to celebrate the success of effectively serving the victim and ensuring that the appropriate person is being held accountable for the crime of sexual violence. Quality assurance also provides an avenue for learning and performance improvement, particularly regarding cases which have an outcome different than what was expected. Quality assurance/case review allows each team member to evaluate their individual role in each case including what was done well and what could have been done better. Peer review is especially important when reviewing cases that did not move forward, as the reasons for and implications of the case not moving forward can be complex and difficult.

Each offender and victim has their own unique challenges and needs. SARTs develop strategies to work with individuals from different cultures, socio-economic backgrounds, different religious practices, and different age groups. Successful SARTs realize that there is no singularly perfect method for investigation, treatment, advocacy, or prosecution regarding all sex crimes. Effective SARTs utilize each member's expertise when questions or challenges arise, and when referrals or resources are needed.

Clarity is another benefit of a SART. SARTs provide consistent, accurate information regarding sexual violence to the victim, offender, and community. SARTs provide definition and accountability for each team member's role and responsibilities, while also defining and emphasizing the function and goals of the SART itself. The result is a professional, cohesive response to sexual violence.

## **Composition of the SART**

The primary team members of a SART have specific responsibilities and duties that are unique to their respective disciplines, while also intertwined with their role as sexual assault responders. Prior to a collaborative interdisciplinary approach (a SART), each team member possessed expertise within their specific discipline, but may not have fully understood or appreciated the expertise and perspective of the other team members.

### **Core team members include:**

#### **Advocacy:**

Advocacy is the supporting of a person or a cause. For purposes of this manual, advocacy will be defined as an agency, group, organization, or person who supports victims of sexual violence and provides intervention, prevention, and follow-up. SART members recognize that at some level all are advocates for the sexual assault victim, but their advocacy is governed by their professional standards.

For the purpose of the Ohio SART Protocol, the definition of advocacy will be limited to individuals who specialize in intervention and prevention activities. Advocacy agencies include rape crisis centers, campus-based advocacy centers, victim/witness services, mental health agencies, and population-specific organizations.

Advocates provide information, support, referrals, and assistance with safety planning and crisis intervention. Advocates are the first point of contact for some victims of sexual assault and are essential in initiating the SART response. The advocate assists the victim in navigating the different systems involved in the SART and supports the victim in their decisions regarding what services are appropriate for them. Advocates must be well-versed in the SART response and available community resources as the advocate has a secondary role of supporting the SART by acting as the liaison between the victim and SART.

The services that all advocates provide are extremely important. No matter what advocacy organization is involved, each advocate must ensure that the victim is aware of what services are available to them via the advocacy agency and what information is or is not confidential. Successful SARTs know and understand the advocacy organizations that exist in their community. If multiple advocacy agencies operate within the same geographic area, then it is important that the agencies share information about their specific services and work cooperatively to ensure that the community and its residents are receiving the most appropriate and effective care.

### **Rape Crisis/Community Based Advocates**

Rape Crisis/community based advocacy services are commonly based in non-profit organizations and rely on staff and volunteers who have received specialized training in sexual assault. Advocates for these programs support the victim. They complete their work by listening, believing, educating, and honoring the choices that the victim makes regarding their needs. Community-based advocates provide confidential crisis intervention in addition to accompanying victims to area hospital/sexual assault nurse examiner (SANE) programs and through the criminal/civil justice systems.

### **Victim-Witness Based Advocacy**

Victim/Witness advocates are also responsible for supporting the victim, and have had specialized training in responding to sexual violence, domestic violence, as well as other violent crimes and their aftermath. Most commonly employed by county prosecutor's offices, they act as a liaison between the victim of crime and the legal system. Victim/Witness advocates provide information to victims regarding what to expect in legal proceedings, clarification of the legal process, and what their rights are as victims of crime. Victim/Witness advocates are responsible for reporting to law enforcement.

## **Campus Advocates**

In addressing the problem of campus sexual assault, many colleges and universities employ advocates who respond to sexual assault in accordance with campus policy and federal regulations. Campus advocates also provide support, information and services that are specific to the college student. Campus advocates may be paid staff, student volunteers, and community volunteers from an area crisis center. Campus advocates, depending on who they are employed by, may or may not have the ability to provide confidential services.

## **Hospital-Based Advocates**

Hospital-based advocates, like campus advocates, may be paid employees of the hospital or a local community program. Hospital-based advocates support the victim at the hospital and during the forensic exam, if the victim chooses to undergo an exam. Hospital-based advocates typically do not provide long term services outside of the hospital visit. Hospital advocates are responsible for assisting the victim with securing follow-up services and resources, safety planning and ensuring that their health care needs are addressed. Depending on who employs the advocate, the rule of confidentiality may or may not apply.

## **Population-Specific Advocates**

Population-specific advocates work with individuals that may require specialized assistance based on their gender, gender expression, race, religious affiliation, or sexual orientation. Advocates who work with specific groups are sensitive to the needs of that population and can provide support, information and referral services with which other advocacy groups may not have expertise. Depending on who the advocate is employed by, confidentiality may or may not be guaranteed.

## **Healthcare/SANE:**

Sexual violence is a healthcare issue. Victims of sexual violence are referred to as patients when they enter the healthcare arena. Acute health issues that surround sexual violence include exposure to pregnancy, sexually transmitted infections, hepatitis, HIV, bruises, scrapes, abrasions, strangulation, broken bones, sprains, and strains. Non-acute health issues that surround sexual violence may include, but are not limited to: substance abuse/addiction; anxiety; depression; post-traumatic stress disorder; physical complaints such as migraines; stress-related illnesses including complaints of the gastrointestinal tract; heart disease; and exacerbation of chronic illnesses. Thoughts of suicide or homicide can surface for victims of sexual violence at any time post-assault, and should be addressed as an emergency.

Healthcare providers not only provide the medical care in the acute and non-acute phases for patients that have been sexually assaulted, but they are also expected to actively participate in the evidence

collection process in the immediate aftermath of a sexual assault, as outlined in the Ohio Revised Code (ORC) 2907.29 and the Ohio Department of Health's Protocol for the medical forensic examination. The ORC 2907.29 states that any organized facility that provides emergency services shall provide a physical exam with the purpose of collecting evidence.

Sexual Assault Nurse Examiners (SANEs) are specially trained registered nurses. SANEs have completed training in how to perform evidence collection using the nursing process in order to facilitate a return to optimal health of the patient. SANEs understand that with any traumatic event or medical diagnosis, optimal health is different and unique for every patient.

SANEs are trained in taking a detailed assault/health history in order to guide the medical forensic exam of the patient. SANEs are also trained in documentation, evidence collection standards, and giving testimony in court. SANEs are also mandated reporters and are therefore responsible for notifying the patient regarding what is protected health information and what must be reported and to whom. SANEs help to link patients with the SART; therefore, they must also be knowledgeable regarding the SART model and available community resources.

SANE programs may be housed in individual hospital emergency departments, free-standing clinics, or may be available to patients at one or more of these facilities within the same community or geographic area. For those facilities that do not have a SANE program in their region, it is important that they provide education to patients surrounding evidence collection and participate in the SART model to ensure legal compliance and a higher standard of care.

### **Law Enforcement:**

The mission of the police is the reduction of crime and maintaining order. Law enforcement has the responsibility of investigating crimes, while protecting an individual's civil rights. The effectiveness of law enforcement is dependent upon the public trust. The law enforcement agency is responsible for thoroughly investigating all reported crimes of sexual assault. When investigating a sexual assault, law enforcement must employ best practices to conduct an offender focused investigation and employ best practices that include understanding the impact of trauma and how it might affect victim behavior. Law enforcement must approach each investigation by demonstrating respect for the victim and remaining non-judgmental. Investigations include collecting evidence, conducting interviews, and collecting statements from victims, any witnesses, and suspects.

Law enforcement must be knowledgeable regarding the SART model and how to initiate the collaborative response as they are often the first point of contact. Advocating and assisting the victim in locating available community resources, including the SART, engages the victim in the investigative process while not pressuring him/her to make any decisions regarding participation in the investigation or prosecution during the initial stages of the investigation.

In cases where the crime is not able to be substantiated, law enforcement, with the support of the SART, is able to provide the victim with resources and referrals advocating for health and healing.

### **Prosecution:**

Prosecutors are charged with upholding the law and ensuring the safety of the residents in their community and the state by ensuring that offenders are held accountable for their crimes. Prosecutors need to work collaboratively with victims, advocates, law enforcement, healthcare providers, and crime labs to determine if a crime was committed, and if there is enough evidence to prosecute the crime.

In cases that involve sexual violence, prosecutors must educate the jury about myths, misconceptions, personal prejudices, and misperceptions surrounding sexual violence and its complex dynamics. Prosecutors, as with law enforcement, must have the safety and interest of the community in mind, but also meet the needs of the victim.

Prosecution benefits from the SART model by utilizing the strengths and experience of the other team members. Prosecution of a crime is dependent on engaging the victim in the legal process, and communicating with law enforcement, health care, advocacy and crime labs. This ensures that the information and evidence collected is fully understood and defined, and easily outlined for the jury, defense, and community. One of prosecution's roles is to create a picture of the crime showing that the suspect is the responsible party for the crime.

For cases that have outcomes that were unplanned, prosecution can rely on the SART to assist in providing the victim with information and resources to minimize trauma and to promote health and healing.

### **Crime Lab:**

Forensic scientists are responsible for processing the evidence that was collected and presented in the course of the investigation. Forensic scientists will generate a report regarding the information ascertained from the material that was collected and tested. The crime lab is essential in the investigation and prosecution because of the education that can be provided to the jury and community. Forensic scientists are able to explain the science behind their findings regarding the testing process and the interpretation of findings.

Evidence samples are tested based on the documentation regarding the assault history. Science is utilized in linking evidence together, or demonstrating that the pieces don't fit or that there are pieces missing. Forensic scientists are essential to the SART model because of the important quality assurance and review that can be provided regarding evidence collection and preservation. SART members who are responsible for evidence collection rely on the crime lab for guidance on new studies and techniques surrounding evidence collection and preservation.



## **Ancillary Members of SART**

Ancillary members are persons whose work provides necessary support to the primary activities of an organization, institution, or industry. Ancillary team members for the purpose of a SART are those community partners that will have direct contact with a victim of sexual violence, but are not directly involved in the investigation or prosecution of the crime.

Depending on the needs of the community, ancillary members can participate in each meeting held by the SART, or only those meetings that require their unique expertise. Ancillary members, regardless of how often they attend meetings, should be regarded as team members and should be provided with meeting minutes and given the opportunity to participate in important decisions that may impact their practice.

Examples of ancillary team members can include emergency medical services (EMS), adult protective services (APS), child protective services (CPS), County Boards of Developmental Disabilities, behavioral health organizations, drug/alcohol recovery services, public housing authorities, domestic violence/shelter organizations, culturally-specific advocacy organizations, college campus advocates or campus law enforcement, school administrators, and corrections.

*\*\*Depending on the size of the community or the community's needs, organizations that are listed as core team members may also participate as ancillary members if there is more than one applicable organization (i.e. law enforcement, advocacy, or healthcare) in the community. \*\**

EMS services should be included as an ancillary partner because of their unique ability to be on scene and create a legal document accounting for the health and appearance of the patient and the scene. EMS providers may also be presented with evidence that will need to be documented and collected appropriately at the time of care. EMS providers may also be able to provide medical hearsay testimony if needed in court.

APS and CPS representatives are valuable resources because of the uniqueness of their profession. APS and CPS representatives are not only able to provide direction and social service support, but they are also considered investigative bodies. They are charged with determining if a complaint is substantiated, unsubstantiated, or unable to be substantiated. These organizations often have knowledge regarding families that law enforcement, healthcare, prosecution, and forensic scientists do not have as a result of having previously been involved with the families or the victims. CPS and APS are also experts when working with pediatric and geriatric populations; they have special insight to the developmental, physical, nutritional, financial, legal, and housing needs of these victims and the needs of their families. They are designed to ensure the health and welfare of these special populations is met for the long term.

County Boards of Developmental Disabilities (CBDD), as with APS and CPS, have specific knowledge and responsibilities to individuals that are developmentally disabled, but also those individuals that may have physical disabilities as well. CBDDs, depending on their programming, can assist with housing and safety planning in addition to supporting investigations of individuals receiving care. Individuals with disabilities are at particular risk of being assaulted because of their vulnerabilities such as challenges with memory, recollection, language skills, stereotyping, and ease of access.

Domestic violence service providers are beneficial to have on the SART because many victims of sexual violence are also victims of domestic violence. Domestic violence programs can assist with emergency shelter, protection orders, victim rights, safety planning, and connection to community services.

Behavioral health and substance abuse providers are important ancillary team members. The reality is that, often times, victims of sexual violence are currently abusing controlled or recreational substances which lends to their vulnerability and contributes to their being targeted by perpetrators. These perpetrators know that alcohol and drugs can render a victim incapacitated, while creating an environment where the victim may be afraid to report for fear of not being believed because of their history with substance abuse, or for their fear of getting into legal trouble for using substances illegally.

Patients who have a history of mental health issues are also at particular risk of being assaulted. Behavioral health specialists are important because they are able to discuss the general use of medications and how they may or may not impact the patient. They can also be utilized to educate the team on the various diagnoses that patients have, in addition being able to facilitate the healing process and assist the victim to an optimal state of health and wellness. Substance abuse and behavioral health specialists are also important in assisting victims who have obtained sobriety maintain their sobriety by helping the individual to utilize personalized coping mechanisms that do not involve self-harm.

College campus advocates and law enforcement or college campus law enforcement are also important allies because of the documented numbers of students that are sexually assaulted/raped on campuses across the country. College campus allies are important in ensuring that students are receiving the appropriate care and are also able to act as agents of change. They provide valuable insight to life on campus and can assist the SART in thinking outside of the box in order to provide victim centered care. Campus allies can also provide continuing education and create policies and procedures that will not only protect the student who was sexually assaulted, but also protect the college/university while holding the offender accountable.

Culturally-specific organizations are valuable to have on SARTs because they can provide information regarding specific practices/beliefs/activities that are held by specific groups. It is essential that the SART determine the makeup of the community they serve and include these organizations in the SART. Ohio is home to a variety of cultures and subcultures that make each community unique. In order for the SART to be effective, it must be intentional in its ability to provide service to its entire community. The SART must be intentional in its willingness to learn about the varying cultures and their practices in order to be holistic in its approach and care for the victim and the victim's family.

Both adult and juvenile corrections should be included as ancillary partners because of their unique role working with Prison Rape Elimination Act (PREA) cases related to anyone who is incarcerated in a prison, juvenile correctional facility, jail, or community-based correctional facility. Probation and Parole is also included within “corrections” and could include situations in which someone under their supervision is either sexually assaulted or accused of sexually assaulting someone.

## **SART Development**

The development of a SART is a large undertaking. Many communities are committed to establishing a SART, but do not know where to begin. This chapter will help establish guidelines essential in the development of the SART.

The core team of a SART consists of representatives from advocacy, law enforcement, healthcare, prosecution, and crime lab. Depending on the size of a particular community, the core team may have more than one member from each profession, or there may be only one member from each profession.

The SART model is an accepted best practice for communities serving victims of sexual violence. SART programs have been shown to improve victim centered outcomes and appropriate offender accountability. SARTs have shown an increase in reporting, improved follow up for medical and mental health counseling, and an increase in cases being referred for prosecution.

There are a variety of administrative challenges that SARTs must overcome when initializing their team. Challenges include dividing SART responsibilities, developing the executive committee, establishing team goals, and determining consistent meeting dates and agendas.

Initial challenges also include building meaningful relationships with the team members and developing trust. While each team member has the ultimate goal of victim centered care and offender accountability, there are times when professional responsibilities and duties may conflict with the other team members’ professional responsibilities.

## **SART Leadership:**

SART members are accountable to each team member and a SART is only successful if the team members are committed to the process, their profession, the community, the victim, and the offender. SART members can demonstrate their commitment by signing on as a core team member, as a community partner, or as an ancillary team member. SART membership agreements should define the purpose of the SART, the goal of the SART and the role of each team member. Signed agreements demonstrate accountability and commitment to the SART.

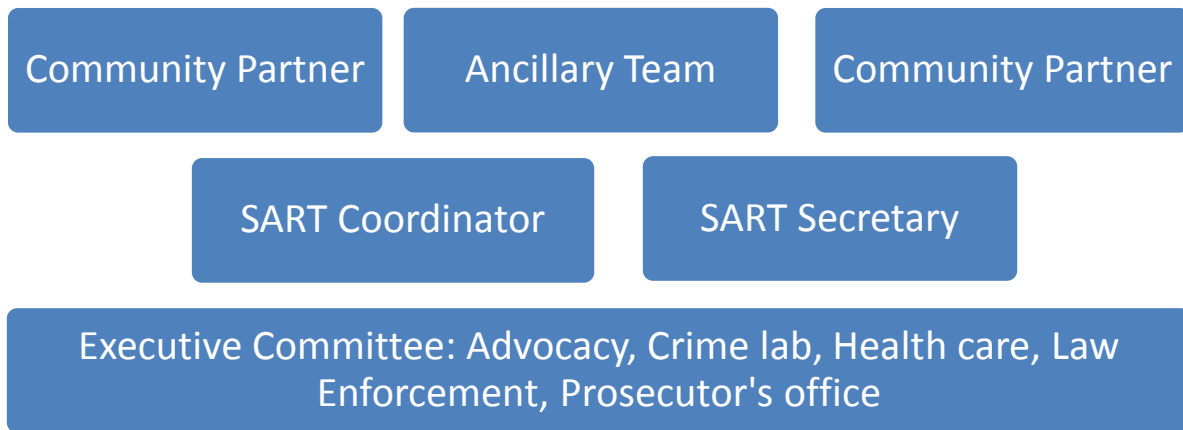
SART membership can take on a variety of governing bodies. SART teams may have an Executive Committee which works together to develop goals and establish a meaningful agenda. Executive Committee members should be reflective of the SART makeup. The Executive Committee is the collective voice for each of the professions represented. For instance, the law enforcement executive member will be the contact person for the team regarding any issues or questions both positive or negative involving law enforcement. It will be the executive team member's responsibility to address or investigate questions and issues, and assist in the development of process improvement, such as better understanding of law enforcement responsibilities in regard to sexual violence

The SART's Executive Committee members should also participate in the administrative roles of the team dynamic. SARTs need a team coordinator, a secretary, and for some teams, a treasurer. The SART Coordinator's role includes developing relationships and acting as a liaison with the Executive Committee, developing meeting agendas, and scheduling and facilitating meetings. In addition, the SART Coordinator will also act as a community liaison between the team and the community. The SART Coordinator may also represent the SART in interviews, public appearances, or marketing endeavors as appropriate and approved by the Executive Committee. The SART *does not* represent any individual team member's agency or facility.

The SART Secretary will be responsible for completing meeting minutes, typing out any documents including the development of community SART procedures, SART position statements, and other duties as assigned by the Executive Committee.

In some communities, the SART may have funding and a budget requiring a treasurer. The SART Treasurer will be responsible for maintaining accurate financial records and documentation regarding the Executive Committee's spending.

The picture below demonstrates that the base of a solid SART begins with the Core Team and Executive Committee. The next level of the SART model illustrates the value of organizers and facilitators which are needed to keep the mission, vision, and goals of the SART in focus. Finally, the SART includes other community agencies which may represent a core team from a variety of sources (e.g. communities, cities, suburbs, colleges, prisons) that are located within the service area and include community partners and ancillary team members. SARTs grow stronger when the community and area service partners participate. Ancillary and community partners can be any organization or service provider that may come into contact with a sexual assault victim. Membership in the SART will be determined by individual community needs.



## SART Establishment

Each community SART should establish a mission and vision statement that is reflective of their community and its population. The SART will also need to develop specific goals for the team to initially foster organization and operations that will translate into sustainability.

Other initial goals will be the establishment of Executive Committee members, the SART Coordinator, and the SART Secretary. At a minimum, the team will need to determine the following:

- How often will each member hold their position on the Executive Committee, including the secretary, and coordinator positions?
- How often will the team meet?
- Will the SART have separate Executive Committee and general team meetings or just one meeting?
- How will decisions within the teams be made?
- Will each SART member have a vote, will only the Executive Committee have voting privileges, or will it be a combination of both?

The Executive Committee will need to meet in order to answer these questions and develop a standard meeting outline which will include an agenda that is purpose focused and intentional to each member. It is advisable to schedule future meetings in advance and work towards a time that is convenient and flexible for all team members to participate.

Initial SART meetings should focus on:

- Development of the initial team outside of the core team
- Creation of the vision and mission statement

- Development of team core competencies (sample of core competencies are listed in the resource section)
- Community agreements
- Creating procedures and policies
- Gathering information regarding available community resources and services
- Development of quality assurance and peer review process
- Identifying methods of conflict resolution among SART core members and ancillary members

Once the initial SART establishment phase is complete, the second phase of sustainability should be initiated. The sustainability phase will focus on identifying emerging developments and plans for growth. These meetings will focus primarily on quality improvement and peer review. These can include:

- Updates on developing science regarding evidence collection and handling
- Updates on legislation or political activities that will/may impact the coordinated response
- Reviewing and updating current guidelines, policies and procedures
- Developing training curriculum to increase working knowledge of sexual assault and to improve community awareness, bystander and prevention awareness, and to increase cultural competency
- Providing quality assurance and peer review to improve team response and investigations
- Determine if there will be an established funding source, or if the SART should be created as a non-profit organization

## **SART Assessments/Benchmarks**

Assessing the SART is important in order to demonstrate the effectiveness of the team and the established goals. Assessments also quantitatively and objectively measure the effectiveness of the team through data collection. This process also provides an opportunity to assess available community resources, their effectiveness, and their availability, as well as the need for specific services.

Data can be collected in a variety of ways. First, it needs to be determined if any baseline data needs to be collected and if so, the method of collection must be determined. For example, it may be important to know how many sexual assaults were reported in the months or years leading up to implementation of the SART. Then, as time goes by additional data samples may need to be collected to determine if the response or team is effective. Other important data may include the number of sexual assault victims being assessed at the hospital or the number of calls on a rape crisis hotline. The SART will need to decide what data is needed, how the data is collected, and how the data is reported out to the team.

Developing benchmarks are also another way of collecting data and assessing the effectiveness of the SART. Benchmarks are measurable goals and they can include:

- The number of trainings related to sexual violence that SART members attend annually and report back to the team
- The number of times SART members participate in case review annually
- The percentage of increase in SANE/SAFE exams in a year
- The percentage of increase in cases being criminally charged in a year
- The percentage of increase in services to an identified underserved or marginalized group in a year

Data collection can be completed through client surveys and spreadsheets. Data analysis should be objectively reviewed and discussed based on assessment needs and established benchmarks.

## **Case Review**

SARTs should meet regularly to review and discuss cases that have occurred in their community. Reviewing cases is paramount in evaluating the community SART response. Case review is an opportunity to ask questions and have discussions about the challenges and the successes of the SART process in a constructive and non-confrontational manner. Case reviews are an excellent way to build relationships and have a better understanding of how each team member functions.

Teams should participate in confidentiality agreements in order to ensure the privacy and safety of the victim. Teams can ask the victim if their case can be reviewed by the SART team, and if so, written consent should be obtained. Consent can be obtained by advocacy, healthcare, or law enforcement at any time during the SART process, always being mindful of the victim and where he/she may be in his/her healing process.

Case reviews should include individuals who participated in the care of the victim and the investigation of the crime. SARTs should invite those individuals who are not part of the SART but did participate, which may also include the victim. All individuals who participate in case reviews should sign confidentiality agreements.

## **Conflict Resolution**

SARTs are complex. With this in mind, it is important for team members to be respectful and mindful of each other. Every SART member has a specific role and responsibility which may appear to be in conflict with those of another team member. Be aware that each team member is trying to juggle meeting the needs of their own agency, the community, and the victim. Creating a safe environment where each team member can effectively communicate and solve problems is important for a victim centered response. The team must consistently ask themselves, "What is in the best interest of the victim?"

## **Networking/Teambuilding**

Strong relationships within the SART and within the community are very important in establishing an effective SART. Prior to SARTs, each community responder worked independently with little or no knowledge of the others. SART meetings provide an opportunity to have community partners discuss their services and their roles and how they are beneficial in the SART model. Cross training with members of the SART also provides an opportunity to learn about the roles, professional responsibilities and limitations of the other team members. Understanding the professional scope of the other team members provides an opportunity for team members to advocate for one another. An example may be a healthcare team member working with an advocate. When a victim works with a healthcare provider and a rape crisis advocate, research has shown that the victim is more likely to engage in the legal process (Campbell et al.) because the victim is receiving consistent information regarding the role of law enforcement and the judicial system, and can make an informed decision that is best for them.

Team building and networking also provides an opportunity to best prepare and work with the victim through the SART process. A victim centered approach includes preparing the victim for the various steps and stages in the SART model. Team members can discuss with the victim the option of evidence collection and what the process typically involves, or prepare the victim for the law enforcement interview, explaining that the assault history needed for the healthcare process may be very similar in nature to that of law enforcement, but that the purpose is different.

Networking should also include working with other SARTs locally and nationally. Working with other SARTs is beneficial when developing procedures or standards that create an organized response, especially when cases become complex or high-profile. Working together encourages teams to be proactive as opposed to reactive. Developing relationships with other SARTs through networking allows each team to benefit from the other's experience and expertise.

Teams can also benefit from the experience of their own team members and community partners when developing protocols for the SART. Protocols that may be in place for one organization can be tailored to meet the needs of the SART, eliminating the need to "recreate the wheel".

## **SART Subcommittees/Multidisciplinary teams**

Depending on community needs, SARTs may function in communities where there are other multidisciplinary teams (MDTs). While working with the MDTs, each SART will need to determine how often they meet together (e.g. consistently, intermittently, or as needed). Be aware that some SART members may be a participant on other MDTs such as child maltreatment teams, domestic violence teams, college campus SARTs, or detention facility SARTs.

Community SARTs can benefit from working with MDTs in establishing a better organized response, and understanding guiding principles or governmental mandates that may be incorporated into the SART response.



## **BASIC SART DEVELOPMENT OUTLINE (adapted from the Oregon Task Force)**

1. Identify the participants from the first responder agencies (i.e. advocacy, medical, law enforcement, prosecution). Try to include an agency leader from each discipline.
2. Create meeting specifics: when will meetings occur, who will chair the meeting, who will take minutes, how will decisions made at meetings and be conveyed to those not present?
3. Create a preliminary list of goals. A goal can be to develop a comprehensive list of available resources, or evaluate the current process of community response to sexual violence.
4. Stress that the guiding force of the SART's work is to create a response that is at its heart victim-centered. Do not skim over this idea: it is necessary for all members to understand completely what this means and to agree to it.
  - a. Provide a safe environment so that each member/agency can discuss what victim centered means to them
  - b. Discuss the services and processes in current practice that govern each response
  - c. Discuss the limitations/challenges to current practices that govern each response
  - d. Provide an opportunity to ask questions of each program/service to encourage better understanding in a respectful and non-confrontational way
5. Create a vision and mission statement that is specific to the community
6. Develop a standard of care protocol that lists out an action, provides the rationale for the action, the expected outcome, and expected measurement criteria
7. Create documents and forms that will track attendance, peer review exercises, participation and confidentiality agreements
8. Create a list of community partners (i.e. ancillary team members)
9. Develop meeting guidelines that will facilitate quality improvement/peer review activities that will objectively assess the success or pitfalls of particular cases
10. Create a Memorandum of Understanding (MOU) for community partners that can enhance and benefit from the SART. (e.g. emergency medical services in the community will transport victims of sexual violence to specific hospitals for SAFE services.)
11. Develop tools that will track the established goals set out by the SART
12. Develop protocols for responding to particular patient populations that fall in line with current laws, statutes, and state recommendation. (e.g. children, the elderly, non-English speaking, disabled, and anonymous reporting)
13. Begin inviting community partners and ancillary team members to participate in case reviews and structured meetings

## **SART Growth**

After the SART has begun functioning and responding effectively, the SART can begin looking at developing projects to keep the team moving forward and growing. Examples of projects: outreach and training which can include Sexual Assault Nurse Examiner (SANE) trainings, creation of services that may be absent or lacking in the community or region, or the development of a means of effective data

collection that may be utilized by partner agencies for grant funding. Finally, create a document that illustrates the effectiveness of the SART in your community and action plans to keep programs in place (e.g. SANE programs).

SART protocols and guidelines should be fluid and adaptable. It is impossible to plan for every scenario or challenge that may present itself. SART programs must be able to respond according to the needs of the community. SARTs should consider reviewing leadership, protocols, and procedures annually to determine if changes should be made.

## **SART Cultural Competence**

SARTs should examine their communities to develop a team that is reflective of the various cultures that comprise their neighborhoods. SARTs should be intentional in selecting core team and ancillary team members that are reflective of the region they serve.

Intentional inclusion recognizes that cultural competence is an ongoing process. It is important for systems to acknowledge individual, cultural, racial, religious, and other diverse groups as unique in order to protect the values and dignity of each. As a result, the systems and individuals will respond respectfully and effectively.

SARTs will work with various agencies and community partners to create procedures that are inclusive of diverse groups. Procedures and protocols that are inclusive provide an opportunity to improve the quality of services.

Recognizing that each member of the SART is unique as an individual and brings with them conscious and subconscious biases and the ability to acknowledge biases creates an environment for improved learning and communication. Communication is important in establishing protocols and procedures in an inclusive manner. Each member is also at a varying level of cultural competence based on his/her individual experience. It is important to recognize that demonstrating respect for each team member's competence level also encourages members to learn and develop relationships with each other and community partners.

## **SART Protocol**

Protocols are the guiding features that provide concrete and visual cues in order to assess and establish benchmarks for accountability. Protocols are typically written according to established evidence based practices. Protocols establish an expected standard of practice for team members as well as job and duty descriptions for other team members to view in order to establish mutual understanding of team member expectations and limitations.

Protocols are fluid and should be reviewed annually to maintain a current evidence based practice for the SART. Review and revisions will also provide an opportunity to create and improve services that are based on the community's needs.

### **SAMPLE SART PROTOCOL:**

#### **Cuyahoga County Sexual Assault Response Team SART Standards of Practice**

##### **SART STANDARDS OF PRACTICE**

##### **1. Law Enforcement: Patrol Officer/Deputy/Uniformed Officer**

The law enforcement officer responds to the assault call, advises the victim about medical services available to her or him, and interviews the victim. The responding officer obtains the forensic kit from the hospital, collects evidence, and submits a written report.

##### **1.1 STANDARD: ASSESSMENT**

The law enforcement officer shall provide an accurate and thorough assessment of the reported crime.

Rationale: Assessment is a series of systematic, organized and deliberate action steps to identify and obtain evidence to ascertain the victim's inability to give consent (due to age, disability, or intoxication), or the use of force during the crime. The assessment also includes identification and examination of the suspect when possible.

Outcome: Appropriate evidence is collected and secured. This is conducted in an atmosphere that is sensitive to the victim's trauma.

##### Measurement Criteria:

The law enforcement officer:

- Follows departmental investigation procedures.
- Screens for the immediate medical needs of the victim and transports or arranges for necessary transport to a medical facility with the victim's consent.
- Conducts a preliminary interview of the victim.
- Conducts the victim assessment.
- Requests additional resources to investigate the crime and collect evidence.
- Obtains all pertinent information from witnesses.

- Identifies and collects clothing and other crime scene evidence as determined by the history of the assault.
- Explains available basic services.
- Explains that an examination within 96 hours is necessary for evidence collection and if delayed, that apprehending and prosecuting the assailant may be adversely affected.
- Informs the victim that s/he can withdraw consent or terminate the examination at any point.
- Explains the basic steps of the investigation.
- Provides the victim with the *Crime Victims' Rights Handbook*, as mandated by Ohio Revised Code §2930 (also available in Spanish).
- Consults with the Sexual Assault Nurse Examiner (SANE)/Health Care Provider regarding the presenting situation.
- Participates in the interdisciplinary interview portion of the medical-legal examination, which is led by the nurse, with the victim's consent.
- Addresses safety issues and provides information regarding protection orders if the victim/suspect relationship falls under the domestic violence code.
- Secures evidence pursuant to department policy.
- If the officer has any questions or concerns regarding protocol at the Emergency Department, s/he should refer to the Ohio Department of Health (ODH) *Ohio Protocol for Sexual Assault Forensic and Medical Examination*.

**Officer Processes Suspect:**

The law enforcement officer:

- Identifies the suspect by victim statement, curbside lineup, photo lineup, live lineup or investigative follow-up.
- Develops probable cause for arrest.
- Performs a suspect assessment for the purpose of evidence collection, physical appearance, clothing, and non-genital trauma.
- Ensures the safety of the SANE during the medical-legal examination.

**1.2 STANDARD: ETHICS**

Rationale: Practice based on the principles of beneficence, non-maleficence, autonomy, justice, confidentiality and truth telling are basic to ethical service.

Outcome: The officer provides services with the objective of obtaining information for a thorough report, collecting evidence, and providing referral in an environment that is non-judgmental and maintains respect for the dignity of the person.

Measurement Criteria:

The law enforcement officer:

- Ensures that victims receive information about victims' rights per Ohio Revised Code §2930.
- Respects the human dignity and the uniqueness of the victim, unrestricted by considerations of race, ethnicity, gender, sexual orientation, income, ability, language, age, religion or other personal characteristics.
- Maintains respect for the victim in interdisciplinary communications.

- Maintains appropriate confidentiality of records, photographs and communications while ensuring that all records are promptly and properly transferred as required to appropriate persons or institutions.
- Reports appropriately according to local, state and federal mandates.
- Follows the proper chain of custody rules when collecting, securing and turning over evidence.
- Secures photographs in a locked space and handles them with respect and dignity for the victim.
- Provides the victim with a follow-up card with his or her name, badge number, and contact information.
- Obtains required training and updates to serve the sexual assault population.
- Provides input and recommendations to the SART as an interdisciplinary member.

## **2. Law Enforcement: Investigator**

The investigator gathers evidence in order to conduct a fair, impartial, sensitive and professional criminal investigation.

### **2.1 STANDARD: EVIDENCE COLLECTION**

Rationale: Clear, complete evidence to the facts of the case facilitates the judgment by the prosecutor to issue the case and proceed through the judicial process

Outcome: Provides evidence to the prosecutor that resolves the investigation by demonstrating identity, the victim's inability to give consent (due to age, disability or intoxication) or the use of force or threat of force.

#### Measurement Criteria:

The investigator:

- Maintains a victim-focused approach.
- Provides choices and options to the victim whenever possible.
- Provides the victim with time to process the information.
- Demonstrates sensitivity by using non-judgmental questions, comments and body language.
- Validates and normalizes the victim's rape trauma and post-traumatic stress disorder symptoms.
- Provides the victim with timely updates on the status of the investigation.
- Interviews the victim and witnesses.
- Advises the victim of his/her right to an advocate or support person.
- Provides the victim with a business card.
- Returns calls from the victim or his/her advocate in a timely manner.
- Provides referrals to social service agencies as appropriate.
- Obtains the report from the SANE regarding the medical-legal examination.
- Establishes elements of the crime by testimony and/or evidence.
- Prepares the investigative report and witness statements.
- Assesses evidence and submits lab service requests based on the case history and the potential impact of possible lab results.
- Presents the case to the municipal and/or county prosecutor.
- Keeps his/her supervisor informed of the status of cases.
- Facilitates communication within the department and among members of the interdisciplinary SART.

## **Investigator Processes Suspects**

The investigator:

- Questions suspects, obtains arrest warrants and/or search warrants.
- Obtains, examines, and preserves physical evidence from suspects.
- Obtains suitable photographs for photographic line-up.
- Arranges for a line-up when appropriate.
- Submits lab requests.
- Appears and testifies in court when subpoenaed.

## **2.2 STANDARD: ETHICS**

Rationale: Practice is based on the principles of beneficence, non-maleficence, autonomy, justice, confidentiality and truth telling.

Outcome: The investigator gathers evidence while maintaining ethical principles.

### Measurement Criteria:

The investigator:

- Ensures that victims understand their legal rights.
- Maintains appropriate confidentiality of records, photographs and communications.
- Respects the human dignity and uniqueness of the victim, unrestricted by considerations of race, ethnicity, gender, sexual orientation, income, ability, language, age, religion or other personal characteristics.
- Maintains sensitivity for the victim in interdisciplinary communication.
- Reports appropriately according to local, state and federal mandates.
- Follows the chain of custody rules when collecting, identifying, preserving and impounding all evidence.
- Secures photographs in a locked space, handles them with respect and dignity for the victim and reveals the photographs only to those who need to know.
- Discusses the best way to contact the victim to ensure privacy.
- Allows the victim the opportunity to choose where and when (from among options) the follow-up interview will occur.
- Avoids coercive verbal and non-verbal techniques.
- Uses non-judgmental questions, comments and body language.
- Informs the victim when the arrest is made and when the defendant is released on bail.
- Communicates to the appropriate providers throughout the judicial process to facilitate processing the case.
- Obtains the required training and updates to serve the sexual assault population.
- Provides input and recommendations to the SART as an interdisciplinary member.

### 3. Health Care Provider: Sexual Assault Nurse Examiner (SANE)

#### 3.1 STANDARD: ASSESSMENT

The Sexual Assault Nurse Examiner provides a comprehensive physical examination of the patient and an accurate and thorough assessment of the physical and psychosocial status of the patient, based upon data collected, and related to forensic health care needs.

Rationale: Assessment of the patient is a series of systematic, organized and deliberate actions to identify and obtain data, and/or collect evidence. This assessment provides the database to determine the plan of care for the patient.

Outcome: A valid and comprehensive medical-legal examination is conducted by a specially educated Sexual Assault Nurse Examiner.

Measurement Criteria:

The Sexual Assault Nurse Examiner (SANE):

- Explains the medical-legal examination in terms appropriate to the developmental age and anxiety level of the patient.
- Ensures that the patient understands the medical-legal process before obtaining written consent to proceed.
- Ensures a guardian or conservator is contacted for the severely disabled patient or one who is otherwise unable to give informed consent (consent for the examination is assumed with an unconscious patient).
- Provides a medical-legal examination on an older adolescent minor without parent or guardian present and/or with consent.
- Provides notification to a minor's guardian unless deems it harmful to the patient, per *Ohio Department of Health Ohio Protocol for Sexual Assault Forensic and Medical Examination*.
- Communicates with law enforcement per mandatory reporting laws.
- Informs the patient of his/her right to have an advocate from the Cleveland Rape Crisis Center and/or another support person in attendance during the medical-legal examination, and supports the patient's choice in this matter.
- Performs the initial assessment in a timely manner.
- Assesses the patient's understanding and needs throughout the medical-legal examination.
- Conducts the forensic examination according to the Ohio Department of Health (ODH) *Ohio Protocol for Sexual Assault Forensic and Medical Examination Guidelines*.
- Refers the patient for further medical care based on the patient's request or medical findings.
- Provides required written and photographic documentation to the state and law enforcement with the patient's consent, according to the ODH evidence collection guidelines.
- Works with the advocate to help the patient identify personal supports for medical, psychological, social and spiritual needs.
- Provides appropriate referrals for follow-up care and counseling for all patients.
- Maintains confidentiality of records, photographs and communications.
- Informs patient of their rights with regard to speaking with law enforcement and/or making a report.

### **3.2 STANDARD: FORENSIC CONCLUSION**

The SANE analyzes the assessment data and conducts the standard medical-legal examination based on the interview and objective and subjective physical findings.

Rationale: Data analysis provides vital input for health care referral and for legal processing.

Outcome: A systematic process of forensic assessment and data analysis is reflected in the plan of care.

#### Measurement Criteria:

The SANE:

- Obtains data in the medical-legal exam to make an analysis.
- Utilizes current bodies of knowledge and the experience of the SANE.
- Identifies notable medical and physical findings and their relation to the history.
- Reviews photographic documentation findings.
- Understands that the absence of physical injury does NOT rule out sexual assault nor does the presence of injury prove that assault occurred.

### **3.3 STANDARD: PLANNING**

The SANE develops a comprehensive plan of action for the patient specific to medical-legal interventions in order to achieve expected outcomes.

Rationale: Safe and effective forensic interventions result from deliberative planning toward individual outcomes.

Outcome: Evidence of a plan of action exists for medical-legal issues for each patient.

#### Measurement Criteria:

The SANE:

- Involves the patient when determining the plan of action.
- Bases the plan of action on the data collected during the medical forensic examination and data relating to the medical-legal examination obtained from law enforcement, family, and friends as appropriate.
- Maintains confidentiality and obtains the patient's consent to talk to family and friends.
- Identifies and prioritizes the interventions and outcomes.
- Participates in an interdisciplinary approach.
- Adheres to current forensic practice.
- Evidences teaching health promoting principles to the victim.
- Documents additions to and deviations from the standardized plan of care.
- Provides appropriate health referrals.
- Works with the advocate and patient to identify a support system for medical, psychosocial and spiritual needs.
- Provides information and referrals to community agencies.



### **3.4 STANDARD: IMPLEMENTATION**

The SANE implements a plan of action based on medical-legal issues derived from patient assessment data, conclusions, health history, and the SANE's medical, scientific knowledge and experience. The plan is implemented and evaluated to allow for revision if the interventions are not achieving the expected outcome.

Rationale: Interventions are intended to help achieve the expected outcome and are based on scientific evidence, research and experience.

Outcome: Implementation is conducted in a safe and timely manner. Evaluation is done concurrently and retrospectively to ensure that an acceptable quality of services is provided.

#### Measurement Criteria:

The SANE:

- Explains procedures for the medical-legal examination and obtains the patient's informed consent for the examination, photographs, specimens, and with the patient's consent, communications with law enforcement concerning the results of the examination.
- Works with the advocate in providing crisis intervention and emotional care.
- Explains the findings to the patient.
- Provides medical treatment according to the CDC, State of Ohio and local guidelines.
- Provides health promoting self-care education.
- Refers for follow-up care as appropriate with written discharge instructions and health promotion information.
- Documents the comprehensive medical-legal examination.
- Testifies regarding the forensic examination.
- Collaborates with the other disciplines of the S.A.R.T. in determining the plan of care.
- Evaluates the plan systematically and continuously.
- Revises the plan and interventions based on the patient's response and input.
- Documents the patient's response.
- Follows the hospital's quality assurance process, including peer review and consultation and review of charts and medical data, as appropriate.

### **3.5 STANDARD: COLLABORATION**

The SANE contributes to the professional development of peers, colleagues and others on the interdisciplinary team.

Rationale: Improved communications and understanding among the disciplines involved helps improve the care of the sexual assault patient and leads to a more satisfied service provider.

Outcome: The county-wide interdisciplinary SART system holds regular meetings which provide a forum for interactions among the SART team members.

#### Measurement Criteria:

The SANE:

- Attends or reads the minutes of the SART meeting.
- Maintains open communication with the interdisciplinary team with a timely response to phone calls and e-mails.
- Attends cross-trainings by advocates, law enforcement officers, and attorneys.
- Presents cases from an examiner's perspective in training sessions.
- Holds membership in a professional forensic organization.
- Debriefs with the advocate and law enforcement.

### **3.6 STANDARD: RESOURCE UTILIZATION**

The SANE considers factors related to safety, effectiveness, cost and mobilization of the patient's resources in planning and delivering forensic services.

Rationale: Timeliness, safety, cost effectiveness and mobilization of the patient's own resources improves the services for the patient and helps to sustain SANE services.

Outcome: The SANE considers multiple options in planning care and chooses or assists the patient in choosing options. The SANE facility has annual goals for quality improvement.

#### Measurement Criteria:

The SANE:

- Coordinates with the advocate and/or hospital case management or social worker for the most efficient resource utilization.
- Considers timeliness, safety, cost effectiveness and mobilization of the victim's own resources.
- Provides feedback and recommendations appropriately to streamline the provision of care.
- Identifies deficiencies in providing forensic care to victims and suspects.
- Identifies options for resolving deficiencies and improving care.

The SANE facility:

- Employs a coordinator who is responsible for overseeing training, certification and the scheduling of nurse examiners.
- Maintains a team of prepared SANEs for on-call coverage, 24 hours per day, to the extent possible.
- Maintains special equipment for photographic purposes.

- Maintains protocol for the maintenance of chain of custody rules of evidence.
- Maintains a locked cupboard for charts and other evidence.
- Reviews protocols for the medical-legal examination and updates it annually according to recommendations from agencies such as the Center for Disease Control, Ohio Department of Health and Bureau of Criminal Investigations.
- Provides a system for the SANE to obtain consultation.

### **3.7 STANDARD: SUPPORT**

The Cuyahoga County Sexual Assault Response Team and Local Sexual Assault Nurse Examiners provide support necessary to medical facilities without SANE Protocols and SANEs available.

Rationale: Sharing resources will improve service delivery in medical facilities without SANE programs.

Outcome: The SANE and County SART provide regular education on state, county and local standard protocols to medical facilities without SANE Programs.

#### Measurement Criteria:

The SANE:

- Offers annual or as needed education on state, county and local protocols for medical-legal evaluations for sexual assault.
- Invites medical personnel who are deemed sexual assault specialists in Cuyahoga County hospitals to county-wide education opportunities that are provided by the SART.
- Completes a protocol to educate patients with the complaint of sexual assault about SANE programs.
- Facilitates a referral plan for the emergency department personnel of non-SANE hospitals.

### **3.8 STANDARD: ETHICS**

Rationale: Practice based on the principles of beneficence, non-maleficence, autonomy, justice, confidentiality and truth telling are basic to ethical care.

Outcome: SANE practice is based on ethical principles in the Codes of Ethics for Nurses and Physicians.

#### Measurement Criteria:

The SANE:

- Obtains appropriate informed consent from the patient.
- Allows the patient to withdraw consent or to terminate the examination with full knowledge of the implications of that decision.
- Respects the human dignity and uniqueness of the victim, unrestricted by considerations of race, ethnicity, gender, sexual orientation, income, ability, language, age, religion or other personal characteristics.
- Maintains patient confidentiality.
- Maintains respect for patient in interdisciplinary communication.
- Reports appropriately according to local, state and federal mandates.
- Maintains a secure chain of custody.
- Provides expert testimony for the prosecution and defense when subpoenaed

- Obtains required training and updates to serve the sexual assault population.
- Provides input and recommendations to the SART as an interdisciplinary member.

#### **4. Health Care Provider: Nurse or Physician at a Non-SANE Facility**

##### **4.1 STANDARD: ASSESSMENT**

Rationale: Sexual assault patients may choose to be treated at medical facilities without SANE programs.

Outcome: Patients are treated at the location of their choice.

Measurement Criteria:

The health care provider:

- Informs the patient of facilities with SANE programs.
- Explains the services available to the patient.
- Explains that an examination is necessary for medical-legal evaluation and evidence collection and the effects an evidence collection examination may have on the apprehension and prosecution of the assailant.
- Ensures the patient understands his/her rights to be seen at facility of his/her choice.

If the patient chooses to go to a SANE facility, the health care provider:

- Provides the initial medical exam prior to the patient transfer to the SANE facility per EMTALA Regulations, with sensitivity to the importance of physical evidence that may be present on the patient and his/her clothing.
- Explains to the medically-cleared patient that s/he can transfer by private car to SANE facility.
- Offers other options for transportation as necessary.
- Calls the SANE facility to notify the appropriate persons that a patient is requesting a forensic examination and provides information regarding the mode of arrival.
- Consults with the SANE regarding the presenting situation, the crime scene, and other information that would help to focus on specialized medical care services.

If the patient chooses to remain at the non-SANE facility, the health care provider:

- Consults with the SANE regarding any special needs of the patient.
- Completes the forensic exam with sensitivity and competence as per Ohio Department of Health *Ohio Protocol for Sexual Assault Forensic and Medical Examination*.

##### **4.2 STANDARD: ETHICS**

Rationale: Practice based on the principles of beneficence, non-maleficence, autonomy, justice, confidentiality and truth telling are basic to ethical care.

Outcome: Health care provider practice is based on ethical principles in the Codes of Ethics for Nurses and Physicians.

Measurement Criteria:

The health care provider:

- Obtains appropriate informed consent from the patient.

- Allows the patient to withdraw consent or to terminate the examination with full knowledge of the implications of that decision.
- Respects the human dignity and uniqueness of the victim, unrestricted by considerations of race, ethnicity, gender, sexual orientation, income, ability, language, age, religion or other personal characteristics.
- Maintains patient confidentiality.
- Maintains respect for the patient in interdisciplinary communication.
- Reports appropriately according to local, state and federal mandates.
- Maintains a secure chain of custody.
- Obtains the required training and updates to serve the sexual assault population.
- Provides input and recommendations to the SART as an interdisciplinary member.

## **5. Crisis Care Provider: Cleveland Rape Crisis Center Volunteer Advocate**

The advocate is a volunteer who has completed a minimum of 48 hours of specialized advocacy training. The advocate's primary role during the medical-legal examination at the hospital or during the initial reporting process at the police station is to provide emotional support to the survivor. They also provide advocacy, basic crisis intervention, information about options, referrals to other social service agencies, and follow-up as requested.

### **5.1 STANDARD: EMOTIONAL SUPPORT**

Rationale: Advocates provides support, advocacy, crisis intervention, information and referrals to the survivor during the medical and investigative processes at the hospital or police department.

Outcome: The survivor receives support, advocacy, crisis intervention, information and referrals.

#### Measurement Criteria:

The volunteer advocate:

- Successfully completes the required 40 hour CRCC training and the additional 8 hour advocacy training.
- Participates in the shadowing process.
- Arrives in a timely manner from the time of the request.
- Greets the survivor, introduces self and explains the advocate's role.
- Offers the survivor a choice of whether or not the advocate stays.
- Removes her/himself from any part of the process the survivor does not want the advocate to attend.
- Provides crisis intervention and emotional support to the survivor during the medical-legal exam and/or police report.
- Provides information to the survivor so that s/he can make informed decisions.
- Advocates on behalf of the survivor's rights when necessary and appropriate.
- Does not participate in evidence collection for the SANE.
- Does not remain in the examination room alone with evidence.
- Defers to the choice of the survivor when presented with conflicting needs.
- Offers comfort measures during and after the medical-legal examination (clothing, food or drink).
- Acts as a liaison between the survivor and SART members with the survivor's consent.

- Provides support for the family and/or friends of the survivor.
- Assesses the sense of safety at the time of discharge and helps with safety planning.
- Does not transport the survivor.
- Does not go to the survivor's home.
- Does not offer or give the survivor money.
- Provides a follow-up phone call to the survivor at the survivor's request.
- Provides referrals to the survivor for follow-up services.

## **5.2 STANDARD: ETHICS**

Rationale: Practice based on the principles of beneficence, non-maleficence, autonomy, justice, confidentiality and truth telling are basic to ethical care.

Outcome: The volunteer advocate provides services while maintaining ethical principles.

### Measurement Criteria:

The volunteer advocate:

- Respects the human dignity and uniqueness of the survivor, unrestricted by considerations of race, ethnicity, gender, sexual orientation, income, ability, language, age, religion or other personal characteristics.
- Maintains confidentiality.
- Maintains respect for the survivor in interdisciplinary communication.
- Reports appropriately according to local, state and federal mandates.
- Obtains the required training and updates to serve the sexual assault population.
- Provides input and recommendations to the SART as an interdisciplinary member.
- 

## **6. Justice System Advocate: Cleveland Rape Crisis Center or Cuyahoga County Witness/Victim Service Center**

The Justice System Advocate is a professional who supports the survivor throughout the criminal justice process.

### **6.1 STANDARD: ADVOCACY**

Rationale: Justice System Advocates provides support, advocacy, crisis intervention, information and referrals to the survivor during the criminal justice process. Advocates also provide information to the survivor about crime victims' rights under the Ohio Revised Code §2930.

Outcome: Survivors receive support, advocacy, crisis intervention, information about available options and their rights, and referrals during the criminal justice process.

### Measurement Criteria:

The justice system advocate:

- Provides advocacy services as requested by the survivor.
- Assesses the survivor's needs and supports individual decisions.
- Provides crisis intervention and emotional support as needed.
- Facilitates access to ongoing services as needed.

- Informs the survivor of their rights and responsibilities as specified in the Ohio Revised Code §2930.
- Provides information and/or referrals to the survivor about the criminal and civil justice system.
- Accompanies the survivor to interviews and court appearances.
- Provides information about the *Ohio Victims of Crime Compensation Program*.

## **6.2 STANDARD: ETHICS**

Rationale: Practice based on the principles of beneficence, non-maleficence, autonomy, justice, confidentiality and truth telling are basic to ethical care.

Outcome: The justice system advocate abides by the National Organization of Victim Assistance Code of Ethics, and acts with integrity, treating all survivors of crime with dignity and compassion.

### Measurement Criteria:

The justice system advocate:

- Respects the human dignity and uniqueness of the survivor, unrestricted by considerations of race, ethnicity, gender, sexual orientation, income, ability, language, age, religion or other personal characteristics.
- Maintains confidentiality as permitted by law.
- Maintains respect for survivor in interdisciplinary communication.
- Reports appropriately according to local, state and federal mandates.
- Obtains the required training and updates to serve the sexual assault population.
- Provides input and recommendations to the SART as an interdisciplinary member.

## **7. Prosecutor**

### **7.1 STANDARD: JUDICIAL PROCESSING**

Rationale: The Prosecutor's Office reviews each criminal case, makes a decision about charges, and prosecutes offenders to hold them accountable for their crimes.

Outcome: The victim is provided information throughout the judicial process.

### Measurement Criteria:

The prosecutor's office:

- Utilizes a vertical prosecution model.
- Evaluates cases submitted by law enforcement.
- Determines if sufficient credible evidence exists to support prosecution.
- Identifies the victim as Jane or John Doe until it is necessary to reveal the name according to the court rules.
- Provides the victim with a business card and the preferred time and method of contact once a prosecutor is assigned to a case and upon initial personal contact.
- Provides information to the victim about the criminal justice system and the victim's role.
- Informs the victim of the status of the case from the time of indictment to sentencing.
- Provides information about justice system advocacy.

- Informs the victim of his/her right to have a support person present during interviews and in court.
- Responds to inquiries by the victim as soon as possible.
- Includes the victim's concerns whenever possible in decisions regarding the filing of the case, the reduction of charges, plea bargain offers, dismissal or other possible case dispositions.
- Calls the attention of the court to the views of the victim on bail decisions, continuances, plea bargains, dismissals, sentencing and restitution.
- Seeks protection orders or no contact orders as conditions of bond.
- Pursues to the fullest extent that the law allows, those defendants who harass, threaten or otherwise attempt to intimidate or retaliate against victims and witnesses.
- Explains the reasons for continuances and seeks mutually agreeable dates for hearings that are rescheduled.
- Attempts to expedite case dispositions.
- Arranges for the prompt return of the victim's property under direct control if it is no longer needed as evidence.
- Provides a waiting area separate from the defendant and the defendant's family for use during court proceedings, if possible.
- Arranges for interpreting services for victims and witnesses as needed.
- Provides information about directions, parking, courthouse and courtroom locations, transportation assistance and witness fees.
- Provides assistance in making travel and lodging arrangements for out-of-state victims.
- Informs the victim about his/her legal right to provide a Victim Impact Statement.
- Provide contact information and respond to the inquiries of the SANE, if s/he is subpoenaed, before the trial.

## **7.2 STANDARD: ETHICS**

Rationale: Practice based on the principles of beneficence, non-maleficence, autonomy, justice, confidentiality and truth telling are basic to ethical service.

Outcome: The prosecutor's office follows judicial procedures while maintaining ethical principles.

### Measurement Criteria:

The Prosecutor's Office:

- Ensures that victims have an understanding of their legal rights.
- Respects the human dignity and the uniqueness of the victim, unrestricted by considerations of race, ethnicity, gender, sexual orientation, income, ability, language, age, religion or other personal characteristics.
- Maintains appropriate confidentiality.
- Maintains respect for the victim in interdisciplinary communication.
- Reports appropriately according to local, state and federal mandates.
- Obtains the required training and updates to serve the sexual assault population.
- Provides input and recommendations to the SART as an interdisciplinary member.



## Sample Forms

These are generic forms that should be utilized as a template or tool. The sample forms are designed to be customized by the SART according to the community's specific needs.

### SART Case Review Release

The purpose of the SART Case Review process is to ensure that sexual assault cases are handled in a way that promotes our mission.

The SART team members include law enforcement, assistant county prosecutors, sexual assault nurses/and or health care providers, correctional facility members and advocacy.

I acknowledge that by allowing my case to be reviewed and discussed by the SART team, I understand that the discussion regarding the evidence collection and investigation process will be discussed; as well as involvement with advocacy and prosecution process.

I acknowledge that communication between the SART members can improve services for victims of sexual violence in the community.

I understand that the SART team is professional and are bound by confidentiality.

I agree to have my information discussed at the SART meeting: \_\_\_\_\_  
(initials)

I decline to have my information discussed at the SART meeting: \_\_\_\_\_  
(initials)

Client's Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date \_\_\_\_\_

## **(Insert SART Team Name) Confidentiality Agreement and Attendance**

**Meeting Date:** \_\_\_\_\_

The participants agree to maintain confidentiality of discussions, including case reviews that are discussed. Confidentiality is essential in improving communication and response between agencies participating in the SART.

Name:

Organization:

E-mail:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

**SART CASE REVIEW**

**SART Members Involved:**

Healthcare facility : \_\_\_\_\_ ( SANE) (Non-SANE)

Care Provider:        present        not present

Advocacy Agency: \_\_\_\_\_

Representative:        present        not present

Law Enforcement Agency: \_\_\_\_\_

Officer/Detective:    present        not present

Crime Lab: \_\_\_\_\_

Representative:        present        not present

Prosecutors Office: \_\_\_\_\_

Representative:        present        not present

Case Status:    Open    Suspended    Unfounded    Closed    Tried

Conviction:    Guilty        Not Guilty    N/A

**Case Review:**

Age of Victim: \_\_\_\_\_

Sex of Victim:    M        F

Identify as (if different) M    F

Date Occur: \_\_\_\_\_

Initial Contact: \_\_\_\_\_

Referrals Made: \_\_\_\_\_

**Healthcare**

Healthcare/SANE: \_\_\_\_\_

Ohio Department of Health Protocol for Medical/Forensic Exams followed:

Yes                      No

If NO explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evidence Collected by Healthcare/SANE:    Yes                    No

If NO explanation:

---

---

---

---

**Advocacy:**

Advocacy involved:                                    Yes                    No

If NO explanation:

---

---

---

Advocacy services available:	Utilized	
1. _____	Y	N
2. _____	Y	N
3. _____	Y	N

---

**Law Enforcement**

Law Enforcement Report:                            Yes                    No

If NO explanation:

---

---

---

Evidence/Collection Kit retrieved:    Yes                    No

If NO explanation:

---

---

---

Detective assigned:                                    Yes                    No

If NO explanation:

---

---

---

Kit submitted to crime lab:                      Yes                      No  
If NO explanation:

---

---

---

Investigation submitted to Prosecutor:                      Yes                      No  
If NO explanation:

---

---

---

---

**Crime Lab**

Kit tested:    Yes                      No  
If NO explanation:

---

---

---

Results:

---

---

---

Kit completed per ODH protocol:                      Yes                      No  
If No explanation:

---

---

---

---

---

---

**Prosecutor**

Case Prosecuted:    Yes                      No  
If NO explanation:

---

---

---



## **Culturally specific Information and Resource Internet Links**

The following links and resources are an introduction to a few of the various cultural communities and sub-cultures that live in Ohio. The links are simply designed to provide very basic information, and is not and should not be considered an inclusive list. Each community and sub-culture is much more complex than the basic information sheets/links that are provided. It is always encouraged that continuing education into the unique cultures that make up a community occur, in order to facilitate the highest standards of service and care.

### **African American**

<http://www.ohiohistoryhost.org/ohiomemory/wp-content/uploads/2012/03/african.pdf>

### **Amish Culture**

<http://ohioline.osu.edu/hyg-fact/5000/5236.html>

### **Appalachian Culture**

[http://www.wvu.edu/~exten/depts/infores/pubs/fypubs/Appalach%20Cult%20Leader\\_Final.pdf](http://www.wvu.edu/~exten/depts/infores/pubs/fypubs/Appalach%20Cult%20Leader_Final.pdf)

### **Arab Americans**

<http://www.aaiusa.org/pages/demographics/>

### **Asian/Pacific Islanders**

[http://www.asiaohio.org/wp-content/uploads/2011/04/AAPI\\_Report\\_Final.pdf](http://www.asiaohio.org/wp-content/uploads/2011/04/AAPI_Report_Final.pdf)

### **Latino/Hispanic**

<http://ohioline.osu.edu/hyg-fact/5000/5237.html>

### **Prison Rape Elimination Act (PREA)**

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

### **Homeless**

<http://www.nationalhomeless.org/factsheets/>

### **LGBT**

<http://www.hrc.org/topics/allies>

## Resources

Greeson, M. R., & Campbell, R. (2013). Sexual assault response teams (SARTs): an empirical review of their effectiveness and challenges to successful implementation. *Trauma violence and abuse, 14*(2), 83-95.

Cox, G., Jacob, D., Slater, P., Roberts, R., Horn, B., Ekard, W. F., ... Cooper, G. F. (2001). *San Diego County Sexual Assault Response team (SART) Standards of Practice for Members of the Interdisciplinary SART Team* [manual]. San Diego, CA: San Diego County.

Cuyahoga County Sexual Assault Response Team. (2011). *SART Standards of Practice*. Cleveland Ohio: Cuyahoga County

National Sexual Violence Resource Center. (2011). *Sexual assault response team development: A guide for victim service providers*. Enola : NSVRC.

NSVRC. (2011, March). *SART tool kit*. Retrieved from NSVRC : <http://www.nsvrc.org/projects/national-sexual-assault-response-team-toolkit>

Office of Healthy Ohio (2011, February). *Ohio Department of Health*. Retrieved from Ohio Department of Health: <http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/hprp/sexual%20assult/adultprotocol2011.ashx>

Oregon Attorney General's Sexual Assault Task Force. (2009). *NSVRC*. Retrieved from Nation Sexual Violence Resource Center: <http://www.nsvrc.org/sites/default/files/SART-Handbook-Oregon-09.pdf>

Pennsylvania Coalition Against Rape. (2002). Retrieved from PCAR.org: [http://www.pcar.org/sites/default/files/file/healthcare/SART\\_Guidelines.pdf](http://www.pcar.org/sites/default/files/file/healthcare/SART_Guidelines.pdf)

Prevention Institute. (2002). *Developing Effective Coalitions: An Eight Step Guide*. Oakland, CA: Prevention Institute.

San Diego Sexual Assault Response Team. (2001). *San Diego. Gov*. Retrieved from NSRVC: <http://www.sandiego.gov/police/pdf/standards.pdf>

U.S. Department of Justice Office on Violence Against Women. (2013). *A National Protocol for Sexual Assault Medical Forensic Examinations*. Washington D.C.: Department of Justice.

West Virginia Foundation for Rape Information and Services. (2005). *West Virginia Mobile SANE Project Final Report* [Final Report].

Wisconsin Office of Justice Assistance. (2011). *Wisconsin Adult Sexual Assault Response Team Protocol* [Manual]. Madison, WI: Wisconsin Office of Justice Assistance.

World Health Organization. (2003). 3. In *Guidelines for medico-legal care for victims of sexual violence* (pp. 17-21). Geneva, Switzerland: World Health Organization.