

*Model for Sexual Assault Community Protocol  
Appendix 1*





# *Model for Sexual Assault Community Protocol*

**APPROVED March 2005**

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## *Background*

In December 2002, the Ohio Sexual Assault Task Force (OSATF) issued a report titled: ***A Call to Action; Ending Sexual Assault in Ohio***. This report was the culmination of extensive work over the previous year that included regional hearings, focus groups and many meetings focused on determining needs and priorities related to sexual assault in Ohio. It contains critical recommendations that were intended to guide efforts to reduce and eliminate sexual violence, ensure safe and healthy communities and improve people's lives.

One of the findings included in the report is that local protocols are a key element to providing the consistent quality response to survivors that is essential in supporting the pursuit of justice. Currently, Ohio counties are at varying stages in developing and adopting local protocols.

Therefore, the task force recommended the creation of a model sexual assault protocol. It is the goal of the task force that this model protocol contain the basic essential elements for protocols for the different professional groups which make up the community response to sexual assault. Each community is unique and it is critical that each component be adapted by the actual service providers in their community to reflect the unique relationships and circumstances faced locally.

## *Definitions*

**Counseling** – In Ohio the term “counseling” can be applied only if the service provider is licensed as a counselor. If services are provided by non-licensed staff or volunteers, they should be identified as crisis intervention services, not counseling. Licensure is issued by the appropriate state board, for example, Counselor and Social Work Board, State Board of Psychology, etc.

**Sexual Assault Nurse Examiner (SANE)** – is defined as a registered nurse with special training that meets the International Association of Forensic Nursing (IAFN) standards for adult/adolescent patients and, if appropriate, pediatric patients. A SANE is able to provide comprehensive care to sexual assault survivors, demonstrates competency in conducting a forensic exam to include evaluation for evidence collection, has the expertise to provide effective courtroom testimony and shows compassion and sensitivity to survivors of sexual assault.

**Sexual Assault Response Team (SART)** – a multi-disciplinary team developed to improve services to survivors of sexual assault. The team is comprised of advocates from the local rape crisis center, law enforcement officers and specially trained health care professionals. These team members provide a coordinated, efficient and supportive response to victims.

### *What is a Protocol?* (Adapted from the Franklin County Sexual Assault Protocol)

A protocol is a working document that provides guidelines for how to provide services. A community sexual assault protocol addresses the frequent needs (e.g., emotional, physical, legal services and mental health) of adult sexual assault survivors. As a guideline, it is created by the people who will use it and is an agreement between agencies about the provision of these services. The protocol should be developed by a committee including representatives of rape crisis programs, law enforcement agencies, mental health service providers, sexual assault nurse examiner programs, hospitals, prosecutors' offices, advocacy groups and other social service or community groups that work with survivors of sexual assault. In addition, each community protocol should be reviewed by a diverse group of people who represent that community.

A sexual assault survivor may have contact with many different agencies. A protocol helps to define the role of each agency and the relationship between agencies. The protocol provides the opportunity for increased and better communication between agencies and with survivors. The protocol should also provide information about how and where to refer survivors when they need additional services that an agency may not provide.

As a training tool, the protocol provides a common starting point for all new staff and a refresher for current staff. The protocol can also be useful in promoting cross-disciplinary training for the different agencies that work with survivors.

Finally, the goal of a protocol is to provide consistent treatment for every survivor regardless of race or ethnicity, age, gender, occupation, sexual orientation, language or other particular characteristics of the survivor. All survivors deserve equal access to competent and comprehensive services. Whether the survivor is seen in the emergency department, meets with law enforcement or speaks with prosecutors, every effort should be made to meet the survivor's specific needs. This may include providing language interpreters, modifying space for those with physical differences or simply being aware of and respecting the broad range of differences that exist within the community.

### *A Note About Language* (from the Franklin County Sexual Assault Protocol)

One of our professional differences is how we define our relationship to the person who has been raped. For medical and nursing personnel, the person is a patient. For a social worker or counselor, she/he is a client. The police and prosecuting attorney's office interact with victims and witnesses. Rape crisis staff provides services to victims and survivors. But all of us agree that there is a process of victimization that includes surviving, and eventually healing. This protocol will help make it easier for a person who has been raped to become a survivor of his or her experience of victimization. Within the protocol, the term patient, survivor, victim or witness is used when referring to the person who has been raped. Throughout the protocol, these words will be used interchangeably all referring to the individual who experienced the sexual assault.

For legal definitions of sexual assault in Ohio, refer to Appendix 3 for a list of offenses and referral to the ORC online at: <http://codes.ohio.gov/> for the full definitions.

### *Scope of This Protocol:*

This protocol will deal primarily with adult and adolescent survivors of sexual assault. The OSATF in a separate recommendation supported the development of Child Advocacy Centers as the best model to respond to child victims of sexual assault in Ohio. *The Ohio Protocol for Sexual Assault Forensic and Medical Examination* includes the *Ohio Pediatric Sexual Abuse Protocol* for evidence collection by medical professionals, but the victim services, law enforcement and prosecution components included here do not include the additional or different elements that may be necessary regarding cases of child sexual abuse. Additional work needs to be done in this area.

This protocol focuses on those who are automatically involved in the immediate response to a survivor of sexual assault reporting to either a medical or law enforcement agency. Because hospitals or police are often NOT the first place a survivor of sexual violence goes for help, it is extremely important that those working with sexual assault survivors organize in the community within the context of a SART.

### *Sexual Assault Response Teams (SART)*

In addition to establishing a local protocol, communities are encouraged to implement a SART to ensure a coordinated approach to this issue. An excellent guide to establishing a SART is included as part of the *California SART Manual*. Excerpts from the manual are available from the Ohio Department of Health (“ODH”).

There are a variety of places in addition to hospitals or police where survivors may first seek help in the aftermath of sexual violence. Examples include community health clinics, advocacy groups, Planned Parenthood offices, youth service organizations, community-based groups, churches and individual members of the community. Including representatives of these agencies as active members of the SART can help ensure that victims receive appropriate support and referrals wherever they first disclose their experience. SARTs should formalize their efforts to communicate and collaborate with those who are unable to participate as members of the SART but are likely to come into contact with sexual assault survivors.

SART member agencies can create a visible presence in the community by showing a coordinated response to sexual assault. The SART members can work together to find opportunities to provide community education, ensure that the member organizations publicize the existence of the SART in their organizational brochures and hold public events such as Sexual Assault Awareness Month activities or award ceremonies recognizing agencies or individuals providing leadership or success stories in related services.

## *Cultural Sensitivity/Cultural Competency in Assisting Survivors of Sexual Assault*

Every community contains diversity. Some communities may have more or less cultural/ethnic diversity than others, but all have diversity related to geography, age, religion, sexual orientation, socioeconomic status, disability status and other factors. Communities with less clearly visible diversity still need to be prepared to respond to cultural/ethnic diversity, as it exists to some extent everywhere. Achieving cultural competency is an ongoing process.

An individual's cultural background and experience affects that person's behaviors, actions and values. It is important to recognize the role that culture may play in how the survivor reacts to the assault and to individuals providing assistance and services in the aftermath of the assault. A person's cultural background may also affect the degree and way in which she/he is able to heal and recover. Some examples of the possible impact of culture on a survivor include:

- ✘ Previous experiences of the survivor or members of her/his cultural group may cause mistrust in working with the medical, law enforcement or social system.
- ✘ For many cultures, being involved with the mental health system carries a stigma and the survivor will instead go to someone within her/his community and cultural group for assistance. For this reason it is important to extend education about sexual assault to a wide variety of individuals within all communities so that helpful and accurate information is given to survivors to assist them with healing and recovery.
- ✘ In some communities, it is a sign of disrespect to look directly at someone while talking, particularly if the person to whom they are speaking is seen as an authority figure. For others, looking directly at someone is seen as positive and looking away is a sign of guilt, shame or lying. These differences could cause misinterpretations during the medical exam or police interview.
- ✘ Cultural values may influence factors such as whether or not the survivor blames herself/himself for the attack, who she/he tells about the attack and who she/he goes to for support.

Providing culturally sensitive and competent services means incorporating awareness, understanding, responsiveness and respect for the beliefs, values, ethnic heritage and other differences of individuals into training, treatment and services. A strong sense of the basic worth and dignity of each human being should also be apparent.

Specifically, the following should occur:

1. All service providers working with sexual assault survivors should receive on-going training in cultural sensitivity and providing culturally competent services.
2. Individuals employed by service providers should reflect the diversity of the total population they are mandated to serve.
3. If hospital staff available to work with survivors of sexual assault is not representative of the diverse cultural groups within the community, volunteers from those communities should be recruited and trained on an ongoing basis to provide support to sexual assault survivors as needed.
4. Local rape crisis programs, victim/witness programs and other sources of support for the survivor should maintain staff, board members and volunteers reflecting the population of the service area. All these individuals should be trained in cultural competency as well as in sexual assault issues.
5. Referrals should reflect agencies, which serve a variety of individuals and should be responsive to a survivor's particular needs and background. Examples of agencies to work with include:
  - ✘ Urban League
  - ✘ Rape crisis center
  - ✘ Local council on aging
  - ✘ Local AIDS task force
  - ✘ Hispanic service group or business organization
  - ✘ Local Mental Retardation/Developmental Disabilities (MR/DD) Board
  - ✘ Gay/lesbian task force
  - ✘ Community action agency
  - ✘ Religious or ethnic social service agency
  - ✘ Vocational rehabilitation center
  - ✘ Community center for the deaf or blind
  - ✘ Local speech and hearing centers
  - ✘ Student services, minority services, women's services or international offices at local colleges or universities
  - ✘ Centers for independent living (for a person with a disability)
  - ✘ Mutual assistance programs (for refugees)
  - ✘ Domestic violence shelters
  - ✘ Native American centers
  - ✘ Ohio Farm Workers Opportunities (for migrant workers)
  - ✘ North American Indian Cultural Center
  - ✘ Mental health centers

- ✘ Family planning clinics
  - ✘ Victim/witness program (city/county prosecutors)
6. Staff from agencies providing sexual assault services should become knowledgeable about the quality of services and develop positive relationships with service providers such as those listed in No. 5 so referrals and interactions can be of maximum benefit to the survivor.
  7. Contact the Sexual Assault and Domestic Violence Prevention Program at ODH at (614) 466-2144 for the names of agencies in local communities that focus on services to culturally diverse communities.

### **Domestic Violence**

Of women who reported being raped and/or physically assaulted since the age of 18, three-quarters (i.e., seventy-six percent, 76%) were victimized by a current or former husband, cohabitating partner, date or boyfriend. — *Prevalence Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey, U.S. Department of Justice, November, 1998*

The Sexual Assault Protocol should be used in conjunction with the **Ohio Model Protocol for Responding to Domestic Violence**. This protocol outlines best practices for various professionals responding to domestic violence both inside and outside of the legal system, but focuses primarily upon best practices for criminal justice system professionals. The protocol is available through the Web site of the Ohio Domestic Violence Network, <http://www.odvn.org>

### **Steps to Creating a Protocol**

In its publication *Looking Back, Moving Forward: A Program for Communities Responding to Sexual Assault*, the National Center for Victims of Crime proposed an eight-step cycle for community protocol development. This cycle is further explored in the publication *Improving Services to Victims of Sexual Assault*, by Corinna Roy and Deirdre Hinz of the Wilder Research Center. More information about these publications is listed under “Resources” below. An expanded excerpt about the protocol development cycle can be found in this document on page 29.

The eight-step cycle provided a structure for the multidisciplinary teams to:

1. Inventory the communities existing services for sexual assault victims.
2. Collect data on the existing sexual assault response system via a victim experience survey.
3. Compile relevant data into a community needs assessment.

4. Write the protocol for responding to sexual assault.
5. Renew interagency agreements to comply with the protocol.
6. Train agency staff in how to follow the protocol.
7. Monitor implementation.
8. Evaluate the protocol's effectiveness and take what you learn into the next round of the cycle.

Use of this cycle of steps is recommended to communities in Ohio as they initiate and maintain a community protocol in response to sexual violence, in order to maximize the effectiveness of the protocol and ensure that it is responsive to the local and evolving needs of survivors of sexual violence in the community being served.

### **Statewide Review Team**

It is recommended that outside reviewers give feedback prior to final approval of the local protocols. Call the ODH Rape Prevention Program at (614) 466-2144 for more information about where to send county protocols for statewide review.

### *Resources:*

Samples of model protocols from around the country are available. Contact the ODH Rape Prevention Program for more information about how to locate these samples.

### **Crisis Support for Survivors:**

Access for survivors to a helpline/hotline that is free, confidential and available 24/7 is an essential component of a coordinated community response. This service should provide information/referral services to all primary (i.e., patient/victim) and secondary (i.e., friends and family) survivors of sexual violence. The helpline should answer questions about sexual violence, assist survivors to access the resources of other agencies through referral, answer questions about what to expect from those services and may also dispatch crisis support advocates to provide face-to-face services as necessary.

The primary consideration for workers in any crisis support/counseling role will be the well-being of the sexual assault victim. The victim may not want to obtain medical care, undergo a forensic exam or report the assault to the authorities because of a distrust of the medical and legal system, inadequate information about options, fear of reprisal by the assailant and/or embarrassment. The crisis responder will provide support and information to respond to these concerns to empower the victim to make informed decisions, but will allow the victim to make all decisions about participation in these systems and advocate in support of those decisions.

Crisis support services should be available to all primary and secondary survivors of sexual violence including those who never report the crime.

The following services may be provided by different people or in some cases may be provided by the same person:

### *A. Crisis Intervention/Crisis Counseling Services*

#### **Definition:**

These services are defined as short-term interventions with primary (i.e., patient/victim) and secondary (i.e., friends and family) victims of sexual assault and (three visits or less). The intervention is provided face-to-face and involves emotional support, advocacy and education related to a sexual assault. Such support may occur at the scene of a crime, immediately after a victimization or be provided for a limited number of sessions. Use "Crisis Counseling" only if services are provided by a licensed professional. Interventions should include approaches that are sensitive to the unique experiences of survivors based on diverse backgrounds.

#### **Description of Services:**

- ✘ The purpose of face-to-face crisis intervention services shall be limited to the management of emotional trauma related to a sexual assault or to the management of problems in daily living resulting from the recent sexual assault experience.
- ✘ Problem solving, support, advocacy or education regarding involvement with the legal or medical systems necessitated by a sexual assault are also appropriate components of face-to-face crisis intervention.
- ✘ May assist with filing of Victims of Crime Compensation form.
- ✘ During this time appropriate referrals will be provided.

#### **Policy Requirements:**

- ✘ Non-licensed crisis workers must be notified that they may be required by Ohio law from to disclose information that is shared during face-to-face crisis interventions if this information is required by a court order. They should be sensitive to notifying survivors of this fact as appropriate.
- ✘ The patient/victim/survivor has the right to choose to have the crisis worker present at all times. The crisis worker shall remain as long as she/he is requested to do so by the patient/victim/survivor.

## *B. Medical Advocacy Services*

### **Definition:**

Medical advocacy services are defined to include the accompaniment of survivors to the forensic rape examination or other medical procedures necessitated by the sexual assault and the provision of education to the survivor regarding how the health care system operates.

### **Description of Services:**

- ✘ Provides the same services as in a medical setting as in crisis intervention/crisis counseling.

### **Policy Requirements:**

- ✘ Rape crisis agencies should develop a protocol with local hospitals which specifies when and how the agency shall be contacted and the specific role of advocates responding to a call for assistance.
- ✘ It is not the role of the medical advocate to participate in the physical collection of evidence or be involved in any way with the chain of custody for the evidence. The medical advocate's role is to provide support and education of the patient/victim/survivor.
- ✘ Non-licensed crisis workers must be notified that they may be required by Ohio law from to disclose information that is shared during face-to-face crisis interventions if this information is required by a court order. They should be sensitive to notifying survivors of this fact as appropriate.
- ✘ The patient/victim/survivor has the right to choose to have the medical advocate present at all times. The crisis worker shall remain as long as she/he is requested to do so by the patient/victim/survivor.

## *C. Court Advocacy/Criminal Justice Support*

### **Definition:**

These services are defined as the accompaniment of survivors to court proceedings or other meetings with law enforcement or criminal justice agencies and the provision of education to victims and survivors regarding how the legal system operates. May also include telephone support, assistance, and advocacy provided to victims at other stages of the criminal justice process, including post sentencing services and support.

### **Description of Services:**

- ✘ Provides the same services as in crisis intervention/crisis counseling in the court/criminal justice setting.
- ✘ Services may be provided through both the rape crisis agency and the criminal justice system.

### **Policy Requirements:**

- ✘ The role of the agency staff and volunteers shall be limited to support and education, and shall not include offering legal advice or otherwise engaging in the practice of law unless licensed to do so.
- ✘ Expert witness or case-specific testimony in court proceedings may be provided by the agency staff upon written consent for release of information from the client or a court order. Case records shall not be taken to any court proceedings unless specifically required by the court. Every attempt shall be made by staff to review the record with the client prior to its release to the court.

### ***D. Counseling***

#### **Definition:**

Counseling services are defined to include more intensive, long-term clinical practice, which is aimed at resolving lingering issues related to trauma caused by the sexual assault.

Staff that provides counseling services shall have, at a minimum, a master's degree in counseling, clinical psychology, social work or a related field, or other equivalent qualifications and the required licensure. Preferred (best practice) to have three years of clinical counseling experience prior to specialization in rape crisis work.

#### **Training Standards:**

Workers in any of the above listed roles, providing services to survivors of sexual assault, shall have a minimum of 20 hours of specialized sexual assault training. Workers must then receive additional supervised training for the specific service they will be providing, which may include role playing, shadowing an experienced worker and/or providing the service in conjunction with an experienced worker. In addition to the basic introductory training, all workers should receive annual ongoing training. There may be other additional requirements for specific services.

The basic 20-hour training must include the following content:

- ✘ All topics listed below must be addressed to some extent during training for working with survivors of sexual assault. Time spent on each topic may vary depending on time available and local need.
- ✘ Cultural diversity issues should be consistently covered throughout the training as a part of all topics. In addition, time may be set aside to discuss the impact of racism and other "isms" on rape survivors, to discuss cultural sensitivity and to present information about the issue of sexual assault within communities found in the area. ***Include a framework for development of culturally competent approaches to service provision.***
- ✘ Use a variety of training formats (lecture, discussion, activities, etc).

- ✘ The following topics should be addressed in the first part of the training:
  - a. History of rape crisis, effects of socialization of women on the experience of sexual assault, role of sexism and socialization of men.
  - b. Definition of rape and types of rape.
  - c. Rape stereotypes and realities/statistics.
  - d. Cultural sensitivity.

The remaining topics may be addressed in any order:

- ✘ **Hospital/medical** — protocol in the emergency department, the rape kit, health issues including pregnancy, STDs, HIV and PEP, drug-facilitated rape.
- ✘ **The Legal System** — reporting, related laws and definitions, police, role of court advocate/criminal justice support, court experience including the role of the prosecutor, the grand jury, trial, civil suits, victims of crime compensation and university procedures.
- ✘ **Types of sexual assault** — definitions, specific issues, ways to respond: child sexual assault, incest, battering and marital rape, date/acquaintance rape, sexual harassment, adult male rape, sexual assault of boys, cult-ritual abuse.
  - a. **Specific Populations** — specific religious and ethnic groups, gay/lesbian, elderly, children, mentally retarded/developmentally disabled/chronically mentally ill, people with physical disabilities, incarcerated individuals.
  - b. Drug and alcohol addiction.
  - c. Suicide prevention.
  - d. Crisis intervention skills including listening and empathy skills.
  - e. Prevention and self-defense; safety skills for staff and volunteer.
  - f. Overview of local agencies and how to do referrals.
  - g. Review referral resources and discuss types of issues that might come up and ways of identifying the most appropriate referrals.
  - h. Referral listing should include but not be limited to emergency, medical, legal assistance, financial assistance, support services, diverse communities, resources for male victims, youth/child abuse/neglect issues, sex offenders, incest, eating disorders, ritual abuse, domestic violence, substance abuse, and self defense
  - i. Agency procedures including record keeping.
  - j. Confidentiality.
  - k. Working with co-survivors (family and friends).
  - l. Caring for the caregiver/vicarious trauma/setting appropriate boundaries.

A training manual should be provided to all trainees.

### **Health Care Provider: Emergency Medical Services Protocol**

A sample protocol is included in Appendix 5 of the Ohio Protocol for Sexual Assault Forensic and Medical Examination. The protocol can be found at: <http://www.odh.ohio.gov/odhPrograms/hpr/sadv/sadvprot.aspx> or call to request a copy from the ODH, Sexual Assault and Domestic Violence Prevention program, (614) 466-2144.

### **Health Care Provider: SART activation – Emergency Department (ED)**

The ED receives the call for a medico-legal examination from law enforcement, advocacy agency or EMS; OR the patient presents to the ED and reports sexual assault.

**Rationale:** The informed response by the ED facilitates the activation of the forensic examiner and the advocate, which results in the timely initiation of the medico-legal examination, documentation and retrieval of critical evidence.

**Outcome:** The SART is activated through the ED as quickly as possible with critical information being communicated only to those with a need to know.

#### **Measurement Criteria:**

##### ***The ED:***

- ✘ Follows the scripted questions to obtain information about the assault, including time elapsed since the assault, age of patient and willingness to consent to the medico-legal examination.
- ✘ Reports the case to law enforcement if the victim of the assault reports to the ED first, per hospital policy.
- ✘ Consults the on-call forensic examiner when there is a question regarding the examination.
- ✘ Provides an interpreter if the patient is non-English speaking.
- ✘ Contacts the advocate.
- ✘ Contacts the forensic examiner, providing critical information such as:
  - o Victim name, law enforcement agency notified, contact information, patient age and language spoken, arrangements for an interpreter, site for exam, patient special needs, advocacy contacted, estimated time of arrival and number of patients, per hospital policy.
- ✘ Advise the forensic examiner to conduct the examination in the ED if the patient is in need of immediate medical care and is not able to be transferred to the designated examination facility.
- ✘ Provides feedback to the forensic examiners as warranted.
- ✘ If patient is prepubertal or a victim of chronic child sexual abuse, refer to the pediatric protocol.

- ✘ Reads communication from forensic examiner to keep informed of changes to the SART protocol.
- ✘ Maintains required certifications and trainings.

This process may be bypassed if the forensic examiner is contacted directly by law enforcement or the victim.

If the patient does not want to report the sexual assault to law enforcement, either the forensic examiner or other ED personnel should still follow the Ohio Protocol for Sexual Assault Forensic and Medical Examination guidelines with regard to:

- ✘ Emergency contraception.
- ✘ Prophylactic treatment for STIs.

#### **Health Care Provider: Evidence Collection**

Evidence collection is to be completed as required by the Ohio Protocol for Sexual Assault Forensic and Medical Examination. The protocol can be found at:

<http://www.odh.ohio.gov/odhPrograms/hpr/sadv/sadvprot.aspx> or call to request a copy from the ODH, Sexual Assault and Domestic Violence Prevention program, (614) 466-2144.

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

The officer responds to the assault call, assesses the medical needs of the victim and interviews the victim to determine whether a crime has occurred. The officer notifies the on-call investigative sergeant for the on-call investigator response, per department policy when appropriate. Additionally, the officer collects evidence, documents and submits a written report to the investigator. The site of the crime or the origin of the crime (such as with a kidnapping) determines the jurisdiction.

#### **Assessment**

The officer shall provide an accurate and thorough assessment of the crime reported in order to help reconstruct what happened. This may lead to prosecution.

**Rationale:** Assessment is a series of systematic, organized and deliberate actions to identify and obtain data supporting the identification of the suspect, a victim's inability to give consent (either due to age, disability, drugs or alcohol) or the use of force during the crime. Evidence present on the suspect, identifying the victim or demonstrating force is also relative to the investigation and part of this assessment.

**Outcome:** Appropriate evidence is collected that will help to hold the offender accountable. This is conducted in an atmosphere that is sensitive to the victim's trauma.

## Measurement Criteria:

### *The officer:*

- ✘ Assesses the immediate medical needs of the victim and refers as appropriate.
- ✘ Calls an ambulance if major injury is noted or suspected.
- ✘ Conducts a preliminary interview to determine if a crime occurred.
- ✘ Conducts the victim assessment — crime scene, general physical appearance, clothing, and non-genital trauma.
- ✘ Requests additional resources to investigate the crime document and collect evidence, i.e., requests assistance from investigations, crime lab, evidence technicians, etc.
- ✘ Walks the detective or other essential personnel through the crime scene, if appropriate.
- ✘ Obtains all pertinent information from all witnesses.
- ✘ Identifies and collects clothing and other crime scene evidence as determined by the victim's history of the assault.
- ✘ Explains to the victim what basic services are available.
- ✘ Explains that an examination is necessary for evidence collection and if delayed, how apprehending and prosecuting the assailant may be adversely affected.
- ✘ Allows the victim to withdraw her/his consent or to terminate the examination with a full knowledge of the implications of that decision.
- ✘ Explains each step of the investigation, especially the need to ask personal detailed information about the assault.
- ✘ Ensures the victim understands her/his rights.
- ✘ Provides the victim with the booklet *Picking Up the Pieces: Your Rights and Responsibilities as a Crime Victim* (available from the Ohio Attorney General's office).
- ✘ Calls the ED triage nurse or clerk, requesting a medical-legal examination with a realistic estimated time of arrival.
- ✘ Arranges transportation to a health care facility with the victim's agreement.
- ✘ Addresses issues of domestic violence if the suspect is an intimate partner and discusses a safety plan.
- ✘ Informs the patient of the next steps in the legal/investigative process.
- ✘ Ensures that the evidence is safely secured.

### Officer Processes Suspect:

- ✘ Identifies the suspect by victim statement, curbside lineup, photo lineup, and live lineup or by investigative follow-up (i.e. DNA).
- ✘ Develops probable cause for arrest, obtains consent from the suspect or a search warrant for a suspect forensic examination.
- ✘ Performs a suspect assessment for the purpose of evidence collection — physical appearance, clothing, and non-genital trauma.

### Investigative Response

The officer makes a deliberative plan to thoroughly investigate and collect the evidence.

**Rationale:** A full understanding of the incident with supporting evidence helps to resolve a case in a timely manner.

**Outcome:** The victim understands his/her role in the investigation and his/her involvement is minimized only to that which is required.

### Measurement Criteria:

#### *The Officer:*

- ✘ Deliberately establishes and follows the steps in an investigation.
- ✘ Ensures that the victim brings additional clothing to the medico-legal exam.
- ✘ Obtains a suspect forensic exam.
- ✘ Follows the chain of custody in submitting the physical evidence to the crime lab, property room or otherwise handling the evidence.
- ✘ Completes a thorough and accurate written report.

### Ethics

Ethical principles are essential for helping the officer make decisions in the best interest of the victim.

**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 an 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:

- ✘ Ensures that the victim has an understanding of his/her legal rights, as informed by law enforcement.
- ✘ Respects the human dignity and the uniqueness of the victim, unrestricted by considerations of racial, age, social or economic status, personal attributes, the nature of the health problems or the nature of the crime.
- ✘ 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 chain of custody when collecting, securing and turning over evidence.
- ✘ Secures photographs in locked space, handles them with respect and dignity for the victim and reveals the photographs only to those with a need to know.
- ✘ Obtains required training and updates to serve the sexual assault population.
- ✘ Provides input and recommendations to the sexual assault response team as an interdisciplinary member.

### Law Enforcement: Investigator

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

### 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 the victim's inability to give consent (due to disability, drugs or alcohol) or the use of force. The overriding goal is to reduce sexual assault by facilitating the prosecution of offenders through vertical case management and prosecution.

### Measurement Criteria:

#### *The investigator:*

- ✘ Encourages community partnerships to reduce the risk of sexual assault and to support victims.
- ✘ Enhances cooperation between the law enforcement agency and community organizations.
- ✘ Maintains a victim-focused approach.
- ✘ Gives victims choices and options whenever possible.

- ✘ Provides victims with time to process the information.
- ✘ Demonstrates sensitivity by using non-judgmental questions, comments and body language.
- ✘ Validates and normalizes a victim's rape trauma and post traumatic stress symptoms.
- ✘ Provides the victim with timely updates on the status of the investigation and the final disposition as soon as possible.
- ✘ Interviews sexual assault victims and witnesses.
- ✘ Advises the victim of his/her right to an advocate or support person.
- ✘ Completes a neighborhood witness check.
- ✘ Establishes elements of the crime by testimony and/or evidence.
- ✘ Collects, identifies, preserves and impounds all evidence.
- ✘ Prepares investigative reports and witness statements.
- ✘ Assesses evidence and submits lab service requests based on the case history and the potential impact of possible lab results.
- ✘ Consults with the prosecutor's office, victim/witness assistance, and the rape crisis center to prepare the victim for court appearances.
- ✘ Provides referrals as appropriate.
- ✘ Gathers all related reports and packages them for the prosecutor's office.
- ✘ Presents the case to the prosecutor.
- ✘ Arranges a victim interview with the prosecutor.
- ✘ Completes follow-up investigations and/or cancellations on all cases assigned in a timely manner.
- ✘ Attends required training and seeks out training experience.

#### **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 live line-up when appropriate.
- ✘ Submits lab requests.
- ✘ Appears and testifies in court.

### **Ethics:**

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

**Outcome:** The investigator gathers evidence while maintaining ethical principles.

### **Measurement Criteria:**

- ✘ Ensures that the victim has an understanding of his/her legal rights, as informed by law enforcement.
- ✘ 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.
- ✘ Respects the human dignity and the uniqueness of the victim, unrestricted by considerations of racial, age, social or economic status, personal attributes, the nature of the health problems or the nature of the crime.
- ✘ Maintains respect for the victim in interdisciplinary communications.
- ✘ Reports appropriately according to local, state and federal mandates.
- ✘ Follows the chain of custody when collecting, securing and turning over evidence.
- ✘ Secures photographs in locked space, handles them with respect and dignity for the victim and reveals the photographs only to those with a need to know.
- ✘ 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, when the defendant is released on bail and during each step of the case.
- ✘ Communicates to the appropriate providers throughout the judicial process to facilitate processing the case.

### **Forensic Scientist**

The forensic scientist examines evidence submitted by law enforcement agencies. Specialties in forensic science that frequently participate in sexual assault investigations include forensic biology/DNA and toxicology. Latent print, firearms and trace examination is occasionally required.

### **Measurement Criteria:**

- ✘ Has education, training, annual training and proficiency testing records compliant with DNA Advisory Board Scientific Working Group DNA Analysis Methods

American Society of Crime Laboratory Directors Laboratory Accreditation Board (DAB/SWGDAM/ASCLD-LAB) standards.

- ✘ Is familiar with the investigating officer's findings and the survivor's statement as recorded in the sexual assault evidence collection kit assault history form prior to beginning examination of the evidence.
- ✘ Handles evidence in a manner such as to maintain the chain of custody and physical integrity of biological samples.
- ✘ Performs a full examination of the sexual assault evidence collection kit and underwear, regardless of the case history.
  - a. Stains and examines vaginal/penile, anal and oral smears for the presence of spermatozoa. When present, records a quantitative rating of the number of spermatozoa and whether tails are present. Examines slides prepared from swab extracts when hospital prepared slides are absent or of poor quality.
  - b. Performs a presumptive semen test on vaginal/penile, anal and oral swabs. Performs an antigen-based test for protein-30 on swabs where a positive presumptive test is obtained and spermatozoa are absent.
  - c. Chooses the DNA analysis method most likely to produce useful information. This may require referral to other laboratories if the most appropriate method is not available in-house.
  - d. Performs a differential extraction where spermatozoa are present.
  - e. Where sufficient sample exists, retains a portion of the sample for independent analysis. Where it is deemed necessary to consume limited evidence samples, notifies the defense (through the prosecutor) that no opportunity for reanalysis will exist and receives approval to consume the sample before proceeding. Complies with requests to transfer evidence to independent laboratory as directed by court order or prosecutor.
- ✘ Completes a standard evaluation of the SAEC kit collection process and provides it to the Ohio Attorney General's SAFE program to be used in quality assurance monitoring and documentation for the confirmation of SAFE program compliance.
- ✘ Examines other evidence as needed.
  - f. Saliva-or-semen-stain-on-skin swabs, clothing, bedding, condoms and other items that may contain body fluid from subjects.
  - g. Clothing, genital swabs and other items from the subject that may contain body fluids from the survivor.
  - h. Uses an alternate light source to assist in the location of body fluid stains on fabric.

- ✘ Issues written reports to submitting agency and/or prosecutor. The contents of the report and the technical review process are compliant with DAB/SWGDAM/ASCLD-LAB standards. Testifies in court as needed.
- ✘ Enters forensic evidence DNA profiles and subject DNA profiles into the CODIS database and initiates periodic uploads as directed by the state CODIS administrator. Rapidly informs the applicable law enforcement agencies of CODIS hits and processes confirmatory subject standards. Adheres to all rules regarding CODIS operations.
- ✘ Provides feedback and/or training to medical personnel on the efficacy of evidence collection.
- ✘ Provides feedback and/or training to law enforcement personnel regarding potential evidence items amenable to DNA testing.

## **Prosecution**

The perpetrator is prosecuted when sufficient and credible evidence exists.

### **Judicial Processing:**

**Rationale:** Prosecution of the perpetrator punishes criminals and helps them assume responsibility for their crimes, protects society and assists in restoring a sense of safety and security for the victim.

**Outcome:** The victim feels supported in the processing of the case through the criminal justice system.

### **Measurement Criteria:**

#### ***The prosecutor:***

- ✘ Utilizes a vertical prosecution model in order to reduce the trauma to the victim.
- ✘ Evaluates cases submitted by law enforcement.
- ✘ Advises the victim of her/his right to be identified as Jane or John Doe in all records and during all proceedings where this is reasonably necessary to protect the victim's privacy and where it does not unduly prejudice the prosecution or the defense.
- ✘ Determines if sufficient credible evidence exists to support prosecution.
- ✘ Informs victim of the status of the case from the time of the initial charging decisions to sentencing.
- ✘ Discourages case continuances.
- ✘ Explains the reasons for continuances and seeks mutually agreeable dates for hearings that are rescheduled.
- ✘ Arranges for interpreting services for victims and witnesses when necessary to assist a victim to understand questions and frame answers.

- ✘ Brings to the attention of the court the views of the victim on bail decisions, continuances, plea bargains, dismissals, sentencing and restitution.
- ✘ Pursues to the fullest extent that the law allows, those defendants who harass, threaten or otherwise attempt to intimidate or retaliate against victims or witnesses.
- ✘ Arranges for the prompt return of the victim's property if it is no longer needed as evidence in court.
- ✘ Seeks no-contact orders as conditions of bail or own recognizance releases.
- ✘ Includes the victim whenever possible in decisions concerning the filing of the case, the reduction of charges, plea bargain offers, dismissal or other possible case dispositions.
- ✘ Provides the victim with a business card and the preferred time and method of contact.
- ✘ Responds to inquiries by the victim as soon as possible.
- ✘ Consults with law enforcement and health care personnel in the furtherance of the prosecution of the case.
- ✘ Notifies the victim of his/her rights regarding HIV testing of the defendant.
- ✘ Refers the victim to services for information regarding the Victims of Crime Compensation Program.
- ✘ Advises the victim of his/her right to have a support person and advocate present during interviews and in court.
- ✘ Uses time efficiently when requiring consultation from other SART members.
- ✘ Provides input and related teaching to SART-related activities.

**Information Access:**

**Rationale:** Access to information facilitates the cooperation of the victim.

**Outcome:** The victim cooperates in the judicial process by appearing for and participating in interviews and court hearings.

**Measurement Criteria:**

***The prosecutor provides:***

- ✘ Orientation information about the criminal justice system and the victim's role.
- ✘ Notification of any change in the case status and the final disposition of the case.
- ✘ Information on crime prevention and on available responses to victim intimidation.
- ✘ Information about available services to meet victims needs resulting from the crime and referral to other agencies, where appropriate.
- ✘ Advanced notice of court hearings including arraignment, disposition hearings, preliminary hearing, trial and sentencing.

- ✘ Advanced notice that the victim's attendance in court will not be needed.
- ✘ Information about restitution and other forms of recovery and assistance.
- ✘ A waiting area separate from the defendant for use during court proceedings.
- ✘ Information about directions, parking, courthouse and courtroom locations, transportation assistance and witness fees.
- ✘ Assistance for victims and witnesses in meeting special needs such as childcare and transportation assistance when required to make court appearances.
- ✘ Assistance in making travel and lodging arrangements for out-of-state victims.
- ✘ Information to victims about their legal right to make a statement about the impact of the crime for inclusion in the pre-sentence report or at the time of parole consideration, if applicable.
- ✘ Notification to victims of the right to make an in-person statement, at the time of sentencing, directly to the sentencing court, concerning the impact of the crime.

## **Roadblocks/Special Issues**

### ***What if the patient does not want to make a police report?***

If the patient wants the evidence collected to keep the option of a police report open, but does not agree to speak to police immediately, evidence should be collected.

If the patient does not want the evidence collected, then at a minimum, all patients reporting sexual assault should be offered emergency contraception (if warranted) and prophylactic treatment for STIs. Appropriate referral information, including medical follow-up, should be provided. Patients who do not want evidence collected still have the right to have an advocate present.

### ***What do we do with the kit if the patient wanted us to collect the evidence but will not speak to law enforcement?***

Communities need to have explicit discussion about this issue and the policies of each jurisdiction should be incorporated into a community protocol. In some cases, hospitals have agreed to maintain a locked space for storage of these kits. In other jurisdictions, there is an agreement with local law enforcement whereby kits can be handed over with "Jane Doe" information. If the evidence will be held for only a limited time, the patient must be told the time limit.

### ***Will the victim be hassled or even prosecuted if participation in illegal activity is disclosed as part of the investigation (such as illegal drug use, alcohol/truancy infractions for minors or prostitution)?***

Victims of sexual assault should not be prosecuted for the use of illegal substances or underage drinking in the context of a sexual assault prosecution. There can never be a guarantee as to how any individual situation will be handled. However, situations such as these can and should be discussed within the context of the local SART so that accurate information about how these situations have typically been handled in a given community can be conveyed to victims.

***What happens when an undocumented resident reports as the victim of a sexual assault?***

Laws for undocumented crime victims are very complex. As with other cases where the victim may have fears about their own legal status, it is important that local service providers know how similar situations are typically handled within their community. However there are some protections in the law, particularly in cases of domestic violence or human trafficking.

Some resources of possible assistance include:

Applying for Immigration Benefits as a Battered Spouse or Child:

<http://uscis.gov/graphics/howdoi/battered.htm>

Victims of Trafficking And Violence Protection Act Of 2000:

<http://www.usdoj.gov/crt/crim/traffickingsummary.html>



# Attachment 1 —

Excerpted/summarized from the California SART Manual pages 2 - 10

## Chapter Two — First Steps in Developing a SART

### 1. Understand the Mission and Goals of SART

|  |
|--|
| <b>The mission of SART is:</b>   |
| To counter the experience of sexual assault with a sensitive and competent multi-disciplinary response, to support efforts to restore well-being to the victim and to bring responsible person(s) to justice.  |
| <b>The goals of SART are to:</b>   |
| <ul style="list-style-type: none"><li>✘ Ensure competent, coordinated and effective intervention.</li><li>✘ Provide a sensitive and caring response to survivors of sexual assault by all disciplines.</li><li>✘ Ensure cultural competency.</li><li>✘ Ensure complete, consistent and accurate case investigations.</li><li>✘ Provide high-quality and consistent forensic medical examinations.</li><li>✘ Ensure the provision of medical and forensic follow-up care.</li><li>✘ Provide crisis intervention and follow-up counseling referrals.</li><li>✘ Effectively support the mission of the criminal justice system.</li></ul> |
| <b>The primary partners in a successful SART are:</b>  |
| <ul style="list-style-type: none"><li>✘ The rape crisis center.</li><li>✘ Area law enforcement agencies.</li><li>✘ County prosecuting attorney's office.</li><li>✘ Crime laboratory.</li><li>✘ Sexual assault forensic examination team(s).</li><li>✘ County victim/witness assistance center.</li><li>✘ Area hospital representatives, including emergency department social workers.</li></ul>   |
| <b>Other agencies playing important collaborative roles are:</b>   |
| <ul style="list-style-type: none"><li>✘ Children's protective services.</li><li>✘ Adult protective services.</li><li>✘ County health departments.</li><li>✘ Shelters for battered women.</li></ul>   |

## 2. Assess pathways to SART Development and Implementation

Identify start-up leadership; establish founding task force/implementation steering committee.

## 3. Establish a Broad Base of Commitment and Support

SART is most successful if there is a commitment by:

- ✘ Elected officials from the city/county.
- ✘ Prosecuting attorney.
- ✘ Sheriff and police chief(s).
- ✘ Rape crisis center.
- ✘ Hospitals.

## 4. Establish a Task Force to Plan SART

Members of the task force must have the delegated authority to:

- ✘ Represent their agency.
- ✘ Make decisions on policy, procedures, operating principles and coordinating strategies.
- ✘ Allocate financial and human resources or possess a high level of influence in the organization to secure resources.
- ✘ Develop a model that will be endorsed when it is sent to executive staff for approval and signature.

## 5. Determine All Partner Agencies and Potential Sites for Forensic Medical

**Examination** — Is anyone missing? Are specific populations represented (geographic, ethnic, religious, disabilities, etc.)?

## 6. Plan for Continuity of Care

Is the full range of need for the survivor being met? What elements are missing?

## 7. Generate a Collective Vision, Joint Commitment and Team Building

Visit SARTs in nearby communities, invite speakers from successful teams, and implement team building between agencies to learn about nature and scope of each organization.

## 8. Obtain Baseline Statistics

- ✘ Number of sexual assault crime reports and investigations by law enforcement.
- ✘ Number of sexual assault forensic medical examinations performed at each hospital.
- ✘ Number of calls to the rape crisis center.
- ✘ Number of sexual assault cases filed, plea bargained and number of trials.

**9. Estimate the Costs for Operating the SART Program and Assess Funding Sources**

- ✘ Costs of operating the sexual assault forensic medical exam team.
- ✘ Any increased costs for law enforcement investigation and prosecution of cases.
- ✘ Costs for operating the rape crisis center.
- ✘ Any increased costs for the crime laboratory.

**10. Obtain Baseline and Projected Staff and Organizational Unit Commitments by Partner Agencies**

- ✘ Request partner agencies to assess whether current staff can meet projected workload needs. An increase in the potential number of sexual assault survivors reporting crime should be considered.
- ✘ Plan for interpreting services based upon languages spoken in the community.

**11. Generate a Memorandum of Understanding (MOU) Signed by Partner Agencies**

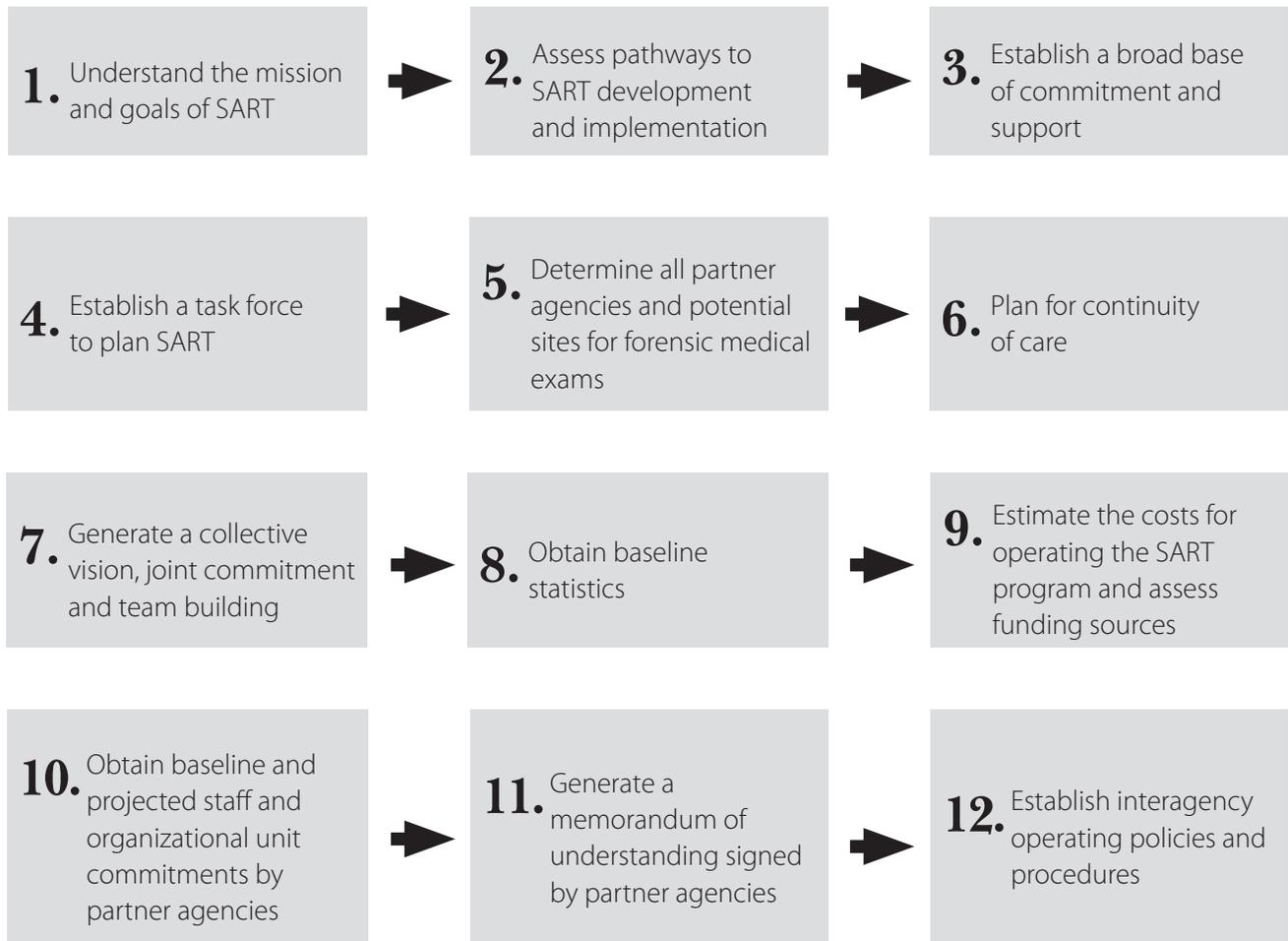
This document describes how each agency will conceptually function under the collective agreement and provides a commitment to the roles and responsibilities which will be further detailed in the Operating Policies and Procedures.

**12. Establish Interagency Operating Policies and Procedures.**

Contains standards of practice for each component of the SART.

## First Steps to Developing a SART Team

from California SART Manual



## Second Steps to Developing a SART Team

from California SART Manual

### Decide upon the Sexual Assault Forensic Medical Examiner Team Model

- ✘ Define the population to be served — adults, adolescents and/or children.
  - ✘ Determine team composition — registered nurses, nurse practitioners, physician assistants, physicians or any combination thereof.
1. ✘ Determine whether to use an on-call team or shift employees.
    - ✘ Recruit a supervising physician.
    - ✘ Determine whether a one-site team or multiple sites are needed due to large population or geographic size of the county.
    - ✘ Budget the team operating costs.

2. Decide whether a SART coordinator is needed or use existing personnel



3. Decide upon the concept of location for the SART program headquarters



4. Determine whether to promote a joint and/or coordinated interview approach

5. Determine SART activation or “call-out” procedures



6. Plan training and establish educational expectations for each agency



7. Determine the needs for SART data collection and ensure database management by discipline

8. Develop a plan for quality assurance case review



9. Clarify confidentiality issues



10. Develop standardized SART forms

11. Develop a public relations plan



12. Establish regular meetings between SART partner agencies

## Attachment 2 —

Excerpt of “Protocol Development Cycle” from *Looking Back, Moving Forward: A Program For Communities Responding To Sexual Assault* by the National Center for Victims of Crime.

### Protocol Development Cycle

The development process for the community Sexual Assault Interagency Council protocol consists of eight steps:

1. Inventory of existing resources;
2. Victim satisfaction survey (to collect data on the existing sexual assault response system);
3. Community needs assessment (to compile all relevant data);
4. Multi-disciplinary/multi-agency protocol writing;
5. Formalized agency agreement to the protocol;
6. Implementation training;
7. System monitoring; and
8. Evaluation.

Protocol development is a cyclical process with the results of each completed cycle considered during each succeeding cycle. Each step in the protocol development cycle is described in the following sections.

### Inventory of Existing Services for Sexual Assault Victims

The purpose of taking inventory of existing services is to identify all services in the community that are available to assist victims of sexual assault. This inventory will include services that are available to assist victims of sexual assault. This inventory will include services available from law enforcement agencies, prosecutors’ offices, medical facilities and victim service organizations. The inventory will also include other criminal justice system services, social services, mental health programs and organizations and agencies that refer sexual assault victims to other services or provide direct services themselves.

The inventory should identify issues affecting availability, accessibility, quantity, quality and legitimacy.

- ✘ **Availability** — What qualifiers must be met in order for sexual assault victims to receive service? Do criminal charges have to be filed? Do victims have to agree to testify at a trial? Is there a cost for the service?
- ✘ **Accessibility** — Are the services available in the times of greatest need or just during regular office hours? Are they located where sexual assault victims can gain access to them? Do they have staff or volunteers that reflect the demographic make-up of the community, represent non-English speaking minorities, and can assist victims from different cultures?

- ✘ **Quantity** — Very simply, is there enough of a particular kind of a service to meet the demand?
- ✘ **Quality** — How good are the services that the community has for sexual assault victims? (Agencies need to make an internal assessment of their services, but also need to use the Victim Satisfaction Survey (VSS) to cross-check their internal assessments.)
- ✘ **Legitimacy** — Are the services that are purported to be available to sexual assault victims really being provided? Do law enforcement and prosecution agencies refer victims to non profit service providers? If the service is available and victims are not referred, is it because the official agencies do not recognize its legitimacy?

Information collected from each agency must be comprehensive enough to thoroughly document all services provided directly or indirectly to sexual assault victims from each department or division in the agency. Interagency agreements and contracts with other service providers pertinent to sexual assault cases should be included. Each agency should also include statistics on the number of sexual assault victims served for each specific service.

### **Victim Satisfaction Survey**

The confidential VSS is conducted in order to determine sexual assault victims' assessments of how well the system responded to their needs. In some jurisdictions, it will be possible to survey every known victim of sexual assault. Larger jurisdictions may need to select a random sample of sexual assault victims for the first survey. Subsequent surveys may include every sexual assault victim by sending out a survey form at a set time – six to nine months – after the assault occurred. If limited resources do not allow for a comprehensive VSS program, random sampling of sexual assault victims should continue.

The VSS should assess the feeling of sexual assault victims regarding how their cases were handled and how they were treated by each agency. One agency should be assigned the responsibility for conducting the survey on behalf of the interagency council. Logical agencies to conduct the survey are the law enforcement agencies and victim service providers. The rationale for these recommendations is that both law enforcement agencies and victim service providers serve more victims because charges are often not filed.

Prior to sending out a VSS, the victim should be contacted by the surveyor and asked to participate in the survey. This prior contact is an important form of empowerment for the victim and provides reassurance that the survey is legitimate and that the confidentiality of the victim's case has not been compromised. The VSS does not require that victims identify themselves. It is administered by members of the interagency council who have already been in contact with the victims, thereby keeping knowledge of the victims identities limited to those already involved with the case. The VSS needs to be sensitive to victims' issues and emphasize their options; not system goals.

## Community Needs Assessment

The community needs assessment is intended to address two issues:

1. Based on the interagency council's information, what services does the community require in order to better meet the needs of sexual assault victims?
2. What should the interagency council do to meet these needs?

In addition to the Inventory of Existing Services and the VSS, in this phase of the planning process, information should be sought from the community at-large. A public hearing — or even a series of public hearings — provides an opportunity for each segment of the community to participate in the development of the protocol. The exposure of sexual assault as a community issue and attempts to identify and meet the needs of sexual assault victims, can begin to demystify the issue for the community. It may also help change victim perceptions, thus enhancing both reporting and victim cooperation within the criminal justice system.

Public hearings require extensive planning. Notices should be sent to representatives of:

- ✘ Victim service agencies and mental health professionals.
- ✘ Crime victim advocacy groups and networks.
- ✘ Public agencies that assist sexual assault victims.
- ✘ Medical facilities and associations.
- ✘ Ethnic, religious and cultural communities.
- ✘ High school, college and university student bodies, faculty and administrators.
- ✘ Elected officials.
- ✘ Advocacy organizations.
- ✘ Other groups or individuals with an interest in sexual assault-related issues.

Members of the interagency council should also provide testimony concerning their perceptions of sexual assault and victim needs. Individuals who testify should be asked to provide a written copy of their testimony and may need to limit their testimony to five or ten minutes. After public hearings, the interagency council should publish a report based upon testimony from the hearings.

The interagency council should request media coverage of hearings. Those who testify at the hearings should all be notified that media may be present, and that no guarantees can be made regarding confidentiality of statements made at the hearing. Media representatives should be briefed before the hearing and asked to seek permission from victims prior to identifying them or photographing them, but victims cannot be assured that this request will be honored.

At this point, the interagency council is ready to consider the system as it currently functions and begin responding to the identified needs on several different levels:

- ✘ **The first level is *administrative*.**
  - ✘ Administrative responses are those which are discretionary for the director of each agency. Administrative responses may include changing procedures for case processing within the agency.
- ✘ **The next level of response is *budgetary***
  - ✘ Budgetary responses include reallocation of resources to address an identified problem or seeking additional financial resources to increase service levels.
- ✘ **The next level of response is *systemic***
  - ✘ System responses reflect interagency functioning and “interfacing.” A system response might entail redefining agency roles to more efficiently interact with sexual assault victims, e.g., the prosecutor may decide to contract with the rape crisis center to provide victim assistance services rather than providing such services in-house.
- ✘ **The next level of response is *legislative***
  - ✘ The interagency council may find that needs exist outside the scope of any agency’s statutory authority or that problems exist in the context of the criminal code defining sexual assault. Once a specific legislative response is proposed, the interagency council should inform legislators of the need for remedial action.

It is important to note that at each level of response, the interagency council must consider a number of options or strategies for implementation. The task of the interagency council is to select the most reasonable course of action for the jurisdiction. These selection and implementation processes are not totally objective and may lead to spirited discussions among representatives of the constituent agencies on the Interagency Council.

An advantage of the multi-agency/multi-disciplinary community Sexual Assault interagency council is that each agency may formulate administrative and budgetary responses in a systems context. This enables each agency to assess the impact of internal operational changes on the functioning of other participating entities. For example, would the creation of a special sexual assault unit in the police department have an impact on the operation of the prosecutor’s office? How would the creation of such a unit affect the services of other agencies? How would it impact victims?

Better coordination of services for sexual assault victims may result in monetary savings to some agencies. A thorough examination of the community needs, however, may result in the identification of unmet needs and, thus, the demand for additional funding. Another advantage to the interagency council is the opportunity to present joint funding requests. Many governmental funding processes, either by design or default, pit agencies against each other in competition for funding. A similar multi-agency/multi-disciplinary coordinated effort in New Mexico resulted in a 25 percent net increase in state-level

funding for children's programs in the participating agencies (Corrections, Courts, Social Services and Mental Health), at a time when the state was experiencing a decrease in overall revenue.

### **Writing Multi-agency/Multi-disciplinary Protocol**

Once the interagency council has identified primary and secondary responsibilities of individual agencies and discussed communication linkages requirements, the procedures for fulfilling these responsibilities must be written. The written protocol should identify the:

- ✘ Goals to be accomplished.
- ✘ Tasks necessary to achieve the goals.
- ✘ Procedures for carrying out specific tasks.
- ✘ Primary parties responsible for these tasks.
- ✘ Secondary roles other agencies, if any, will have.

All agencies represented on the interagency council must incorporate responsibilities that arise from the newly developed protocol into their individual operating procedures. Future changes in agency procedures will be coordinated with the other members. The result is that every agency gains knowledge of the others' responsibilities and the ways in which the agencies work together in responding to sexual assault victims.

### **Interagency Agreements**

When the interagency council was organized, the participating agencies entered into written agreements. After agency roles have been re-established and protocol written, the interagency agreement should be reviewed and amended, if necessary. Membership on the interagency council may need to be expanded to include other agencies that provide relevant services. All members of the interagency council should be parties to the same written agreement which reflects a commitment to the protocol they develop.

### **Implementation Training**

All personnel from each agency represented on the interagency council who have responsibilities to assist sexual assault victims need to be trained to implement the protocol. Development of training programs for interagency councils must be a collaborative effort. Training programs should include:

- ✘ **Agency Orientation** — Informing staff from all participating agencies about each agency's responsibilities to and services for sexual assault victims.
- ✘ **Victim Characteristics** — Enabling interagency council personnel to work with sexual assault victims appropriately; understanding the effects of the physical and emotional trauma associated with sexual assault; considering diverse populations of victims who may react differently or have special needs.

- ✘ **Privacy Protection** — All personnel working with sexual assault victims should receive training about the importance of protecting the privacy and confidentiality of sexual assault victim information. In addition, all individuals working with sexual assault victims should be able to inform them about their statutory privacy rights.
- ✘ **Legal Requirements** — Familiarizing interagency council personnel with criminal statutes and ordinances related to sexual assault; reviewing court decisions influencing criminal procedures; and examining laws providing victims' rights.
- ✘ **Investigative Strategies and Procedures** — Teaching interagency council personnel to apply the statutory requirements during the investigation of a case including: forensic and other evidence collection; different strategies for developing a case when the identity of the suspect is known to the victim versus when the identity is unknown and communicating with the sexual assault victim about the progress of the case.
- ✘ **Court Procedures** — Identifying common tactics used by defense counsel to intimidate sexual assault victims and how to combat those tactics; providing increased involvement of sexual assault victims in case decisions and providing emotional support for sexual assault victims during trials.
- ✘ **Post-disposition Sexual Assault Victim Support** — Developing an awareness on the part of the interagency council members of needs that victims still have after a case has been adjudicated, and providing training in how those needs can be met, e.g., informing victims of steps to take if contacted by their assailants and how to enroll in corrections-based victim notification programs, when applicable.

These are just a few of the areas in which personnel from all participating agencies and organizations on the interagency council should receive training. Training in every area should include a balance between system requirements and victim-centered activities.

### **System Monitoring**

Once the protocols are developed and the personnel using them are trained, the system performance should be monitored. System monitoring will accomplish the following functions:

- ✘ **Assess the degree to which the protocols are used.**  
Development of protocol and ensuring that they are used are different issues. Many system changes have failed because once the protocols were developed, assumptions were made about their use. Each member of the interagency council should establish a process for continually evaluating the use of the multi-agency/multi-disciplinary protocol.
- ✘ **Assess the impact on the sexual assault victim.**  
Given that a goal of this process is to provide victims with greater opportunities to be participants in the processing of their sexual assault cases, system monitoring needs to examine victim involvement and determine if victims avail themselves of the opportunities extended.

✘ **Assess the impact on the agencies providing services to sexual assault victims.**

The impact of the implementation of the protocol on each agency's operations needs to be examined. Questions that should be addressed include costs, case-flow, conviction rates, etc.

System monitoring provides information upon which to base adjustments to the protocol. The interagency council needs to view the development of protocol as an on-going, dynamic process. As new developments become available, e.g. statutory changes, scientific advances for evidence collection, information system technology, etc., the interagency council will be in a position to consider and incorporate appropriate advances into the protocol.

**Evaluation**

The interagency council should measure the impact of its protocol against the goals it established when the protocols were developed. Questions that should be asked include:

- ✘ Are sexual assault victims more satisfied with their treatment by the criminal justice system than they were before the interagency council protocols were developed?
- ✘ Does the coordination of involvement by criminal justice system agencies and victim services programs result in better system performance from both victims' and agencies' perspectives?

**Feedback**

Development of protocol is a cyclical process, with the results of each completed cycle used during the next cycle as the basis for making adjustments to the protocol. Interagency councils must have the results of monitoring (to determine that protocol are being used) and evaluation (to measure the impact of protocol on victim satisfaction and system performance) in order to judge future needs.

A sample SART Operational Agreement or Memorandum of Understanding from the CALCASA SART manual, sample interagency agreement from *Looking Back, Moving Forward: A Program for Communities Responding to Sexual Assault* by the National Center for Victims of Crime, and other samples from programs in Ohio are available upon request to the ODH Rape Prevention Program.

# Attachment 3 —

