

**SART Protocols
SART Listserv
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Background: At 4:00 a.m. one morning an advocate responded to a call to assist a 21-year-old woman at the hospital. The SART activation and response at the hospital did not go well (victim-blaming). How do other communities ensure consistent, victim-centered responses?

Michigan (Campus)

- The best protocol requires training.
- I train hospital staff on attitudes about sexual violence, victim trauma, behavior of rapists, and how staff can create an environment that supports victims/survivors.
- When training, be sure to address each point of contact. Frequently the intake/insurance person at the hospital often sets the scene for either support or blame.

Michigan (Coalition)

- We have a coordinated community response and train responders for the best response to victims of sexual assault.
- Our online materials may be helpful to you at <http://www.mncasa.org/svji.html>
- Moving a community response to the desired victim-centered place can be a time consuming but rewarding process.

New York

- We have recently organized a Sexual Assault Response Team for the purpose of systems review and a collaborative community response to sexual violence.
- The team members include emergency department directors, law enforcement representatives, District Attorney representation, university police, victim advocates, and local educators. We try to keep a core group active 24 hours for decision making, response, and follow-up. Therefore, any one discipline has a contact person at all times.
- We educate professionals and provide outreach to victims. It is a continuous cycle due to staff turnover and shift differentials. Having protocols on paper is important, but the personal contacts are an incredible asset and one that needs consistent nurturing.

Indiana

- In Indiana, the State Police handle the design and distribution of the sexual assault forensic medical exam kits across the state.

- There is a written protocol listing step by step instructions included in each kit.

Florida (Law Enforcement)

- As a Law Enforcement Officer working for an accredited agency in Florida, we have policy and procedures that we follow for everything; including sexual assault.
- Our Deputies/Officers are trained to respond and start the investigation until an advocate and investigator arrive.
- When a patient presents at a hospital, law enforcement is called and then an advocate.
- Victims have the ultimate say regarding whether an exam is performed. Law enforcement encourages victims to have exams in order to provide the best possible evidence for the investigation.

Texas

- Once protocols are developed, it is critical to cross-train the other agencies on each agency's protocol.
- Responses rarely go the exact same way every time. In our protocol almost every "next" step is based on the decision made from the previous step, it's like a giant flow-chart and we still don't have every single possible outcome in writing, but we have the basics:
 - The hospital ALWAYS calls an advocate.
 - The (adult) victim decides if they want law enforcement contacted.
 - Victims either agree to or decline the exams.

New Hampshire (Manchester)

- The NH coalition developed a protocol used by crisis services, SANE, and law enforcement. However, each agency has more detailed internal protocols they follow.
- Generally, the response is a three pronged approach. When a client self-presents at a hospital or other medical facility, the crisis service advocate is activated and discusses options with victims including filing police reports or other civil protective remedies.
- The two issues we have observed are:
 - 1) Sometimes the hospital or medical provider does not call the crisis service until after the exam has been done. Advocates have arrived as victims are leaving.
 - 2) There is a *perception* by law enforcement that advocates may obstruct the investigation process. Training for both advocates and law enforcement have helped clarify each other's roles and responsibilities, which has led to improved services.

Resources

Alaska Statewide Protocol

www.dps.state.ak.us/ast/images/SARTProtocols.pdf

The purpose of the protocol is designed to provide standardized structure for the development, training, and implementation of sexual assault response teams throughout the state of Alaska. The protocol includes sections on team structure, training recommendations, and checklists for SART activation, confidentiality, and payment for services.

California Sexual Assault Response Team (SART) Manual \$60

<https://fulfillmentserv.com/CalCASA/default.cfm?area=Publications>

A comprehensive guidebook for rape crisis advocates, prosecutors, law enforcement officers, victim witness assistance staff, medical forensic examiners and crime lab professionals to develop a collaborative team approach to sexual assault.

Colorado Coalition Against Sexual Assault SART Manual Version 1

<http://www.ccasa.org/publications/index.cfm/Manuals>

The manual covers the importance of SARTs for victims and the community; building sexual assault response teams; decision making; advocacy, law enforcement, medical, and prosecutorial responses, evaluations, case reviews, and community outreach.

Halton (Canada) Community Response Protocol - 2002

<http://www.ninasplace.ca/pdf/Protocol.pdf>

The online protocol consists of community agencies that agreed to sign memoranda of agreements in the response to sexual violence so that victims would receive a consistent, knowledgeable and compassionate response from any agency in Halton, Canada.

Kentucky: Developing a Sexual Assault Response Team.

<http://www.kasap.org/site/pdfs/SANE-COMMUNITYRESOURCE.pdf>

This resource guide is designed for rape crisis centers, health care providers, and other community agencies in Kentucky that are interested in starting SART programs but can easily be adapted to jurisdictions nationally.

Michigan- The Response to Sexual Assault: Removing Barriers to Services and Justice

<http://www.mcadsv.org/products/sa/TASKFORCE.pdf>

The overall goal of the Task Force is to enhance the ability of the community, victim advocacy organizations, medical system and criminal justice systems, and other key systems to design and support effective local and state sexual assault system responses for adult and adolescent victims of sexual assault.

NJ Attorney General's Standards for Providing Services to Victims of Sexual Assault -2004

<http://www.state.nj.us/lps/dcj/agguide/standards/standardssartsane.pdf>

The Attorney General Standards for Providing Services to Victims of Sexual Assault was developed with the intention of implementing a systematic focus on the needs and concerns of sexual assault victims in an effort to ensure the compassionate and sensitive delivery of services in a non-judgmental manner. Chapters include: Rape Care Advocacy, Law Enforcement, Standardized Medical Treatment, Sexual Assault Forensic Examination Kits, Examination Facilities, Specialized Services for Child and Adolescent Victims, Special Needs and Vulnerable Victim Populations, Discharge and Safety Plan, Evaluation of SART Services, Prosecution SART Training, and County SART Advisory Boards.

North Dakota Sexual Assault Evidence Collection Protocol 2005

www.ndcaws.org/assault/2004%20CASAND%20Protocol%20-%20final.pdf

The North Dakota Sexual Assault Evidence Collection Protocol contains sections on the roles of community agencies, law enforcement, medical, overview of the forensic medical exam, information on sexual assault evidence kits, evidence collection from suspected perpetrators, and post-evidence collection procedures.

Oregon SART Handbook 2002

<http://www.oregonsatf.org/documents/PDFVersionofSARTHandbook.pdf>

The Sexual Assault Response Team (SART) Protocol Handbook has been developed by the Attorney General's Sexual Assault Task Force (Task Force) at the request of individuals and groups working across the state to improve their response to adult and adolescent sexual assault. The handbook is designed to assist SARTs in varying degrees of development. For SARTs in the first phase of development, the material provides a one-year process of sessions to incorporate in monthly meetings. For more established SARTs, the text provides topical chapters that can be used as a roadmap to update or address current policies.

Oregon SART Handbook Version II – 2006

<http://www.oregonsatf.org/documents/ORSARTHandbookVersionII.pdf>

At the request of individuals and groups across the state, the Task Force produced its second Handbook in support of Sexual Assault Response Teams (SART) in Oregon and beyond. The first Handbook, published in November 2002 (see above), was intended to facilitate the development of a county SART through twelve topic guided meetings. Version II of the Handbook provides recommended practices for responders, arguments in favor of a victim centered and offender focused response, and sample protocols, policies and resources in Oregon.

Pennsylvania Coalition Against Rape: SART Guidelines- 2002

http://pcar.org/med_adv/guidelines_final.pdf

The Guidelines are intended for use by all the communities of the Commonwealth of

Pennsylvania in order to promote a comprehensive set of recommended practices in the response to sexual violence. The material can help communities set goals; evaluate current policies and practices, and assist communities in identifying policy directions.

Penn State University, Protocol to assist victims of relationship, domestic and sexual violence, 2001.

<http://www.sa.psu.edu/uhs/pdf/protocol.pdf>

This document describes procedures and services for victims of domestic, relationship, and sexual violence. . The manual includes chapters on Victims Initial Contact, Medical Care for Sexual Assault Victims, Evidence Collection exam, Non-Evidence Collection” exam, Costs, Medical Care for Relationship and Domestic Violence Victims, Counseling Services, Administrative Services, Sexual Assault Reporting and Policy, and University Disciplinary Procedures.

San Diego SART Manual - 2001

<http://www.sandiego.gov/police/pdf/standards.pdf>

A comprehensive manual that outlines standards of practice, including roles and responsibilities, for members of an interdisciplinary SART team.

Texas Model Protocol for Responding to Sexual Assault – 2005

<http://www.taasa.org/publications/pdfs/TAASAModelProtocol.pdf>

Victim –centered sexual assault response guidelines developed for Texas’ communities. A principle component of the guidelines is that communities should work together to create a better system of responding to sexual assault.

West Virginia Protocol for Responding to Victims of Sexual Assault

<http://www.fris.org/Sections/07-Publications/PDFs/Books/WVProtocol.pdf>

A multidisciplinary, victim-centered approach for victim advocates, law enforcement, hospitals and medical personnel prosecution. The primary purpose of the protocol is to assist hospitals to minimize the physical and psychological trauma to the victim of a sexual assault and to maximize the probability of collecting and preserving the physical evidence for potential use in the legal system.

Winona County, MN Sexual Assault Response Team Protocols online:

<http://www.winonacountysaic.com/Protocol.htm>

- County Attorney protocol- <http://www.winonacountysaic.com/attorney.htm>
- Law enforcement protocol - <http://www.winonacountysaic.com/Law.htm>
- Hospital protocol - <http://www.winonacountysaic.com/CMH.htm>
- Clinic protocol- <http://www.winonacountysaic.com/SEMCAAC.htm>
- Advocacy protocol - <http://www.winonacountysaic.com/WRC.htm>