

NATIONAL SEXUAL ASSAULT RESPONSE TEAM SURVEY REPORT

AUTHOR - JENNIFER ZAJAC

2009

This report summarizes the information gathered by the National Sexual Violence Resource Center (NSVRC) via a web-based survey regarding how local, state, territory and tribal communities have developed Sexual Assault Response Teams (SARTs). The survey is a follow-up to the national needs assessment conducted in 2005 by NSVRC. The information from the current survey will help NSVRC obtain an updated picture of SARTs nationwide.

The NSVRC contacted over 150 agencies (e.g., state/territory/tribal sexual assault coalitions; Services, Trainees, Officers, Prosecutors (STOP) grantees) to complete and distribute the survey to their members and other relevant parties. In addition, NSVRC posted information about the survey on approximately one dozen listservs for individuals working in the anti-sexual violence field. (See Appendix B for a list of the agencies and listservs.) The survey was available for completion from December 22, 2008 to February 20, 2009.

The first step in writing this report was to develop a data set from the raw information provided in the surveys. The data set was downloaded from the website used to collect the survey responses and imported into SPSS (a statistical software package) to clean and code the data. Through this process, incomplete, duplicate, and contradictory responses were identified and eliminated. Of the 340 surveys submitted by respondents, 257 were valid cases that were analyzed further. Eighty-three cases were eliminated because they met one or more of the following criteria:

- *The majority of the survey was incomplete.* These cases represent the majority of the eliminated cases (65 cases) and for the most part, respondents completed only the background information section of the survey.
- *The agency/organization did not have a SART team.* Although there was no question that asked respondents if they have a SART team, there were four respondents who indicated (usually in the "other" section of the item that asked the name of the SART team) that they have no SART team.
- *Duplicate forms for the same SART.* Fourteen agencies submitted multiple forms. In each case, the form that included the most complete information and/or the form that was completed last was included in the data set and the other form was deleted.

Although almost a quarter of the cases were eliminated from the data set (83 cases, 24%), the data set that was used in analyses represents the agencies with active SART teams (which is the population for whom the survey was most appropriate).

I. DESCRIPTION OF THE RESPONDING AGENCIES AND SART TEAM ADMINISTRATION

Agency types

The largest percentage of responses were from individuals at dual centers serving both sexual violence and domestic violence victims (n=64, 25%), followed by sexual assault forensic examiner programs (n=52, 20%). The next highest percentage of responses were from rape crisis/recovery agencies (n=50, 20%) and health care organizations (n=31, 12%). These types of agencies are similar to the agencies that completed the survey in 2005. Table 1 provides a complete listing of all of the various types of agencies that responded to the survey.

Table 1. Type of agency responding to the survey

Agency type	Number of respondents (%)
Dual center (domestic violence and sexual Violence)	64 (25%)
Sexual Assault Forensic Examiner Program	52 (20%)
Rape crisis/recovery agency	50 (20%)
Health care organization	31 (12%)
Other	17 (7%)
Prosecuting agency	9 (4%)
Law enforcement	8 (3%)
Domestic violence organization	7 (3%)
Dual coalition (domestic violence and sexual assault)	6 (2%)
Sexual assault coalition	4 (2%)
Higher education	2 (1%)
Public health agency	2 (1%)
Victim witness agency	2 (1%)
Social service organization	1 (<1%)
Tribal government	1 (<1%)

Position title of the person completing the survey

Most often, the survey was completed by the Sexual Assault Forensic Program Coordinator (n=40, 16%), Director (n=35, 14%), Sexual Assault Forensic Examiner (n=29, 11%), SART Coordinator (n=25, 10%), or Advocate (n=23, 9%). Below, Table 2 provides a complete listing of respondents by their position title.

Table 2. Respondent position title

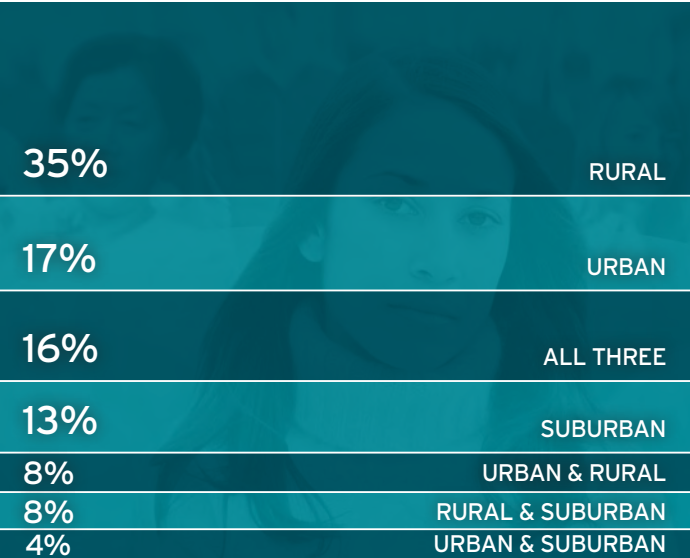
Position Title	Number of respondents(%)
Sexual Assault Forensic Program coordinator	40 (16%)
Director	35 (14%)
Sexual Assault Forensic examiner	29 (11%)
SART coordinator	25 (10%)
Advocate	23 (9%)
Other	21 (8%)
Program coordinator	18 (7%)
Administrator	17 (7%)
Supervisor/Administrator	10 (4%)
Health care professional	8 (3%)
Sexual Assault Response coordinator	6 (2%)
Law enforcement officer	4 (2%)
Counselor	3 (1%)
Educator	3 (1%)
Grant administrator	3 (1%)
Prosecutor	3 (1%)
Volunteer coordinator	3 (1%)
Victim witness specialist	2 (1%)
Attorney	1 (<1%)
Trainer	1 (<1%)

Areas served by the agencies

There was variety in the areas served by the agencies. As shown in **Figure 1**, the largest percentage of respondents indicated that they serve only rural areas (n=87, 35%) while the smallest percentage of respondents indicated that they serve a combination of urban and suburban areas (n=10, 4%). These findings are interesting, especially if they are representative, given that it is often the case that rural areas are underserved in terms of social services. These percentages are similar to responses provided in the 2005 survey.

In addition to describing the areas they serve in terms of rural, urban and/or suburban, respondents also indicated whether or not they serve unique populations including campuses, military bases, or tribal communities. Of the 257 respondents, 8 (3%) of the respondents serve tribal communities, 22 (9%) serve a military base or installation, and 71 (28%) provide services to a campus. While the percentage of respondents indicating they serve campuses is similar to the figure reported in the 2005 survey, the percentage of respondents indicating they provide services to a military base is smaller among the current group of respondents (9% in 2009 vs. 15% in 2005).

Figure 1. Areas served by agencies: Rural, urban, suburban



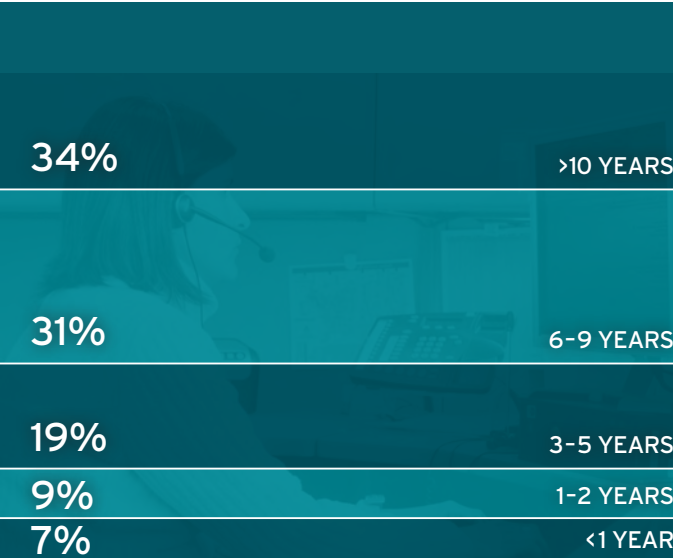
Administrative details regarding the SARTs

Most of the SART teams are not incorporated/do not have 501c3 status (n=152, 75%). However, 55 respondents indicated that they do not know the incorporation status of their SART.

As shown in **Figure 2**, the largest percentage of the SART teams had been in place for 10 or more years (n=81, 34%). In comparison, in 2005, the largest percentage of respondents indicated their SART team had been in existence for 3-5 years. The comparatively “older age” of the current SART teams may be because many of the same agencies responded to this survey and to the survey in 2005. If this is true, it would indicate that many SART teams have sustained themselves over the past four years since the last survey.

In terms of administrative oversight of the SART teams, the largest percentage of respondents indicated that their SART team has a paid leader (n=111, 49%) who is either full-time (n=68, 30%) or part-time (n=43, 19%). This is a positive change from the 2005 survey when the largest percentage of respondents indicated that their SART had no administrator/coordinator (n=103, 40%). During the current survey period, 48 respondents (21%) said their SART team has

Figure 2. Length of time SART Team Approach has been utilized



no administrator/coordinator. SART teams also described their leadership as a full-time volunteer (21, 9%) or part-time volunteer (46, 20%). Those agencies that have an administrator/coordinator for their SART team describe this position as permanent (n=161, 88%) rather than rotating (n=23, 13%). When the position is rotated, it is most frequently rotated annually (n=10, 46%). **Figure 3** illustrates the percentages of each type of administrator/coordinator position in the agencies. Where the administrator/coordinator positions exist, they are most likely to be housed in community-based victim advocacy agencies (n=40, 40%) followed by health care facilities (n=26, 26%), other locations (n=19, 19%), or prosecuting offices other than the Attorney General's offices (n=7, 7%). These locations are similar to findings from the 2005 survey. In addition, current respondents said their leader offices were located in law enforcement departments (n=6, 6%) or government-based victim advocacy agencies (n=2, 2%)

In terms of funding for SART teams, the largest percentage of respondents (n=100, 39%) indicated that they receive no funding for their SART. This is a larger percentage than in 2005 when 35%

Figure 3.
SART Team Administrator/Coordinator positions

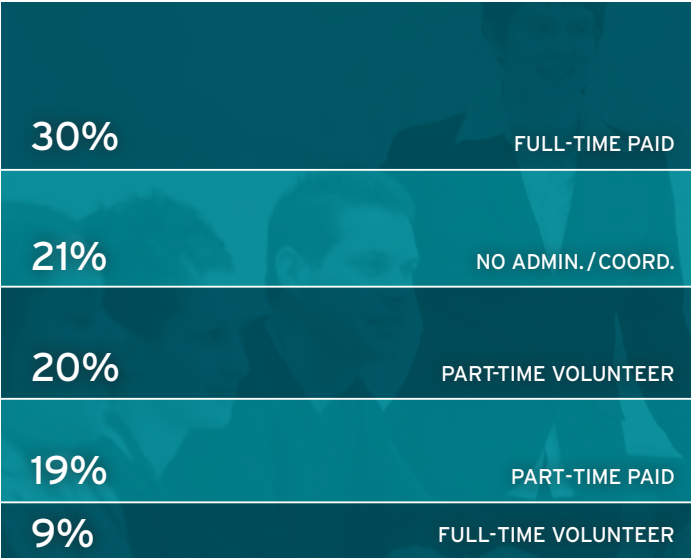
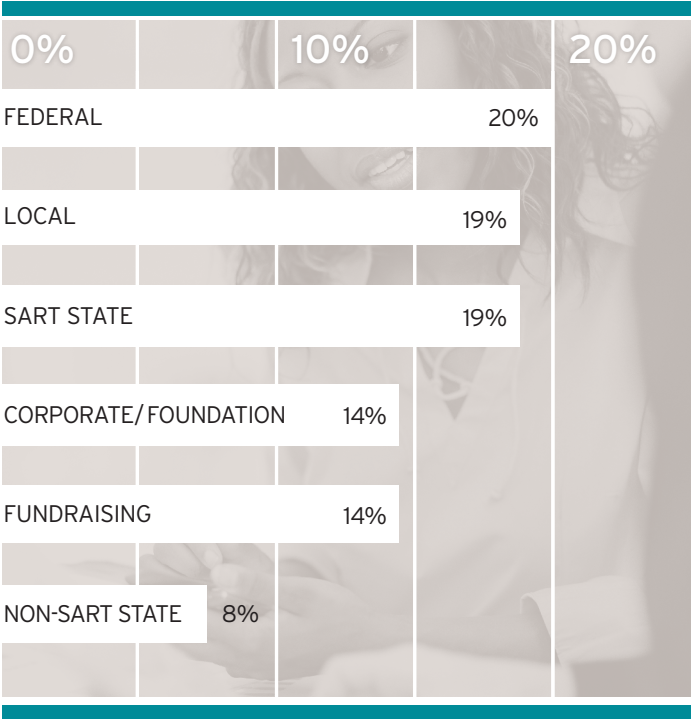


Figure 4. Funding for SART Teams



of respondents reported their SART receives no funding (n=91). Twenty-seven (11%) of respondents said they do not know about funding.

For those SART teams that receive funding, the largest percentage of respondents report receiving federal funds (51, 20%) and/or local funds (50, 19%). This marks a change from 2005 when state funding (both SART specific and non-SART specific) accounted for more funding for teams than local funds. These findings are illustrated in **Figure 4**.

Regarding federal funding, the largest number of respondents report receiving federal funds from VOCA (Victims of Crime Act) (53, 21%)¹ or the STOP Grant Program (35, 14%). Fewer reported receiving federal funds through the State Coalition Grant Program (7, 3%), Rural Grant Program (5, 2%), Encourage Arrest and Enforcement of Protection Orders (3, 1%), Campus Grant Program (2, <1%), LAV Grant Program (2, <1%), or Tribal Government Program (1, <1%).

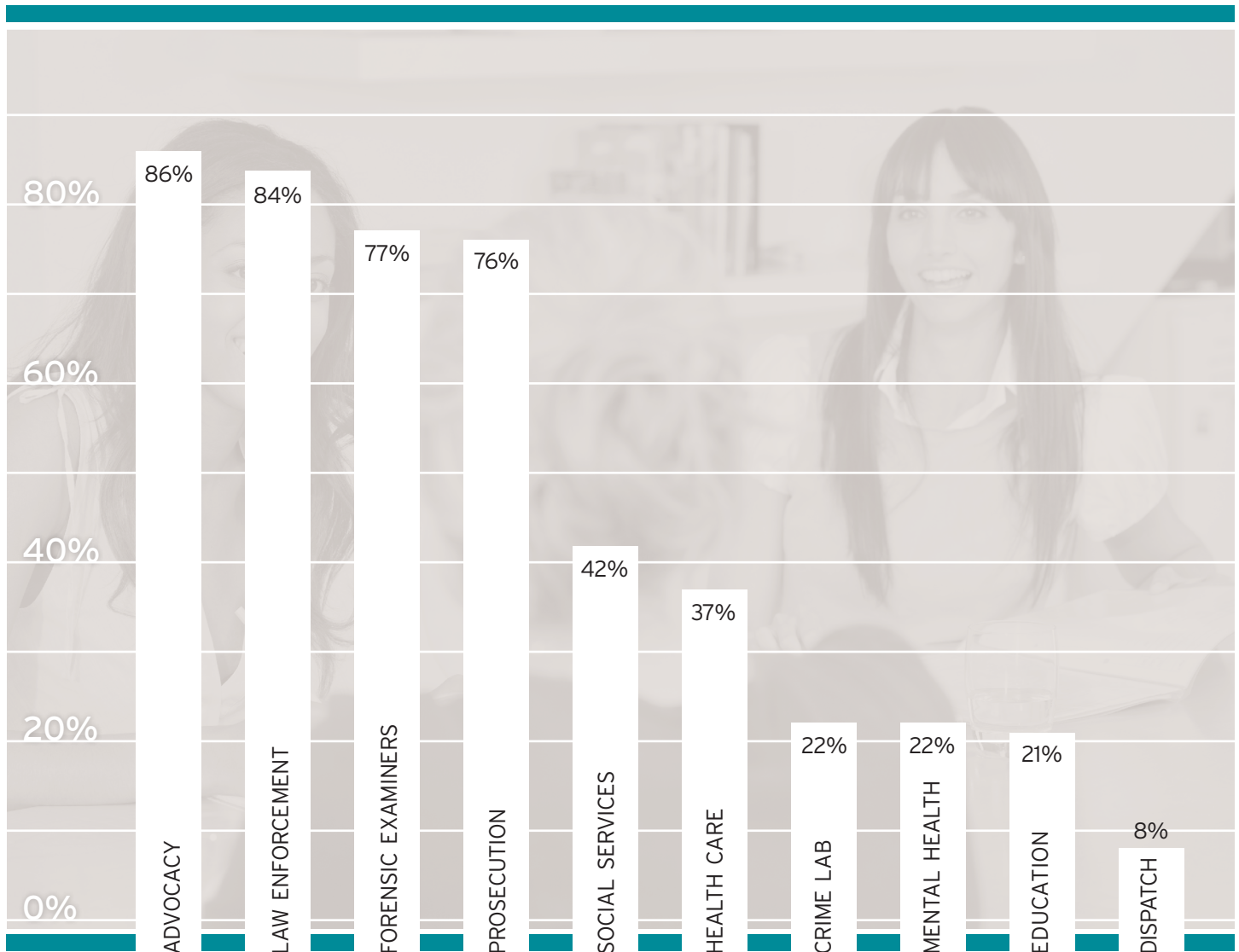
¹ Note that some (n=3) answered this item even though they said they didn't get federal funding, hence the mismatch of numbers.

II. SART TEAMS

Collaboration

As shown in Figure 5, advocacy, law enforcement agencies, forensic examiners, and prosecution agencies were the main agencies on SART teams. These findings are the same as those in 2005. Over 65% of the SART teams (171, 67%) had all four of these agencies represented on their SART team.

Figure 5. Main Agencies on the SART Teams



In addition to the main agencies on their SART team, respondents also described agencies with whom they currently collaborate. Respondents named all of the agencies listed in **Fig. 5**, but also described other agencies

with whom they collaborate, including governmental advocates (n=133, 52%), attorneys (n=106, 41%), public health agencies (n=83, 32%), and faith-based organizations (n=48, 19%).

In comparison to 2005, many SART teams have a formalized interagency agreement with some or all of their SART team members. The interagency agreements are more frequently written (133, 52%) rather than verbal (90, 35%).

Table 3. Interagency agreements

	AGREEMENT	
	Written	Verbal
SOME SART team members	40 (16%)	41 (16%)
ALL SART team members	93 (36%)	49 (19%)

Conducting SART Team business

The business of the SART teams may include holding meetings, reviewing cases, attending training, and developing materials to support and guide their work as a SART team.

The frequency with which SART teams hold meetings varies among teams. The largest percentage of respondents stated that their SART team meets quarterly (n=68, 29%), monthly (n=64, 27%), or bimonthly (n=43, 18%). Approximately 10% (n=26) stated that they hold meetings as issues arise. The percentage of SART teams reporting they have never held a meeting or no longer hold meetings currently (n=19, 8%) is similar to the responses in 2005 (9%).

One of the tasks taken on during SART team meetings is reviewing cases. While 25% of the respondents (n=58) said that they review cases on a regular basis, 34% (n=81) indicated that they review cases as issues arise. Most respondents who review cases during SART team meetings reported doing so monthly (n=35, 42%), quarterly (n=28, 33%), or every other month (n=16, 19%). However, 25% (n=64) of the respondents stated that their SART team does not review cases.

Another activity that SART teams may utilize is training opportunities and most of the respondents indicated that they hold trainings specifically for SART team members (n=139, 64%) although 50 (or 23%) said they do not hold training specifically for their SART team members. Those who indicated the frequency of such trainings usually hold trainings as issues arise (n=51, 37%), annually (n=33, 24%), or twice a year (n=26, 19%).

SART Team services

This section focuses on two services in which SART teams engage:

- *Community awareness/education*
- *Forensic exams.*

Community awareness/education

SART teams often engage in activities to raise community awareness of sexual violence and provide educational services to the public. Respondents were asked to indicate the community awareness and education efforts they engage in as a team. Compared to reports regarding these activities in 2005, a smaller percentage of the current respondents report their SART teams engage in such activities. In 2005, the percentage engaging in such activities ranged from 6% to 60%, while the current figures range from 2% to 34%. In addition, 70 of the current respondents (27%) indicated they do not engage in any community awareness or education efforts. Such differences may reflect difficult economic times across the nation.

SART teams directed most of their awareness and education efforts to training other responders (n=88, 34%) and providing printed materials about responding to (n=82, 32%) and preventing sexual violence (n=70, 27%). SART teams also engaged in rape prevention education efforts in the community (n=58, 23%) and in schools

(n=40, 16%) including peer education programs in schools and colleges (n=39, 15%).

Other printed materials produced and distributed by SART teams include survivor handbooks (n=36, 14%) and multilingual educational materials (n=29, 11%). In addition, SART teams engaged in very “public” awareness and education efforts including public service announcements (n=24, 9%), magazine/newspaper ads (n=20, 8%), and billboard messages (n=5, 2%). In addition, SART teams engaged in very “public” awareness and education efforts including public service announcements (n=24, 9%), magazine/newspaper ads (n=20, 8%), and billboard messages (n=5, 2%), see **Table 4**.

Table 4. Community awareness/education

Type of community awareness/education	# (%)
Train other responders	88 (34%)
Printed materials on responding to sexual violence	82 (32%)
Printed materials on preventing sexual violence	70 (27%)
Community-based rape prevention education	58 (23%)
School-based rape prevention education	40 (16%)
Peer education programs in schools and colleges	39 (15%)
Publish survivor handbooks	36 (14%)
Multilingual educational materials	29 (11%)
Public service announcements	24 (9%)
Magazine/newspaper ads	20 (8%)
Billboard messages	5 (2%)

Forensic exams

Forensic exams are most likely to occur in hospital settings including either multiple regional hospitals (n=79, 31%) or one designated hospital (n=70, 27%). Approximately 37% (n=94) of the forensic exams are performed in a hospital emergency room versus some other location in the hospital (n=33, 13%). In addition, 6 respondents (2%) reported that forensic exams occur at a child advocacy center and 3 respondents (1%) added that forensic exams for children are performed at a children’s hospital. The forensic exam locations identified this year are similar to those reported in 2005.

Table 5. Forensic exam locations

Location of forensic examinations	# (%)
Hospital emergency room	94 (37%)
Multiple regional hospitals	79 (31%)
One designated hospital	70 (27%)
Hospital location other than emergency room	33 (13%)
Community-based advocacy center	26 (10%)
Community-based health facility	14 (6%)
Campus health facility	8 (3%)
Military facility	2 (1%)
Mobile sites	2 (1%)

III. SART TEAM QUALITY ASSURANCE MEASURES

Tracking systems

SART teams track certain issues to measure the impact of their efforts. SART tracking systems are most likely to include case management and data collection (n=88, 34%), tracking forensic exam kits (n=61, 24%), and incident reports (n=52, 20%). In addition, SART teams track court-related information such as the court docket management system (n=16, 6%), sexual assault convictions (n=36, 14%), sentencing (n=25, 10%), and sexual assault protection orders (n=10, 4%). Though to a lesser extent, some SART teams also track probation conditions and violations (n=4, 2%), warrants (n=4, 2%), and recidivism rates (n=2, 1%).

SART Team evaluation

In comparison to the 2005 responses, three times as many current respondents indicated the effectiveness of their SART team had been evaluated. In 2005, 18 respondents (7%) stated

that their SART team had been evaluated compared to this survey period, where 54 (23%) respondents stated their SART team had been evaluated. Most of the evaluations were conducted by the SART team (n=36, 14%), rather than a funder (n=6, 2%), research team (n=6, 2%), or by a consulting evaluation organization (n=2, 1%).

As shown in **Table 6**, of those SARTs that had been evaluated, most reported increases (rather than decreases or no change) in each of the issues evaluated. For example, the majority of respondents indicated increases in victims' satisfaction with services, the reliability of evidence collection, and satisfaction with sexual assault trainings. However, many respondents reported being unsure of the results of the evaluation regarding many of the items. This indicates that even when an evaluation has been conducted, respondents may not be in a position to speak to the results of the evaluation with much certainty.

Table 6. SART Team evaluation results

	INCREASED	DECREASED	NO CHANGE	UNSURE
Victims' satisfaction with services	29 (69%)	2 (5%)	1 (2%)	10 (24%)
Victims' perceptions of safety	15 (37%)	2 (5%)	9 (22%)	13 (32%)
Law enforcement reports	19 (46%)	2 (5%)	6 (15%)	12 (29%)
Number of cases prosecuted	18 (46%)	1 (3%)	3 (8%)	17 (44%)
Reliability of evidence collection	24 (63%)	--	2 (5%)	12 (32%)
Services to underserved populations	12 (36%)	1 (3%)	4 (12%)	16 (48%)
Sexual assault training	27 (66%)	1 (2%)	4 (10%)	9 (22%)
Mental health services	9 (32%)	1 (4%)	6 (21%)	12 (43%)
Services for individuals with disabilities	8 (27%)	--	7 (23%)	15 (50%)

IV. SART TEAMS AND SUSTAINABILITY

This section of the report describes how SART teams differ depending on the number of years the SART teams have been in place. Looking at the characteristics associated with the SART teams that have been in place the longest, may help NSVRC identify (and subsequently support) factors that contribute to the sustainability of SART teams.

A closer look at the characteristics of the SART teams by “age” revealed the following:

- SART teams over 3 years old are more likely to be administered through a Sexual Assault Forensic Examiner programs while SART teams under 3 years old tend to be administered through Dual Centers.
- Older SART teams (over 3 years old) are more likely to serve rural areas while higher percentages of younger SART teams (under 3 years old) serve urban and suburban areas.
- The youngest SART teams (those in existence for less than one year) are least likely to be incorporated. However, SART teams that had been in existence for 1-2 years are most likely to be incorporated.
- SART teams are more likely to be funded the longer they have been in existence.
- SART teams that have been in existence less than one year were the most likely to have no leader/facilitator. However, they were almost nearly as likely as the oldest SART team (those in existence over 10 years) to have a full-time paid leader/facilitator position.
- SART teams tend to have the same agencies on their team regardless of the amount of time they have been in existence (e.g., advocacy, law enforcement, forensic examiners, prosecution). However, the oldest SART teams (10 years and older) are more likely than younger SART teams to partner with crime labs.
- Older SART teams (over 3 years old) are more likely to have written interagency agreements with team members while SART teams under 3 years old are more likely to have verbal agreements.
- SART teams over 5 years old are more likely to review cases as a team and hold trainings for team members.
- SART teams are more likely to have engaged in evaluation (internal or external), the longer they have been in existence.

APPENDIX A

Listserves used to solicit survey participation

- NSVRC SART Team Listserv (900 multidisciplinary subscribers)
- NSVRC SANE Coordinator listserv
- RAINnet listserv
- College listserv (SAPC)
- CAVnet listserv
- US Territory listserv

Specific agencies contacted to complete the survey and share the survey with their members:

- State, Territory and Tribal Sexual Assault Coalitions
- International Association of Forensic Nurses
- International Association of Chiefs of Police
- Aequitas

ABOUT THE AUTHOR – JENNIFER ZAJAC

Jennifer Zajac is the Director of Program Evaluation and Technical Assistance in the Division of Applied Research and Evaluation at the University of Pittsburgh Office of Child Development. Jennifer's primary interest is in supporting organizations to develop/adopt realistic and effective programs and practices and to help them demonstrate the worth of their work. Before coming to the University of Pittsburgh, Jennifer worked for the Center for Organizational Research and Evaluation (CORE) at Penn State University in Erie, PA where she also earned her Bachelor's Degree in Psychology. While at CORE Jennifer worked with teen pregnancy prevention efforts and also evaluated a prison-based fathering program. Jennifer also has a Master's in Community Psychology and Social Change from Penn State University in Harrisburg, PA.

NATIONAL SEXUAL VIOLENCE RESOURCE CENTER

The National Sexual Violence Resource Center (NSVRC), founded by the Pennsylvania Coalition Against Rape in July 2000, is the nation's principle source of information regarding all aspects of sexual violence. We are committed to assisting the field through Collaboration * Prevention * Resources.

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123 North Enola Drive, Enola, PA 17025
Toll free: 877-739-3895 • www.nsvrc.org • resources@nsvrc.org

On Facebook: facebook.com/nsvrc • On Twitter: twitter.com/nsvrc