The Colorado Sexual Assault Response Project

DEVELOPING BEST PRACTICES IN RURAL COMMUNITIES FOR MEDICAL-FORENSIC EXAM PROGRAMS & COORDINATED COMMUNITY RESPONSES

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Today’s goals...
• Provide an overview of the Colorado SARP
• Discuss how we are developing/incorporating medical-forensic programs within SARTs in rural communities
  ▫ Training
  ▫ Case discussions
  ▫ Paid coordinators
  ▫ Sustainability
• Identify ways that you can create a similar model in your community/state

What is the Colorado SARP?

Project Goals and Objectives
• Develop capacity for the provision of medical-forensic exams in rural areas
• Conduct community assessment and national research
• Develop statewide plan based on assessment data
• Fund plan

What is a MFEP?

...WHERE TO START
• A medical forensic exam program (MFEP) utilizes medical professionals specially trained in the care of sexual assault victims to provide medical forensic exams for sexual assault victims
  ▫ What parameters exist for such a program?
  ▫ What does this mean for sexual assault victims?
  ▫ How does the MFEP interact with SART?

What is a SART?

...WHERE TO START
• A Sexual Assault Response Team (SART) is a multidisciplinary interagency collaboration that unites its members in a coordinated victim-centered and offender-focused approach to providing specialized sexual assault intervention services to the community.
  ▫ How will this balance the needs of the CJIS with the survivor?
  ▫ How will this support the goals of the medical forensic exam program (MFEP)?
  ▫ How will this serve as a place for case conversations?

Project History:
A Community Assessment
• Medical forensic exam focus
  ▫ Multi-disciplinary issues were secondary
• 16 communities across all regions of the state; several relevant statewide agencies
  ▫ Assessment Questions – consistent data
    ▫ In-person interviews — typically advocates and some law enforcement
      ▫ Initially stayed away from medical facilities – mistake?
      ▫ In person vs. online or phone?
  ▫ Compiled data
Community Assessment: What We Learned

- Common threads
  - Lack of access
  - Lack of development capacity
  - Lack of cooperation/coordination
  - Sustainability issues

- Obvious, and perhaps not so obvious, conclusions
  - Flexibility
  - Sustainability
  - Incorporation of MFEs within MDT’s
  - Sustainability and usability
  - Perspectives: what people say is happening may not always match what is happening – critical to find out first hand
  - Do you have to be a medical professional to coordinate such a program?

Community Assessment: Specific Examples of Barriers

- Prosecutor resistance to non-SANE programs; SANEs are the only legitimate “experts”
- Medical community resistance to providing exams – court issues
- Many communities said they had few exams and had a hard time “getting the system down”
- Difficulty establishing case review system including exam review
- Scheduling, training, supplies & equipment:
  - “The biggest obstacle is getting and keeping forensic examiners.”
- Lack of protocols

Community Assessment: Specific Examples of Strengths

- Some strong examples and feelings that MFE and SART can be complimentary:
  "I believe that you cannot have a successful SART without the medical component. The medical component, for us, is what binds the entire process together."
- Improving relationships with hospitals
- Good working relationships
  "Victim doesn’t have to travel so far to get an exam...easier communication...appropriate referrals and follow up."

Community Assessment: What We’d Do Differently

- Prior online or phone survey followed by targeted interviews
- Interview more than one person per community
- Include medical personnel in interviews from outset
- Put SART and MFEs at same priority level from the outset
- Allow more time for each phase to develop – Patience!

Project History: Funding

- What we asked for
  - Statewide Coordinator
  - Paid Local Coordinators for 8 project communities plus some travel (other expenses picked up by local entities)
  - Medical forensic exam training
  - SART training
  - Development of alternative training options
- What we should have included
  - Local Coordinator training
  - Networking opportunities and options
  - Project medical consultant
  - Medical equipment
  - Funding for medical professionals to attend trainings and/or gain clinical experience
  - Mock court training for medical professionals
- Ongoing Efforts...

Project History: What We Learned

- We learned that we did not get everything right the first time!
- Changes between grant submission and grant award
  - Adjusted what we could, found additional funds for other items
- We learned to pay the first lesson forward to our project communities
  - Community specific plans are key to sustainability – flexibility within broadly defined parameters
  - Not every idea will work – it’s okay to try again
Project History: What We Learned

- We learned that listening and having an open mind are essential
- We learned that language matters and clarification is important
  - SART, MDT, CCR
  - SANE, SAFE, MFEP
- Medical communities operate differently and have a different focus – we learned to adapt

Resource Development

- Oversight Committee
  - Composition
  - Sub-committees: Forensic Exam and SART
  - Conflict – the Elephant in our Room
  - Resolution?
- Project Communities
  - Criteria and application – how picky should you be?
  - 12 applications – 8 selected
  - Local Coordinator hiring
  - How picky can you be?
  - Lessons learned; paying for early mistakes later

Resource Development

- Key Issues in Project Communities - SART
  - Strengths
    - Existing community relationships
    - Buy-in from core SART members (required?)
    - Early positive outcomes
    - Funding
  - Barriers
    - Rifts in community relationships
    - Resistance from some core SART members
    - Politics and turf
    - Time commitments
    - Limits to funding
    - Education of law enforcement regarding the value of forensic exams despite cost
    - Education of prosecutors regarding forensic examiner competencies
- Key Issues in Project Communities - MFEP
  - Strengths
    - SART Medical component incorporated in SART
    - Hospital support
    - Persistence in the face of resistance
  - Barriers
    - Recruiting and retaining forensic examiners
    - Limited number of exams – difficulty gaining and retaining clinical expertise
    - Getting hospitals/medical communities involved
    - Lack of funding
    - Compensation and training for forensic examiners
    - Equipment
    - 24/7 coverage
    - Lack of victim-centered response in EDs

Training and Technical Assistance

- Coordinators Training (immediately after hiring)
  - Topics covered
    - Team goals, membership, development timeline, protocol development/revision, supporting MFEP, confidentiality, case conversations, conflict/trust building, sustainability, grant requirements (evaluation)
  - Key issues
    - More site-specific training and TA
    - Coordinator capacity-building
  - Networking
    - Groups
    - Technology for ongoing communication
- SART Training
  - Sustainability is always on the agenda!
  - Strong case discussion component
  - Confidentiality concerns for individual members-knowing roles
  - Establishing protocols (emphasis on MFEP components)
  - 4-hour mobile-customizable
  - Development & Sustainability
  - Key Issues
    - Case discussion scenarios addressing specific populations
- Medical forensic exam program
  - Medical consultant
  - Program location?
  - 8-hour training – customizable
  - 40 hour training
  - Clinical experience
  - Continuing education
  - Participation incentives
  - Listen to the professionals – what do they need/want?
Creating a Comprehensive Program

- Assessing and bridging community and system-based service gaps
  - Colorado has strong systems-based advocacy
  - Need amongst communities to understand benefits of co-advocacy with systems and community-based advocates
- Many cases do not get filed or go through the CJS
  - Need to encourage SART to be active in serving victims/survivors regardless of CJS outcomes
- Many medical professionals report feeling isolated
  - SART serves as way to communicate case outcomes
- Bringing medical into broad scope of response & prevention

Creating a Comprehensive Program

- Case discussion requirements and capacity building (SVJH @ MNCASA)
  - Types of case discussion
    - “What is your goal for talking about cases?”
  - Assessment tool to ID type for you
  - Knowing confidentiality and other issues for responders
  - Developing protocol for case discussion
  - Setting realistic goals, but not being afraid to try and make mistakes

Sustainability

- Sustainability is ALWAYS on the agenda
- Bring together existing resources and make them accessible to local populations
  - EVAW, CCASA
  - Flexible & community-specific
- Outreach to and expanding understanding of services to under-served populations

Sustainability - MFEP

- Don’t be punitive
- Don’t be rigid in your model
- Program location
- Connection with others similarly situated
- Refresher courses — continuing education
  - Don’t wait to address retention issues!
- Clinical practice
- Address the complex issues...now
  - Forensic compliance
  - Case clearance & unfounding, false reporting
Benefits: know why you are at the table
Know how you are victim-centered AND come back to that central goal
Develop/revise core components: goals, purpose statement...
Identify tools to re-invigorate your efforts
Know what makes a SART sustainable
Have formal agreements but know each other informally

The 3 C’s of Sustainability
- Connection
  - Peer-to-peer support
  - Resources
- Capacity
  - Training
  - Technology
  - Technical Assistance
- Community
  - Buy-in
  - Commitment
  - Process
  - Evaluation

Lessons Learned/Promising Practices
- Comprehensive assessment
- Be Flexible – Always!
  - Create flexible, community-specific materials
  - “It’s OK for your plan to look different one year from now.”
  - Need to be specific to rural/non-urban communities
- Connection within and outside of communities
  - Community Coordinators
  - Medical Forensic Examiners
  - SART members
  - State and national resources

Lessons Learned/Promising Practices
- Comprehensive response isn’t “serving everyone the same”
  - No single answer is correct for everyone
  - Training is essential!
- MFEPs need medical, SART, and community
- Paid Coordinators are essential; funding a plus!
- Be prepared to address issues connected to, but not central, to your efforts
- Stay involved – TA, training, general resource

CO SARP Next Steps
- Implementation
- Evaluation
- Further funding
  - Expansion of sites & scope
- Creating Leadership
- Planning for Succession
- Building expertise

YOUR Next Steps
- What you have learned...
- What your next steps are...
- How you can support each other...
Want to know more?

Contact us!
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Use the resource CD
Contact your state coalition

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[Contact information and resources]