SEXUAL ASSAULT RESPONSE TEAMS

SART TOOLKIT

INDIANA

ICESA

Indiana Coalition to
End Sexual Assault
Engage. Educate. Empower.

endsexualassault.org

ABOUT ICESA

The Indiana Coalition to End Sexual Assault was formed in October 2015 to answer a critical need in Indiana. It is ICESA's mission to empower Indiana communities to prevent sexual violence and to serve those impacted by it through comprehensive trainings, advocacy, increased public awareness, and coordinated sexual violence services. Through our efforts, we strive to be a nationally recognized and trusted leader in shifting culture, supporting survivors, and strengthening communities to prevent and end sexual assault.

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WHY A SART TOOLKIT?

ICESA has developed this SART toolkit to provide a clear, concise resource for new and existing SARTs to help you be most effective and impactful in your work. For SARTs getting off the ground, this toolkit will serve as a guide to build a successful team from the start. For already existing teams, this toolkit will provide you with new resources, and opportunities for continued growth. Both newly developed teams and long-standing teams are encouraged to use this toolkit to identify opportunities to connect with victims and the community. These opportunities provide meaningful improvements in community response to sexual violence and healing pathways for victims.

SART TOOLKIT
INDIANA

The SART Toolkit is a resource for Prosecutors, Advocates, Sexual Assault Nurse Examiners (SANEs), Law Enforcement, Victim Assistance, and agencies dedicated to responding to and ending sexual violence in their communities. SARTs at all developmental stages can find support, information, and resources as they develop and meet victim-centered, culturally relevant, trauma-informed, community-specific goals supporting victims and holding offenders accountable. The SART toolkit promotes building relationships, fosters open lines of communication, and encourages difficult conversations about challenges and inconsistencies in order to improve individual, agency, and systems response to victims.

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THE HISTORY OF THE SEXUAL ASSAULT RESPONSE TEAM (SART)

Sexual Assault Response Teams, or SARTs, date back to the early 1970's when the Kansas City Missouri Police Department formed a long-range planning committee to study reported forcible rapes and to address the alarming rates of sexual assault in its jurisdiction. With 67 members representing 5 counties (about 50 square miles) on both sides of the Missouri state line, this interagency collaboration included advocates, medical personnel, law enforcement, social workers, and researchers. It was one of the first and largest SARTs in the United States. This collaboration forged alliance with Saint Luke's Hospital and became the first private sexual assault treatment center in the Nation.

Through the decades, it became increasingly clear that in order to address sexual violence an interagency/ multidiscipline collaboration would be required. In 1985, Santa Cruz, California established the first SART Institute. During the 1990's, SART's throughout the country received national recognition for exemplary programming and the development of protocols and guidelines.

Although SART's are not unique to Indiana, a statutory mandate requiring a SART is. In 2007 Indiana's General Assembly passed a statute (IC-16-21-8) requiring all counties to have a SART or participate in a regional SART. Indiana is one of a handful of states that is statutorily mandated to have a SART. To see the full statute, please see the appendix.

SARTS TODAY

SARTs play a powerful role in improving the collective response to sexual violence through increasing access to healing and justice. SARTs hold the promise of improving victim experiences, increasing prosecution rates, and reducing the prevalence of sexual assault. Collective goals of the SART include: seeking to improve victims' help-seeking experience by addressing barriers, improving how systems' personnel treat survivors, ensuring comprehensive service delivery, and increasing offender accountability by increasing reporting and conviction rates (Greeson, Campbell, 2012).

Members of the SART typically include a core group of sexual assault victim advocates, sexual assault nurse examiners (SANES), law enforcement, and prosecutors. Teams may also include crime lab personnel, and/or other agencies or organizations that are identified as key in ending sexual violence in their community. Each member represents diverse experience and expertise specific to their community. SARTs that engage in systems change promote victim-centered responses to sexual violence through increased collaboration, education, and lasting improvements across disciplines.

ICESA affirms that, through the work of SARTs, meaningful change in the response to sexual violence is possible. SARTs diminish the short and long-term impacts of trauma by activating interdisciplinary expertise to assess and address victims' needs from the initial victimization to recovery. Throughout all phases of development, a SART focuses their efforts to prioritize victim/survivors' needs, hold offenders accountable, and promote public safety.

THE CORE FOUR

Effective SARTs follow four core principles. These principles include being **victim-centered, trauma-informed, offender-focused** and **systems-change agents**. Upcoming sections explore each of these principles in more detail.



VICTIM-CENTERED

A victim-centered response/approach is the systematic focus on the needs and concerns of a sexual assault victim. The approach ensures compassionate, sensitive interactions and/or service delivery is conducted in a nonjudgmental manner. Research increasingly demonstrates victims of sexual assault who experience a supportive and compassionate response, regardless of the criminal justice system outcome, have lower rates of post-traumatic stress. A victim-centered response recognizes that the one person to whom all responders are responsible is the victim. It is critical to the success of the response that victims believe that reporting and participating in the criminal justice system is a safe and viable option. Otherwise, victims will not come forward, report, and willingly participate in the criminal justice system response. Each victim who chooses to report provides the SART with an opportunity to increase victim and community safety. It is the role of a SART to create response protocols that mitigate the harm and trauma victims experience and that allow individual survivors to experience justice regardless of the legal outcome of the case.

A victim-centered response includes:

- Giving time and consideration to the victim's needs and wishes.
- Prioritizing the safety and well-being of the victim, including giving consideration to the impact that various systems' responses may have (e.g., media, no-file, plea negotiations, etc.).
- Acknowledging that effectively providing for victim safety requires victim input.
- Recognizing that the harm and trauma experienced by a victim does not relate to the level of violence used by the offender. Rather, it relates to the victim's belief that she/he is supported and believed.
- Prioritizing the privacy of the victim and her/his right to (reasonable) confidentiality.
- Providing competent, professional, thorough, compassionate, and knowledgeable responders during every step of the response. This includes promoting regular training opportunities for SART members.
- Demonstrating professionalism and respect between responders.
- Recognizing the importance of supporting the work and role of each responder.
- Acknowledging that victims of sexual assault are never responsible, in all or part, for their victimization, regardless of the circumstances leading up to or surrounding the assault (e.g., lifestyle, choices, behavior).
- Recognizing that the response of friends, family, and (system) responders, or the lack thereof, can either increase or mitigate the harm and trauma that victims suffer as a result of the assault.
- Recognizing that offenders are always responsible for the assault.

2 TRAUMA-INFORMED

Sexual violence is a heinous and acute form of trauma; therefore, it is essential that your SART is trauma- informed. Simply stated, trauma-informed is a set of guiding principles that influence interaction with individuals who have experienced trauma. It does not prescribe precise actions or interventions to take, but rather gives ideas and guidelines on how to best support these individuals. There are six basic elements to being trauma informed. **These six elements include: *safety, trust, choice, collaboration, empowerment, cultural relevance*** (To learn more see Appendix).

In practice, **trauma-informed** is:

- Recognizing that people often have many different types of trauma in their lives
- Understanding the neurobiology of trauma
- Understanding how trauma causes a lot of changes in the functioning of the brain and body
- Working to minimize any triggers or re-traumatization

In contrast, **non-trauma-informed** includes:

- A delayed report of sexual assault is not credible
- A victim is not credible because of gaps in memory, or "inconsistent statements"
- Victims who work as prostitutes are not credible, or the reports are really "failure to pay" cases
- A victim's failure to resist or take other acts to escape is evidence of consent, or false report
- The victim is too calm, too upset, or behaving in any way contrary to what is expected of "real victims"

3 OFFENDER-FOCUSED

In the same way that victim-centered refers to providing a thorough, professional, and compassionate response to victims, offender-focused refers to the investigative and prosecutorial efforts made to hold offenders accountable for their actions and behaviors. An offender-focused response recognizes that offenders purposefully and intentionally select victims with whom they can successfully commit a sexual assault (victims who are perceived by offenders as vulnerable, accessible, and lacking credibility). An offender-focused response shifts the focus from victim-blaming statements. Such statements typically utilize the argument that if the victim had 1) not made a choice, 2) engaged in a particular activity, or 3) acted in a particular way, they would not have been sexually assaulted. An offender focused approach recognizes:

- Adult sex offenders are often repeat or serial offenders.
- Adult sex offenders most often target individuals known to them, whether it is through a brief encounter or a close relationship.
- Adult sex offenders often commit other crimes including stalking, domestic violence, child abuse, and child sexual abuse.
- Adult sex offenders usually use instrumental violence or coercion, rather than a weapon or more apparent forms of violence.
- Adult sex offenders are practiced liars and often have a history of evading detection through deception and manipulation.

Successful sexual assault investigations and prosecutions will, therefore, incorporate this information and seek to identify additional victims, corroborate details that demonstrate the planning and premeditation involved, and illustrate victim selection.

The following chart explains the difference between a Victim-Centered response (recommended) and a Case-Centered (not recommended).

CASE-CENTERED (not recommended)	VICTIM-CENTERED (recommended)
Law Enforcement Interview The interview with the victim seeks to: ▸ Identify elements of a crime; ▸ Evaluate the victim as a potential witness; and ▸ Determine the victims credibility	**Law Enforcement Interview** The interview with the victim seeks to: ▸ Identify the nature of the harm done to the victim as well as the elements of the crime; ▸ Acknowledge violation; ▸ Listen for concerns about the current and future well-being of the victim; ▸ Evaluate the victim's wishes about the future of the case; ▸ Address the case requirements; and ▸ A by-product of the successful trauma-informed interview will be to give law enforcement the necessary information to evaluate the credibility of the victim as a witness.
Press Releases ▸ A media or press release is timed according to case preferences and the media's request for public data. Typically, the victim learns of case progress through media reports.	**Press Releases** ▸ Every effort is made to inform the victim of information to be released to the media before it is made public. Appropriate discretion is used regarding certain details and/or in line with culturally specific concerns.
Plea Bargains ▸ A plea agreement is reached between prosecution and defense counsel minutes before a previously scheduled court hearing on the case. The plea is taken at the hearing, the offender simply answers yes or no to questions asked by his or her attorney to establish the elements of the crime. The victim finds out in court-or afterwards- that the case has been pled.	**Plea Bargains** ▸ Possible plea agreements have been discussed with the victim and their advocate prior to the hearing. If the purpose of the hearing changes, the prosecutor works with the advocate to make sure the victim is both notified and present to hear the change in plea. The hearing time is changed, if necessary, to accommodate the presence of the victim. Whenever possible, the offender is asked to tell, in their own words, what happened with questions from the attorneys to help establish the elements of the crime for the record.
Jury Decision ▸ A jury is ready to deliver the verdict at the end of a long deliberation. All parties are contacted to return to the court for the verdict, including the victim who wants to be present. The court declines to wait for the arrival of the victim before reading the verdict. She or he finds out about it after everyone has left the courtroom.	**Jury Decision** ▸ A jury is ready to deliver their verdict at the end of deliberation. The advocate has left a cell phone number to call for immediate notification of the victim. The court awaits the arrival of the victim before allowing the reading of the verdict.

4 SYSTEMS CHANGE AGENT

A system can be described as anything organized for a common goal or purpose. Each part of the system has a unique and important role to play. A SART can be described as a system, made up of individual disciplines—each with a unique and important role. While the creation of a SART focuses on the individual people and agencies that come together and the protocols and policies guiding its work, a SART is at its core much more. A SART is the embodiment of a commitment to creating a new system. In putting aside old models and habits and collaborating together to advance a coordinated, multidisciplinary approach, SARTs build a stronger response to sexual assault with more effective outcomes for victims, communities, and the criminal justice system. Communities will experience changes in resources, laws, new and promising practices, and the realities of sexual violence at the local level. To that end, systems change is a recurring process.

Systems change is also a cyclical process. Communities will experience changes in resources, laws, new and promising practices, and the realities of sexual violence at the local level. The following is a continuous improvement process model involving three phases:

1. **Assess the Status Quo:** finding out what is currently happening, to aid in identifying needs and gaps
2. **Make Change:** designing and implementing changes to the system that will help meet identified needs
3. **Measure the Change:** evaluating changes to ensure achievement of desired results

A continuous improvement approach allows teams to build on previous work and further strengthen the systems response to sexual violence. From the beginning, it is important to keep all stages in mind in planning the SART work. Preparing for implementation and evaluation from the start will make the work easier and ensure changes are long-lasting and effective. Preparation helps SARTs remain focused and stable through inevitable changes and turnover that come with teaming. SARTs support all survivors, from all communities. As teams meet and function, it can be critical to observe and evaluate whether their protocol and practice truly serve survivors from all walks of life. Addressing all forms of oppression is not only important but necessary to make effective system change. As teams meet and evaluate the work in the community, lift up challenges and resiliency factors of oppressed groups and ensure that your team is addressing those in the best way possible.

THE CONNECTION BETWEEN SEXUAL VIOLENCE AND OPPRESSION

Victims of sexual violence are affected by many forms of oppression, including racism, sexism, classism, heterosexism, ageism, and ableism. These forms of oppression often compound the effects of sexual victimization, exacerbating the trauma and isolation victims and survivors experience. People of color, people living in poverty, lesbian, gay, bisexual and transgender people, elders, people with disabilities, and other diverse persons are affected by sexual violence in unique and devastating ways. Dominant cultural ideologies endorse and normalize harmful acts such as sexual violence. These ideologies include, but are not limited to, the promotion of violence as conflict resolution. For example, masculinity is cast as aggressive, dominant, and/or violent whereas femininity is perceived as weak, subordinate, and/or passive. Sexual violence is driven by many factors operating in a range of social, cultural, and economic contexts. Oppression including racism, sexism, ableism, classism, ageism, and heterosexism have significant effects on the perpetuation of this crime. When society accepts harmful norms and oppressive ideologies about race, gender, class, etc., people who are marginalized have less power. Violence, sexual harassment, rape, sexual exploitation, and other forms of sexual violence toward them is normalized, excused, and even socially accepted while the marginalized community is often blamed for the violence inflicted upon them. These groups are regularly viewed as less credible and untrustworthy, and therefore, more vulnerable, and accessible to those who have access to power. The outcome is intentional targeting of these groups by perpetrators which results in increased victimizations of marginalized and oppressed individuals. Myths about sexual violence are themselves tools of oppression that keep targeted groups in a position of submission and silence while keeping the oppressors in positions of power.



COLLABORATION IS CRITICAL

SARTs are most effective when there is a commitment to collaboration. Effective collaboration enables SARTs to expand their knowledge about how different disciplines respond to sexual assault. Collaboration helps teams problem solve, learn from each other by bringing different skill sets and backgrounds to the table, opens up channels for communication, and makes the team function more efficiently.

The term "collaboration" is often interchanged with cooperation and coordination. For the purpose of this SART toolkit, it is necessary to make the distinction between the terms

▸ **Cooperation,** ▸ **Coordination,** and ▸ **Collaboration.**

COOPERATION	COORDINATION	COLLABORATION
Informal relationships	More formal relationships	Durable pervasive relationships
No common mission	Compatible mission	Common mission
No shared structure or planning	Some shared structure or planning	Formal structure and comprehensive planning
Authority retained by individual organizations	Authority retained by individual organizations	Authority determined by collaborative structure

Establishing true collaboration requires team members and their agencies to build relationships of trust and respect. This process requires team members to be able to give and receive honest feedback, commit to changing practices that are harmful or ineffective, and to redefine what "success" looks like in their work.

There are several barriers to successful collaboration in SART work that are important to recognize, including:

- Competing goals and values (personal, organizational, discipline-specific)
- Poor, limited, or unclear communication practices between individuals and agencies
- Tension between individuals, agencies, or disciplines
- Meeting logistics

Whether newly formed or in existence for many years, collaboration is crucial. Finding creative solutions to common barriers is essential throughout the SART's formation and operation.



With the recognition that a SART in your community is needed and with the commitment to develop one established, it is time to dig in and begin the more concrete work that is part of forming a SART. The following section describes the basic elements inherent in SART development, implementation, and sustainability.

DEVELOP THE MISSION STATEMENT

One of the first tasks during SART formation is developing a mission statement. These few, yet well crafted, powerful words, will serve as the foundation for your team, define and guide the team's work, provide parameters of accountability, and communicate the direction and focus of the team.

To learn more about mission statements and to see an example, please refer to Appendix (page 46)

SART MEETINGS

SART meetings are an important function in which teams develop relationships, discuss emerging issues, monitor progress, revisit mission and goals, assess changes in the larger community, ensure sufficient resources, and prepare strategy for addressing any remaining challenges. ICESA recommends that SARTs meet, at a minimum, on a quarterly basis. A meeting schedule of every other month, however, is often most preferred. This allows for ample time between meetings to address any issues or tasks, while not allowing too much time to pass; thereby, risking the loss of team momentum. SARTs function best when there is predictability regarding frequency, and consistency with dates, times, and locations of meetings.

When deciding on how often to schedule meetings, keep in mind that newly formed teams should consider meeting with more regularity.

VIRTUAL MEETINGS

In a state like Indiana where the landscape is vast and varied, travel to and from a SART meeting can be a significant roadblock to running a successful SART. Thanks to advancements in technology, video conferencing may be an option for some members of your team in rural and/or remote areas of the state. Should video conferencing be considered for your SART it is important to do your research and evaluate the technology in order to confirm that the tool chosen aligns with needs, the team's capacity to operate, and confidentiality obligations. In addition, when video conferencing, teams may want to consider what topics are appropriate for virtual meetings. Teams may choose to delay case reviews and/or more difficult conversations until members can be together in-person.

THE MEETING AGENDA

A meeting without an agenda is like a pee-wee soccer game. You can see it right? A field of scattered chaos, too many players running amok, and tears. There are always tears. While said in jest, it emphasizes an agenda is a critical tool in guiding productive and meaningful meetings. Agendas serve several purposes:

- Increase effectiveness;
- Keep meetings organized and focused;
- Support forward momentum;
- Sets a level playing field where, where everyone has access to the same information;
- Allow team members to prepare for the meeting; and
- Act as a historical record

Some examples of agenda items that SARTs often discuss are:

- SART Protocol Development
- Agencies' roles with regards to responding to sexual assault
- Roles of service providers regarding responding to sexual assault
- Best Practices
- Critical Issues
- Community Education and Outreach
- Legislation
- Case Review
- Necessary Trainings
- Confidentiality

These topics may be revisited, and should be revisited since teams change, best practices change, and new pressing issues will develop. As a SART it is your responsibility to stay informed and current as this is essential to providing the best coordinated response to victims of sexual violence.

THE TEAM

As stated earlier in this toolkit, the SART typically includes a core group of sexual assault victim advocates, sexual assault nurse examiners (SANES), law enforcement, and prosecutors. Teams may also include crime lab personnel, and/or other agencies or organizations that are identified as key in ending sexual violence in their community (one of the most important aspects of the collaboration that arises from SARTs is the trust that each team member gains in the methods and goals of all participants in the coordinated response and the knowledge that each participant is acting in support of a victim-centered approach). With that, let's take a deeper dive into each of the core members' specific roles and responsibilities.

THE ROLE OF ADVOCATES

The role of a sexual assault victim advocate is critical both immediately following an assault and to survivors throughout their lifespan. Sexual assault victim advocates provide crisis intervention services, emotional support, information and referrals, case management, support groups, and court accompaniment to victims at any point in their life, distinct from when the assault occurred. The advocate will often be the first to interact with the victim; therefore, they are in a unique position to empower, inform, and to establish a supportive, safe environment. Following an assault, the victim advocate response to the hospital is a critical component of the medical response, offering crisis intervention, support, and advocacy before, during and after the exam. Sexual assault advocates are available to respond to the hospital 24 hours a day/7 days a week/365 days a year. It is both best practice and a right of the victim to have the advocate present and in the examination room during the medical forensic exam. While at the hospital, the sexual assault advocate supports the victim during the examination process, helps the victim understand the options available to them, and helps to provide and explain follow-up resources. In addition the victim advocate may provide assistance to the SANE/healthcare provider during the exam (i.e. get the victim a cup of water, an extra blanket, etc.) as the SANE is unable to leave the victim and the sexual assault kit was the exam has begun. Victim advocates should not participate in any evidence collection procedures, interfere with any medical treatment, or comment on the SANEs/healthcare providers work/treatment decisions while the victim is present. A victim needs to feel that all first responders are united in their response. Any discussions can occur once the victim is no longer being medically treated. It is important for advocates to be able to discern their role in providing emotional support.

Advocacy services should be initiated automatically, regardless of whether the victim requests one. This should and can be done without providing patient identifying information to comply with HIPAA (OVW National Protocol, 2013). For more information please refer to the Confidentiality and HIPAA section of the toolkit. The role and services of the advocate should be explained to the victim and the patient victim given the opportunity to accept or decline to meet, speak with, and receive services from the advocate prior to the advocate being introduced to the patient. While the great benefit of advocates is well established, this is an instance where power and control must be returned to victims, enabling them to make their own choices about when and whether to use an advocate. As stated in the 2019 *Guidelines for the Medical Forensic Examination for Adult and Adolescent Patient,* "...some communities may have a protocol in which patients are asked whether or not they want to speak with an advocate before the advocate is contacted. This may be problematic as patients may not wish to burden an advocate to come in, wake up, etc., and given this, making the offer once the advocate is already on-site may be a more patient-centered approach." The victim should simply be informed of the advocate's presence rather than putting the burden of requesting a victim advocate on the victim. Medical personnel can help ease the introduction of a victim advocate. For example, when the victim starts asking questions such as "what happens next?" or "how do I…?" That is the time for a first responder to say, "There is an advocate in the waiting room who can help you answer these questions. I will invite them in to speak with you." If there is some sort of face to face contact between the victim and the advocate, the chances of the victim calling the advocate for support later in the process will be greater than if the victim advocate is merely another phone number on a list.

During judicial proceedings the role of the advocate is to provide support, accompaniment, and answer questions about legal proceedings. This should not be confused with providing legal advice. It is considered best practice for a sexual assault advocate to be present at any proceedings the victim attends.

During the investigation, a victim, by statute, has the right to speak with a victim advocate or victim service provider during the course of the investigation. It is considered best practice for an advocate to be present during the law enforcement interview(s). The role of the advocate during the interview is to assist with keeping the victim informed, cooperative, and calm (e.g. by explaining the need for certain questions or aspects of the process). The advocate may support the victim by doing verbal check-ins during the interview. Examples include, "Are you doing okay,?" "Would you like to take a break,?" or providing verbal support and encouragement with statements such as: "You're doing great". Victim advocates may assist victims to utilize techniques for relaxation, such as releasing muscle tension, breathing deeply, or focusing on an object or image. The advocate's primary role is not on the investigation but the well-being and comfort of the victim.

More difficult to define, but of great importance, is the role advocates play in bearing witness to the experience of the victim by listening, believing, empowering, serving as a buffer, interrupting victim blaming, changing culture, and honoring the choices that a victim makes. The advocate's sole function is to advocate for the interest of the victim and, therefore, many victims may trust the advocate more than other responders. It is crucial that an advocate have an understanding of other responders' methods and goals in order to help the victim connect with the other disciplines that may become part of the victims' journey.

THE ROLE OF THE HEALTHCARE PROVIDER

Please note that the term "patient" rather than "victim" is used in the medical section to reflect the relationship between the medical personnel and the person to whom they are providing care.

The healthcare provider assesses the patient for acute medical needs and provides stabilization, treatment, and/or consultation. Ideally, sexual assault nurse examiners (SANEs) perform the medical forensic exam, obtain a medical forensic history, collect, and document forensic evidence, and document pertinent physical findings from the exam. SANE/SAFEs (Sexual Assault Forensic Examiners) offer information, treatment, and referrals and/or follow-up for sexually transmitted infections or diseases (STIs/STDs) including HIV and other acute and non-acute medical concerns, assess pregnancy risk and discuss emergency contraceptive options with the victim, and may follow up with patients for medical and forensic purposes.

On a SART, SANEs:

- Serve as liaisons with the medical community
- Provide current information from medical literature pertinent to sexual assault and best practice standards
- Collaborate with hospitals to maintain protocols for best practice for the care of sexual assault patients
- Assist with case reviews
- Help implement initiatives within the community to prevent sexual assault

Healthcare providers report to law enforcement and the Department of Child Services (DCS) or Adult Protective Services (APS) as mandated reporters. They also help facilitate the patient's contact with law enforcement if a patient wishes to report the assault and has not done so prior to presenting for examination. SANE's are responsible for testifying as fact or expert witnesses, if subpoenaed by the prosecution or defense.

SANE's ensure that the patients legal right to speak with a victim advocate or victim service provider during any hospital visit for the purpose of receiving a sexual assault examination is met. Ideally, exam facility personnel should call a victim services/advocacy program and ask that an advocate be sent to the exam site (unless an advocate has already been called). This should and can be done without providing patient identifying information to comply with HIPAA (OVW National Protocol, 2013). The role and services of the advocate should be explained to the patient and the patient given the opportunity to accept or decline to meet, speak with, and receive services from the onsite advocate prior to the advocate being introduced to the patient. One way to do this is by saying "Our hospital contacts a confidential sexual assault advocate from [name agency]. The advocate, [give name], is in the waiting room. This advocate's job is to help explain options and provide support. A lot of questions can come up, and their job is to help answer questions and provide assistance. [Name of advocate] is a confidential advocate, which means what you share will be held private. Meeting and working with the advocate is entirely up to you. It is your choice. Would you like to meet [name of advocate] and decide how you would like to proceed?" For more information on advocacy response please see the Role of the Advocate Section in this toolkit.

A patient's consent is necessary prior to receiving a medical forensic exam. Consent can be given or withdrawn for any portion of the exam at any time. If a patient chooses to stop the exam before its completion, a partial kit may be turned over to law enforcement with appropriate documentation (e.g. "patient declines further examination"). Follow your institution's protocols.

Adult patients have the right to a medical forensic exam and all of its associated care whether or not they choose to report to law enforcement. If the patient chooses not to make a police report, an anonymous, "Jane Doe," or "J. Doe" kit can be completed, and the patient's identity and information should not be revealed to law enforcement. When a patient chooses to complete an anonymous kit and does not want to involve law enforcement at the time, law enforcement should not be contacted until after the medical forensic exam is completed and should only be notified that there is an anonymous kit from an assault that occurred within the jurisdiction that must be picked up and stored within 48 hours. In the state of Indiana, law enforcement is charged with storing anonymous kits for at least one year (IC 16-21-8-10) or until the statute of limitations has run (IC 16-21-8-2(b)(7) *(Guidelines for the Medical Forensic Examination of Adult and Adolescent Sexual Assault Patients, 2019 - Indiana)*.

The healthcare provider recognizes that it is best for the patient (and for the criminal justice system) to avoid formulating opinions about whether the sexual assault occurred. Instead, medical personnel have an opportunity to conduct an exam documenting the patient's assault history as the patient reports and note when the physical and forensic components could be consistent with the patient's history. Medical personnel may be asked by law enforcement whether a victim is credible or, more directly, whether the assault occurred. Medical personnel can use this as an opportunity to share what is known about the medical forensic examination, that neither the absence of injury or forensic findings, nor the patient's demeanor during the exam is indicative of whether the patient was assaulted. It is critical to avoid making judgments regarding the legitimacy of a sexual assault complaint or the credibility of a patient.

SUSPECT EXAMS

SANEs may be asked to conduct a suspect exam as a part of the criminal investigation. Examination and evidence collection from the suspect is as important as the examination and evidence collection from the victim. Important trace evidence, biological evidence, or physical findings may be found which could link the suspect to the crime or provide corroborative information to the investigation.

A victim-centered and offender-focused medical response will make every effort to avoid using the same medical personnel for victim and suspect exams and avoid using entryways and exits where the victim and the suspect may come into contact. Similarly, avoid placing the victim in an exam room in close proximity to the suspect. Additionally, it is critical that medical personnel maintain neutrality and patient confidentiality when performing suspect exams (SART Handbook, Oregon, 2009).

SEXUAL ASSAULT AND POST EXPOSURE PROPHYLAXIS

Individuals who have been sexually assaulted may be concerned about sexually transmitted diseases, in particular HIV infection at the time of the assault. Although the overall risk of contracting HIV from a sexual assault is low, risk varies by circumstances of the assault and is often a significant fear for patients. Post Exposure Prophylaxis, sometimes called Nonoccupational Post-exposure Prophylaxis, referred to as PEP or nPEP, is an antiviral medication taken to reduce the risk of infection. The healthcare provider/SANE, based on assessment and CDC guidelines, determines if the victim should be prescribed PEP, a strict 28-day course of treatment without interruption. These medications can be cost prohibitive. Indiana passed legislation (IC 16-18-2-1.8) removing the financial barrier to access these medications. Patients should not be responsible for the cost of PEP.

As a SART, it is important that all team members are informed of the medical and treatment resources available to victims. With this information, teams can better understand their role in supporting victims. This role includes but is not limited to making immediate referrals to medical providers upon disclosure of sexual assault, particularly if there is any risk of HIV infection, empowering victims to speak with medical providers, working with victims on follow-up care/testing.

For a comprehensive look into the role and duties of a SANE and to learn more about PEP visit endsexualassault.org to view the 2019 *Guidelines for the Medical Forensic Examination of Adult and Adolescent Sexual Assault Patients.*

THE ROLE OF LAW ENFORCEMENT

The role of law enforcement is to provide emergency assistance, ensure public safety, and conduct criminal investigations. Law enforcement also play a critical role and has a tremendous impact on a victim's recovery and long-term well-being. This hinges on their response to an investigation of a sexual assault. Officers and investigators who use trauma-informed practices during interactions with victims will validate and assist in their recovery. In addition, The International Association of Chiefs of Police Sexual Assault Incident Report notes that treatment the victim receives by law enforcement may affect their decision to continue with a case.

The investigative response to sexual violence often varies by jurisdiction. With over 480 law enforcement agencies in Indiana, variation is inevitable. SARTs should consider cross training team members ensuring awareness of each jurisdiction-specific process. Further, SARTs that cover more than one jurisdiction should consider developing a standardized response across jurisdictions.

In response to sexual assault, law enforcement is responsible for the following:

- providing for the immediate medical, emotional, and physical safety needs of the victim
- providing a trauma-informed response, including a trauma-informed interview process
- ensuring victims are treated with dignity and respect
- providing appropriate referrals to victims
- processing the crime scene for physical evidence, which may include gathering personal property of the victim and the subject
- collecting evidence
- taking a report of the sexual assault or starting an investigation, depending on the wishes of the victim
- identifying suspects, as appropriate
- arresting suspects, as appropriate
- referring charges on the suspect, as appropriate
- arranging for forensic examination of the suspect when necessary
- ensuring the victims right to speak with a victim advocate or victim service provider during the course of the investigation is met
- documenting the case appropriately in a written report
- participating in court proceedings
- completing all other duties normally associated with investigative and law enforcement functions

When a victim's first contact following a sexual assault is with law enforcement, the law enforcement officer will likely need to initiate the response and intervention of, at a minimum, the SANE and the Sexual Assault Advocate. If the victim does not want a medical forensic exam, law enforcement should still offer to connect the victim with a sexual assault victim advocate. Once emergency/safety needs are met, a preliminary victim interview must be conducted in order to meet the following objectives:

- Establish that the elements of a sexual assault are met.
- Evaluate the need for a forensic medical examination.
- Identify the crime scene and any related evidence, witnesses, and the suspect(s).
- Establish the identity of the suspect, and contact information if known.

It is recommended that this initial interview be only as long as necessary to collect the information to keep the investigation going. An extended, hours long interview at this point is not effective.

If the victim has chosen to go to the hospital and/or law enforcement is called to the hospital, ICESA recommends law enforcement conduct an initial victim interview separate from the healthcare provider/SANEs interview. The victim may be more likely to disclose details of the assault, particularly aspects that the victim may find more embarrassing to the healthcare provider/SANE than they would be to law enforcement. Additionally, information noted by the healthcare provider/SANE about the history of the assault may be admissible in court if it is for the purpose of healthcare. It is important, however, when the medical exam has been completed, for the SANE to convey to law enforcement pertinent information that could inform the victim interview.

Following the victim's initial contact with law enforcement, and the initial interview, a more in-depth interview is conducted by a detective. Research on the neurobiology of trauma, specifically, the effects traumatic stress has on the hippocampus and amygdala on the recall of memory, has deemed it best practice to wait a minimum of two sleep cycles before conducting an in-depth interview. Some Police Departments throughout the U.S. maintain this practice, allowing for memory consolidation after two full sleep cycles, before interviewing police officers who have been involved in a shooting.

TRAUMA INFORMED INTERVIEW

The in-depth interview should be trauma informed. The goals of a trauma-informed interview are to reduce trauma to the victim while maximizing the information received from the interview. Trauma-informed interviews recognize traumatic memories are stored in the brain differently, and the victim's safety, choice, and control are prioritized. The interview is a way to allow the victim to express what their experience was rather than just what they remember or do not remember. Capturing the trauma and the sensory and peripheral details of the event is compelling evidence. A trauma informed interview generally contains the following investigator strategies:

- Demonstrating genuine empathy.
- Ensuring an emotionally and physically safe and comfortable environment. Is the interview space welcoming, inviting, and comfortable? Are there clear exits?
- Encouraging and allowing victims to ask questions.
- Allowing some time and space for the victim to process the experience.
- Providing the victim as much control over and during the interview as possible.
- Focusing on sensory memories.
- Avoiding asking "why" questions that can be perceived as blaming.
- Explaining why a difficult question is being asked.
- Asking the individual what they can remember.

Reliving the sexual assault during an interview can often be re-traumatizing. This re-traumatization is often characterized as a second victimization. Awareness and understating of this issue, and a trauma informed interview can lead to a more compassionate, informative interview with the victim feeling safe, listened to, and supported.

As a mulit-disciplinary team, SARTs not only focus on mutual goals, but also have benefits for specific team members. Mutual multi-agency SART goals include:

- public safety,
- offender accountability,
- community involvement and collaboration,
- serving vulnerable and underserved populations,
- increasing positive public relations, and
- improving multidisciplinary procedures, policies, and trust among responding agencies.

Specific benefits to law enforcement not only include the above-mentioned mutual goals, but also include:

- Assisting law enforcement in training their personnel on community organizations and available resources.
- Sharing responsibility for victim care.
- Promoting collaboration and subject matter expertise with other professionals outside law enforcement.
- Developing leadership skills of officers assigned to the SART.
- Sharing decision-making responsibilities, especially in complex cases.
- Identifying culturally relevant resources (translators, schemas, and norms) for specific demographic and traditionally underserved populations within the community.

It is clear all sexual assault responders need to be aware of the historical, social, and cultural framework in which sexual assault occurs. Responders must fully understand the prevailing myths and misconceptions about the crime which provide barriers to victims coming forward for help and hinder attempts to prosecute sexual offenders. Best practice in sexual assault response demands a shift in focus from doubts, concerns, and judgments to the offender and away from the victim. Technical skills and expertise in sexual assault response will prove to be ineffective unless utilized in conjunction with a conscious effort to avoid bias and judgment of the victim and to focus attention on the actions and motivations of the accused.

THE ROLE OF PROSECUTORS

The role of the prosecutor is to provide for the safety of the community and victim by holding offenders accountable through the prosecution of criminal cases. To accomplish this task, prosecutors must work in collaboration with law enforcement, victim advocates, medical personnel, crime lab personnel, and the victim. The prosecutor represents the jurisdiction in all criminal proceedings and provides expertise about the law and its application to the evidence. Prosecutors are responsible for:

- Advising and approving charging decisions
- Offering insight to law enforcement about the evidence necessary to advance the case
- Collaborating with experts regarding the significance of evidence, and
- Presenting evidence to the jury

In Indiana, the prosecutor plays a key role in the development of the SART. It is the prosecutor, who by statute, "appoints" a sexual assault response team or has their county join with a neighboring county(s) to form a regional SART. The prosecutor is the facilitator of the county SART, unless another facilitator is chosen. Within the context of the SART, the prosecutor's role is to:

- Prosecute sexual assault cases using a victim-centered, trauma-informed, and offender-focused approach
- Provide legal guidance to local law enforcement agencies concerning sufficiency of evidence, warrants, and similar matters relating to investigation of criminal cases.
- Ensure justice is possible for survivors of sexual violence. Myths and misinformation surrounding sexual violence, along with the tendency of the defense and jurors to focus on the victims' actions present unique challenges in the successful prosecution of this crime. To accomplish this goal, prosecutors must work in coordination and collaboration with the victim, law enforcement, advocate, medical professional, and crime lab.
- Educate the community, jury by jury, about the dynamics of sexual violence and the tactics offenders use. Informing the community that victims are not responsible for the crimes perpetrated upon them and holding offenders accountable reduces opportunities to reoffend and keeps the community safe.
- Support, protect, and honor victim's rights under Indiana's Crime Victims' Rights and the Sexual Assault Victims Bill of Rights statutes.

Prosecutors should be mindful that victims, like most of the public, might believe that the prosecutor is their attorney and represents their individual interests. Since prosecutors actually represent the state and community, this misperception may result in misunderstandings and disappointment on the part of the victim if not clarified with initial contact. While the prosecutor must consider the safety and well-being of the community in deciding how to resolve a sexual assault case, the needs and wishes of the victim should always remain at the forefront of a prosecutor's consideration.

VICTIM-CENTERED PROSECUTION

As described in greater detail at the beginning of this toolkit, a victim centered approach is the systematic focus on the needs and concerns of a sexual assault victim to ensure that compassionate and sensitive interactions and/or service delivery are conducted in a nonjudgmental manner. A victim-centered prosecution holds these same tenets. Victims play a central role in the criminal justice process. They are also individuals who come into a case with unique needs and life circumstances. A victim centered prosecution recognizes these two aspects and applies practices that respect the victim's unique experience. In addition, a victim- centered approach to prosecution:

- Recognizes that it takes time and patience to build a relationship with a victim based on trust and respect.
- Recognizes that multidisciplinary collaboration is essential. Research shows that responding to a sexual assault in a collaborative, coordinated manner motivates more victims to take advantage of services and engage in the process, which helps with holding offenders accountable and increases safety for victims and communities.
- Recognizes that connecting victims with services, where appropriate, helps to provide the victims with the necessary support they need to heal and stay engaged with the system.
- Recognizes the need for victims to emotionally feel and physically be safe. Discuss issues of safety early to ensure that a safety plan is developed with an advocate.
- Recognizes the need to prepare victims for upcoming court proceedings. Many victims are unfamiliar with the criminal justice process. Concerns about seeing offenders in close proximity, fear testifying about the details of their assaults, and worry about a traumatizing cross-examination process are not uncommon. At a minimum, preparation involves giving the victim a tour of the courtroom before the proceedings to show where the various participants will be located, as well as their function. Preparation may also include talking with the victim about the prosecution's theories and general strategy. Understanding why something is happening not only can relieve anxiety but can also be empowering.
- Recognizes the need to engage victims in sentencing and disposition. Victims should be prepared for sentencing or final disposition of the case. Discuss with the victim the opportunity to make a victim impact statement and present it in-person or via a written statement read and entered into the court record.

Additional ways to follow a victim centered prosecution approach is to:

- Seek no-contact orders as conditions of bail or release of offenders on their own recognizance.
- Pursue defendants who harass, threaten, or intimidate victims.
- Work with civil attorneys to assist victims with landlord, employer, educator, and creditor issues when needed.
- Incorporate victims' views in bail arguments, continuances, plea negotiations, dismissals, sentencing, and restitution.
- Arrange prompt return of victims' property when it is no longer needed as evidence.

VERTICAL PROSECUTION

Vertical prosecution requires that one prosecutor be assigned the case from the filing of the information through final disposition. Vertical prosecution fosters an ongoing working relationship between the prosecutor and the victim, helps establish rapport and trust, promotes case continuity, and may minimize attrition. This approach is both victim centered and considered best practice in sexual assault cases.

SEXUAL ASSAULT KIT TRACKING

The Indiana Sexual Assault Kit (INSAK), Tracking System was developed by the Indiana Criminal Justice Institute (ICJI), in collaboration with the Indiana Prosecuting Attorneys Council and the Indiana State Police. The system went into effect on April 1, 2020 and provides victims of sexual assault information on the location and status of the physical evidence gathered during their forensic medical exam. As directed by state law, all sexual assault examination kits collected in Indiana which correspond to an incident that happened in Indiana are required to be entered into INSAK and tracked throughout its lifespan. To learn more or to access the tracking system visit https://sak.cji.in.gov/Public/Home.aspx .

CONFIDENTIALITY AND HIPAA

Confidentiality is a foundational tenet of a trauma-informed, victim-centered response to sexual violence. Confidentiality is a principle codified in both federal and state law, is a provision under several federal grants, and is also an ethical obligation under professional licensure and certification requirements for some disciplines. Some SART members may view confidentiality as an obstacle to effective collaboration. With a proper framework in place, SART members will:

- be prepared to explain their limits to confidentiality to victims,
- know the laws, rules, and regulations governing the way case information is shared,
- have a plan for handling situations in which case information may be discussed, and
- pause to ensure that confidentiality and victim privacy are not violated when discussing case information.

SARTs committed to building a trauma-informed, victim-centered response must understand both the policy considerations behind confidentiality and the ways in which confidentiality benefits the work of the team and the empowerment of victims.

Confidentiality supports a victim-centered response by:

- Increasing victim autonomy (allowing the victim to choose when, how, and with whom information is shared).
- Increasing the victims psychological and physical safety as disclosure and reporting may result in threats of harm by the perpetrator or community at large.
- Decreasing potential person and societal consequences (i.e. discrimination at work or in housing, alienation from family or community, and negative impacts to a victim's educational career).

Confidentiality benefits a SART by:

- Protecting communications between a victim and privileged professionals from scrutiny by the perpetrator, the court, the defense, and the general public.
- Building trust between the victim, service providers, and systems may increase a victim's willingness to participate in the criminal justice process.
- Building in legal and ethical checks and balances to ensure the protection of a victim's right to control how and when their information is shared and discussed.

Privacy, confidentiality, and privilege are terms that can be obscure and misunderstood. The chart below provides clarity.

PRIVACY	CONFIDENTIALITY	PRIVILEGE
What is it? A right; a personal choice whether to disclose information.	**What is it?** The responsibility to protect someone else's privacy, typically rooted in law or ethics rules.	**What is it?** A legal rule of evidence prohibiting the disclosure of private information against someone's will.
Who holds it? The victim *"I decide who knows my information."*	**Who holds it?** The professional *"I have a legal or ethical duty to protect your information."*	**Who holds it?** The victim *"No one can make you share my information without my permission."*

Confidentiality is a concern for SARTs when case information is discussed. Case information is any information that is considered private or confidential under federal law, state law, certain funding sources, and/or professional licensure and certification requirements. Often concerns arise during discussion of active cases or case review. Examples of case information can include:

- details about an ongoing investigation, including information about both the subject of an investigation and the victim,
- identifying information about a victim,
- privileged communications between a victim and certain professionals (such as medical service providers or advocates),
- identities of mandated reporters,
- medical records and other private personal information, and
- information that one professional has received with the victim's permission.

To ensure compliance with the rules and regulations governing confidentiality, SART members should understand when and how the work of the team will involve discussion of case information. There are primarily three ways in which SARTs engage in discussion of case information: active case management, case review, and systems consultation/problem solving.

TYPES OF CASE MANAGEMENT FOR SARTS

ACTIVE CASE MANAGEMENT: AN OPEN CASE

In active case management, SARTs engage in conversation to discuss current and open cases. These conversations help ensure coordination leading to the timely and effective victim-centered response and investigation. In addition, these conversations may explore whether efforts the team has made around investigation are exhausted, and what additional steps the team can take to ensure a path for justice for the survivor(s) they are working with. Active Case Management can be beneficial in determining new ideas and approaches to improve the overall response to future victims.

Types of Active Case Management

- High-risk cases include those with a high lethality potential (homicide or homicide-suicide), cases where perpetrators are actively engaged in retaliation, where the perpetrator is a barrier to a victim accessing services, and/or where minors could be at risk.
- Cases with increased risk of and/or actual occurrence of continued sexual or physical harm to the victim require the team to continue to work for the safety of a survivor and can potentially pose challenges among teams. Increased tension may arise among team members, both those seeking information and those who cannot fully disclose client information. It is encouraged for teams to understand each SART member's legal and agency responsibilities around confidentiality, shared language, and receive cross agency and external training.

Active Case Management Considerations:

- SARTs working on active cases should reflect on their team's confidentiality statement and assure that members are continuing to follow protocol.
- SARTs engaging in active case management should understand lethality assessments and the impact of potential lethality with victims. This understanding will help guide teams to respond appropriately to those who are most at risk. This includes knowledge of strangulation as a health concern and risk factor. Many agencies are using tools that have been developed for this purpose, while also recognizing victims are good assessors of their own danger.

(For an example of active case management see the appendix.)

FORMAL CASE REVIEW: A CLOSED CASE

In formal case review, SARTs examine closed cases to identify gaps and successes of the systems response, as well as measure the effectiveness of interagency protocols. When done effectively, this type of review enables teams to identify and address patterns or gaps that may not have been obvious at the time of the case. As a result, changes in response, policy, and training can be made.

Formal Case Review Considerations:

SARTs working on formal case review should reflect on their team's confidentiality statement and assure that members are continuing to follow protocol. Teams may obtain signed releases from both the victim and the offender in order to discuss the case among all the service providers present during review. Like active case management, teams may redact information from the case file to protect confidentiality if needed.

SARTs engaging in formal case review can do so by:

- Prosecutors may present a case to the team while asking for feedback on what could have been a better response or approach to different aspects of the case. This allows core members to provide their insights on effectiveness and needed changes.
- Core members from the team may report on their involvement with the case and discuss barriers and/or successes they experienced while working on the case. This allows for agency specific reflection and discussion that will lead to better response for survivors of sexual violence in the future.

SYSTEMS CONSULTATION REVIEW: PROBLEM SOLVING

In a systems consultation review, SARTs react to emerging trends in systems issues that are impacting the path of justice for survivors. This is often recognized when something in a case goes wrong or a protocol is not being followed. Case information may be discussed to identify success, gaps, and strategies to improve the overall response. System Consultation Review does not need to include specific case information as the concerns relate to the services provided, not the victim.

System Consultation Review Considerations:

SARTs working on system consultation review should reflect on their team's protocol and emphasize the importance of having agency buy-in with SART. Buy-in is critical. For effective system response, it is equally important that each team member's agency supports the efforts of the SART. Members should keep agencies informed of barriers and successes teams have in order to ensure that their agency is working to better overall response to sexual violence in their communities.

When addressing system change with agencies, team support is crucial. If a team member is struggling with their agency buy-in, teams can support that member by allowing the team to respond to that agency and address a need for change.

HIPAA AND SART

In 2000, The U.S. The Department of Health and Human Services published the The Health Insurance Portability and Accountability Act (HIPPA) which gives individuals rights over their health information. Additionally, it sets rules about access to this information, whether electronic, written, or oral. Most medical providers, including SANEs, are considered to be covered entities under HIPPA. Under the HIPAA Privacy Rule, covered entities should obtain patient consent for uses and disclosures of protected health information for treatment, payment, and healthcare operations. HIPPA describes protected health information as information, including demographic information, which relates to:

- the individual's past, present, or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Protected health information includes many common identifiers such as name, address, birth date, Social Security Number when they can be associated with the health information listed above.

A common conflict related to HIPAA and caring for sexual assault victims, has been from SANEs, healthcare providers, and/or healthcare facilities expressing concern that requesting sexual assault advocacy services from a rape crisis center, sexual assault service provider, or other entitiy, prior to getting consent from a patient would violate HIPAA. Beginning July 1, 2020, Indiana's Sexual Assault Victims Bill of Rights went into effect. This law provides victims with several critical rights including, but not limited to, *the right to speak with a victim advocate or victim service provider during any hospital visit for the purpose of receiving a sexual assault examination. The victim retains these rights even if they have waived one or more of these rights in a previous examination or interview. IC 35-40.5-4-3 states, "before a provider commences a forensic medical examination, or as soon as possible, the provider shall notify a victim advocate or a victim service provider. If a victim advocate or victim service provider is not available, the provider shall notify victims assistance or a social worker."*

As previously noted, initiating contact with a victim advocate should be immediate and prior to notifying the victim. Asking a victim whether or not they would like a victim advocate contacted once they arrive at the hospital is often problematic as it places an undue burden on the victim who may not wish to burden an advocate to come in, wake up, etc. Additionally, asking a victim to wait in the hospital, following a significant traumatic event, for a victim advocate to arrive is neither trauma-informed or victim centered. Given this, contacting advocacy immediately and then making the offer to the victim to speak with the advocate once the advocate is already on-site follows best practice and is in unison with a trauma informed and victim centered approach. The victim then has the ability to accept or deny advocacy services. The victim and the advocate do not meet unless the victim consents to meeting the advocate.

Contacting advocacy prior to getting consent from the patient does not violate HIPAA. The HIPAA Privacy Rule restricts the use or disclosure of a patient's protected health information. The privacy rule allows the use or disclosure of **de-identified health information, as it is no longer considered protected health information**. Following HIPPA's safe harbor method of de-identifying health information, the following information is **permitted to be shared with an advocate**:

- Gender
- Age - if under 89 years old
- Primary Language

Although the law is clear, if preferred, the caller does not have to provide any information to the advocate. ICESA would recommend; however, that the primary language is provided to ensure the appropriate accommodations are made (i.e. an advocate who speaks the same language or to arrange interpretation services).

OUTREACH AND PUBLIC AWARENESS

SARTs have the dual purpose of responding to sexual violence and providing accurate information about sexual violence to the community. Outreach and Public awareness not only shines a spotlight on your SART's goals and accomplishments. More importantly it educates the community about sexual violence, its prevalence, misconceptions that surround it, and available intervention and prevention education services. Outreach and public awareness efforts are most commonly provided by the service providing organizations on the team (i.e. rape crisis centers, sexual assault service providers, etc.); however, these efforts can be accomplished utilizing your entire SART. Providing education and information not only supports SART-specific services and prevention efforts, but also educates community members who may be called to support victims after a sexual assault disclosure. In addition, community members may be called to serve as jurors on sexual violence cases. Increasing the level of understanding around the cause and effects of sexual assault can potentially lead to more successful prosecutions.

Public awareness and outreach can go a long way toward making a sustainable, long-term SART. Such efforts can expand alliances, promote growth, and provide ongoing education to community members.

SARTs can use the following platforms to provide public awareness and education:

Social Media: Many SARTs promote their work utilizing social media platforms as a way of reaching more community members and partners. For example, teams may promote Sexual Assault Awareness Month by educating the public on what sexual violence looks like, connecting them to local and statewide resources, and discussing trends in sexual violence. Some teams may create accounts on various social media platforms to have connection with the public continuously.

Public Service Announcements (PSAs): Radio and TV stations are required by their licenses to run a certain number of free PSAs for non-profit entities. Many teams utilize this form of outreach to reach individuals who may not engage social media, as well as keep continued communication with the public. Many stations help with developing messages as well.

Paid or Unpaid Ads in Print: Newspapers and magazines are commonly used to reach the public. The ad and the particular channel used will be determined at least partially by the availability of resources.

Billboards, Posters, and Signs: These can be creative both in the way they are designed and in the way they are presented. Reaching members of the community as they are walking down the street, in bathrooms, or in gas stations, for example, will reach individuals you may not through typical social media efforts.

Flyers and Brochures: These can be more compelling in places where the issue is already in people's minds. Creating tools that individuals can pick up and carry with them can be a tangible reminder to the work the SART is doing. Additionally, these provide prevention education that members of the public can share with others and be reminded of themselves. This can range in information specifically regarding SART to basic education efforts such as what sexual violence is and who is at risk.

Organizational and Community Newsletters: These may range from church bulletins to internal newsletters of global corporations. It can also include being highlighted in partners newsletters that are distributed to partners you may engage or may engage with when working with survivors.

Sponsorship of Community Events: Partnering with colleges who are hosting events such as "Take Back the Night" or "Walk a Mile in Her Shoes" can be a great way to get information out to the public while highlighting the work of SART and local resources. This can be done at almost any level, from sponsoring a local first-and -second-grade soccer team to having your message splashed on national TV.

Presentations or Presence at Local, Regional, or National Conferences, Fairs, and Other Relevant Gatherings: This can include anything from a short presentation at a local church or school to attending a national conference to learn more tools for your work.

Press Releases and Press Conferences: These may announce the kick-off or status of outreach efforts. Simply providing information about your issue or showcasing new information about the issue may help to change people's perceptions or behavior.

SUSTAINABILITY

When developing a SART, ensure that collaborative responses to sexual violence remain viable. We live in an ever-changing world, and SARTs must be prepared for staff transitions. Additionally, SARTs must prepare for social, political, and economic challenges and the impact of emerging issues, and scientific or medical breakthroughs that can affect team caseloads and resources.

Intentionally planning for sustainability is essential because:

- Social systems need to be reorganized to create victim-centered settings.
- Responders need to maintain their involvement with victims beyond the initial intervention.
- Victims need services whether or not they are initially involved in the criminal justice system.

Remember, the work of SART is continuous. The work goes beyond monthly meetings, and ultimately impacts societal change within communities. When considering sustainability, here are some ideas to incorporate into the plan:

- Continued education for team and community: Sexual violence response and challenges are ever-changing, so it is important to remain up-to-date on knowledge in the field.
- Legislative change: SARTs have a unique opportunity to observe legislative needs for survivors and can work with their community or statewide entities such as ICESA to address needs.
- Community Assessment: Taking inventory of barriers and challenges that prevent survivors from reaching their goals is ongoing. Teams will need to review community resources and needs to ensure all survivors have access to needed resources.
- Evaluation: Internally focused evaluations involve the inner workings of the team, such as the decision making process, team membership, or leadership. Externally focused evaluations assess factors that affect stakeholders beyond the team itself. Examples include the frequency of sexual assault reporting, victims' experiences with medical and legal professionals and advocates on your team, the number of community referrals, how your SART affects victims' recoveries, and prosecutorial outcomes.

UNIQUE COMMUNITIES AND CONSIDERATIONS

When addressing sexual violence, it is important to understand unique needs and challenges that cause barriers to various populations engaging SART in your community. Once a team is able to address these challenges, adapting the team's response ensures that survivors receive a trauma informed, survivor centered, and culturally competent response. Teams are encouraged to assess cultural competency on a regular basis.

LATINX COMMUNITIES

"Latinx" is a term used to refer to all people of Latin American descent and has become more common as members in the LGBTQ community and its advocates have embraced the label. About six percent (or 389,707) of Indiana's population is Latinx or Hispanic (suburbanstats.org). The Latinx population includes subcultures with more than two dozen countries of origin. Victim service providers across the nation have struggled to keep up with the growth of this population. As a result, many Spanish-speaking survivors of sexual violence are unidentified and beyond the reach of victim advocates, social services, legal service providers, the criminal justice system, and others who could help them.

When it comes to providing services and outreach, it is important to recognize and identify several practical considerations. Just as services must reflect the realities of all survivors, Latinx survivors have a lived experience in the United States that may not always be similar to other racial or ethnic groups. Acculturation can be understood as the process, sometimes life-long, of navigating multiple cultures or cultural norms. For many in the Latinx community, this means navigating their family culture or country of origin's culture, as well as dominant U.S. culture.

In addition to cultural factors, there are also logistical or reality-based factors to consider including language and/or immigration status. Someone who speaks only Spanish or is learning English after a lifetime of speaking Spanish may be unaware of available services. If an individual is an undocumented immigrant or has an unstable citizenship status, they may fear deportation, discrimination, and/or being reported to Immigration and Customs Enforcement.

Latinx domestic workers are especially vulnerable to sexual exploitation because they depend on their employers for their livelihood, live in constant fear of being deported, suffer social isolation, and are vulnerable to their employer's demands. It is important to remember that while some Latinx are recent immigrants who face unique challenges, an increasing proportion of Latinx Americans are not first-generation immigrants. It is, therefore, important not to assume Latinx sexual violence issues are necessarily immigration related.

When working with the Latinx community, it is essential to minimize any barriers to accessing services and/or reporting. There are several ways this can be achieved:

- Provide outreach materials in Spanish
- Given potential differences in cultural understandings of rape and sexual violence, make sure outreach materials have a clear definition or language about sexual violence and that there are services available to everyone
- Provide access to interpretation services
- Hire bilingual staff
- Learn about Latinx from diverse communities. Encourage cross-agency training
- Find creative ways to partner with community organizations to integrate an awareness of sexual violence into common areas of concern and to promote safety, health, and well-being

MALE SURVIVORS

There is a bias in our culture against recognizing the sexual assault of boys and men as prevelant and abusive. Due to this bias, there is often a belief that men do not experience sexual assault and do not suffer the same negative impact that women do. Often there is an assumption that males are only perpetrators of sexual assault or are capable of preventing their own sexual victimization, which can make it more difficult to discuss or respond to male victims of sexual assault. There is a common misconception that when men are sexually assaulted, it is in specific and controlled environments such as prison. SARTs can play a role in shifting that mindset and ensuring the community is equipped to respond to male survivors of sexual violence.

The sexual victimization of men, although not as frequently talked about, happens and happens often. Nearly a quarter of men (24.8% or 27.6 million) in the U.S. experienced some form of sexual violence in their lifetime. Additionally, 25.3% or 718,000 male survivors reported that their first victimization occurred between the ages of 11 and 17. Most male survivors never report being assaulted. Concerns that people will not believe them, and fear of being ignored, harmed/retaliated against by the perpetrator, shamed, accused of being weak, or questioned about their sexuality are some of the reasons males choose not to report. When referencing male survivors of child sexual abuse, on average, disclosures are delayed for 20 years.

Many of the reactions listed below are universal regardless of sex, gender, or gender identity; however, as a result of deeply ingrained societal beliefs about "manhood" or "masculinity," there are reactions that are unique to male victims:

- Emotional Shock
- Feeling Numb
- Disbelief and/or Denial
- Embarrassment
- Concerns about sexuality and/or masculinity (i.e. fear of appearing unmasculine, societal, peer or self-questioning of their sexuality, homophobia)
- Shame/Humiliation

All male victims deserve an empathetic, informed response from professionals. To this end, a SART should be knowledgeable about the unique barriers encountered by male victims. A comprehensive, system-wide approach is essential to support men who report crimes of sexual assault. Male victims should be able to access appropriate medical assistance, unbiased emotional support, and a responsive criminal justice system including investigation and prosecution.

SARTs should be aware of the following barriers in order to mitigate and eliminate these barriers:

- **Not knowing that what they experienced is sexual assault.** Many damaging ideas prevalent in American culture make it difficult to identify sexual assault of male victims. Men have the right to decide with whom, when, and in what manner they engage in sexual activity. Men of all ages have the right to say no to anyone, of any gender, of any age, of any social standing, no matter what the potential partner looks like. Myths that promote victim blaming of male victims or downplay the seriousness of sexual assault of men by female or male perpetrators contribute to shame and silence surrounding male victimization. Lack of consent is the critical component in sexual assault.
- **Misunderstandings about physical responses to rape.** Consent has no connection to body responses. A man can have an erection or ejaculate during a sexual assault. The physical response does not imply consent.
- **Fear of not being believed.** Males who are sexually assaulted may worry that they will not be believed when they disclose or report. This concern could include service providers, family members, friends, peers, or co-workers. Men face isolation from support networks that do not believe them or judge them based on circumstances of the assault.
- **Being perceived as "weak."** Many victims, particularly men, believe they were chosen as a target because there is something wrong with them, typically a perceived weakness that makes them more vulnerable to assault.
- **Retaliation.** A male victim may fear retaliation or victimization if he discloses or reports the assault, especially if the perpetrator occupies a position of authority over him or if he lives in an institutional setting.
- **Feelings of shame.** Male victims may also feel powerless, worthless, or emasculated in the wake of sexual victimization, due in part to social constructs of

masculinity that equate manhood with power, dominance, and invulnerability. SARTs should recognize these social constructs, dispel stereotypes of masculinity among victims, and empower victims who struggle with these feelings.

- **Homophobia and transphobia.** Men who experienced a male-on-male rape may question their own sexuality or fear victim-blaming from support systems. Male victims may worry that service providers will make assumptions about their sexual orientation. Sexual victimization does not change an individual's sexuality.
- **Language and word choice used by service providers and communities.** Male victims may not readily find services that apply to them and think nothing exists.
  - It is important to understand how terms related to sexual assault translate into languages other than English, particularly if the terms are only used for women.
  - Often boys and men use different terms for rape and sexual assault than providers. Service providers can discuss the terms used by men in their communities to describe sexual assault and use appropriate language to bridge this gap.
  - Men may experience shame and stigma after the assault and feel that seeking support, reporting, or prosecuting portrays weakness.
- **Lack of services.** SARTs can examine whether relevant, appropriate services to male victims of sexual assault are provided across the lifespan.
- **Services that are not appropriate.** Men who seek services often access support at community-based rape crisis centers, which, in most cases, were developed to meet the needs of female victims. Men's feelings of isolation may increase within programs designed for women, or they may feel further detached from their identity as men. SART members can explore the name of programs, color of exam rooms, and references to male-specific services throughout protocol development to ensure that male victims are being provided for, considered, and included.
- **Damaging misunderstandings about the consequences for males who experience childhood sexual abuse.** Adverse childhood experiences, including physical and emotional abuse, have been shown to increase the risk for both males and females to engage in a range of behaviors that may be harmful to themselves and others. Contrary to widely believed misconceptions, most males who are sexually abused as children do not go on to sexually assault others.

BLACK COMMUNITIES

The term Black, or African American, includes a diverse group of individuals. A SART should understand and embrace the complexity of defining Black, what it means to be Black, and Black culture as it relates to lived experiences, self-identity, and social interactions. This includes understanding values and attitudes that support or fail to support responses to Black victims of sexual assault.

Black sexual assault victims may be reluctant to report acts of sexual victimization, or to voluntarily cooperate with the individual systems in SARTs. The lack of reporting sexual violence among the Black community correlates with historical trauma that many within the community continue to experience. Thus, trust with law enforcement, the criminal justice system, and social services is impacted. Statistics show that for every black woman who reports rape, at least 15 black women do not report. In addition, Black survivors may fear that their experience will reflect on or confirm the stereotypes placed on their ethnicity. Black communities have strong family and spiritual roots. There can be fear in reporting that stems from fear of isolation and alienation from family, friends, and community. In addition, in instances of intraracial sexual assault, victims may be resistant to report a Black perpetrator who belongs to their family or community. Black victims may feel duty-bound to protect the community by remaining silent out of fear of retaliation against the community or concerns that Black perpetrators will not be treated fairly by law enforcement and criminal justice systems.

It is important to understand and recognize that mental health effects such as PTSD and depression are not necessarily experienced or described in the same way across Black cultures. The difference in symptom presentations between African Americans and other groups can be determined by culturally based expressions. For instance, in African American communities, a culture bound syndrome known as "falling out" describes a sudden collapse following an episode of dizziness. Sleep paralysis characterized by an inability to move while waking or falling asleep may also be observed in African Americans. Additionally, a non-traditional symptom that is observed in African Americans with depression and/or PTSD is hypertension.

SARTs should be aware of the following barriers to accessing services and reporting and mitigate or eliminate these barriers:

- **Ensure that staff and SARTs are trained in culturally competent response and have an understanding of historical trauma impacting Black communities:** Historical trauma is multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people due to their status, such as slavery. When Africans were forced into the Trans-Atlantic slave trade, many were subjected to abuse, rape, removal of cultural identity, and death. For Black communities in the United States, there has been continued generational oppression over centuries that impacts trust in systems and services. Encouraging teams to develop insight on how trauma impacts Black communities could lead to more trust in systems and more people within the community seeking services. In terms of cultural competency training, it can be important to ensure agencies and SARTs receive training on a regular basis. Needs and barriers the Black community face can change over time, so ensuring that you have the right information and tools can be critical. The journey to healing and recovery can include mental/behavioral and physical health interventions. Recognizing culturally relevant approaches to healing and recovery helps ensure appropriate services are available to Black survivors. Storytelling, writing/journaling, prayer/mediation, dance, art, and music, are culturally relevant approaches to healing and recovery within the Black community.
- **Hire staff that represent the diversity in Black communities:** Having staff of all backgrounds is important when providing services for diverse populations.
- **Partner with Black Led Agencies:** Research and collaborate with community, state, and national Black-led agencies. Increasing resources for your team and agencies can lead to more resources and support for Black survivors.
- **Listen to Black Survivors:** Just like anyone who experiences trauma or violence, survivors are experts on their story. For Black survivors, listening to their own lived experience with engaging systems and services can be good insight into how response needs to be improved in your community. There is discrimination unique to Black people in the United States, and teams and agencies may not be able to apply a blanket response to meet the needs of Black survivors. Rather it is important to tailor responses to communities which have been historically oppressed to help them advance in their steps to justice.

LGBTQ+

People who identify as lesbian, gay, bisexual, transgender, queer/questioning, or anything other than cisgender/heterosexual can be found in all communities and cultures. LGBTQ+ are at heightened risk of sexual violence both in the workplace and at home. People who identify as LGBTQ+ experience sexual assault at higher rates than the general population. Twenty-one percent of TGQN (transgender, genderqueer, non-conforming) college students have been sexually assaulted, compared to 18% of non-TGQN females, and 4% of non-TGQN males. (Cantor, et. al., 2015). Lesbian and bisexual women are up to 3 times as likely as heterosexual women to report having been sexually assaulted during their lifetime. Gay men may be up to 15 times as likely as heterosexual men to report having been sexually assaulted during their lifetime (Rothman, Exner, and Baughman, 2011).

Sexual assault victims who identify as LGBTQ+ may be more hesitant to report their assault due to concerns about discrimination. In addition to the barriers all victims of sexual violence experience, the LGBTQ+ victim faces a myriad of additional barriers. For instance, reporting may mean having to come out as LGBTQ+, an option that is not always possible or safe for a victim. Coming out and sharing their sexual orientation or gender identity can, unfortunately, lead to more harassment and abuse from the systems in place who serve and protect, and also from family members and friends. Additional barriers may include:

- A culture that is homophobic, transphobic, or biphobic.
- Victims may fear being judged or not believed.
- Victims who identify as LGBTQ+ may not see themselves represented in the agency providing services to victims of sexual assault.
- Services do not match an individual's needs in their setting of choice.
- Agencies may not have a staff that understands the specific needs of these communities.
- Victims may have a fear of betraying their community or reinforcing stereotypes that depict LGBTQ+ communities as all "bad" people or that they prey on children.
- There may be a lack of understanding of sexual assault within LGBTQ+ communities, making it difficult for individuals to understand and identify their needs as a victim of sexual assault.

No matter who the victim or perpetrator is, or when and where the rape takes place, rape should always be taken seriously. This begins with believing the victim. SARTs have an important opportunity to support LGBTQ+ victims. The following are a few ways in which SARTs can eliminate barriers when working directly with LGBTQ+ victims:

- Ask the individual for their pronouns and use the pronouns or terms the victim uses. It is important not to make assumptions.
- Ask victims what pronouns they would like used in reports or documentation as some victims may prefer their gender identity be private.
- Refer to the individual by their pronoun at all times, including in documentation and during conversations with other service providers.
- Update intake forms or other documents that ask about gender.
- Include a write-in option.
- Include transgender and intersex options.
- Treat the individual's LGBTQ+ status as confidential.
- Document any anti-LGBTQ+ statements the victim says were made during the assault.
- Refer transgender victims to individuals or agencies that have experience with meeting the needs of transgender individuals.
- Include opportunities for LGBTQ+ individuals to participate in the SART and protocol development.
- Ensure medical providers are aware of the recommendations and specific medical concerns for trans individuals.

Health Care Providers

When working with an LGBTQ+ victim, the healthcare provider who is administering the medical forensic exam has additional considerations. The 2019 Indiana Guidelines for the Medical Forensic Examination for Adult and Adolescent Patient notes the following exam and evidence considerations:

- Most transgender people, who have access and means, will use hormones to affirm their gender identity.
- The effects of feminizing and masculinizing hormones impact body shape/size (WPATH Standards of Care v 7 wpath.org).
- Only some people will have surgery due to the cost and lack of insurance coverage.
- Proceed slowly with evidence collection to maintain patient emotional safety. There is a very high rate of physical, sexual and emotional trauma in this patient population. Trauma-informed care always includes discussion before physical touch and to help the patient stay in control.
- Document SOGI (sexual orientation and gender identification) data and an organ inventory. An organ inventory includes an assessment of current, at-birth/expected, and surgically modified secondary sex characteristics. It is important to conduct an organ inventory to assess what testing, treatments, and medications are appropriate for each patient.
- Use gender-neutral body maps. Make sure the documentation system allows documentation of all possible body parts and does not assign a "male" or "female" chart.
- Ask about language. Language is easy to ask about and vitally important to trans people. For example, "I'm going to use medical terms to talk about body parts. Just tell me if there are different words you want me to use."
- Communicate clearly with the crime lab to correctly label and preserve specimens. "Victim is a transgender male. Legal name is Jennifer Smith. Victim goes by James Smith and uses he/him pronouns. Victim was assigned female at birth and the pelvic exam was completed." "Victim is a transgender female." Legal name is Stephanie, pronouns are she/her, and the gender marker has been legally changed to female. Victim was assigned male at birth and does not have anatomy requiring a pelvic exam."
- Removal of wig, binder, prosthetics, clothing, etc. is exposing a body that may not match a person's gender identity. For transgender people, having their identity/presentation "removed" can be traumatic even if it is indicated for specimen collection.

Here are some considerations to eliminate barriers impacting the LGBTQ+ survivors seeking services:

- Ensure your agency and SART receive culturally competent training to provide services and response to survivors in the LGBTQ+ community
- Provide safe space for survivors in the TGQN community by offering services and response that align with their gender preference
- Ensure materials are inclusive of all gender and sexuality preferences
- Ask survivors pronouns
- Hire LGBTQ+ staff

INDIGENOUS AND NATIVE COMMUNITIES

In the United States, 567 unique, federally recognized tribes exist, each comprising a sovereign nation. Each tribal nation has its own government structure, culture, and unique response to victims in its community. Tribal governments have unique relationships with the U.S. government that impact where and to whom victims report, and how and by whom a sexual assault is investigated and prosecuted.

Although Indigenous and Native victims of sexual assault experience similar barriers to reporting and seeking services as non-native victims (i.e. fear of reprisal, sachem [chief], self-blame, privacy concerns, and confusion regarding reporting options), additional unique barriers are also faced. When serving the Native and Indigenous communities, it is important to consider factors at the foundation of the community's trauma which can increase vulnerability (i.e. historical trauma due to colonization). Individuals continue to be affected by this history, which resonates in how victims respond to sexual assault. This presents as:

- Fear/mistrust of service providers or any outside agency
- Fear of healthcare professionals due to previous forced sterilizations
- Fear of repercussions from within the community for seeking outside help

Additional barriers include:

- Lack of data to inform public policy
- Lack of prosecution due to most perpetrators being non-natives, living on non-tribal lands
- Lack of media coverage around sexual violence in Native and Indigenous communities
- Lack of collaboration between tribal and non-tribal law enforcement
- Health care disparities
- Untreated or undiagnosed mental health concerns
- Significant poverty, runaway youth, and homelessness rates
- High rates of involvement in foster care, child welfare, out of home placement
- Substance abuse
- Child Sexual Abuse
- High rates of incarceration within the family

Cultural healing traditions can be a major source of strength for many Indigenous and Native individuals. Traditional practices, such as naming ceremonies, talking circles, feasts, spiritual belief systems, ceremonial dress, and cohesive family and community structures, can provide victims with help and support. It is essential to ask each tribe and individual what is important to them about the aspects of their lives. This includes learning about what practices they may have that bring them comfort and offer them options for healing. For example, spiritual beliefs, traditional practices, and faith practices may bring comfort and provide healing.

PEOPLE WITH DISABILITIES

People with disabilities are part of the largest minority group, both in the U.S. and globally. Sexual assault against people with disabilities happens across the lifespan. Individuals with disabilities experience higher rates of sexual assault than the general population. The Americans with Disabilities Act (ADA) describes a person with a disability as a person who:

- has a physical or mental impairment that substantially limits one or more major life activities;
- has a record of such an impairment; or
- is regarded as having such an impairment.

The ADA is structured to prohibit discrimination in employment (Title I), public services (Title II), and public accommodations and services operated by private entities (Title III). Often what comes to mind when thinking of ADA compliance is removing barriers to physical access to buildings. Physical barrier-free access is necessary but is only part of making SART services non-discriminatory. The language of the ADA and the regulations enforcing it (28 CFR parts 35 and 36), are clear that people with disabilities are entitled to fully participate in life, which means more than simply being in a building. In developing policy and individual practice, SARTs must understand the need to be flexible to meet the individual needs of each victim. Individuals with disabilities may have physical, sensory, cognitive, developmental, mental health disabilities, or a combination of disabilities. Some disabilities are apparent and others are not.

Some individuals with these conditions do not consider themselves to have a disability. For example, individuals who are deaf may identify themselves as part of a Deaf culture that embodies a community with its own language and values, rather than as part of a population with a disability.

SART members must understand how sexual assault statutes address victims with disabilities. Most criminal sexual assault statutes focus on the ability to consent and the validity or legitimacy of the consent. Unlike sexual assault laws based on age of consent, there is no exact answer to whether someone with a disability can consent to sexual activity.

Individuals with a disability experience unique risk factors for sexual violence, including:

- People with disabilities may have paid or familial caregivers that help them with bathing, dressing, and toileting.
- People with disabilities are often left out of education on healthy sexuality, relationships, and how their bodies work.
- People with disabilities are often taught to comply with authority (including family, caregivers, teachers, and doctors), and may not feel empowered to speak out.
- Some people with disabilities may not have been told that they have autonomy over their own body or that assault is illegal.

Individuals with disabilities rarely report either abuse or sexual assault due to:

- lack of trust for authority figures;
- assumption they will not be believed when telling their story;
- disabilities acting as a barrier for victims to acknowledge the abuse;
- fear the risk of loss of care; and
- societal beliefs may deem people with disabilities as less credible than a person without a disability, may promote negative attitudes about people with disabilities, and/or portray people with disabilities as non-sexual.

SARTs can provide victim-centered responses by evaluating and enhancing their capacity to serve victims with disabilities. Individuals with disabilities should have access to protection and advocacy systems and other entities mandated by state and federal laws that:

- have the flexibility to respond to issues raised at any time during an individual's life;
- are adequately funded and staffed;
- provide advocacy on their behalf even though a formal complaint has not been filed;
- have appropriate government or other oversight of quality, cost effectiveness, efficiency, and high standards to ensure the health, safety and well-being of individuals being served; and
- use multiple advocacy strategies, such as information and referral, mediation, legal action, and legislative and regulatory solutions.

ELDER OR LATER IN LIFE

Sexual abuse and assault of people in later life is a form of elder abuse rarely recognized or identified. SARTs may not encounter many cases of sexual assault of people in later life, but understanding the dynamics of sexual assault of elder victims as well as available protections is a valuable asset for teams. Various jurisdictions and agencies define the elder portion of life differently, but typically it begins at 60.

Elder sexual assault can take many forms, such as, intimate partner sexual assault, sexual assault by caregivers, and sexual assault by staff or residents at residential facilities. These acts are considered sexual assault if they are committed against an incapacitated person who is not competent to give informed consent. The CDC's definition of elder sexual assault is, "Force or unwanted sexual interaction (touching and non-touching acts) of any kind. This may include but is not limited to, forced or unwanted completed or attempted contact between the penis and the vulva or the penis and the anus involving penetration, however slight." Additionally, the CDC states that sexual assault might also include, "forced or unwanted contact between the mouth and the penis, vulva, or anus; forced or unwanted penetration of the anal or genital opening of another person by hand, finger, or other object; forced or unwanted intentional touching, either directly or through clothing, of the genitalia, anus, breast, inner thigh, or buttocks."

As with all sexual offenders, those who commit abuse on the elderly, seek out potential victims who they perceive as easy to overpower and manipulate. They look for those who would be unlikely to report the assault and who would not be deemed credible if the assault were reported. As such, older adults are especially vulnerable to sexual violence.

Unfortunately, while elder sexual assault victims may require more assistance and specialized help, they often receive less services and intervention than younger victims for a number of reasons. Certain factors associated with the aging process put the elder population at heightened risk. In some cases, people of advanced age need others to provide basic necessities and assistance with daily functions. These circumstances increase one's risk of sexual assault. Elders are often victimized by those assisting them or those closest to them. Reduced cognitive or emotional functioning may also lead to older people more vulnerable to sexual assault. Even for well elders, the social stigma of old age makes them an easier target for perpetration and more likely to remain silent if victimized.

Generational Differences

When working with an elderly victim there are a number of generational differences to be aware of:

Language: An elder may use different terms than those which you are familiar with, especially when referring to private parts of her/his body. When beginning work with an elder, be cognizant of the terms you use. When talking about private parts, allow the elder to choose the terminology she or he is most comfortable with and then use the same terms. If this is not possible, chose to refer to those areas as generally as possible. Anatomically correct terms are not the best to use when working with an elder. Older generations, especially women, were shamed to use these words because one did not speak of such areas. Many elders still use terminology like "down there" or a childish nickname for their genitalia.

Perceptions of Rape: The definition or a person's perception of what rape and/or sexual violence is and how/why it is perpetrated is a reflection of what they have been socialized to believe as well as personal experience. Elders may still hold generational beliefs, such as:

- Women were not supposed to have sex before marriage and were labeled immoral by family and peers if they did.
- Men, on the other hand, were seen as hormonally charged individuals who always thought about and wanted sex. It was a good girl's duty to deny the uncontrollable libido of boys.
- Mothers and fathers did not discuss sex with children, and children did not discuss sex with their parents.
- If marital rape occurred, it was the husband's right in marriage.
- Childhood sexual assault was not recognized, especially within the family or by influential members of society such as teachers or clergy.

Internalization of Rape Myths: Many elders still hold onto the myths that only strangers rape women, only women get raped, and that good girls do not get raped. If an elder believes these myths, imagine the trauma if she or he becomes a victim of sexual abuse. The amount of self-blame could be monumental.

Although there is much more to research and learn about elder sexual assault, there are a number of characteristics that have been identified that can help define the problem.

- Perpetrators are likely to be paid or unpaid male caregivers.
- Older victims are most often females over age 70, who are totally dependent or functioning at a poor level.
- Older victims suffer more genital trauma from sexual assault than younger victims.
- Older victims are less likely to report sexual abuse than younger victims.

Additionally, the typical signs and indications of sexual abuse on the elderly include:

- Sustaining a pelvic injury
- Having problems with walking or sitting
- Developing a sexual transmitted disease or STD
- Torn, bloody, or stained underwear
- Bruises of the genitals or inner thigh
- Panic attacks
- Signs/symptoms of Post-traumatic Stress Disorder (PTSD)
- Symptoms of agitation
- Social or emotional withdrawal from others
- Engaging in inappropriate, unusual or aggressive sexual activities

As a SART, it is important to know mandatory reporting laws, not only for vulnerable minors, but for vulnerable, endangered adults. Indiana law defines an endangered adult as:

A person who believes or has reason to believe an endangered adult is the victim of battery, neglect or exploitation is required to report the facts to Adult Protective Services or a law enforcement agency having jurisdiction over the endangered adult. A report to Adult Protective Services may be made by calling the state hotline number or by contacting the appropriate APS Investigative Unit directly. Any emergency report should be made directly to law enforcement. A person who makes a report in good faith is immune from any civil or criminal liability. IC 35-46-1-13 & IC 35-46-1-14.

An "endangered adult," for purposes of reporting, is an individual who is:

1. at least eighteen (18) years of age; and
2. incapable by reason of mental illness, mental retardation, dementia, or other physical or mental incapacity of managing or directing the management of the individual's property or providing or directing the provision of self-care.

To report elder abuse, contact the state hotline at 1-800-992-6978.

CHILDREN AND ADOLESCENTS

A SART's treatment of victims of sexual assault who are minors may vary; however, the majority of SARTs in Indiana have a primary focus on adult victims. Multi-disciplinary teams (MDT's), a term sometimes used interchangeably with SART, includes child advocacy centers and have a primary focus on minors. In some areas of the state, SART meetings are held, immediately followed by an MDT, with separate agendas.

Serving child victims of sex crimes is a specialized skill set for advocates, law enforcement, medical providers, and prosecution. A SART should be aware of the laws that govern the protection of children including but not limited to mandated reporting. Indiana is a mandatory reporting state which means ALL Hoosiers who suspect a child has been neglected or abused must by state law make a report. To report suspected child abuse or neglect call the child abuse and neglect hotline at 1-800-800-5556. In addition, SARTs should:

- Become familiar with any requirements related to parental consent to provide services.
- Engage with agencies that specialize in providing services to children and protective caregivers.
- Become aware of long-term health consequences for children who are sexually abused and implement acute and follow-up services to support child victims.

Child sexual abuse is a form of child abuse that includes sexual activity with a minor. Under Indiana law all minor children ages 0-17 who have not been emancipated are children. Any time a child is sexually assaulted, the crime must be reported to law enforcement and/or DCS. Any sexual contact (even "consensual") involving a child age 13 or younger is Child Molesting (IC 35-42-4-3). Children ages 14-17 may be victims of Sexual Misconduct with a Minor (IC 35-42-4-9) or Child Seduction (IC 35-42-4-7). Any child age 0-17 may also be the victim of Rape (IC 35-42-4-1), Sexual Battery (IC 35-42-4-8), and Incest (IC 35-46-1-3). All these crimes must also be reported to law enforcement and/or DCS. Failure to report suspected child abuse is a B misdemeanor (IC 31-33-22-1). Indiana law states that no one 13 or younger can legally consent to sexual activity. Adolescents ages 14-17 can legally engage in consensual sexual activity with each other. Absent the suspicion that the adolescent is being abused or neglected, consensual sexual activity among adolescents ages 14-17 does not require a report to DCS or law enforcement.

Child sexual abuse goes beyond violation. It is a violation of trust and/or authority. The sexual abuse of a child does not need to include physical contact between a perpetrator and the child. For example, exposing oneself to a minor, masturbating in the presence of a minor or forcing the minor to masturbate are forms of sexual abuse. Additional forms of child sexual abuse include:

- Fondling
- Obscene phone calls, text messages, or digital interaction
- Producing, owning, or sharing pornographic images or movies of children
- Sex of any kind with a minor, including vaginal, oral, or anal
- Sex trafficking
- Any other sexual conduct that is harmful to a child's mental, emotional, or physical welfare

A vast majority of perpetrators who cause harm to young people are someone the child or family knows. It is estimated that as many as 93% of victims under the age of 18 know the abuser (RAINN). Those who cause harm can have any relationship to the child including an older sibling or playmate, family member, a family friend, a teacher, a coach or instructor, a caretaker, or the parent of another child. Abusers manipulate victims to stay quiet about the sexual abuse using a number of different tactics such as:

- using their position of power to coerce or intimidate the minor;
- manipulation (i.e. telling the minor that the victimization is normal or that they enjoyed it); or
- threats to harm them or their family if the child refuses to participate in the victimization or plans to tell another adult.

Abusers also use a myriad of grooming tactics that include:

- Identifying and targeting the child
- Gaining trust and access to the child
- Playing a role in the child's life
- Isolating the child
- Creating secrecy around the relationship
- Initiating sexual contact
- Controlling the relationship

In understanding child victims, it is important to:

- Keep in mind that when looking for signs of child sexual abuse to observe any sudden changes in behavior. If a child tells you that someone makes them uncomfortable, even if they cannot tell you anything specific, listen.
- Recognize the correlation with higher levels of depression, guilt, shame, self-blame, eating disorders, somatic concerns, anxiety, dissociative patterns, repression, denial, sexual problems, and relationship problems
- Recognize that children may all have a different response to trauma. A particular young person's trauma response may be different from what some people might expect, but this should not be taken to mean that the child is making it up or that the child is just exaggerating. All disclosures of sexual abuse should be taken seriously.

HUMAN TRAFFICKING

The SART can and does play a critical role in responding to human trafficking within the community. Human trafficking can be characterized as exploitation through intersections of vulnerabilities within systems of oppression. Human trafficking is a crime that deprives victims of their most basic freedom: the right to determine their own lives, present and future. Human traffickers utilize force, fraud, or coercion to exploit the labor, services, or commercial sex acts of their victims. Human trafficking is a multi-billion-dollar criminal industry that denies freedom to 24.9 million people around the world. It is important to remember that not all labor exploitation or commercial sex is considered human trafficking. The crime of human trafficking must involve the use of force, fraud, or coercion.

The following describes those terms in more detail:

- **Force:** Physical or sexual assaults, restraint, confinement, isolation, torture, starvation, strangulation, forced or intentional drug addiction, or hurting someone close to the victim.
- **Fraud:** Lies and deception used to recruit and lure a victim into the control of the trafficker. Often these lies include false promises of relationships, or educational and employment opportunities. (Note: Fraud alone in labor practices is insufficient to establish labor trafficking. The fraud must be connected to and in furtherance of one of the following crimes: involuntary servitude, peonage, slavery, or forced labor).
- **Coercion:** Although coercion can be violent in nature, the Trafficking and Violence Protection Act, a law that created the framework for federal laws against human trafficking, explicitly recognizes non-violent coercion as a tactic often used by traffickers. Non-violent coercion includes any situation in which a reasonable person of the same background as the victim would fear serious harm or threats of serious harm. These harms can be physical or non-physical, including psychological, financial, or reputational harm. Below are some examples of coercive tactics:
  - Threatening injury to a victim or their family and friends
  - Blackmail
  - Withholding or providing alcohol or drugs
  - Poor living conditions
  - Legal threats
  - Confiscating travel documents or money to create dependency

- Isolation
- Lack of sleep, food, water
- Instilling fear of arrest or deportation
- Threatening harm to a family member
- Perpetuating shame or guilt about what is happening and the future social impact
- Warning of financial ruin
- Monitored activity
- Humiliation and verbal abuse
- Forcing or coercing someone to commit a crime

There are several forms of human trafficking prevelant throughout the United States—and Indiana is not immune.

SEX TRAFFICKING	LABOR TRAFFICKING	FORCED MARRIAGE
What is it? Sex trafficking is the harboring, enticing, recruiting, or transporting of another individual through force, threat of force, fraud, or coercion with the intent of causing that individual to marry another person, engage in prostitution, or participate in sexual conduct. *Under Federal and Indiana Statute, any individual under the age of 18 who engages in commercial sex (the exchange of a sexual service for something of value) is a victim of sex trafficking. Force, fraud, or coercion need not be proven.*	**What is it?** Labor trafficking is the harboring, recruiting, providing, obtaining, or transporting an individual through force, threat of force, coercion, or fraud to engage the individual in labor or services.	**What is it?** Forced marriage is the harboring, enticing, recruiting, or transporting of another individual through force, threat of force, fraud, or coercion with the intent of causing that individual to marry another person.

The impact of human trafficking is far reaching, for both victims and communities. Many victims experience direct violence in the form of physical and sexual assault, and the impact often includes short-term and long-term physical and psychological injury. SARTs should be aware of the key players involved in trafficking. They include:

- **Anyone.** A trafficker can be the victim's family, friend, intimate partner, employer, classmate, or stranger. The trafficker is the one who ultimately controls the victim. By making the victim fearful through abuse, threats, and lies the trafficker gains power over the victim. Traffickers can also be those in communities who hold power and are able to manipulate those around them.
- **Recruiter.** The recruiter's role is to gain the victim's trust (i.e. grooming). This person could be the trafficker or someone assisting the trafficker in the process. The recruiter can and is often a person that the victim knows (i.e. an intimate partner, a neighbor, or a family member). Recruiters can also be a victim of the trafficker who is forced to recruit for survival.

Trafficking can occur in any type of work, whether legal or illegal. Although not exhaustive, the following is a list of some of the commonly identified venues where trafficking occurs:

- Escort Services
- Illicit Massage, Health and Beauty
- Outdoor solicitation
- Residential
- Domestic Work
- Bars, Strip Clubs, and Cantinas
- Pornography
- Traveling Sales Crews
- Restaurant and Food Service
- Peddling and Begging
- Agriculture and Animal Husbandry
- Personal Sexual Servitude
- Health and Beauty Services
- Construction
- Hotels and Hospitality
- Landscaping
- Illicit Activities
- Arts and Entertainment
- Commercial Cleaning Services
- Factories and Manufacturing
- Remote Interactive Sexual Acts
- Carnivals
- Forestry and Logging
- Health Care
- Recreational Facilities
- Large Sporting Events

There is no single profile of a human trafficking victim. Human trafficking happens around the world and affects individuals across every socio-economic background, age-range, gender, and ethnicity. Within in the United States the top five risk factors for human trafficking are: recent migration/relocation, substance use, runaway/homeless youth, mental health concern, and involvement in the child welfare system.

Common "Red Flags"

Identifying some of the red flags of human trafficking is the first step in identifying victims and saving a life.

- Unpaid, paid very little, or only paid through tips
- Works, sleeps, and eats in the same location
- Chronic runaway/homeless youth
- Lying about age/fake ID
- Possess multiple cell phones, hotel room keys, marbles, or poker chips
- Signs of branding (tattoos, jewelry, or internal chip)
- Lack of knowledge of community or whereabouts
- Exhibits behaviors indicating trauma-- including hyper-vigilance or paranoia, anxiety, submission, aggression, etc
- Malnourishment
- Potential victim is accompanied by another person who seems controlling and/or insists on speaking for the victim
- Frequent relocation
- Numerous inconsistencies in their story
- Restricted or scripted communication
- Neglected healthcare needs
- Poor dental hygiene
- Not in control of their own money
- Not in control of their own identification documents
- False promises concerning nature or conditions of work
- Locks on the outside of doors; other signs of surveillance
- Injuries or other signs of physical abuse or torture

Identifying Human Trafficking Barriers

The very nature of trafficking makes it difficult to identify victims. Many victims have existed without basic human rights for so long that they have been conditioned to not fight back. Traffickers are experts at exerting control over victims including coaching victims on how to respond if someone should ask or raise concern about the situation. Traffickers may also utilize threats of harm to the victim's family or friends if they do not comply with the demands and rules set forth. Traffickers will also utilize manipulative tactics to instill fear and increase the victim's dependence on the trafficker. For instance, traffickers manipulate victims into believing that they will be deported, arrested, or shamed if they leave, seek help, or tell the truth. It is not uncommon for a trafficked victim to not identify as such. Sexual exploitation and trafficking for labor go hand in

hand. Sexual violence is now the most common tool used by traffickers to wield control over their female, child, and (in many cases) male victims in both sex and labor trafficking. As a common part of the coercive tactics utilized to keep victims of human trafficking feeling trapped and/or bonded to their traffickers, victims may be compelled to engage in illegal activities. As such, trafficking victims are commonly distrustful of systems including law enforcement and health care, and more often than not, display deep loyalty to their trafficker.

It is crucial to understand how trauma, fear, force, coercion, violence, manipulation, and prolonged exposure can impact and distort victims' decisions, actions, and experiences. The following chart lists some of the common challenges that make identification and self-disclosure by victims difficult:

- Frequent relocation: often does not stay in one location long enough to initiate contact with advocates or agencies
- Fear of authorities and trafficker
- Conditioned not to trust service providers and institutions
- May not regard self as a victim
- May believe that they are getting what is deserved or that there are no alternatives
- Involved in criminal acts and fears being arrested
- Isolated from others with no opportunity to share their story
- Lack of education; low literacy
- Lacks knowledge of their location
- Mistakenly believes that the trafficker has documentation showing that they own the victim
- Shame and guilt may prevent victim from disclosing
- Victim may be non-English speaking
- Views trafficker as authority figures
- Trauma-induced attachment ("trauma bond")
- Drug and/or alcohol addiction

SARTs should consider these helpful tips when addressing Human Trafficking:

- Obtain training on human trafficking identification, screening, and reporting. Human trafficking can look different than other types of sexual violence. Understanding human trafficking's culture and terminology is important. For example, "daddy" refers to a victim's pimp/trafficker, and "the life" refers to a victim's trafficking experience or experience working on the streets.
- Understand and talk about how demand fuels the commercial sex industry and how it impacts human trafficking.
- Encourage education for youth on healthy relationships, consent, self-esteem, sexual assault, domestic violence. Youth are highly vulnerable to human trafficking. Traffickers may groom children, and even their entire family by using social media or exploiting their position of power (i.e. teacher of youth leader).

DEVELOPING THE PROTOCOL

The purpose of writing a SART protocol is to define the roles and the responsibilities of each agency as it responds to the needs of victims. The protocol serves four key purposes:

(1) an operational guide established by the founding agencies.

(2) a reference guide during problem solving and conflict resolution.

(3) a resource when there are changes in an agency administration and the new administration has different ideas; and

(4) an important document for orienting and training new members

Writing the protocol is time consuming yet essential. Working together as a team to develop the protocol ensures that it is comprehensive and well-informed. It is essential to remember that each community is unique, and a protocol developed for one community may not be a sufficient protocol for another community.

Per Indiana statute, a number of items must be addressed in every protocol. These items include a plan to address the following:

(1) the collection, preservation, secured storage, and destruction of samples;

(2) an alleged sexual assault victim who is at least eighteen (18) years of age who either reports a sexual assault or elects not to report a sexual assault to law enforcement;

(3) the method of maintaining the confidentiality of the alleged sexual assault victim regarding the chain of custody and secured storage of a sample;

(4) the identification of law enforcement agencies that will be responsible to transport samples;

(5) agreements between medical providers and law enforcement agencies to pick up and store samples;

(6) maintaining samples in secured storage; and

(7) procedures to destroy a sample following applicable statute of limitations.

In addition to the statutory requirements, a SART protocol should also include definitions of basic terms, a mission and vision statement, team member responsibilities, a agency response checklist which details activation procedures and referral agencies, and information and information on working with specific populations (i.e. elderly, male, transgender, children, deaf/hearing impaired, persons with a disability).

Once the protocol is written each agency should review it carefully and secure an official acceptance of the protocol by the agency director. A signed protocol demonstrates a commitment from each agency to uphold the procedures within the protocol. This is not a static document. Instead, it is a living document that should be reviewed regularly to assess progress with process implementation, problems and the nature of any problems experienced, changes identified in the community, and changes in survivor needs. The protocol should be reviewed on an annual basis, or on a schedule that best meets team needs. Due to agency rotation of staff and turnover, new team members should be required to read the document and other pertinent information.

MEMORANDUM OF UNDERSTANDING (MOU)

A Memorandum of Understanding (MOU) is a formal agreement between the members of the SART, that serves as a reminder of what the team wants to do, who should be on the team, and what each agency intends to put forward as contributing members. There are many teams that have verbal agreements with no supporting documents. This can work for a long time. Usually, teams struggle when someone leaves an agency, and the new person doesn't understand the mission, vision, effort, resources, staff time, etc., necessary for the team. An MOU is different from a protocol in that it lists the overall mission and goals of the SART, rather than the actual process that each agency will engage in in response to a sexual assault. It is recommended that each SART develop an MOU.


APPENDIX

APPENDIX

HOW TO WRITE A MISSION STATEMENT

Mission statements answer the following questions:

1. **Who are you?** This is the easiest part of the mission statement. It is the name of the group or team and should probably describe the service area (for example, the _____ County Sexual Assault Response Team).

2. **What do you do?** Focus on the big picture view of the team's work. Try to concisely articulate the end goal the team is trying to achieve (for example, "increases access to specialized services and support, and improves the multidisciplinary response").

3. **Who benefits?** Knowing the people you aim to serve will help keep the team centered. You will have the power to ask, "For whom do we do this work?" Keep this part focused on the main population (for example, "victims of sexual assault).

Putting the above examples together, a mission statement might read like this: "The _____ County Sexual Assault Response Team increases access to specialized services and support and improves the multidisciplinary response for victims of sexual assault."

HOW TO WRITE A VISION STATEMENT

When drafting a vision statement, think big. Be creative, ambitious, and concise. SARTs should discuss the purpose of each agency's role in the SART and determine the core values of the SART.

As you craft your vision statement, ask the following questions:

- contemplate where your organization will be 5 to 10 years in the future, and if that is a timeframe in which the agencies want to participate in a SART;
- be passionate and ambitious;
- focus on what success will look like;
- use simple, clear language to express the message;
- be specific and avoid organizational or discipline-specific terminology or jargon; and
- align the statement with the values the agencies have agreed upon for the SART.

SAMPLE SART AGENDA

LOCATION/AGENCY NAME
Meeting Location Address Parking Instructions Here
Date of Meeting

1:45pm-2:00pm	Professional Networking Time
2:00pm-2:10pm	Welcome and Team/Agency Updates • Upcoming Events
2:10pm-2:40pm	Discuss current case challenges
2:40pm-2:55pm	Review Training Ideas and Outreach Efforts
2:55pm-3:00pm	Closing

Next Meeting: DATE
Location: AGENCY NAME AND ADDRESS

SAMPLE SART GOALS

_____ SART Goals

Jan. – Dec. 20XX

PRIORITY 1: _____

Goal 1: By Dec. 31, the _____ SART will _____

_____

Goal 2: By Dec. 31, the _____ SART will _____

_____

Goal 3: By Dec. 31, the _____ SART will _____

_____

PRIORITY 2:

Goal 1: By Dec. 31, the _____ SART will _____

_____

Goal 2: By Dec. 31, the _____ SART will _____

_____

Goal 3: By Dec. 31, the _____ SART will _____

_____

PRIORITY 3:

Goal 1: By Dec. 31, the _____ SART will _____

_____

Goal 2: By Dec. 31, the _____ SART will _____

_____

Goal 3: By Dec. 31, the _____ SART will _____

_____

SART Recommendations Checklist

Membership

_____ Representative(s) from county Prosecutor's Office

_____ Representative(s) from local law enforcement agencies

_____ Representative(s) from local forensic medical facility/hospital

_____ Representative(s) from local rape crisis center

_____ Representative(s) from local crime lab

Protocol and Decision Making

_____ Creation of SART protocol

_____ Confidentiality form signed by every SART member

_____ Protocol based on victim-centered practices

_____ Protocol lists roles of team

Meetings, Coordination, and Implementation

_____ Meetings set at regular intervals (at a minimum on a quarterly basis)

_____ Training expectations set

_____ Accurate lists of community resources distributed to all SART members

Evaluation

_____ Plan in place for evaluation of protocol

_____ Scheduled timeline for evaluation set and implemented

SAMPLE NEEDS ASSESSMENT

1. Name of agency:
2. Sexual violence reports for year:
3. Total number of victims of sexual violence for the year (whether case was charged or not):

# of children _____

# of women _____

# of men _____

#of non-gender conforming individuals _____

#of gender unknown _____

Total: _____

4. Relationship

_____ Spouse
_____ Grandfather/Grandmother
_____ Boyfriend/Girlfriend
_____ Sibling
_____ Cousin
_____ Parent
_____ Acquaintance
_____ Friend
_____ Neighbor
_____ Co-Worker
_____ Stranger
_____ Uncle/Aunt
_____ Other (specify)

List the most common places that victims are reporting the sexual violence took place:

Discuss any positive interaction and/or collaborative efforts you have seen or experienced within your community as a response to sexual violence.

Discuss any challenges and/or concerns you have seen or experienced within your community as it relates to response to sexual violence.

Discuss any future efforts you would like to see happen within your community in order to enhance services for victims of sexual violence.

Please identify populations in your community that you feel are underserved in regards to services for victims of sexual violence.

Other comments regarding services for victims of sexual violence in your community:

SART MEMORANDUM OF UNDERSTANDING SAMPLE 1

SART MEMORANDUM OF UNDERSTANDING

This agreement stands as evidence of the commitment of the agencies listed to implement a SART (Sexual Assault Response Team) in (enter name of county).

It is hereby recognized that the SART is an effective intervention method to ensure competent, coordinated, and effective intervention for victims of sexual assault. The SART organizes an inter-agency, multi-disciplinary response to sexual assault for the benefit of the victim and the community. Each agency indicates their commitment to implementing and maintaining the SART in the following ways:

- participating in the SART planning and implementation;
- training patrol officers and detectives in the SART approach and by implementing first-responder training;
- training deputy district attorneys in the SART approach;
- establishing and obtaining training for the sexual assault forensic medical examiners;
- ensuring victim advocacy and continuity of care for survivors of sexual assault by involving rape crisis center advocates;
- involving the local crime laboratory in training sexual assault forensic medical examiners;
- ensuring coordination with the Victim/Witness Assistance Center to facilitate access to the Crime Victim Compensation Fund, and other services;
- participation by all SART agencies in a monthly SART meeting to ensure smooth operations, problem solving, and case review;
- development and maintenance of a database by each agency and a SART database;
- a commitment to positive, constructive problem solving for the benefit of the sexual assault victim and the community;
- a commitment to effective case review to identify trends, themes, and system problems; and
- ensuring a culturally competent system of care especially including the planning and availability of interpreters.

Authorized Signatures

_____ _____

_____ _____

SART MEMORANDUM OF UNDERSTANDING SAMPLE 2

SART MEMORANDUM OF UNDERSTANDING

The mission of _____ County Sexual Assault Response Team (SART) is to coordinate and implement an interagency response to sexual assault victims which promotes consistency, respect, and cultural responsiveness. The participating entities herein share certain community goals and purposes when providing victim-centered care through medical, advocacy, law enforcement, prosecution, corrections, institutions of higher education, county and community human services, and other agencies. The team has been meeting regularly since (YEAR) and has created and updated its interagency response protocol (X) times since its inception. In order for the SART to fulfill this mission, participating agencies and organizations that respond to sexual assault victims must be active and engaged team members, and must make every effort to comply with the procedures set forth in the protocol as their resources allow. Participating agencies signing this Memorandum of Understanding agree to fulfill the roles and responsibilities outlined here to the best of their abilities and as their resources allow.

Role of participating agencies & organizations:

- Be committed to the victim-centered and offender-focused approach
- Maintain leadership support for the development and implementation of the interagency protocol and other goals of the team
- Ensure that the team meetings are a priority for their agency or institution and their representative
- Provide regular updates to agency leadership about the work of the team
- Actively support training and other information-sharing within the agency to ensure implementation of protocol throughout the agency
- Actively support the use of case consultation or case reviews to identify strengths and weaknesses of protocol or of implementation within the agency

Team member roles and responsibilities:

- Be committed to the victim-centered and offender-focused approach
- Revise and implement written protocol
- Be versed in their agency's role in sexual assault cases
- Be able to speak about the ability of their agency to fulfill obligations related to the multidisciplinary process
- Identify and address relevant trends and gaps in services, with an emphasis on constructive problem-solving

Authorized Signatures

_____ _____

INTERNAL SART EVALUATION SURVEY

Internal SART Evaluation Survey
Roles and Impact

Purpose:
The purpose of this tool is to clarify roles of each partner agency and how the agencies work together towards common goals.

How:
Distribute survey amongst team members. Ask that each team member complete section 1 of the survey individually. Once complete, come together as a team and discuss survey outcomes. Record answers in Section 2 of the survey.

Section 1: Please answer the following questions individually.

1. What do I (and my agency) currently know about sexual violence in our community? (Example: My agency is aware that our community has an abundance of resources for sexual assault survivors and that we can collaborate with those agencies to reduce sexual violence).
   —
   —
   —

2. What do I (and my agency) see as our role on the SART and ending sexual violence in our community? (Example: As an advocate, one role on the SART is to ensure survivors are aware of their rights and processes so they can make informed decisions regarding their victimization).
   —
   —
   —

3. What do I (and my agency) see as the top priorities, issues, and/or needs that the team must address to improve outcomes for victims/survivors? (Example: A top priority for our team is to ensure that every agency on the team has access to trauma informed interpreters so we can effectively reach non-native English speaking survivors).
   —
   —
   —

4. What will be the end result of the team's work? How will the response be different or what will all victims/survivors be able to say as a result of our work? (Example: Increase in survivors reporting to law enforcement as a result of more trauma informed investigations).
   —
   —
   —

5. How does this scope of work relate back to the team's mission and purpose? (Example: An increase in offender accountability leads to a decrease in sexual violence in our community).
   —
   —
   —

Section 2: Please answer the following questions as a team (compile answers from section 1 of all assessments collected and enter responses below).

1. What do you or your agency know about sexual violence in your community? Please record the top 3 answers. (These can be used as guidance when completing your yearly SART Community Assessment).

   —
   —
   —

2. What do you or your agency see as our role on the SART and ending sexual violence in our community. Please record top three for the following roles:

   Law enforcement:

   —
   —
   —

   Prosecutor:

   —
   —
   —

   Victim Advocates:

   —
   —
   —

   Healthcare Provider/SANE:

   —
   —
   —

   Supporting Members:

   Role/Agency: _____

   —
   —
   —

   Role/Agency: _____

   —
   —
   —

3. What do you and your agency see as the top priorities, issues, and/or needs that the team must address to improve outcomes for victims/survivors? Please record top 3 answers of the team (These can be used as guidance when completing your yearly SART Community Assessment):

   —
   —
   —

4. What will be the end result of the team's work? How will the response be different or what will all victims/survivors be able to say as a result of our work? Record the top 3 correlating responses. (Example: Use of trauma informed interviews in the community result in an increase in offender accountability).

   —
   —
   —

5. How does this scope of work relate back to the team's mission and purpose? Review your team's mission and vision. How does the work you do in your agency and as a team work towards those goals?

   —
   —
   —

EXAMPLES OF CASE REVIEW

Example of Active Case Management:

An investigator was working on a difficult sexual assault case and decided to bring it to the subset of the team that handled active case management. The investigator wanted insight from others on how to proceed when he encountered several challenges and dead ends. The investigator presented the case facts to the group and identified the difficulties they faced. The prosecutor offered a new strategy and suggested obtaining search warrants for specific pieces of evidence based on what had worked in previous cases. The advocate offered suggestions for ways to support victims during lengthy investigative processes, and the medical professional explained the medical terminology from the sexual assault exam report to the group so that they could better understand its significance. The advocate and the medical professional who were present had not worked directly with the victim so there was no risk of confidential information being shared. The victim had signed a release of information for the investigator to obtain the exam report as part of the case investigation.

It is key to observe that in this scenario, identifying information about the victim and suspect were not shared because it was not pertinent to discussing the case. In this case, the investigator was able to use the suggestions to continue the investigation and offer a stronger case to prosecutors. The investigator knew the potential impact of the prolonged case on the victim and could better explain the challenges to the victim while minimizing the risk that the victim would disengage from the process. The strategies learned during this process may be relevant in future cases.

Example of Formal Case Review:

A SART decided to review a specific case of intimate partner sexual assault. The case involved a woman and a man who had separated. After the separation, the man broke into the woman's home and sexually assaulted her. The case was charged and proceeded through the system resulting in a conviction. After sentencing, the case was reviewed by the team to compare the protocol with service delivery to determine how the protocol worked. During that review, the team learned that some information known to several responders was not communicated with all team members or with the defendant's treatment provider. The victim had made previous reports and had obtained protective orders citing sexual assault in the past, prior to the charged incident. The team had discussions about where the information was lost and discussed ways to prevent this from happening in the future. It was enlightening to the team to learn there were missed opportunities for intervention, as the team initially viewed this case as a success because the case was prosecuted, and the perpetrator was convicted and enrolled in a treatment program. In addition, the full information about the offender's frequency of perpetration was not accurately relayed to the treatment provider, who was under the assumption that the assault was an isolated incident and had made treatment recommendations for the offender based on that information.

This process changed the team's perspective and highlighted areas where the system could do more to support victims, hold offenders accountable, and protect communities. The team identified several instances, some small, where they could adjust to enhance service provision and successful outcomes. During this case review, the SART recognized if the system had responded more effectively in the beginning, subsequent acts of violence may have been avoided.

Example of Systems Consultation Review:

Hospital staff report to the director of the local sexual assault advocacy program that there are advocates who routinely fail to respond to the hospital in a timely manner when called to meet with a victim. Although this appears to be a concern specific to a few advocates, the hospital staff and advocacy program work together to understand why the advocates are not arriving in a timely manner. Together, the hospital staff and advocacy program explore questions such as these:

- What is a timely manner?
- Why is this a reasonable timeframe?
- Do we agree to this timeframe?
- Do the advocates know about the timeframe?
- Were the advocates trained on the timeframe?
- Is the timeframe in our protocol?
- Based on where the advocates live, is the timeframe realistic?
- Are advocacy centers hiring advocates within a certain distance of the medical center?
- Does the protocol change if an advocate lives beyond the identified response time area?
- What is done if that time frame is not being honored?
- Is there a capacity concern for the rape crisis center?

These questions lead teams to identify system-wide concerns and solutions. In this case, the "timely manner" was not clarified in protocol and hospital staff believed it to be a different time than required. The hospital staff worked with the advocacy organization to decide on a timeframe that worked for everyone. The advocacy organization and hospital discussed potential challenges to the 30-minute timeframe and, for these rare cases, created a system for the advocate to call and speak with the victim.



Printed with the permission of the Lake County SART. For further questions about the Lake County SART Protocol please contact FairHavenRCC.org.

This protocol is provided as a sample for reference purposes only. Codes and references have changed. For updated codes please see **iga.in.gov**.

2020

Adopted Protocols

INDIANA

Lake County SART

Ending Violence Together

Last Modified

6/30/2020

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Interagency Agreement

The participating entities herein share certain community goals and purposes in attempting to investigate, prosecute, and resolve cases of sexual assault. Each participating agency and organization recognize the requirement to address the needs of sexual assault victims while fulfilling its mandated responsibilities.

In combining our respective individual capabilities, each member agency seeks to increase the effectiveness with which such matters are dealt through the Lake County SART (Sexual Assault Response Team), a county-wide, multi-disciplinary, cooperative effort.

The purpose of the Lake County SART is to provide and promote closer coordination and better communication among all participants herein. In addition, the community, the victim, and those otherwise involved in the matters of sexual assault will benefit from the guidelines and protocol established using collaborative practices.

Each agency that associates with the Lake County SART agrees to work toward the implementation of standardized, victim-centered protocol for investigation, prosecution, and resolution of cases of sexual assault. Each agency participating in this effort agrees to cooperate with the procedures set forth in the protocols.

Each agency associated with the Lake County SART understands that it remains solely liable for the actions of its team members. Each agency agrees that there is no liability to the team by virtue of this agreement to provide public services.

Each agency that associates with the Lake County SART reserves the right to withdraw from association. Each agency agrees that withdrawal will happen only after written notification to other team members.

Each agency whose representative signs this open letter of association does hereby commit itself to a cooperative effort to investigate, prosecute and resolve cases of sexual assault.



X _____

Bernard A. Carter
Lake County Prosecuting Attorney

Our Mission Statement

The purpose of the Lake County, Indiana Sexual Assault Response Team is to coordinate a victim centered, collaborative, interdisciplinary response to all victims of sexual assault by providing comprehensive forensic evaluation, continued advocacy and criminal justice services in an ethical and compassionate manner.

Sexual Assault Response Team

Indiana Code – Section 16-21-8-1.5: mandates every county to establish a Sexual Assault Response Team (SART)

The Sexual Assault Response Team is minimally comprised of representatives from the Prosecutor's Office and Law Enforcement Officers, Sexual Assault Victim Advocates and Sexual Assault Nurse Examiners.

The SART uses a team approach in providing compassionate, comprehensive evidence collection, emotional support, information, assistance, and investigation of the alleged incident of sexual assault. **SART Activation Breakdown**:

Prepubescent Victim	Adolescent Victim	Adult Victim	Special Needs
The victim & non-offending family members are informed of the availability of services offered by SART. Law Enforcement & Department of Child services will be contacted. Advocacy is offered & made available to the victim and non-offending family members. When deemed necessary, medical forensic evidence collection services are scheduled with trained professionals and with the collaborative consent of both the victim & non-offending family member.	The victim & non-offending family members are informed of the availability of services offered by SART. Law Enforcement & Department of Child services will be contacted. Advocacy is made available to the victim and non-offending family members. When deemed necessary, medical forensic evidence collection services are performed by trained professionals and with the collaborative consent of both victim & non-offending family member.	The assault occurred within the past five days (120 hours) Advocacy is made available to the victim and non-offending family members. Victim is informed of Rights. (IC 35-40.5) The victim is informed that she/he may choose any, all or none of the services offered.	The victim & non-offending family members are informed of the availability of services offered by SART. Law Enforcement or Department of Child Services or Adult Protective Services will be contacted. Advocacy is made available to the victim and non-offending family members. When deemed necessary, medical forensic evidence collection services are performed by trained professionals and with the collaborative consent of both victim & non-offending family member.

The requested team members will respond within one hour or less.
Specific roles and responsibilities of each discipline are set forth in the following standards.

Terms | Definitions | Codes

- Indiana Code (IC) 35-42-4-1 Rape: A person who knowingly or intentionally has sexual intercourse with another person or knowingly or intentionally causes another person to perform or submit to other sexual conduct when:
    - Compelled by force/threat of force
    - Victim is unaware
    - Victim is so mentally disabled/deficient they cannot consent

  Rape is now a Level 3 Felony, but can be enhanced to Level 1 Felony
    - Use or threat of deadly force
    - While armed with deadly weapon
    - Resulting in serious bodily injury
    - Furnishing drug or controlled substance without victim's knowledge
- IC 35-42-4-3 Child molesting: (a) A person who, with a child under fourteen (14) years of age, knowingly or intentionally performs or submits to sexual intercourse or other sexual conduct (as defined in IC 35-31.5-2-221.5) commits child molesting, a Level 3 felony. However, the offense is a Level 1 felony if:
    - It is committed by a person at least twenty-one (21) years of age.
    - It is committed by using or threatening the use of deadly force or while armed with a deadly weapon;
    - It results in serious bodily injury.
    - The commission of the offense is facilitated by furnishing the victim, without the victim's knowledge, with a drug (as defined in IC 16-42-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with the drug or controlled substance without the victim's knowledge; or
    - It results in the transmission of a dangerous sexually transmitted disease and the person knew that the person was infected with the disease.

  (b) A person who, with a child under fourteen (14) years of age, performs or submits to any fondling or touching, of either the child or the older person, with intent to arouse or to satisfy the sexual desires of either the child or the older person, commits child molesting, a Level 4 felony. However, the offense is a Level 2 felony if:
    - It is committed by using or threatening the use of deadly force;
    - It is committed while armed with a deadly weapon; or
    - The commission of the offense is facilitated by furnishing the victim, without the victim's knowledge, with a drug (as defined in IC 16-42-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with the drug or controlled substance without the victim's knowledge.

  (c) A person may be convicted of attempted child molesting of an individual at least fourteen (14) years of age if the person believed the individual to be a child under fourteen (14) years of age at the time the person attempted to commit the offense.
- IC 35-42-4-8 Sexual battery: A person who, with intent to arouse or satisfy the persons own sexual desires or the sexual desires of another person:
    - (1) Touches another person when that person is compelled to submit to the touching by force or the imminent threat of force or so mentally disabled or deficient that consent to the touching cannot be given; OR

  - (2) Touches another person's genitals, pubic area, buttocks, or female breast when that person is unaware that the touching is occurring
  - Commits Sexual Battery, Level 6 Felony
  - Enhanced to Level 4 Felony if the offense is facilitated by furnishing the victim (without their knowledge) a drug or controlled substance OR knowing that the victim was furnished with the drug or controlled substance without the victim's knowledge.
- IC 35-42-4-9 Sexual misconduct with a minor Sec. 9. (a) A person at least eighteen (18) years of age who, with a child less than sixteen (16) years of age, performs or submits to sexual intercourse or deviate sexual conduct commits sexual misconduct with a minor, a Level 4, 5, or 6 felony.
- SANE- (Sexual Assault Nurse Examiner) is a qualification for forensic nurses who have received special training to conduct sexual assault evidentiary exams for rape victims. In addition, they provide emotional support, follow up medical referral information and testify in court to evidence collected.
- SART- (Sexual Assault Response Team) are coalitions or agencies that serve sexual assault victims. Core membership for SARTs typically includes victim advocates, law enforcement officers, forensic medical examiners, forensic scientists, and prosecutors. Lake County has a multidisciplinary SART that works together to formalize interagency guidelines that prioritize victims' needs, hold offenders accountable, and promote public safety.
- RCC- (Rape Crisis Center) is an organization that provides a full continuum of services, including hotlines, victim advocacy, and support services from the onset of the need for services through the completion of healing, to victims of sexual assault.
- Sexual Assault Victim Advocate- Professionals trained to support victims of crime. Advocates offer victims information, emotional support, and help finding resources and filling out paperwork. Advocates go to police interviews and attend court with victims. Additionally, Advocates contact organizations, such as criminal justice or social service agencies, to get help or information for victims.
- Victim Rights IC 35-40.5
  - IC 35-40.5-2-1 When rights attach Sec. 1. The rights provided to victims under this article attach whenever a victim is subject to: (1) a forensic medical exam; or 2) an interview by a law enforcement officer, in relation to injuries, trauma, or an investigation resulting from an alleged sexual assault.
  - IC 35-40.5-2-2 Victim continuously retains right Sec. 2. A victim continuously retains all the rights under this article regardless of whether the victim: (1) agrees to participate in any civil or criminal proceeding related to the alleged sexual assault; or (2) consents to a forensic medical exam to collect forensic evidence related to the alleged sexual assault.
  - IC 35-40.5-3-1 Victim's right to speak with certain persons Sec. 1. A victim has the right to: (1) speak with a victim advocate or victim service provider during any hospital visit for the purpose of receiving a sexual assault examination; and (2) speak with a victim advocate or victim service provider during the course of the investigation. If a victim advocate or victim service provider is not available, a victim

has the right to speak with victim's assistance or a social worker. A victim retains these rights even if the victim has waived one (1) or more of these rights in a previous examination or interview.

- IC 35-40.5-3-2 Certain communications inadmissible as evidence Sec. 2. A victim's communications with a victim advocate, victim service provider, victim's assistance, or a social worker are not admissible into evidence for any purpose except with consent of the victim.
- IC 35-40.5-4-1 Services provided to victim without charge Sec. 1. As described in IC 16-21-8-6, a provider shall provide forensic medical exams and additional forensic services to a victim without charge.
- IC 35-40.5-4-2 Provider's duty to inform victim of certain rights Sec. 2. Before a provider commences a forensic medical examination, or as soon as possible, the provider shall inform the victim of the following: (1) The victim's rights under this article and other relevant law in a document to be developed by the state sexual assault response team, which shall be signed by the victim to confirm receipt, unless the victim has already been provided with the document under IC 35-40.5-5-1. (2) The victim's right to speak with a victim advocate or victim service provider. If a victim advocate or victim service provider is not available, a victim has the right to speak with victim's assistance or a social worker.
- IC 35-40.5-4-3 Provider to notify victim advocate Sec. 3. Before a provider commences a forensic medical examination, or as soon as possible, the provider shall notify a victim advocate or a victim service provider. If a victim advocate or victim service provider is not available, the provider shall notify victims assistance or a social worker.
- IC 35-40.5-5-1 Law enforcement duty to inform Sec. 1. Before a law enforcement officer commences an interview of a victim, the law enforcement officer shall inform the victim of the following: (1) The victim's rights under this article and other relevant law in a document to be developed by the state sexual assault response team, which shall be signed by the victim to confirm receipt, unless the victim has already been provided with the document under IC 35-40.5-4-2. (2) The victim's right to speak with a victim advocate or victim service provider during the course of the investigation, and that the victim has the right to speak to victims assistance or a social worker if a victim advocate or victim service provider is not available.
- IC 35-40.5-6-1 Defendant may not object to failure to comply Sec. 1. (a) A defendant or a person accused or convicted of a crime against a victim may not object to any failure in complying with this article. (b) The failure to provide a right or notice to a victim under this section may not be used by a defendant to seek to have the conviction or sentence set aside.
- IC 35-40.5-7-1 Duty of law enforcement to inform victim of rights Sec. 1. (a) Upon initial interaction with a victim, a law enforcement officer or provider shall provide the victim with a document developed by the state sexual assault response team that explains the rights of victims: (1) under this article and other relevant law; (2) in a format accessible to persons with visual disabilities; and (3) in English, Spanish, and German. (b) The document described in subsection (a) shall include the following: (1) A clear statement that a victim is not required to receive a medical evidentiary or physical examination in order to retain the rights provided under this

article or any other relevant law. (2) Information concerning state and federal victim compensation funds for medical and other costs associated with the sexual assault.

Rape Kit Policy Reform

During the 2017 legislative session, Senate Resolution Number 55 was passed and adopted by the Indiana General Assembly. In adopting this resolution, Indiana State Police were urged to conduct a thorough audit of all untested rape kits within the state. Participation in the audit, while strongly recommended and even noted as expected, was voluntary.

Lake County submitted 238 as the net number of untested rap kits in evidence. Also noted was that not all agencies within the county reported data towards the reported total.

The Lake County SART Rape Kit Policy Reform is in direct response to the Indiana Statewide Audit and outlines protocol that will both address our current backlog and prevent any future backlog.

- **Beginning April 1, 2018:**
  - Every rape kit shall be picked up by law enforcement with corresponding jurisdiction from the hospital within 72 hours of being notified of the kit.
    - This includes anonymous and non-anonymous kits
  - Every non-anonymous rape kit shall be taken down to ISP Lab within 30 days of pick-up.
  - Anonymous kits will be stored by law enforcement in a secure location and shall be destroyed after 365 days if the victim does not come forward.
- **Addressing the back log of cases:**
  - Every non-anonymous rape kit shall be tested, beginning with newest to oldest.
- **Filing Cases**
  - Once a detective has determined their investigation is over, they shall present it to the Lake County Prosecutor's Office within 72 hours.

Standard 1: Sexual Assault Victim Advocate

Victims of sexual assault will be provided the opportunity to have the support of a sexual assault victim advocate prior to & during all medical and legal proceedings and throughout the entire legal and healing process.

The Role of the Advocate is to provide the continuum of care from the first contact until the victim decides support is no longer needed. An Advocates' only responsibility is to provide support to the victim.

The Advocate will provide the victim with a continuum of care from case initiation to case closure and beyond, providing client wrap-around services, coordination, and case management. This includes accompaniment services to the Hospital, to Law Enforcement interviews and through the Prosecution process.

The Advocate's responsibility is to listen and to empathize with the survivors feelings, to reduce the isolation of the experience, to inform, to explain, to clarify, to support to ensure the survivors needs are met to the fullest extent possible, to aid with practical issues & concerns, and to assist the survivor in dealing with others such as family, employers, law enforcement officers, medical and legal personnel.

The Advocate will verify that the victim has been informed and has received information regarding **victim rights** (IC 35-40.5), all procedures, options, and resources, including rape care services, the importance of seeking medical attention and the value of immediate evidence collection and early police reporting.

When dispatched & working within a hospital, an Advocate will:

- provide the victim a safe, neutral, and confidential avenue to explore and weigh options and support the victim's choices and decisions.
- maintain the confidentiality of all communications occurring solely between the advocate and the victim. IC 35-37-6-9
- provide the victim with emergency clothing, toiletries, safety planning, information, and referrals where needed, arrange emergency transportation from location if needed.

When dispatched & working with Law Enforcement, an Advocate will:

- provide information, support an accompaniment during interviews.
- bridge the gap by explaining the next steps.
- maintain the confidentiality of all communications occurring solely between the advocate and the victim. IC 35-37-6-9

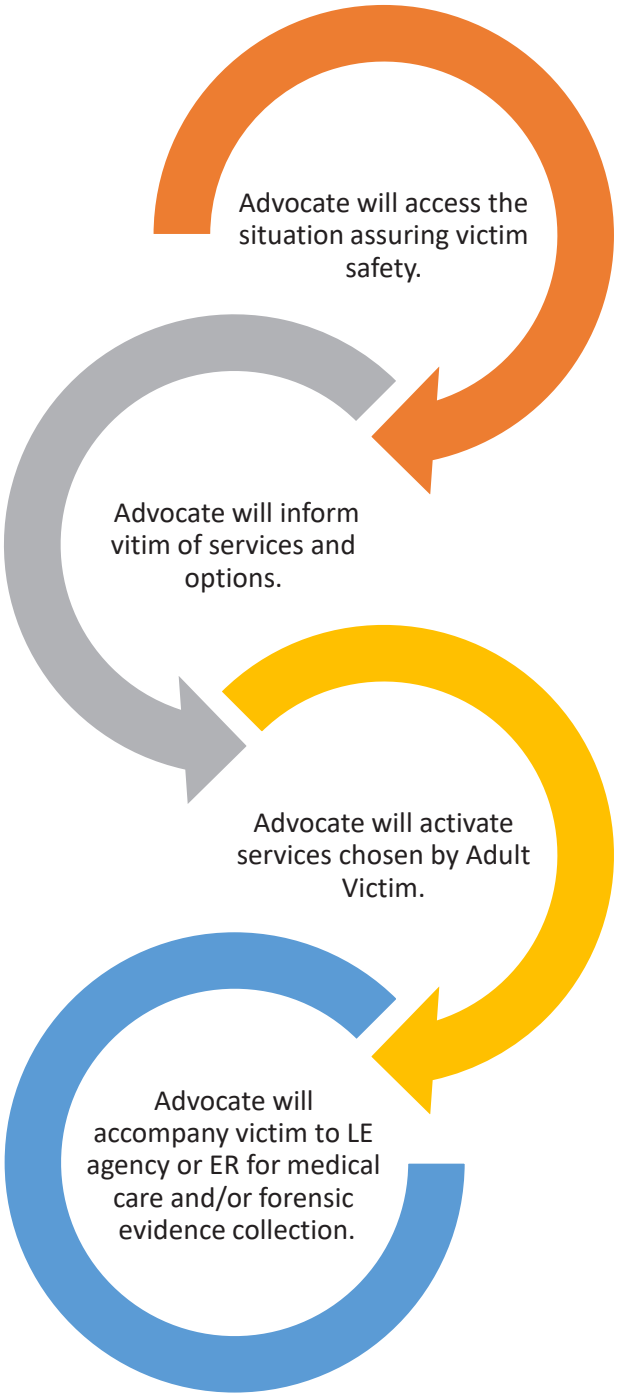
When working with Prosecutors, an Advocate will:

- provide information, support an accompaniment during interviews & court proceedings.
- bridge the gap by explaining the steps.
- maintain the confidentiality of all communications occurring solely between the advocate and the victim. IC 35-37-6-9

The Rape Crisis Center is available to provide support for the non-offending family members and friends.

SART Activation or Call-out Process

First Point of Contact: Rape Crisis Center



Standard 2: Law Enforcement

Victims of sexual assault will be provided with thorough, compassionate, and objective assistance from all Law Enforcement Officers responding to and investigating an incident of sexual assault.

All Law Enforcement Officers will ensure the immediate safety and security of the victim. Upon initial interaction with a victim, a law enforcement officer or provider shall provide the victim with the brochure that outlines Victim's Rights (IC 35-40.5-7-1)

All reported incidents of sexual assault will be investigated in a thorough, non-judgmental manner.

In every reported incident of sexual assault, the responding officer will obtain basic information about the incident and then inform the victim of his or her right to immediate medical attention and the value of immediate evidence collection. More specific details of the incident will be obtained by the officer at the conclusion of the medical forensic examination or at a later time.

Law Enforcement agencies shall provide sexual assault victims with information about their Victim Rights (IC 35-40.5-5-1) which includes their right to speak with a Victim Advocate. The victim has the right to have a Sexual Assault Victim Advocate present prior to and during any law enforcement interview. Law Enforcement will respect confidential communications between the victim and the Advocate.

When the victim requests the presence of an Advocate during a law enforcement interview, the Advocate may be asked to provide her full name, address, and agency in which she is affiliated.

In order to activate a SART response, the victim must be 13 years of age (with menses) or older (minimum age varies amongst health care providers.), the incident must have occurred within five days (120 hours) of the disclosure and the victim consents to activation of the SART.

No victim, regardless of age, will be forced to undergo a sexual assault forensic examination or provide evidence without his or her consent.

I. SART ACTIVATED CASES

In all cases where SART is activated through law enforcement, a law enforcement officer may respond with the victim to the examination site. The responding officer will provide members of the SART any relevant information necessary to provide services to the victim.

If the victim chooses to have law enforcement involved during the SART activation, the investigating officer may participate in the preliminary interview that is victim-centered and trauma-informed.

To respect the privacy of the victim, the officer will not be present in the room during the medical forensic examination.

At the conclusion of the examination, a law enforcement officer will take custody of the sealed Sexual Assault Forensic Evidence Collection Kit and any other evidence collected by the SANE.

- The Sexual Assault Kit must be picked up from the hospital with 72 hours.
- The Sexual Assault Kit must be taken to the ISP Laboratory within 30 days.

The officer will assist the victim in arranging transportation from the exam site if needed.

The investigating officer will arrange with the victim for a mutually agreed upon time to conduct the formal forensic interview. The victim has the right to determine when, or if, she/he is prepared to file a criminal complaint.

If the victim, who is under 18, chooses not to report the incident to police, information and evidence gathered will be conducted by the SANE. Evidence is to be collected as "Anonymous" and preserved up to 365 days, affording the victim the opportunity to decide to file a criminal complaint.

- Once a detective has determined their investigation is over, they shall present it to the Lake County Prosecutor's Office within 72 hours.

II. NON-SART CASES

There are several situations in which a victim may report a sexual assault to law enforcement, but full SART activation may not be appropriate. Examples of these situations may include:

- Victim reports incident more than five days after it occurs.
- Victim is less than 13 years old or
- Victim chooses not to undergo a sexual assault medical forensic examination

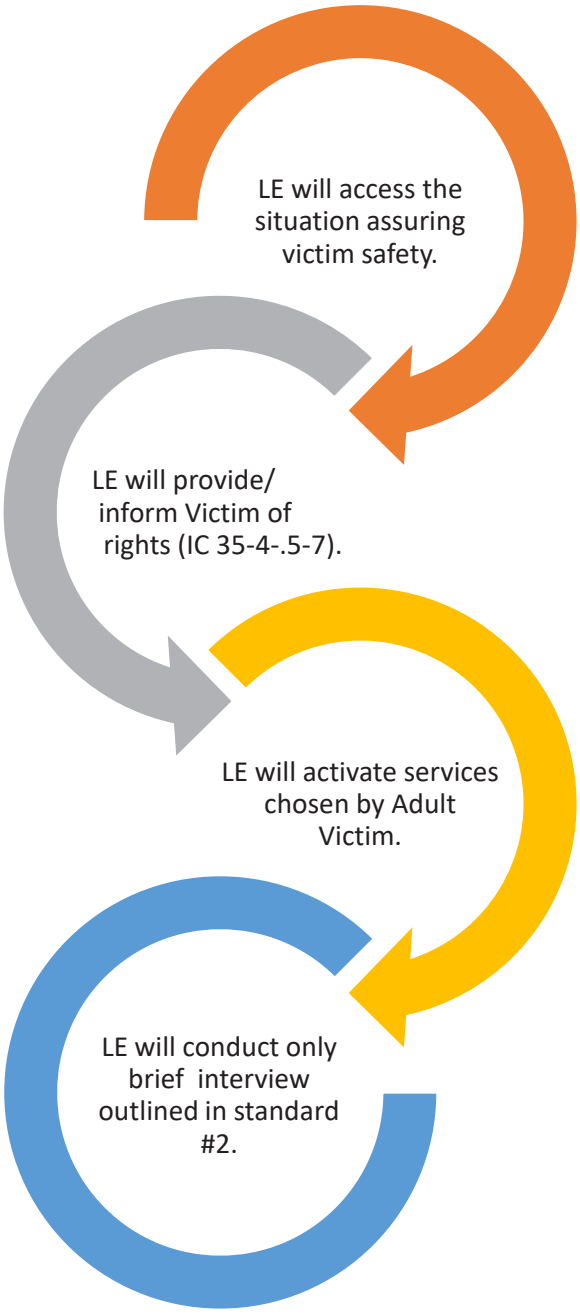
In cases where the victim reports the incident more than five days (120 hours) after it has occurred, a sexual assault medical forensic examination will not routinely be performed. Nonetheless, the victim is entitled to and should be offered the services of a sexual assault victim advocate. Additionally, the Victim should be directed to a healthcare facility to be seen to potentially treat for any STIs (sexually transmitted infections) or exposures, or assessment of any injuries related to the sexual assault, ensuring their healthcare needs are met.

In cases where the victim is 13 years old without menses or less than 13 years old (age varies amongst health care providers), specialized services for children should be utilized. (See standard 6: Specialized Services for Child and Adolescent Victims) (IC 35-40.5-5-1).

Some victims may report incidents that meet the criteria for SART activation but choose not to undergo a sexual assault medical forensic examination. In these situations, the law enforcement officer should offer the victim information about RCC services and should assist the victim who chooses to contact the RCC prior to any formal interview.

SART Activation or Call-out Process

First Point of Contact: Law Enforcement



Standard 3: Health Care Providers

Health care professionals will provide every victim of sexual assault comprehensive treatment thorough, compassionate, and objective services.

The opportunity to undergo a sexual assault medical forensic examination will be offered to all victims who are at least 13 years of age with menses (age varies amongst health care providers) and disclose a sexual assault within 5 days of when the incident occurred. Victims who present more than 5 days (120 hours) after the assault will not routinely undergo a sexual assault medical forensic examination. However, under extenuating circumstances and at the discretion of the forensic clinician, a medical forensic examination may be performed.

Medical facilities providing treatment to sexual assault victims are recommended to contact the Rape Crisis Center's 24/hour hotline to dispatch an Advocate to the facility upon presentation or as soon as possible.

IC 35-40.5-4-3 Provider to notify victim advocate Before a provider commences a forensic medical examination, or as soon as possible, the provider shall notify a victim advocate or a victim service provider.

Victims who present at a medical facility more than 5 days (120 hours) after the assault occurred and/or victims who present within 5 days but decline a sexual assault medical forensic examination must be evaluated and treated for any emergent medical needs. These victims must be advised of their rights (IC 35-40.5).

All hospitals shall provide sexual assault victims with information about Victim Rights (IC 35-40.5) regardless of when or where the incident occurred, or whether the victim has reported the incident to police.

The victim will be offered the opportunity to speak privately with an advocate prior to investigative and sexual assault medical forensic interviews or procedures. The advocate will explain the advocate's role and the services of the Rape Crisis Center.

For child victims of sexual assault who are below the age of 13 years old (age varies amongst health care providers), please see Standard 6: Specialized Services for child and adolescent victims.

Every adolescent or adult victim of sexual assault has the right to consent or decline a sexual assault medical forensic examination. No sexual assault medical forensic examination will be performed without the express consent of the victim, regardless of the wishes of any SART member, hospital staff member or the victim's parents, guardian, spouse, family, or friends.

SANE's will be Registered Nurses, who have completed Sexual Assault Nurse Examiner Training for Adult/Adolescent or Pediatric populations, or any health care provider/physician, advanced practice nurse or physician assistant who have completed an educational/competency

guideline that has been established by the International Association of Forensic Nurses and best practice guidelines.

All victims of sexual assault will have the opportunity to discuss their medical condition, treatment options and medical referral plan privately with the SANE or trained health care provider before and during treatment.

The SANE or trained health care provider that is examining and providing care for a victim of sexual assault is responsible for obtaining appropriate written consent and continually validating verbal consent with the victim throughout the examination and evidence collection process.

The SANE or trained health care provider is responsible for documenting information pertaining to the victim's complaint of sexual assault, obtaining a pertinent medical history, performing the sexual assault medical forensic examination, ensuring that necessary medical treatment is provided, providing patient education and making all necessary referrals for follow-up care.

The SANE or trained health care provider will ensure that every victim is offered information about sexually transmitted infections and available treatment options. Victims should also be provided with information about emergency contraception.

At the conclusion of the sexual assault medical forensic examination, any evidence collected will be packaged and protected in a manner to ensure the integrity of specimens and maintain the appropriate chain of custody of the evidence.

- All sexual assault kits are to be registered in the Indiana Sexual Assault Kit Tracking System. This will generate a pin # that is to be provided to the patient.
- The pin number is to be written on the kit.
- The pin # is to be provided to the patient prior to discharge. It can be written on the Indiana Criminal Justice Institute Sex Crimes Victims Application Information Sheet and/or the Victim's Rights Brochure. ICJI info sheet has a space for kit # and pin# for tracking purposes as well.

*Please refer to the Indiana Statewide Sexual Assault Kit Tracking System User Manual for SANE personnel for more detailed information regarding the state's tracking procedures. This document and the Victim Rights Brochure can be found on the Lake County SART website www.LakeCountySART.org.

Standard 4: Sexual Assault Forensic Evidence Kits

Every victim of sexual assault that is in the window of evidence collection is entitled to request a sexual assault medical forensic examination for the purpose of identifying injuries and collecting forensic evidence.

It is considered best-practice that the examination be completed by individuals who have specialized training in the examination of adolescent and adult victims of sexual assault (SANE).

Every emergency healthcare facility in the county will have available the Indiana Sexual Assault Evidence Collection Kit. Kits will be kept on-site to be used for sexual assault medical forensic examinations.

Every sexual assault medical forensic examination should be completed using the Indiana Sexual Assault Evidence Collection Kit and Examination their facilities examination forms for documentation purposes. The Indiana Sex Crimes Victim's Application is to be used for those crimes committed in the state of Indiana. However, as a courtesy to our neighboring state of Illinois, hospitals may use the Illinois Sexual Assault Forensic Evidence Collection Kit and corresponding forms.

All individuals, age 13 or older (age varies amongst health care providers), reporting sexual assault victimization should be advised of the value of immediate evidence collection. All victims have the right to consent or to decline any or all parts of a sexual assault medical forensic examination. The consent of the victim will be obtained prior to the performance of any examination. No examination will be conducted without the consent of the victim. In the case where a victim is a minor, his or her consent must be obtained before an examination is conducted.

In a situation where the victim is unable to consent due to permanent mental incapacity, Indiana Senate Bill 255 states that a health care provider may conduct a forensic medical examination of an unconscious person who is suspected to be the victim of a sex crime without the consent of the victim or other authorized individuals under certain circumstances. The Bill provides the health care provider with immunity in conducting the examination.

At the conclusion of the sexual assault medical forensic examination, any evidence collected will be packaged and protected in a manner to ensure the integrity of specimens and maintain the appropriate chain of custody of the evidence.

- All sexual assault kits are to be registered in the Indiana Sexual Assault Kit Tracking System. This will generate a pin # that is to be provided to the patient.
- The pin number is to be written on the kit
- The pin # is to be provided to the patient prior to discharge. It can be written on the Indiana Criminal Justice Institute Sex Crimes Victims Application Information Sheet and/or the Victim's Rights Brochure. The ICJI info sheet space for kit # and pin# for tracking purposes as well.

*Please refer to the Indiana Statewide Sexual Assault Kit Tracking System User Manual for SANE personnel for more detailed information regarding the state's tracking procedures. This document and the Victim Rights Brochure can be located on the Lake County SART website www.LakeCountySART.org.

Sexual Assault Kits must be picked up from the hospital by law enforcement within 72 hours.

Victims who report anonymously will be offered 365 days in which evidence will be held pending the victim's decision.

Standard 5: Examination/Medical Facilities

All victims of sexual assault will be provided with a sexual assault medical forensic examination and treatment in a timely, compassionate, and respectful manner.

I. SART Participating Examination Facilities

Sexual assault victims will be offered access to the participating facility(s) for a full range of services including sexual assault medical forensic examinations, sexual assault victim advocacy and law enforcement assistance.

Each participating facility will provide interview and treatment areas that offer the victim privacy and security. It is considered best practice to offer victims a private bathroom and access to a shower facility.

Each participating facility that has its designated SANE area located in an area other than the emergency department, will establish procedures to ensure that every victim has access to emergency services as needed.

Each participating facility is always responsible to keep sealed Indiana Sexual Assault Evidence Collection kits available. Evidence collection kits will be supplied by the Indiana State Crime Lab at no charge to the facility.

Each participating facility will establish procedures to ensure the secure storage and/or transfer of evidence with special consideration to issues of specimen integrity and chain of custody.

Each participating facility will employ measures to ensure the safety and security of all forensic equipment used as part of the sexual assault medical forensic examination. This forensic equipment may only be used by a SANE or trained health care professional who is conducting a medical forensic examination as part of the SART.

Each participating facility will establish a procedure to ensure the confidentiality and security of forensic examination records. It is recommended that each facility establish a policy requiring the use of standardized terminology.

A victim who is seen at a participating facility will not be charged any fee for services that are directly associated with the sexual assault medical forensic examination. These services include routine medical screening, medications for prophylaxis of some sexually transmitted infections, pregnancy tests and emergency contraception, supplies, equipment and use of space.

A victim of sexual assault who is 18 years if age or older, who is eligible for SART services has the option of obtaining those services without reporting the incident to law enforcement. Minors, (17 yrs. of age and younger) require mandatory reporting to law enforcement agency and Department of Child Services.

Victims requiring emergency health care services beyond the scope of the forensic examination may be charged according to hospital policy for any services provided. Victims will be informed of the services of the Victims of Crime Compensation and give an application form.

All participating facilities are required to work cooperatively with the SART to ensure that emergency department personnel and first responders are educated regarding SART policies and procedures, including timely advocacy activation.

II. Non-Participating Examination Facilities

Sexual assault victims may seek medical attention at any health care facility, including non-participating facilities.

It is recommended that victims of sexual assault be offered information about the county SART and the specialized services available and should be offered the opportunity to see those services. Emergency Medical Treatment and Labor Act (EMTALA) requirements must be met before a patient is discharged or transferred to a participating facility.

When a victim of sexual assault seeks services at a non-participating SART facility, that facility will have a professional healthcare provider collect and preserve evidence from victims of sexual assault.

The non-participating SART facility is always responsible to keep sealed Indiana Sexual Assault Forensic Evidence Collection kits available. Evidence collection kits will be supplied by the Indiana State Lab at no charge to the facility.

It is recommended that each non-participating facility establish procedures to ensure the secure storage and/or transfer of evidence with special consideration to issues of chain of custody. It is further recommended that the facility consult with the County Prosecutor's Office in developing these procedures.

Health care facilities providing treatment to sexual assault victims are recommended to contact the Rape Crisis Center's 24/hour hotline to dispatch an Advocate to the facility upon presentation or as soon as possible.

IC 35-40.5-4-3 Provider to notify victim advocate Before a provider commences a forensic medical examination, or as soon as possible, the provider shall notify a victim advocate or a victim service provider. *Please see HIPAA Position Statement on page 19.

It is recommended that non-participating facilities provide interview and treatment areas that offer the victim privacy and security; access to a shower facility; and access to a clean change of clothing following the medical forensic examination.

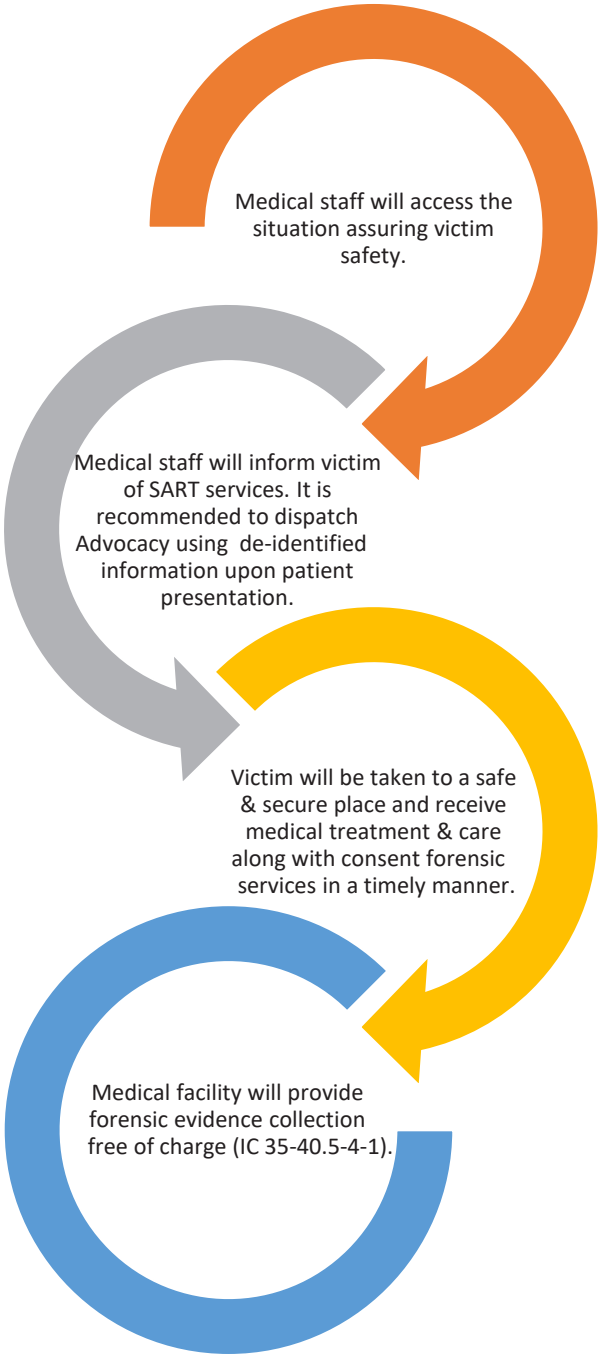
It is recommended that non-participating facilities establish a procedure to ensure confidentiality and security of medical forensic examination records. It is further recommended that these records be stored separately from the victim's medical record.

It is recommended that non-participating facilities establish a policy requiring the use of standardized terminology to protect the victim's privacy.

It is recommended that all non-participating facilities work cooperatively with the county SART to ensure that emergency department personnel and first responders are informed about SART policies and procedures and victim rights.

SART Activation or Call-out Process

First Point of Contact: Medical Facility



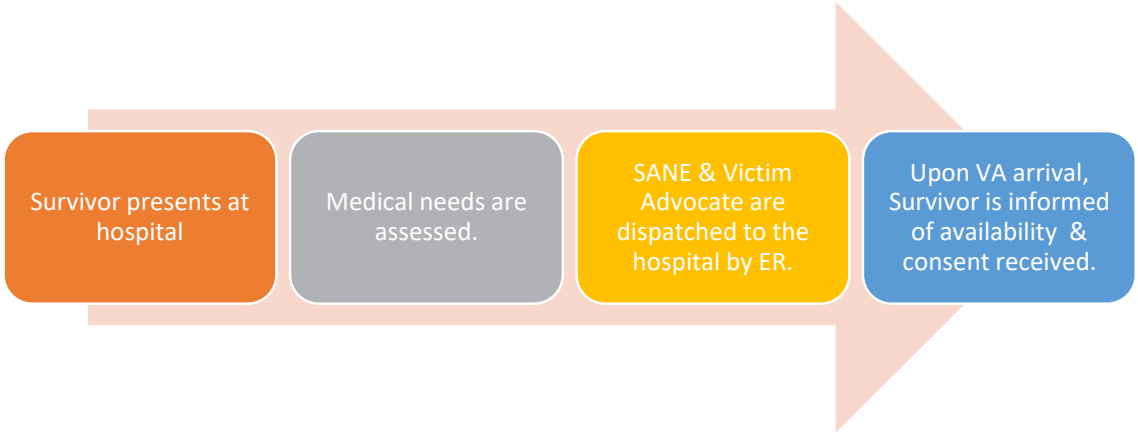
HIPAA Position Statement

The purpose of the Lake County, Indiana Sexual Assault Response Team is to coordinate a victim centered, collaborative, interdisciplinary response to all victims of sexual assault. Recently, questions have arisen regarding the application of the Health Insurance Portability and Accountability Act (HIPAA) to sexual assault programs. Specifically, when can an advocate be contacted by the hospital to respond to the hospital for a sexual assault victim.

The U.S. Department of Health and Human Services issued Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) to implement the requirements of HIPAA. The Privacy Rule is a set of national standards for the protection of certain health information. A major purpose of the Privacy Rule is to define and limit the circumstances in which an individual's protected health information may be used or disclosed by covered entities, such as health care providers.

The Privacy Rule permits release of certain information under the certain circumstances. There is no restriction on the use or disclosure of **De-identified health information** and is no longer considered protected health information. When using only de-identified information, hospital personnel may notify the Rape Crisis Center of a victim's presence in the ER upon arrival.

The Lake County SART Recommended Activation Procedure is as follows:



It is recommended that Health Care Providers work toward the above activation procedure that will allow for the **immediate contact** of the Rape Crisis Center using **only** de-identified information which is allowable under the HIPAA Privacy Rule.

For any Health Care Provider who continues to be concerned for HIPAA compliance, it is recommended that the Provider enter into a Business Associate Agreement (BAA) with the Rape Crisis Center. A simple BAA will eliminate any HIPAA compliance concern the Provider may have and allow the discipline of Advocacy to respond quickly and efficiently to Victims presenting at local hospitals.

Standard 6: ISP Lab Policy for Rape Kit Reform

All sexual assault evidence collection kits in Lake County will be tested. The Indiana State Police Laboratory will ensure that all kits are tested thoroughly to provide the highest quality results to Law Enforcement and Prosecution.

All kits will be brought to the Indiana State Police Laboratory within 30 days of being picked up by law enforcement. Kits will undergo a presumptive test for seminal fluid and DNA extraction and analysis of all swabs and underwear in the kit. In instances where the kit is more than three (3) years old, there is only an issue of consent, prosecution has been declined, or profiles are ineligible for CODIS, an alternative protocol will be performed. The alternative protocol will include four (4) samples to be extracted and evaluated for DNA. No presumptive testing will be performed.

Standard 7: Specialized Services for Prepubescent & Adolescent Victims

Health care personnel, law enforcement officers, and sexual assault victim advocates will ensure that all child (prepubescent) and adolescent victims of sexual assault or sexual abuse and their families are treated with compassion and respect. All services will be provided in a manner that is specific to the physical, emotional, and developmental needs of the child or adolescent.

The Department of Child Services is contacted when there is a reasonable cause to believe that a person under the age of 18 has been sexually assaulted. If DCS determines that the family needs intervention service, DCS staff will be responsible to make the appropriate medical and counseling referrals. A Sexual Assault Victim Advocate will be made available to the victim and family during any Forensic Exam and Law Enforcement Interviews following **IC 35-40.5.**

Health care facilities providing treatment to sexual assault victims are recommended to contact the Rape Crisis Center's 24/hour hotline to dispatch an Advocate to the facility upon presentation or as soon as possible.

In cases where DCS determines the child is safe to return to their home and no further intervention services are required, the child and adolescent victims and their families may be referred for medical follow-up, counseling services and other community resources by Hospital and/or Rape Crisis Center.

No prepubescent or adolescent victim of sexual assault is to be restrained or otherwise forced to undergo a sexual assault medical forensic examination.

Services for prepubescent victims of sexual assault should be provided by professionals who are specially trained and certified in Pediatric Evidence Collection.

Victims age 13 with menses or older and their family will be offered the services of a sexual assault victim advocate and programs offered through the RCC. Advocates are also available to

provide support services to non-offending family members of all child and adolescent victims, regardless of the child's age or when the assault occurred.

Standard 8: Special Needs / Vulnerable Populations

The special needs of victims will be recognized and addressed by law enforcement officers, health care providers and sexual assault victim advocates.

Residents from nursing homes, skilled care facilities, community-based group homes and others with physical, mental, and/or emotional disabilities may be at greater risk of sexual assault victimization. SART procedures and training programs will include information regarding methods of identifying special needs populations, effective communication methods and mandatory reporting requirements for special needs populations including:

- DCS regulations for reporting a suspicion of child abuse.
- Adult Protective Services regulations for reporting abuse of vulnerable adults in Lake County.
    - UNIT 1 County: Lake 2900 W 93rd Ave Crown Point, IN 46307 219-755-3863 219-755-3865 FAX Matt Cooper - Dir 219-755-3863.
    - The Adult Protective Services (APS) Program was established to investigate reports and provide intervention and protection to vulnerable adults who are victims of abuse, neglect, or exploitation. APS field investigators operate out of the offices of county prosecutors throughout the state.
- Office of the Indiana Attorney General for reporting abuse of patients residing in nursing homes and institutions.
    - Anyone who suspects patient abuse or neglect is legally obligated to report it to a law enforcement agency, Adult Protective Services (800-992-6978) or Child Protective Services (800) 800-5556. Individuals are also encouraged to report suspected instances of abuse and neglect to the Indiana Attorney General's Patient Abuse and Neglect group using the hotline (800) 382-1039 or by reporting it online at www.AttorneyGeneral.IN.Gov.
    - The Indiana Attorney General's Patient Abuse and Neglect program was created to protect vulnerable Hoosiers—patients in nursing homes, homes for the disabled, assisted living residences, homes for the mentally ill and other residential care facilities.

SART members have protocols and tools to address the communication needs of all victims including:

- The availability of interpreters who communicate in victim's primary language
- Sign interpreters for persons who are deaf or hard of hearing; and
- Methods of communicating in an age appropriate manner with persons who have developmental disabilities.
    - Victim Advocates have 24/7 access to language line.

Standard 9: Discharge and Safety Plan

Every victim of sexual assault will have the benefit of a discharge plan that addresses personal safety, medical follow-up, and emotional needs.

Advocates & all individuals who provide services to a victim immediately after a sexual assault will assess if the victim feels safe returning to his or her residence. If the victim does not feel safe, then assistance in developing a safety plan will be provided. Alternatives to returning to their residence may include seeking temporary housing in the home of a relative or friend or a local domestic violence shelter.

In the case of child and adolescent victims sexually assaulted by a family member or caretaker, DCS must be notified and will be responsible to determine appropriate placement.

If the sexual assault occurred in the context of a domestic violence incident, the victim will be provided with information regarding domestic violence victim's rights including information on temporary restraining orders and other means of increasing safety.

The victim will be given assistance to safely reach home or an alternative location. If the victim does not have transportation, it will be arranged by advocacy or hospitals.

Victims will be assisted in identifying personal support systems such as relatives, friends, clergy, or others who may provide emotional, financial, or physical assistance in the days following the assault. Victims will also be given information regarding professional resources for counseling which will include the contact number of the local RCC and how to access those services.

Following medical treatment for a sexual assault, victims will receive information regarding recommended follow-up to address medical concerns that may arise. This information will be provided by the SANE or other medical personnel who provided care.

Every victim will be provided with the Victims' Rights Brochure which includes contact information for the Rape Crisis Center and the Victims of Crime Compensation information. Brochure can be found on the LC SART website: **www.LakeCountySART.org.**

Victims will be advised of the investigative process and provided with the name of a contact person from the local law enforcement agency and/or the prosecutor's office.

Standard 10: Prosecution

Recognizing the profound impact that crimes of sexual assault have on both; child and adult victims and their families, prosecutors will utilize a victim-centered approach when working with victims of sexual assault and in handling their cases.

The Lake County, Indiana Prosecutors Office will assign one (1) Deputy Prosecuting Attorney with specialized training in the investigation and prosecution of sexual assault crimes to each criminal courtroom.

Deputy Prosecuting Attorneys will establish procedures to maintain custody of any forensic evidence collected during a sexual assault medical forensic examination conducted within the county. If the victim is undecided about reporting an incident to law enforcement at the time of the sexual assault medical forensic examination, the prosecutor will establish a procedure for all evidence to be secured for 365 days from the date of the examination. This procedure will allow every victim an opportunity to make an informed decision regarding if Law Enforcement can begin to investigate.

Deputy Prosecuting Attorneys will adhere to the Attorney General Standards to Ensure the Rights of Crime Victims when working with victims of sexual assault.

The victim of a sexual assault will be provided the opportunity to consult with the Deputy Prosecuting Attorney prior to the conclusion of any plea negotiations per IC Code 35-35-3-2 Felony charge; duties of prosecuting attorney.

Sec. 2. (a) In making a recommendation on a felony charge, a Deputy Prosecuting Attorney must:

(1) inform the victim that he has entered into discussions with defense counsel or the court concerning a recommendation; (2) inform the victim, of the contents of the recommendation before it is filed; and (3) notify the victim that the victim is entitled to be present and may address the court (in person or in writing) when the court considers the recommendation.

(b) A court may consider a recommendation on a felony charge only if the Deputy Prosecuting Attorney has complied with this section.

The victim of a sexual assault will be provided the opportunity to draft and submit a victim impact statement. The Sexual Assault Victim Advocate will be available to support the victim while drafting her statement and court accompaniment.

In the event the offender is formally charged, indicted, convicted or adjudicated a delinquent, the Prosecutors Office will ensure that the victim is advised of the right to obtain a court order requiring defendant to submit to an approved serological test for HIV. Additionally, the victim will be offered assistance and referral to obtain an approved serological test for infections with HIV and appropriate counseling and medical care. (SB9, Public Law 88-123 (88)).

Standard 11: Evaluation of SART Services

Victims of sexual assault who utilize SART services will be offered an opportunity to evaluate the services provided. Members of the SART will also be offered an opportunity to evaluate the services provided and to recommend improvements.

Victims will be offered an opportunity to evaluate services they received through SART and will be provided with a short, pre-printed standardized victim survey form. The victim will be asked to (anonymously) complete and return the self-addressed, stamped survey to: Fair Haven RCC 2645 Ridge Road, Highland, IN 46322.

The RCC will provide victims with follow-up telephone contact within 72 hours of the reported assault. The purpose of this contact is to evaluate the victim's well-being and to offer further opportunities for referral for continuing supportive services. At this time, the RRC will request permission to mail and/or email the SART Quality of Services Questionnaire.

The letter and questionnaire to be distributed to survivors is as follows:

Sexual Assault Response Team
c/o Fair Haven Rape Crisis Center
2645 Ridge Road
Highland, IN 46322
(219) 961-4357

The Sexual Assault Response Team (SART) is a countywide, victim sensitive program designed to provide a team approach to the investigation of sexual assaults. Our goals are to give the best care possible to persons involved in sexual assaults, to minimize the traumatic effects during the medical and legal examinations, and to gather evidence.

The team consists of: nurse examiners who provide a forensic evidentiary examination and medical support, law enforcement officers who conduct an investigation and provide emergency assistance, victim advocates who provide emotional support and the Lake County Prosecutors Office who collaborate our efforts.

SART is an important program in Lake County, IN and your input is very important to us.

Please take a few moments to complete the enclosed questionnaire. Your comments, both positive and negative, will help us to make improvements where they are needed. Additionally, this survey is completely confidential and anonymous. Please use the enclosed self-addressed and stamped envelope to return the completed questionnaire.

Sincerely,

Lake County SART

Enclosure

CONFIDENTIAL Year _____

Medical Facility _____
Nurse Examiner _____
Law Enforcement Agency _____
Advocacy Agency _____
Advocate Name _____

Lake County, Indiana Sexual Assault Response Team Questionnaire

This is a CONFIDENTIAL survey and is for the exclusive review of the SART team members.

1. Please evaluate the examination process:

   a) Was the examination process explained to your satisfaction? Yes _____ No _____

   b) What if anything would you change about the examination process?

   c) What could be done to make the examination more comfortable?

2. The services provided by the SANE nurse were:

   Excellent _____ Good _____ Average _____ Poor _____

3. Comments or suggestions regarding services provided by the SANE nurse?

4. The services provided by Law Enforcement were:

   Excellent _____ Good _____ Average _____ Poor _____

5. Comments or suggestions regarding the services provided by Law Enforcement?

6. Did you contact the 24-Hour Lake County Sexual Assault Crisis Line? Yes ___ No ____

7. If yes, did the Victim Advocate provide you with compassion & information? Yes ____ No _____

8. Comments or suggestions regarding the services provided by the Dispatch Victim Advocate?

9. Did you have a Victim Advocate respond to and with you at the Hospital? Yes ___ No ____

10. If yes, how would you rate the services provided by the Responding Victim Advocate at the hospital:

    Excellent _____ Good _____ Average _____ Poor _____

11. Comments or suggestions regarding the services provided by the Responding Victim Advocate?

12. Did the Victim Advocate provide referral information for any of the following?
    - Fair Haven RCC Individual Counseling
    - Fair Haven RCC Support Group
    - Other _____

13. Do you intend to use Beacon of Hope continued services?
    - Law Enforcement Advocacy
    - Judicial System Advocacy
    - Individual Counseling
    - Support Group

Additional comments or suggestions:

Standard 12: SART Training

Standardized SART training will be provided to all members of SART.

The Lake County SART will present basic SART training course for all individuals, including SANE's, Sexual Assault Victim Advocates, Law Enforcement Officers, Detectives, and Investigators who provide services to Victims of Sexual Assault in Lake County.

The Lake County Prosecutor's office will conduct basic SART training as necessary to meet the needs of the participants.

Curriculum for the SART training should include:

- SANE/SART History
- County SART History and Statistics
- Dynamics of Sexual Assault
- Effects of Trauma
- Victim-Centered Approach
- Cultural Awareness and Special Needs Population
- Role of Sexual Assault Victim Advocate
- Role of Law Enforcement
- Role of SANE
- Medical Forensic Examination Process
- County SART Activation method
- County SART Policies and Procedures
- County Evidence Handling Procedures
- Legal Issues Associated with Prosecution

At the conclusion of the training course, the participants should be afforded an opportunity to evaluate the course content and methods of presentation.

SART training updates will be presented periodically to apprise team members of changes to SART policies and procedures.

References

This document was compiled using resources and information from the following sources:

- National Sexual Violence Resource Center- SART Resources, www.nsvrc.org/projects/sart-resources
- Attorney General Standards for Providing Services to Victims of Sexual Assault
  - Division of Criminal Justice 2nd edition, 2004
- Looking Back, Moving Forward: A program for Communities Responding to Sexual Assault
  - National Victim Center
- Office of Victims of Crime-SART Tool Kit
  - www.ovc.ncjs.gov/sart/kit
- International Association of Forensic Nurses
  - Creating a Community Protocol for Sexual Assault Forensic Examinations, www.iafn.org
- Sexual Violence Justice Institute, Minnesota Coalition Against Sexual Assault
  - Minnesota Model Sexual Assault Response Protocol, www.mncasa.org
- Florida Council Against Sexual Violence
  - Florida SART Toolkit, www.ccasa.org
- Wisconsin Coalition Against Sexual Assault
  - Wisconsin Adult Sexual Assault Response Team Protocol, www.wcasa.org
- A National Protocol for Sexual Assault Medical Forensics
  - US Department of Justice, Office on Violence Women, April 2013
- Privacy in HIPAA & VAWA
  - Confidentiality Institute & NNEDV
- HIPAA Privacy Guidelines
  - Office of the Attorney General Texas
- Guidelines for the Medical Forensic Examination of Adult and Adolescent Sexual Assault Patients, Indiana ENA, Indiana IAFN & ICESA
- Office of Victims of Crime First Response Guidebook for LE

ACKNOWLEDGEMENT

The Lake County SART would like to recognize the lead author of this document: Kelly Vates.

Vates is the Cofounder and Executive Director of Fair Haven Rape Crisis Center and serves as a Co-Chair of the Lake County SART.

Indiana SART Statute

IC 16-21 Chapter 8. Emergency Services to Sex Crime Victims

IC 16-21-8-0.1 Repealed

IC 16-21-8-0.2 Definitions

Sec. 0.2. The following definitions apply throughout this chapter:

(1) "Division" refers to the victim services division of the Indiana criminal justice institute established by IC 5-2-6-8(a).

(2) "Evidence" means the results collected from a forensic medical examination of a victim by a provider.

(3) "Personal information" has the meaning set forth in IC 9-14-6-6.

(4)"Provider" means a hospital or licensed medical services provider that provides forensic medical exams and additional forensic services to a victim.

(5) "Sample" means the result collected from a forensic medical examination of the victim by a provider, when the victim has not yet reported the sex crime to law enforcement.

(6) "Secured storage" means a method of storing a sample that will adequately safeguard the integrity and viability of the sample.

(7) "Sexual assault examination kit" means the standard medical forensic examination kit for victims of sexual assault developed by the state police department under IC 10-11-2-33.

(8) "Sexual assault nurse examiner" means a registered nurse who:

(A) has received training to provide comprehensive care to sexual assault survivors; and

(B) can: (i) conduct a forensic medical examination; and (ii) collect evidence from a sexual assault victim.

As added by P.L.161-2014, SEC.11. Amended by P.L.36-2019, SEC.2.

IC 16-21-8-0.3 Repealed

IC 16-21-8-0.5 Repealed

IC 16-21-8-0.6 Repealed

IC 16-21-8-0.7 Repealed

IC 16-21-8-0.8 Repealed

IC 16-21-8-0.9 Repealed

IC 16-21-8-1 Forensic Medical Exams and Additional Forensic Services; Rules; Enumeration of Sex Crimes

Sec.1. (a) A hospital licensed under IC 16-21-2 that provides general medical and surgical hospital services shall provide forensic medical exams and additional forensic services to all alleged sex crime victims who apply for forensic medical exams and additional forensic services in relation to injuries or trauma resulting from the alleged sex crime.
To the extent practicable, the hospital shall use a sexual assault examination kit to conduct forensic exams and provide forensic services. The provision of services may not be dependent on a victim's reporting to, or cooperating with, law enforcement.

(b) For the purposes of this chapter, the following crimes are considered sex crimes:

(1) Rape (IC 35-42-4-1).

(2) Criminal deviate conduct (IC 35-42-4-2) (repealed).

(3) Child molesting (IC 35-42-4-3).

(4) Vicarious sexual gratification (IC 35-42-4-5).

(5) Sexual battery (IC 35-42-4-8).

(6) Sexual misconduct with a minor (IC 35-42-4-9).

(7) Child solicitation (IC 35-42-4-6).

(8) Child seduction (IC 35-42-4-7).

(9) Incest (IC 35-46-1-3).

(c) Payment for services under this section shall be processed in accordance with rules adopted by the victim services division of the Indiana criminal justice institute.

As added by P.L.2-1993, SEC.4. Amended by P.L.47-1993, SEC.7;P.L.36-1997, SEC.7; P.L.121-2006, SEC.23; P.L.41-2007, SEC.13; P.L.158-2013, SEC.228; P.L.214-2013, SEC.15; P.L.161-2014, SEC.18.

IC 16-21-8-1.1 Forensic Medical Examinations Without Consent of the Examinee

Sec. 1.1. (a) A provider may conduct a forensic medical examination without the consent of the person who is the subject of the examination, or the consent of another person authorized to give consent under IC 16-36-1-5, if the following conditions are met:

(1) The person:

(A) does not have the capacity to provide informed consent under IC 16-36-1; and

(B) is, based on the medical opinion of the health care provider, incapable of providing consent within the time for evidence to be collected through a forensic medical examination.

(2) The provider has a reasonable suspicion that the person may be the victim of a sex crime.

(3) A person authorized to give consent under IC 16-36-1-5 is:

(A) not reasonably available; or

(B) the suspected perpetrator of the sex crime.

(b) A provider is immune from civil liability for conducting a forensic medical examination without consent in accordance with this section unless performance of the forensic medical examination constitutes gross negligence or willful or wanton misconduct.

As added by P.L.161-2014, SEC.19.

IC 16-21-8-1.5 Appointment of a Sexual Assault Response Team

Sec. 1.5. If a sexual assault response team has not been established in a county, the prosecuting attorney shall appoint a sexual assault response team in that county, or the county shall join with one (1) or more other counties to create a regional team, to comply with duties assigned to sexual assault response teams under this chapter.

As added by P.L.41-2007, SEC.14.

IC 16-21-8-2 County or Regional Sexual Response Team; Duties

Sec. 2. (a) Each county or regional sexual assault response team shall develop a plan that establishes the protocol for sexual assault victim response and treatment, including the:

(1) collection;

(2) preservation;

(3) secured storage; and

(4) destruction;

of samples.

(b) The plan under subsection (a) shall address the following regarding an alleged sexual assault victim who is at least eighteen (18) years of age and who either reports a sexual assault or elects not to report a sexual assault to law enforcement:

(1) The method of maintaining the confidentiality of the alleged sexual assault victim regarding the chain of custody and secured storage of a sample.

(2) The development of a victim notification form that notifies an alleged sexual assault victim of his or her rights under the law.

(3) How a victim will receive the victim notification form.

(4) Identification of law enforcement agencies that will be responsible to transport samples.

(5) Agreements between medical providers and law enforcement agencies to pick up and store samples.

(6) Maintaining samples in secured storage.

(7) Procedures to destroy a sample following applicable statute of limitations.

As added by P.L.2-1993, SEC.4. Amended by P.L.121-2006, SEC.24; P.L.41-2007, SEC.15.

IC 16-21-8-3 Forensic Medical Exams and Additional Forensic Services; Consent

Sec. 3. A physician or sexual assault nurse examiner who provides forensic medical exams and additional forensic services shall provide the forensic medical exams and additional forensic services to an alleged sex crime victim under this chapter with the consent of the alleged sex crime victim.

As added by P.L.2-1993, SEC.4. Amended by P.L.121-2006, SEC.25; P.L.41-2007, SEC.16.

IC 16-21-8-4 Assistance in Development and Operation of Forensic Medical Exams and Additional Forensic Services

Sec. 4. The victim services division of the Indiana criminal justice institute shall assist in the development and operation of programs that provide forensic medical exams and additional forensic services to alleged sex crime victims, and if necessary, provide grants to hospitals for this purpose.

As added by P.L.2-1993, SEC.4. Amended by P.L.47-1993, SEC.8; P.L.121-2006, SEC.26.

IC 16-21-8-5 Payment of Forensic Medical Exams; Requirements; Suspension

Sec. 5. (a) The division shall award compensation or reimbursement under this chapter for forensic medical exams.

(b) The division is not required to award compensation or reimbursement under this chapter for additional forensic services unless the following conditions are met:

(1) The victim is at least eighteen (18) years of age.

(2) If the victim is less than eighteen (18) years of age, a report of the sex crime must be made to child protective services or a law enforcement officer.

(3) The sex crime occurred in Indiana.

(4) The provider has initiated the claim for reimbursement in the division's designated web based claims reimbursement and sexual assault examination kit tracking system.

If the division finds a compelling reason for failure to comply with the requirements of this section, the division may suspend the requirements of this section.

(c) A claim filed for services provided at a time before the provision of the forensic medical exams and additional forensic services for which an application for reimbursement is filed is not covered under this chapter.

As added by P.L.2-1993, SEC.4. Amended by P.L.47-1993, SEC.9; P.L.90-2005, SEC.7; P.L.121-2006, SEC.27; P.L.41-2007, SEC.17; P.L.36-2019, SEC.3.

IC 16-21-8-6 Services without Charge; Reimbursement

Sec. 6. (a) When a provider provides forensic medical exams and additional forensic services under this chapter to a victim, the provider shall furnish the services without charge.

(b) When a provider provides additional forensic services under section 5(b) and 5(c) of this chapter, the provider shall furnish the services without charge.

(c) The division shall reimburse a provider for the cost for providing services and shall adopt rules and procedures to provide for reimbursement.

(d) The application for reimbursement must be filed not more than one hundred eighty (180) days after the date the service was provided.

(e) The division shall approve or deny an application for reimbursement filed under subsection (b) not more than one hundred twenty (120) days after receipt of the application for reimbursement.

(f) A provider may not charge the victim for services required under this chapter despite delays in reimbursement from the division.

As added by P.L.2-1993, SEC.4. Amended by P.L.47-1993, SEC.10; P.L.36-1997, SEC.8; P.L.90-2005, SEC.8; P.L.121-2006, SEC.28.

IC 16-21-8-7 Abortion Services not Required

Sec. 7. This chapter does not require a hospital to provide a service related to an abortion.

As added by P.L.2-1993, SEC.4.

IC 16-21-8-9 Duties of a Provider; Delayed Implementation

Sec. 9. (a) Prior to the discharge of a victim from the hospital, a provider shall:

(1) require the victim to sign a form that notifies the victim of his or her rights under this chapter;

(2) provide a copy of the signed form to the victim; and (3) inform law enforcement that the sample is available.

(b) The director of the Indiana criminal justice institute may delay the implementation of this section until the earlier of the following:

(1) A date set by the director.

(2) The date funding becomes available by a grant through the criminal justice institute or by an appropriation from the general assembly.

If the director of the criminal justice institute delays implementation of this section, the director shall notify the prosecuting attorney of each county of the director's action and when funding become available to implement this section.

As added by P.L.41-2007, SEC.18.

SEXUAL ASSAULT VICTIMS BILL OF RIGHTS

Chapter 1 - Definitions (Section 35-40.5-1-1)

The following definitions apply throughout this article:

(1) "Law enforcement officer" means any of the following:

(A) A law enforcement officer (as defined in IC 35-31.5-2-185).

(B) A state educational institution police officer appointed under IC 21-39-4.

(C) A school corporation officer appointed under IC 20-26-16.

(D) A school resource officer (as defined in IC 20-26-18.2-1).

(E) A police officer of a private postsecondary educational institution whose governing board has appointed the police officer under IC 21-17-5-2.

(2) "Provider" has the meaning set forth in IC 16-21-8-0.2.

(3) "Relative" has the meaning set forth in IC 35-42-2-1(b).

(4) "Sexual assault forensic evidence" means the results collected from a forensic medical examination of a victim by a provider.

(5) "State sexual assault response team" means the statewide sexual assault response team coordinated by the Indiana prosecuting attorneys council and the Indiana criminal justice institute.

(6) "Victim" means an individual:

(A) who is a victim of sexual assault (as defined in IC 5-26.5-1-8); or

(B) who:

(i) is a relative of or a person who has had a close personal relationship with the individual described under clause (A); and

(ii) is designated by the individual described under clause

(A) as a representative.

The term does not include an individual who is accused of committing an act of sexual assault (as defined in IC 5-26.5-1-8) against the individual described under clause (A).

(7) "Victim advocate" has the meaning set forth in IC 35-37-6-3.5.

(8) "Victim service provider" has the meaning set forth in IC 35-37-6-5.

IC 35-40.5-1-1

Added by P.L. 58-2020,SEC. 6. Amended by P.L.32-2021, SEC.94.

Chapter 2 - Attachment and Duration of Rights (Section 35-40.5-2-1 and 35-40.5-2-2)

The rights provided to victims under this article attach whenever a victim is subject to:

(1) a forensic medical exam; or

(2) an interview by a law enforcement officer; in relation to injuries, trauma, or an investigation resulting from an alleged sexual assault. *Added by P.L. 58-2020,SEC. 6, eff. 7/1/2020.*

Section 35-40.5-2-2

A victim continuously retains all the rights under this article regardless of whether the victim:

(1) agrees to participate in any civil or criminal proceeding related to the alleged sexual assault; or

(2) consents to a forensic medical exam to collect forensic evidence related to the alleged sexual assault.

IC 35-40.5-2-2

Added by P.L. 58-2020,SEC. 6, eff. 7/1/2020.

Chapter 3 - Right to a Victim Advocate or Victim Service Provider (Section 35-40.5-3-1 and 35-40.5-3-2))

IC 35-40.5-3-1 Victim's right to speak with certain persons

Sec. 1. A victim has the right to:

(1) speak with a victim advocate or victim service provider during any hospital visit for the purpose of receiving a sexual assault examination; and

(2) speak with a victim advocate or victim service provider during the course of the investigation.

If a victim advocate or victim service provider is not available, a victim has the right to speak with victims assistance or a social worker. A victim retains these rights even if the victim has waived one (1) or more of these rights in a previous examination or interview.

As added by P.L.58-2020, SEC.6.

Section 35-40.5-3-2 Certain communications inadmissible as evidence

Sec. 2. A victim's communications with a victim advocate, victim service provider, victims assistance, or a social worker are not admissible into evidence for any purpose except with consent of the victim.

As added by P.L.58-2020, SEC.6.

Chapter 4 - Collection of Sexual Assault Forensic Evidence (35-40.5-4-1 — 35-40.5-4-3)

Section 35-40.5-4-1 Services provided to victim without charge

As described in IC 16-21-8-6, a provider shall provide forensic medical exams and additional forensic services to a victim without charge.

As added by P.L.58-2020, SEC.6.

Section 35-40.5-4-2

Before a provider commences a forensic medical examination, or as soon as possible, the provider shall inform the victim of the following:

(1) The victim's rights under this article and other relevant law in a document to be developed by the state sexual assault response team, which shall be signed by the victim to confirm receipt, unless the victim has already been provided with the document under IC 35-40.5-5-1.(2) The victim's right to speak with a victim advocate or victim service provider. If a victim advocate or victim service provider is not available, a victim has the right to speak with victims assistance or a social worker.

Amended by P.L. 133-2020,SEC. 14, eff. 7/1/2020.Added by P.L. 58-2020,SEC. 6, eff. 7/1/2020.

Section 35-40.5-4-3

Before a provider commences a forensic medical examination, or as soon as possible, the provider shall notify a victim advocate or a victim service provider. If a victim advocate or victim service provider is not available, the provider shall notify victims assistance or a social worker.

Added by P.L. 58-2020,SEC. 6, eff. 7/1/2020.

Chapter 5 - Interview with Law Enforcement (Section 35-40.5-5-1)

Section 35-40.5-5-1

Before a law enforcement officer commences an interview of a victim, the law enforcement officer shall inform the victim of the following:

(1) The victim's rights under this article and other relevant law in a document to be developed by the state sexual assault response team, which shall be signed by the victim to confirm receipt, unless the victim has already been provided with the document under IC 35-40.5-4-2.(2) The victim's right to speak with a victim advocate or victim service provider during the course of the investigation, and that the victim has the right to speak to victims assistance or a social worker if a victim advocate or victim service provider is not available.

Amended by P.L. 133-2020,SEC. 15, eff. 7/1/2020.Added by P.L. 58-2020,SEC. 6, eff. 7/1/2020.

Chapter 6 - Compliance (35-40.5-6-1)

Section 35-40.5-6-1

(a) A defendant or a person accused or convicted of a crime against a victim may not object to any failure in complying with this article.(b) The failure to provide a right or notice to a victim under this section may not be used by a defendant to seek to have the conviction or sentence set aside.

Added by P.L. 58-2020,SEC. 6, eff. 7/1/2020.

Chapter 7 - Notice to Victims (35-40.5-7-1)

Section 35-40.5-7-1

(a) Upon initial interaction with a victim, a law enforcement officer or provider shall provide the victim with a document developed by the state sexual assault response team that explains the rights of victims:

(1) under this article and other relevant law;

(2) in a format accessible to persons with visual disabilities; and

(3) in English, Spanish, and German.

(b) The document described in subsection (a) shall include the following:

(1) A clear statement that a victim is not required to receive a medical evidentiary or physical examination in order to retain the rights provided under this article or any other relevant law.

(2) Information concerning state and federal victim compensation funds for medical and other costs associated with the sexual assault.

Amended by P.L. 133-2020,SEC. 16, eff. 7/1/2020.Added by P.L. 58-2020,SEC. 6, eff. 7/1/2020.

Visit endsexualassault.org/the-issue/the-laws for information about Indiana criminal codes related to sexual assault.

REFERENCES

Georgia Sexual Assault Response Team Guide: A multidisciplinary victim-centered approach for responding to vicms of sexual assault (2018)

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Indiana Coalition to
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