Report on the National Needs Assessment of Sexual Assault Response Teams

By
National Sexual Violence Resource Center

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Executive Summary

Report on the National Needs Assessment of Sexual Assault Response Team

(The full report can be accessed at www.nsvrc.org .)

The term "SART" stands for Sexual Assault Response Team, a collection of professional service providers and officials that respond essentially as a group, and in a timely fashion, to the various needs of rape victims. In general, SART teams provide invaluable services to sexual assault victims, and often improve the disposition of sexual assault cases in the criminal justice system. SARTs began to develop in the mid 1970s and have proliferated in many regions of the country. Today they exist at various levels of sophistication, effectiveness and viability. To date, what we have known about SARTs has come largely from individual reports and anecdotal information. We lack a clear picture of the status, needs and sustainability of these groups as organizational entities nationwide.

To address this situation, the National Sexual Violence Resource Center (NSVRC), through a cooperative agreement with the Office for Victims of Crime, developed a survey to assess how local, state, territory and tribal communities respond to victims of sexual violence, particularly in the development of SART teams. The goals of the survey were to (1) record the organization and administration of Sexual Assault Response Teams (SART) nationally as an introductory "portrait" of collaborative responses and (2) collect data about SART training and technical assistance needs for inclusion in a forthcoming National SART Toolkit.

For the purposes of the survey, the term "SART" (Sexual Assault Response Team) was defined as an intervention model for sexual violence that included a core group of disciplines working together, formally or informally. Key responders were described as advocates, law enforcement officers, forensic examiners (e.g.; SANE/SAFE/FNE), crime lab personnel, and prosecutors.

Most survey responses came from agencies representing victim services, healthcare, law enforcement, statewide coalitions, military, higher education, prosecution, social services, and civil legal. Rural areas comprised the largest geographical representation in the survey (approximately 40%). Three U.S. territories and 49 states responded.

SART Portrait

The full report offers detailed findings and provides a fairly revealing portrait of SARTs. This Executive Summary provides a sketch of that broader picture.

In general, multidisciplinary teams are most frequently called SARTs, with teams defining SART as a Sexual Assault Response or Resource Team (SART). Other jurisdictions call themselves: Suspected Abuse Response Teams (SART); Sexual Assault Interagency Councils (SAIC); Coordinated Community Response Teams (CCRT); Multidisciplinary Response Teams (MRT/MDRT); and Child/Adult Abuse Response Teams (CAART). Core team members

include: prosecutors, forensic examiners, law enforcement officers and victim advocates. Some teams include dispatchers and/or crime lab specialists.

Most SART teams responding have been in place for 3-5 years, and they rarely have a designated "Administrator". Overall, SART offices were primarily listed as victim advocacy agencies. Other settings for SART control centers included healthcare facilities, campuses, law enforcement agencies, or family justice centers.

Meetings for SART members are held monthly, bi-monthly, quarterly, or as issues arise. Team members adhere to confidential communications during team meetings or obtain confidentiality waivers from victims. SARTs have developed victim-centered, agency-specific guidelines/protocols, recommendations for meeting the needs of underserved populations, and guidelines for SARTs within campus, military, and tribal communities. Training is primarily offered locally, but some teams attend regional or national trainings. SARTs generally cross train among disciplines.

In general, SARTs do not receive direct funding, although some receive funding via federal grants; SART-specific state funds; and/or corporate and foundation grants

Collaboration is generally informal with verbal protocols, rather than formal written agreements. Some teams expressed interest in broadening their membership and developing relationships with faith-based organizations, multicultural community agencies, and organizations that work with individuals with disabilities, and a few indicated an interest in collaborating with individuals/legislators who could promote social change.

The extent and types of services provided by SARTs vary, but in general they include some combination of the following: victim advocacy, including crisis intervention and counseling and support for victim and family members; forensic exams and medical attention, law enforcement assistance with information and safety planning, various types of assistance from prosecution officials, and sometimes notification from probation or parole officials.

Other SARTs offer peer led prevention education programs in schools and colleges. These programs are typically facilitated by advocacy agencies. Public awareness initiatives include bilingual printed materials on prevention and intervention; survivor handbooks; billboard messages; magazine and newspaper ads; and public service announcements. Some SARTs have developed guidelines to enforce sex offender management and accountability; including sex offender registration websites and sex offender treatment through probation and parole.

SARTs engage in a variety of methods to measure and maintain quality assurance. They include: case management, data collection, tracking the number of sexual assault convictions, and collecting incident reports. Few SARTs report having been evaluated, and of the few that have, results indicate an increase in victim's perceptions of safety, the number of law enforcement reports, the reliability of evidence collection, and the number of sexual assault trainings offered.

SART Training Needs

SART teams expressed training needs around increasing victim centered responses, team development and criminal justice responses to sexual violence. Specifically, SARTs underscored the importance of more education on trauma and victimization, privileged communications; and how to dispel rape myths. In order to enhance and sustain the SART model, teams also indicated the need for more information on strategic planning, grant writing/funding, effective communication techniques and technology aids. Finally, in order to improve their work with criminal justice entities, SARTs expressed a desire for information on anonymous/delayed reporting, alcohol and consent, updates on drug facilitated sexual assault, evidence-based prosecution, rape shield laws, and information on the use of expert witnesses.

An Ongoing Approach

The SART composite emerging from this National Needs Assessment Survey offers an exciting glimpse into the benefits of collaboration. At the same time, we recognize that it represents a work-in-progress. The survey results are, in fact, only a baseline "portrait" of sexual assault teams nationally.

Our hope is that this report and the resulting tool kit, in conjunction with further surveys, capacity building efforts, and new resources, will inform and enhance the development of SARTs and other community response for victim-centered services. Our goal is to help facilitate peer-led dialogues and specialized technical assistance to ensure that victims are treated appropriately, fairly, and consistently, regardless of where they live.

Full Report on the National Needs Assessment of Sexual Assault Response Teams

This report summarizes the information gathered by the National Sexual Violence Resource Center (NSVRC) via a web-based and print survey regarding the needs of Sexual Assault Response Teams (SARTs) in the United States and its territories. Developed by the NSVRC with assistance from a National SART Toolkit Advisory Committee and the Office for Victims of Crime (See the Appendix A for committee members), the survey was available for completion between September 21, 2005 and November 1, 2005. NSVRC contacted over 150 organizations inviting them to complete the survey and to distribute it to their members and other relevant parties. In addition, NSVRC posted information about the survey on approximately a dozen listservs in order to reach other individuals working in this area. (See the Appendix B for a list of the agencies and listservs.)

A first step in conducting analysis of these responses was to develop a data set from the raw information in the actual responses. This necessitates the elimination of any incomplete, duplicate, and contradictory responses. Of the 411 total survey responses, 258 were selected as valid cases to be included in the analysis. Once the data was reviewed and coded, it was imported into a packaged program designed to facilitate this kind of analysis (*SPSS, Statistical Package for the Social Sciences*). The following demonstrate the disposition of eliminated cases:

- *Substantially incomplete responses.* Most of the eliminated cases (146) were removed for being substantially incomplete.
- *Agency/organization did not have a SART team.* Although no question specifically asked respondents if they had a SART team, five respondents indicated some where on the survey that they had no SART team.
- *Duplicate forms for same case.* Two agencies submitted multiple forms. In one case, the duplicate form was essentially blank and therefore eliminated, leaving the complete form to be part of the analysis. The other case involved two forms from the same agency but they contained contradictory and inconsistent information, and therefore neither form was included.

Although a significant number of responses were eliminated (153, 37%), the data set that was used in analyses represents the agencies with active SART teams and the basic intent of and criteria for this survey.

NSVRC expresses interest in gathering information in the future from organizations that do not currently have a SART but may be interested in developing one. Such organizations may have been represented by respondents who provided incomplete information on this survey or by those who indicated that their organization does not have a SART. However, that would require the development of another survey specifically designed to allow agencies to indicate their current status with regard to the development of a SART and then query them on their needs for technical assistance and effective training topics.

I. Description of the Responding Agencies and SART Team Administration

Agency Types

The largest percentage of responses came from rape crisis/recovery agencies (n=59, 23%), followed by dual agencies serving both sexual assault and domestic violence victims (n=45, 17%). The next highest percentage of responses were from "other" types of agencies (n=29, 11%). Often, the other agencies represented a blending of agencies such as sexual assault or rape crisis centers within hospitals, community-based organizations, or Departments of Health. Table 1 provides a complete listing of all of the various types of agencies that responded to the survey.

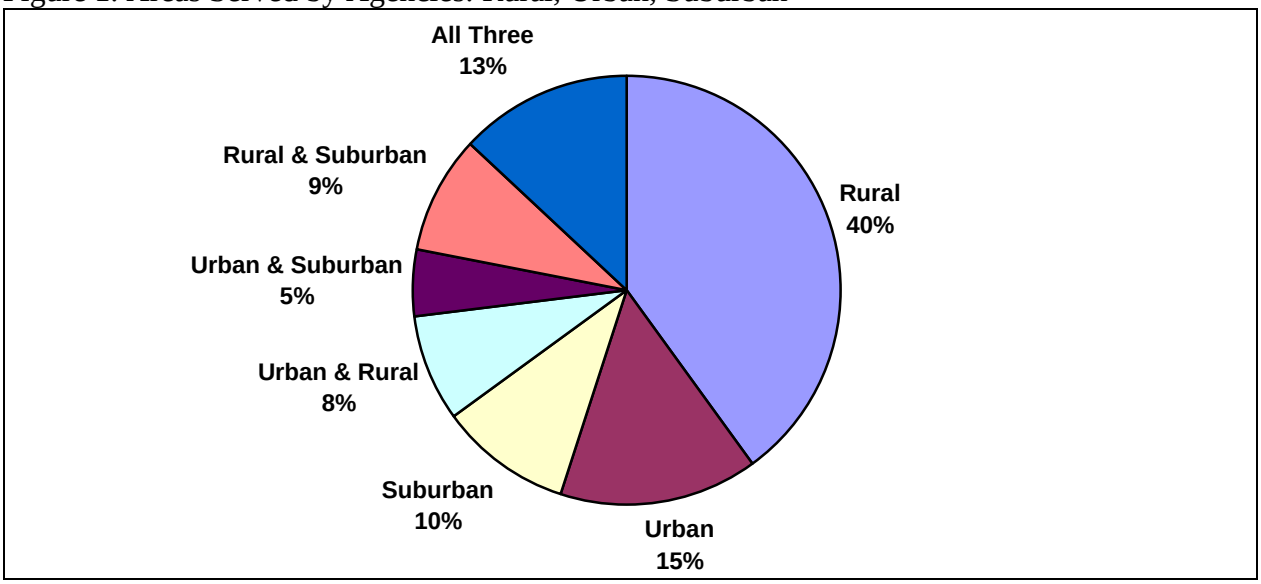
Table 1. Type of Agency Responding to the Survey

Agency Type	#(%)
Rape Crisis/Recovery Agency	59(23%)
Dual Agency (Domestic Violence and Sexual Assault)	45(17%)
Other	29(11%)
Healthcare Organization	23(9%)
Forensic Examiner Program	20(8%)
Law Enforcement	14(5%)
Sexual Assault Coalition	14(5%)
Military	11(4%)
Higher Education	9(4%)
Domestic Violence	7(3%)
Dual Coalition: Domestic Violence and Sexual Assault	7(3%)
Prosecuting Agency	7(3%)
Tribal Government Agency	4(2%)
Victim Witness Agency (prosecutor based)	3(1%)
Social Service Organization	2(1%)
Legal Services	1(<1%)
Organization serving Individuals with Disabilities	1(<1%)
Correctional	1(<1%)

Areas Served by the Agencies

There was variety in the areas served by the agencies. As shown in Figure 1, the largest percentage of respondents indicated that they serve only rural areas (n=95, 40%) while the smallest percentage of respondents indicated that they serve a combination of urban and suburban areas (n=12, 5%).

Figure 1. Areas Served by Agencies: Rural, Urban, Suburban



In addition to describing the areas served in terms of rural, urban and/or suburban, respondents also indicated whether or not they serve unique populations including campuses, military bases, U.S. territories, or tribal communities. Of the 258 respondents, 3 (1%) represent and provide services to U.S. territories and 17 (7%) of the respondents serve tribal communities.

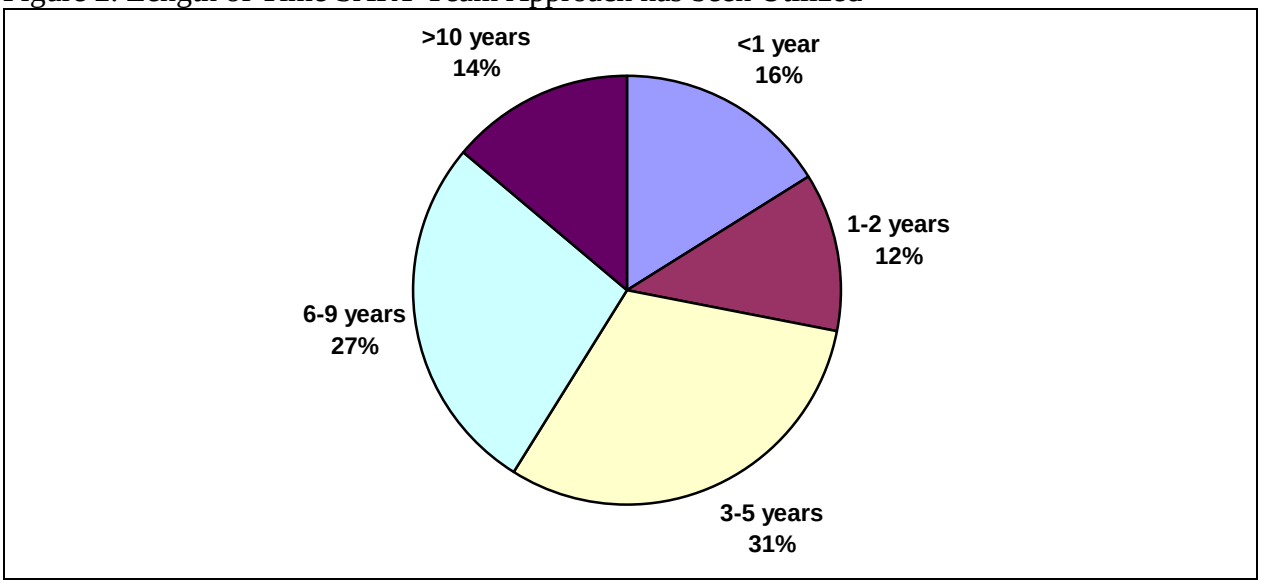
While agencies often reported serving these unique populations, closer inspection revealed that a smaller percentage of agencies actually focused specifically on these populations. For example, approximately 30% (n=77) of the respondents indicated that they provide services to college campuses; however, only 7 of these were actually uniquely focused on college campuses (i.e. institutions of higher education). In addition, 15% (n=38) of the agencies indicated that they serve military bases. Of these, only 10 were actually military specific (i.e. agencies within the military).

Administrative Details regarding the SARTs

A majority of the respondents (n=181, 70%) referred to their teams as Sexual Assault Response Teams (SARTs) rather than Sexual Assault Resource Teams (n=9, 4%). However, 26% (n=68) of the respondents indicated that they had some other name for their SART. Regardless of their name, most of the SART teams are not incorporated (n=227, 89%).

As shown in Figure 2, the majority of the SART teams have been in place for three or more years and the largest percentage of teams having been in place for 3-5 years (n=80, 31%). Of all responding teams, the "oldest" SART team has been in existence since 1974.

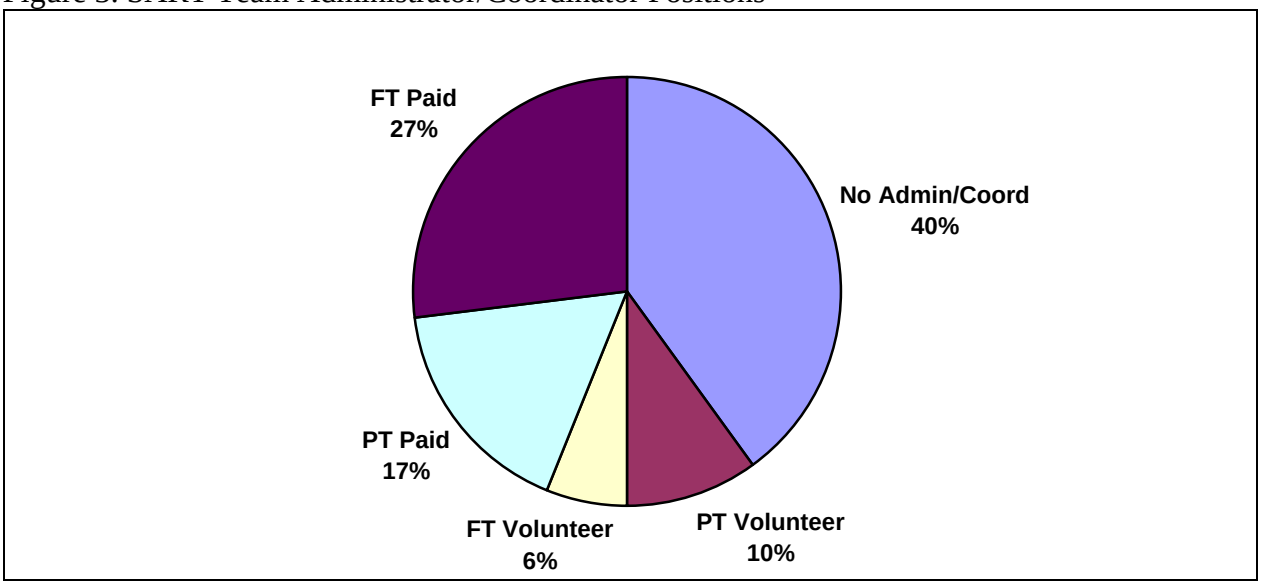
Figure 2. Length of Time SART Team Approach has been Utilized



In terms of administrative oversight of the SARTs, the largest percentage of respondents indicated that they have no administrator/coordinator (n=103, 40%). Those agencies that do have an administrator/coordinator for their SART team (n=154, 60%), most often describe these positions as full-time and paid (n=70, 45%). Rather than rotating the administrator/coordinator position, the position was most likely to be permanent (n=141, 94%). Figure 3 illustrates the percentages of each type of administrator/coordinator position in the agencies.

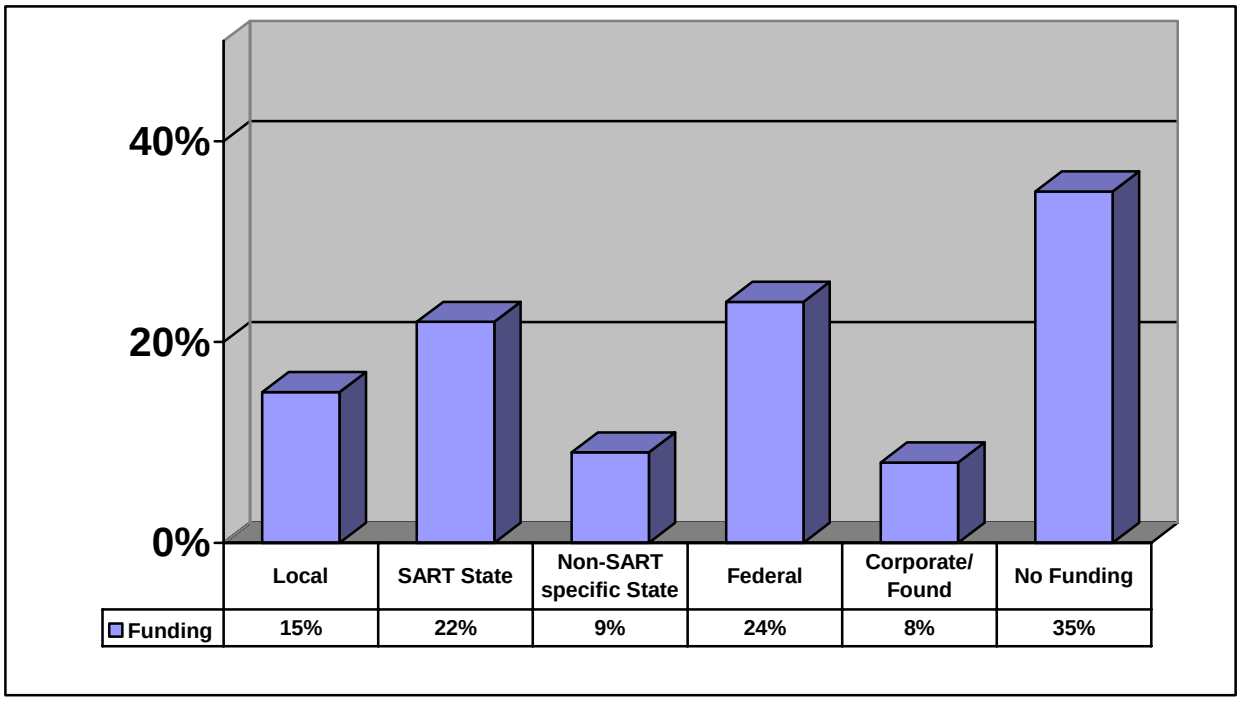
Where the administrator/coordinator positions did exist, they were most likely to be housed in community-based victim advocacy agencies (49, 32%) followed by other locations (39, 25%), prosecuting offices other than the Attorney General's office (24, 16%) or healthcare offices (20, 13%).

Figure 3. SART Team Administrator/Coordinator Positions



In terms of funding, approximately 35% (n=91) of respondents indicated that they receive no funding for their SART. However, of those who indicated that they receive funding, federal funding had the highest percentage of recipients (n=62, 24%) followed by SART-specific state funding (n=57, 22%). The fewest respondents reported receiving state funds that are not specifically for SART Teams (n=22, 9%) and corporate/foundation grants (n=20, 8%). These findings are illustrated in Figure 4.

Figure 4. Funding for SART Teams

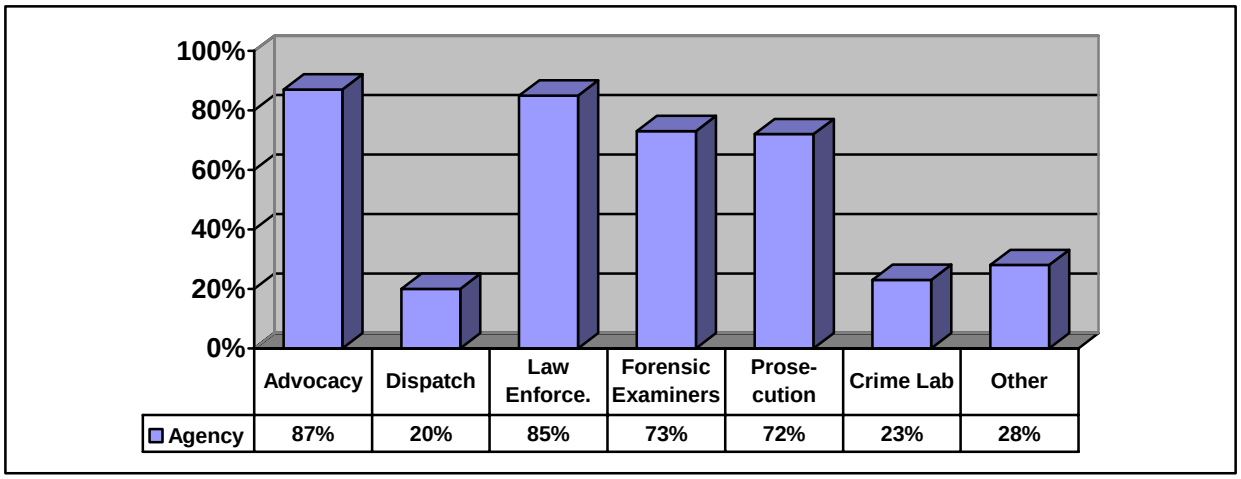


II. SART Teams

Collaboration

As shown in Figure 5, between 72% and 87% of the respondents reported that they have prosecution agencies, forensic examiners, law enforcement agencies and/or advocacy agencies as core members of their interagency SART team. In comparison, only 20% of respondents have dispatch agencies on their team, and 23% have crime labs on their team. Most SARTs reported having four of these core agencies on their teams.

Figure 5. Core Agencies on the SART Teams



In addition to the core agencies on their SART team, respondents also described agencies with whom they currently collaborate and agencies with whom they would like to collaborate (See Table 2). SART teams were most likely to currently collaborate with hospitals and law enforcement agencies (80% and 78%) and least likely to collaborate with Indian Health Services and tribal agencies, alternative medicine professionals and chaplains (less than 10% each). Respondents are most interested in developing collaborative relationships with faith-based organizations (31%), groups that can help them reach underserved populations such as multicultural community groups (28%) and organizations focused on individuals with disabilities (26%). In addition, respondents were interested in collaborating with individuals who can shape and enforce policies such as legislators (25%) and judges (30%).

Table 2. SART Team Collaboration – Top Five

Currently Collaborate with…	#(%)	Want to Collaborate with…	#(%)
Hospitals	205(80%)	Faith Based Organizations	79(31%)
Law Enforcement	202(78%)	Judges	77(30%)
Healthcare Professionals	179(69%)	Multicultural Community Groups	73(28%)
Community Advocacy	156(61%)	Organizations for Individuals with Disabilities	68(26%)
Prosecution	154(60%)	Legislators	64(25%)

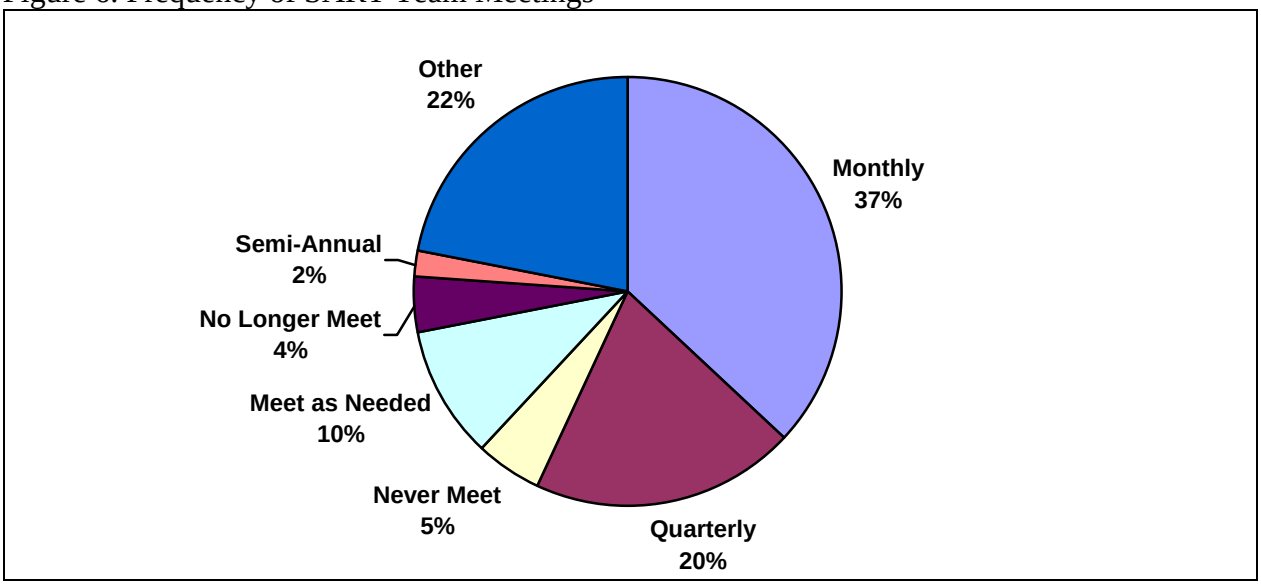
Existing collaborative relationships between the agencies that are part of the SART teams is not usually formalized, with the highest percentage (47%, n=122) having informal verbal agreements with SART agencies. In comparison, 31% (n=79) of the respondents reported having written interagency agreements with ALL of the SART agencies and 16% (n=41) reported having written agreements with SOME of the SART agencies. Although their collaboration may not be formalized, while carrying out their work as a SART team 41% (n=106) of the respondents stated that the team members adhere to confidential communication during case reviews and team meetings and 27% (n=70) stated that they communicate among the team via online communication.

Conducting SART Team Business

The business of the SART teams may include holding meetings, reviewing cases, attending training, and developing materials to support and guide their work as a SART team. How SART teams conduct such business is outlined in this section.

As shown in Figure 6, the frequency with which SART teams hold meetings varies greatly. The largest percentage of respondents stated that they meet monthly or quarterly. Another 9% of respondents said they never hold SART team meetings, or no longer hold meetings. Approximately 10% (n=26) stated that they hold meetings as issues arise.

Figure 6. Frequency of SART Team Meetings



One of the task of SART team meetings is reviewing cases. While 23% of the respondents (n=58) said that they review cases on a regular basis, 39% (n=101) indicated that they review cases as issues arise. However, 24% (n=62) of the respondents stated that their SART team does not review cases.

Another activity that SART teams may participate in is training, and most of the respondents indicated that their SART team attends training. Nearly half of the respondents received training in local settings (n=126, 49%) while 35% (n=91) received training in a combination of local, regional and national settings. Only 3% (n=13) of the respondents indicated that their SART does not participate in any training.

SART teams may also develop materials to support and guide their work as a team and respondents were asked to describe the types of materials they had developed for this purpose. Respondents were most likely to indicate that they had developed guidelines to respond to female victims (42%). In addition, 43-57% of the respondents reported that their SART had developed protocols to dispatch team members for forensic exams; protocols for forensic examinations, medical examinations and treatment; and protocols for groups such as advocates and law enforcement. Figures 7 and 8 illustrate the percentage of respondents who indicated that their SART team had developed each of the guidelines or protocols.

Figure 7. Guidelines developed by SART Teams

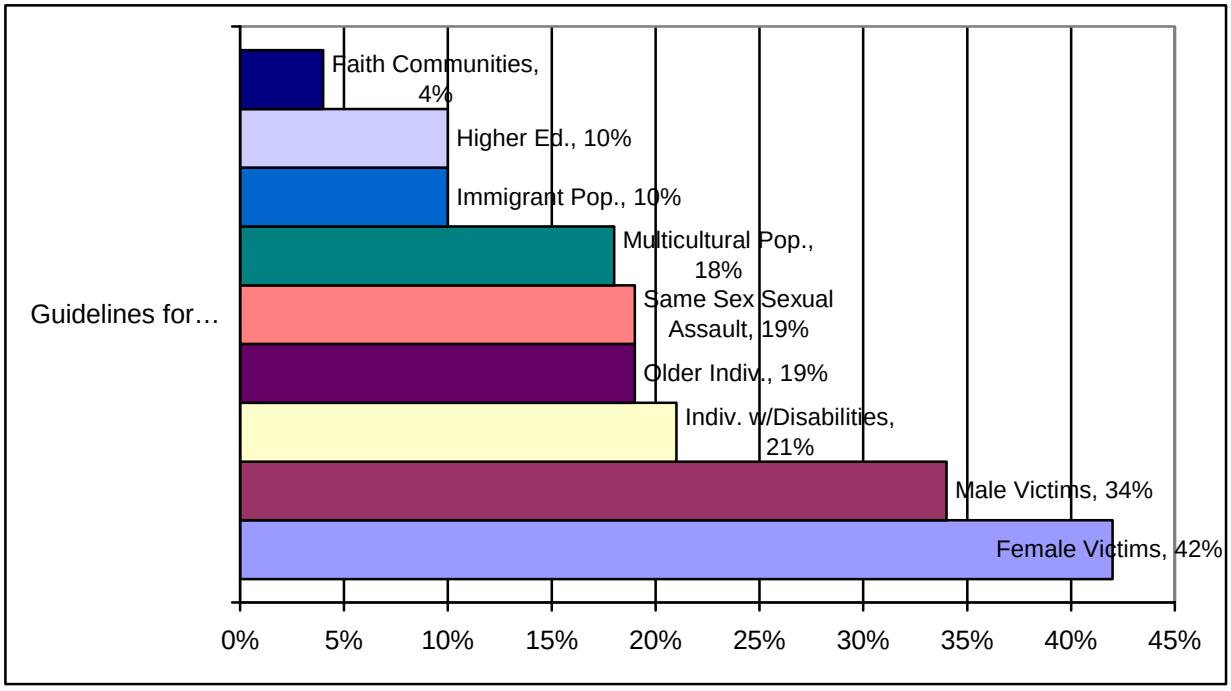
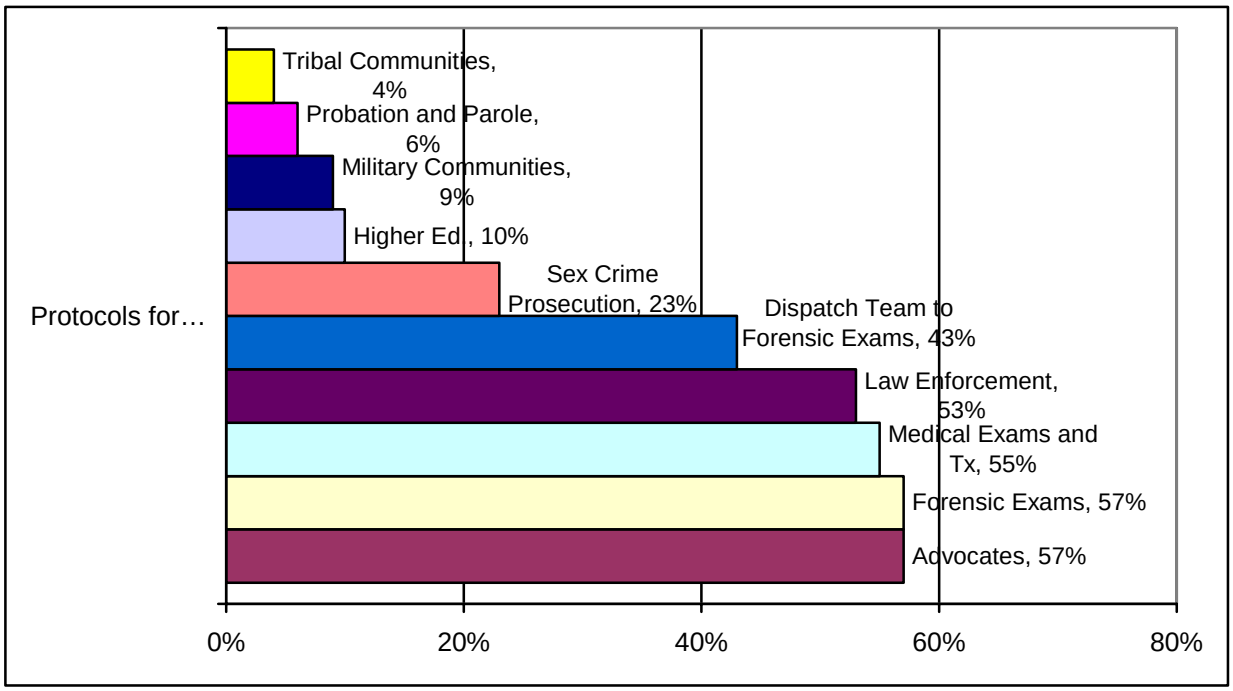


Figure 8. Protocols developed by SART Teams



SART Team Services and Policies

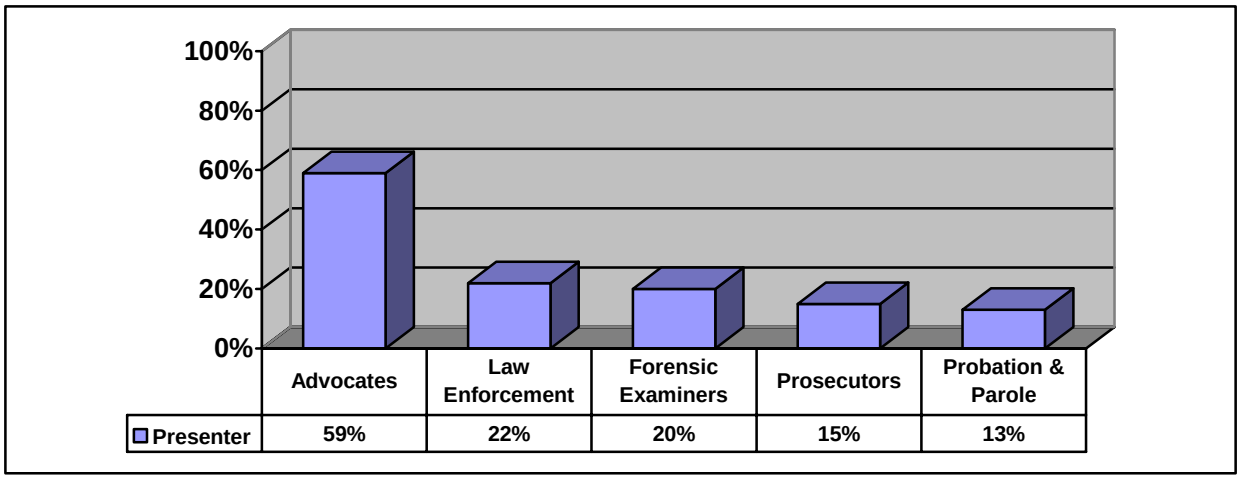
SART Teams have many services and policies in place to support victims. Respondents were asked to describe these services and policies as they relate to various activities, such as raising community awareness and providing public education and developing sex offender accountability efforts. In addition, respondents described their services and policies within various disciplines including advocacy, forensic exams, law enforcement, prosecutors, and probation and parole. Summaries regarding these activities, services and policies are discussed below.

Community Awareness and Public Education

SART teams often engage in activities to raise community awareness of sexual violence and provide educational services to the public. Respondents were asked to describe their means of carrying out these tasks. Most respondents used printed materials to share information with the community, including materials on the prevention of sexual violence (n=154, 60%) and responding to sexual violence (n=153, 59%) as well as a survivor handbook (n=100, 39%). Relatively few respondents reported using billboards (n=16, 6%) or magazine/newspaper ads (n=46, 18%) to raise awareness in the community. However, a slightly higher percentage of respondents had used public service announcements in their community (n=52, 20%).

Respondents also reported providing educational services in the community and schools on rape prevention (n=131, 51%). Some of the educational programs provided in schools and colleges were peer-led (n=69, 27%). In addition, as shown in Figure 9, respondents reported that other professionals may collaborate with them to provide community prevention education. Advocates are the most likely among these professionals to take on this educational role. In addition, over half of the respondents (n=147, 57%) reported providing training to other responders. Approximately one-third of the respondents (n=84, 33%) reported using bilingual educational materials.

Figure 9. Who Delivers Community Prevention Education?



Sex Offender Accountability
SART teams may also be involved in developing means of enforcing sex offender accountability. Approximately half of the SART teams indicated that their work around sex offender accountability centered on developing a website for sex offender registration (n=130, 50%), followed by efforts to ensure that sex offender services extend through probation and parole (n=64, 25%).

In general, the SART teams did not report developing many materials regarding sex offenders. Approximately 13% (n=34) had developed materials on managing sex offenders and less than 10% reported developing materials such as needs assessment instruments, quality assurance measurements, or sex offender evaluation instruments. However, over half of the respondents indicated that they have developed other materials for sex offender accountability (n=148, 57%).

Advocacy
Advocacy work by SART teams is carried out in a variety of settings, but primarily in rape crisis centers. Approximately one-third of the respondents reported that their advocacy facilities are rape crisis centers (n=86, 33%) or domestic violence/rape crisis centers (n=81, 31%). Only 4% (n=10) of advocacy facilities are located in health clinics. Approximately 15% (n=40) of advocacy facilities are in some other type of setting. Respondents noted that, in addition to housing community advocates, approximately 6% (n=15) of the advocacy facilities house forensic examiners, 3% (n=7) house law enforcement, and 2% (n=5) house all three. In addition to housing various other services, advocacy facilities are staffed in a variety of ways. The highest percentage of staff members are volunteer crisis intervention staff who are available 24 hours a day, 7 days a week (n=155, 60%), followed by paid staff who fill the same role (n=129, 50%), state certified advocates (n=55, 21%), and other staff (n=20, 8%).

The services and policies associated with the advocacy components of SART teams focus most on providing direct support to victims throughout their experience with the aftermath of the sexual assault. Advocates work with victims from the point of their initial contact with law enforcement, through their interaction with the criminal justice system, and also try to help them meet their emotional and physical needs. The five most frequently reported advocacy services and policies are discussed below and listed in Table 3.

In terms of their contact with law enforcement agencies, over half of the respondents reported that their advocacy response services and policies include supporting victims during the initial law enforcement report (n=170, 66%), during interviews with detectives (n=159, 62%), and during prosecutor interviews (n=144, 56%). In addition, 69% (n=178) of respondents each indicated that they provide advocacy support when forensic evidence is being collected and during medical exams and treatment. Many SART teams also provide advocacy support for various legal processes. Over 60% of the teams provide support for protection orders (n=168, 65%), crime victims' compensation claims, (n=158, 61%), and overall support throughout the criminal justice process (n=168, 65%), in addition to other legal processes.

Advocacy supports also include many services to help meet a variety of victim needs. For example, 59% (n=152) of the teams offer free counseling services and 24% (n=61) offer counseling services to victims on a sliding fee scale. Approximately 15% (n=38) provide

childcare services for victims while they attend counseling. In addition, some advocacy services help meet victims' physical health needs (n=64, 25%) as well as provide services for their family and friends (n=147, 57%).

Another need addressed by advocacy services is safety. Approximately 60% (n=154) of the advocacy services include safety planning, 44% (n=114) include shelter/transitional housing assistance, and 37% (n=96) include transportation services. However, a comparatively smaller percentage of advocacy services include financial assistance for safety or practical needs (n=76, 30%) or relocation services (n=66, 26%).

SART teams offer an array of services; however, in order for the supports to be most effective, they must be accessible to those who need them. Nearly 70% (n=176) of the advocacy services include a 24 hour crisis intervention hotline and over half of the respondents (n=147, 57%) stated that their advocacy facility is accessible to individuals with disabilities. However, only one-third of the advocacy services include multicultural services, multilingual services, and/or translation services.

In addition to accessibility, the effectiveness of advocacy services can only be assessed if the SART team gathers information from victims regarding these services. Approximately 42% (n=107) of the respondents reported that they use victim satisfaction surveys to gauge the adequacy of their advocacy responses and policies to support them.

Table 3. Advocacy Services and Policies – Top Five

Service or Policy	**#(%)**
Support during forensic evidence collection	178(69%)
Support during medical examination and treatment	178(69%)
24-7 crisis intervention	176(68%)
Support during the initial law enforcement report	170(66%)
Support for protection orders	168(65%)
Support throughout criminal justice process	168(65%)
Support during detective interview	159(62%)

Team Forensic Exam

Forensic exams are performed predominately by forensic nurse examiners who are available 24 hours a day (n=142, 55%). Less than 10% of the forensic exams are performed by forensic examiners who are physicians, physician's assistants, or other healthcare providers. While there is little variety in who conducts the forensic exams, approximately half of the respondents indicated that their forensic examiners (whomever they may be) arrive at the exam site within one hour of contact (n=135, 52%).

Forensic exams are most likely to occur in hospital settings, including either one designated hospital (n=92, 36%) or all regional hospitals (n=68, 26%). Approximately 42% (n=109) of the forensic exams are performed in a hospital emergency room versus some other location in the hospital (n=43, 17%). Less than 10% of the respondents each identified a location other than a hospital as the setting for forensic exams (e.g., community based advocacy center or health facility).

As shown in Table 4, a number of medical services may be included in the forensic exams. For example, 62% (n=160) of forensic exams include emergency contraception or referrals for emergency contraception (n=58, 23%). In addition, over half of the forensic exams (n=139, 54%) include testing and medication for sexually transmitted infections as a standard of care, 36% (n=93) include testing and medication for HIV as indicated, and 27% (n=70) provide testing and medication for hepatitis B as a standard of care. Only 7% (n=18) of forensic exams include anonymous toxicology testing.

Moreover, most of the forensic exams include some sort of follow-up. Over 60% (n=159) of the forensic exams include written discharge instructions for the victim and 39% (n=100) include follow-up medical care and approximately one-quarter of forensic exams (n=70, 27%) include referrals for alternative medicine and/or services. In addition to medical services, over half of the forensic exams (n=142, 55%) also include crisis intervention services.

Table 4. Forensic Services and Policies – Top Five

Service or Policy	#(%)
Emergency contraception provided as a standard of care	160(62%)
Written discharge instructions	159(62%)
New clothing provided at exam site	149(58%)
24-7 forensic exam nurse examiners	142(55%)
Crisis intervention services	142(55%)
Testing and medication for sexually transmitted infections as a standard of care	139(54%)

It is desirable that forensic exams be easily accessible if they are to be utilized optimally by victims, regardless of the examination location. Approximately 46% (n=118) of the respondents described the forensic exam facility as easily accessible for individuals with disabilities. In addition, over one-quarter of forensic exam services include multicultural services (n=71, 28%) and multilingual services (n=74, 29%).

In addition to issues of accessibility, certain services can make the forensic exam more convenient for and respectful of the victim. For example, some of the forensic exam facilities include shower facilities for victims (n=89, 35%), new clothes (n=149, 58%) or used clothes at the exam site (n=33, 13%), and 8% (n=20) provide childcare services during the forensic exam.

The ability of victims to pay for the exam and the conditions of anonymity may also affect victims' access to exam services. Approximately 28% (n=71) of the forensic exams DO NOT require a law enforcement report (i.e., victims remain anonymous) and approximately 35% (n=90) of forensic exams are paid in full regardless of whether or not victims undergo an exam anonymously (i.e., no law enforcement report is filed).

Law Enforcement

Many respondents described law enforcement as having general procedures and structures in place to respond to sexual assault, including the ability to respond to sexual assault 24 hour response (n=191, 74%) and a specialized law enforcement sex crimes unit for adult victims (n=103, 40%). In addition, 14% (n=35) of law enforcement supports include crime lab technicians who are available 24 hours a day. Forty eight percent of respondents note that law enforcement has the ability to enforce orders of protection (n=124, 48%).

In addition to these procedures, respondents described ways in which law enforcement interacts with and supports victims throughout the investigation. For example, 38% (n=98) of law enforcement agencies coordinate interviews with advocates and forensic examiners, 50% (n=130) conduct interviews in a private area, and 21% (n=55) conduct videotaped interviews. Approximately half of the law enforcement agencies provide ongoing contact to victims throughout the investigation, inform them of their rights, respond promptly to victims' calls and concerns, and take care to address victims' safety needs. Lastly, approximately 40% of law enforcement agencies notify victims when offenders are released (n=103).

Table 5. Law Enforcement Services and Policies – Top Five

Service or Policy	#(%)
24-7 response for sexual violence	191(74%)
Ongoing contact with victims during investigation	134(52%)
Address safety needs	133(52%)
Private interview area	130(50%)
Enforcement of no contact (protection) orders	124(48%)

Prosecution

Prosecution responses to sexual assault cases frequently involve court related activities such as victim witness advocates accompanying victims to court (n=128, 50%), encouraging victims to make victim impact statements (n=110, 43%), ensuring that victims' wishes are considered in plea agreements (n=85, 33%), enforcing motions to protect victims' rights during court processes (n=83, 32%), and notifying victims when offenders are released (n=107, 42%).

Prosecutors are also described as responsive in their interactions with victims, with approximately one-third of prosecutors making contact with victims early on (n=97, 38%) and responding promptly to their victims' calls and concerns (n=90, 35%). Moreover, greater than one-quarter of prosecutors provide multilingual services (n=69, 27%).

Table 6. Prosecution Services and Policies – Top Five

Service or Policy	**#(%)**
Victim witness advocate provides court accompaniment	128(50%)
Victim impact statements encouraged	110(43%)
Victim notification of offender release	107(42%)
Contact with victims made early on	97(38%)
Prompt response to victims' calls and concerns	90(35%)

Probation and Parole

The primary role of probation and parole officers, as described by respondents, was providing victims with notification of offenders' release from custody and providing information about the conditions of their release (n=112, 43%). Some respondents also indicated that probation and parole officers notify victims when offenders violate their parole or probation (n=50, 19%). Additionally, some probation and parole agencies also have staff dedicated to supervising sex offenders (n=62, 24%).

Summary of Services and Policies

Several of the policies and services provided are shared among the various disciplines of the SART partners, including responding to victims 24 hours a day, participating in safety planning, and providing childcare during processes and procedures such as interviews or exams. Table 7 lists the number and percentage of respondents who reported that these services were offered by each of the disciplines on their SART team.

Table 7. SART Team Components by Discipline

	Advocacy	**Forensic**	**Law Enforce.**	**Prosecution**	**Probation & Parole**
24/7 Response	Crisis Intervention by Volunteers [155(60%)], Staff [129(50%)] and Hotline [176(68%)]	Forensic Nurse Examiners 142 (55%)	191(74%)	59(23%)	
Accessibility -Multicultural -Multilingual -Disability	MC-87(34%) ML-91(35%) D-147(57%)	MC-71(28%) ML-74(29%) D-118(46%)	MC-53(21%) ML-69(27%)	ML-69(27%)	
Safety Plan	154(60%)		133(52%)	77(30%)	
Prompt Response to Victims			119(46%)	90(35%)	
Offender Release Notification			103(40%)	107(42%)	112(43%)
Childcare	38(15%)	20(8%)		38(15%)	
Specialized Sex Crime Unit			87(34%)	70(27%)	

III. SART Team Quality Assurance Measures

Tracking Systems

SART teams track certain issues to measure the impact of their efforts. SART tracking systems are most likely to include case management and data collection (n=98, 38%), tracking of sexual assault convictions (n=62, 24%) and incident reports (n=60, 23%). In addition, 26% (n=67) of respondents reported that their SART tracked information other than the choices offered in the survey.

SART Team Evaluation

Only 18 respondents (7%) stated that their SART team had been evaluated. As shown in Table 8, of those SARTs that had been evaluated, the majority reported increases in victims' perceptions of safety, the number of law enforcement reports, the reliability of evidence collection, and the amount of sexual assault trainings offered.

Table 8. SART Team Evaluation Results, Number and Percentage

	Increased	**Decreased**	**No Change**	**Unsure**
Victims' Perceptions of Safety	7(54%)			6(46%)
Law Enforcement Reports	11(73%)		2(13%)	2(13%)
Number of Cases Prosecuted	5(36%)	1(7%)	3(21%)	5(36%)
Reliability of Evidence Collection	11(73%)		1(7%)	3(20%)
Services to Underserved Populations	7(44%)		1(6%)	8(50%)
Sexual Assault Training	14(93%)			1(7%)
Mental Health Services	6(46%)	1(7%)	3(23%)	3(23%

IV. SART Team Toolkit

The primary purpose of the NSVRC survey was to gather feedback from SARTs to assist the NSVRC with the development of a toolkit to support SART formation and sustainability. The survey asked respondents specifically about what topics they would like to see addressed in the toolkit, and what materials they would like to have included. NSVRC recognizes that there would likely be differences in the needs of various SARTs, depending on the population or area they serve; therefore, results regarding the toolkit are presented in three sections. The first section describes the responses of the respondents overall; the second section describes the responses of SARTs by the area they serve (i.e., urban, suburban, rural); and the third section describes the responses of SARTs serving unique populations including campuses, military communities, U.S. territories, and tribal communities.

Overall Responses

Overall, respondents indicated most interested in having information on alcohol and consent issues (n=144, 56%), anonymous reporting for sexual assault (n=144, 56%), drug facilitated sexual assault (n=140, 54%), and re-victimization issues (n=140, 54%) in a toolkit. In addition, they wanted materials that would help them develop and maintain successful SARTs. Approximately 60% of respondents indicated that they would like materials regarding building and sustaining collaborative SART relationships (n=153, 59%) and examples of successful SART models (n=152, 59%). Respondents were also interested in materials to help them with leadership and team building within their SART (n=127, 49%). The top ten topics and materials of interest to the respondents overall are illustrated in Tables 9 and 10. Percentages of responses for all of the topics and materials are listed in Tables 1 and 2 in Appendix C.

Table 9. Topics for the Toolkit, Overall Results – Top Ten

Topic	#(%)
Alcohol and consent	144(56%)
Anonymous reporting for sexual assault	144(56%)
Drug-facilitated sexual assault	140(54%)
Re-victimization issues	140(54%)
Cross-training with SART team members	134(52%)
Address confidentiality for victims	132(51%)
Evidence-based prosecution for sexual assault	131(51%)
Confidentiality rights of victims	129(50%)
Trauma and victimization	129(50%)
Rape shield laws	127(49%)
Expert witness	126(49%)
Collaboration strategies	125(48%)
Dispelling rape myths	124(48%)

Table 10. Materials for the Toolkit, Overall Results – Top Ten

Materials	#(%)
Building and sustaining collaborative SART relationships	153(59%)
Successful SART models	152(59%)
Funding and sustainability materials	135(52%)
Leadership and team building materials	127(49%)
Steps for SART implementation, development and sustainability	113(44%)
Community mobilization materials	107(42%)
Information on writing grant materials	106(41%)
Strategic planning guidelines	102(40%)
Meeting facilitation techniques	99(38%)
Tips on working with the media	99(38%)
Technological issues	94(36%)

Responses by Areas Served: Urban, Rural and Suburban

Agencies that provided information about the areas they serve (n=239) fall into one of the seven following areas (Also see Figure 1, p. 3):

- Urban Only (n=36)
- Rural Only (n=95)
- Suburban Only (n=24)
- Urban and Rural (n=18)
- Urban and Suburban (n=12)
- Rural and Suburban (n=22)
- Rural, Urban and Suburban (n=32)

Table 11 provides a ranked listing of the most frequently requested topics and materials of interest to agencies serving each of these areas. The most popular topic of interest among the agencies serving each of the areas was "anonymous reporting for sexual assault." Between 53% and 67% of the agencies serving five of the seven areas chose this as a topic they would like included in the toolkit. Another popular topic included "alcohol and consent" (listed by agencies in five out of the seven areas).

In addition, agencies serving all of the areas stated that they would like material on "building and sustaining collaborative SART relationships" included in the toolkit. Between 44% and 75% of the agencies serving each of the areas said that they would like material on this issue. Other materials that were of interest to the agencies included examples of "successful SART models" (listed by agencies in five out of seven areas) and "funding and sustainability" (listed by agencies in four out of seven areas).

Table 11. Toolkit – Topics and Materials of Interest, by Only Urban, Rural or Suburban Area Served

	Urban Only (n=36)	**Rural Only** (n=95)	**Suburban Only** (n=24)
Topics of Interest	Anonymous reporting for sexual assault (53%)	Re-victimization issues (60%)	Alcohol and consent; Anonymous reporting for sexual assault Expert witnesses Impact of privileged communication on collaboration (63% each)
	Statutory rape Expert witnesses (42% each)	Rape shield laws (57%)	Confidentiality rights of victims; Drug facilitated sexual assault Evidence based prosecution Role definitions for SART team members Victims with outstanding warrants (58% each)
	Cross-training with SART team members Drug facilitated sexual assault Victim confidentiality (39% each)	Drug facilitated sexual assault Marital rape (56% each)	Collaboration strategies; Delayed reporting; Hearsay Male victim advocacy; Protective orders and sexual assault Rape shield laws; Re-victimization issues Trauma and victimization (54% each)
Materials of Interest	Fundraising and sustainability (50%)	Successful SART models (67%)	Funding and sustainability; Leadership and team building Building and sustaining collaborative SART relationships Meeting facilitation techniques; Successful SART models (50% each)
	Building and sustaining collaborative SART relationships (44%)	Building and sustaining collaborative SART relationships (60%)	Strategic planning guidelines Cultivating corporate sponsorship (46% each)
	Information on writing grant proposals Successful SART models (39% each)	Leadership and team building (54%)	Community mobilization Information on writing grant proposals Steps for SART implementation, development and sustainability Technological issues (42% each)

Table 11, continued. Toolkit – Topics and Materials of Interest, by Combinations of Urban, Rural and Suburban Areas Served

	Urban and Rural (n=18)	**Urban and Suburban** (n=12)	**Rural and Suburban** (n=22)	**Rural, Urban and Suburban** (n=32)
Topics of Interest	Alcohol and consent Anonymous reporting for sexual assault (67% each)	Alcohol and consent Collaboration strategies Cross training with SART team members Drug facilitated sexual assault Prevention of sexual violence Trauma and victimization (67% each)	Cross training with SART team members (64%)	Alcohol and consent (69%)
	Confidentiality rights of victims Consent defense; Delayed reporting Dispelling rape myths Evidence based prosecution Program sustainability; Protective orders Re-victimization issues Trauma and victimization Victims with outstanding warrants (61% each)	Anonymous reporting for sexual assault Emergency contraception HIV prophylactics Outreach to underserved/unserved populations Re-victimization issues Role definitions for SART team members Vicarious trauma (58% each)	Confidentiality for victims Alcohol and consent (59% each)	Anonymous reporting for sexual assault (66%)
Materials of Interest	Building and sustaining collaborative SART relationships (72%)	Building and sustaining collaborative SART relationships (67%)	Building and sustaining collaborative SART relationships (64%)	Building and sustaining collaborative SART relationships (75%)
	Funding and sustainability Successful SART models (61% each)	Leadership and team building materials Steps for SART implementation, development and sustainability (58% each)	Funding and sustainability (59%)	Successful SART models (72%)

Unique populations

Finally, topics and materials requested for the toolkit were analyzed by unique populations served, including campuses, military communities, tribal communities, and U.S. territories. Findings for each of these populations are presented below.

Campuses

Seven of the respondents represented SARTs that served campus settings exclusively. Although they serve similar constituents, there was little consensus among these SARTs regarding topics or materials they would like to have included in a toolkit. For example, the highest percentage of respondents for including any given topic or materials in a toolkit was 43% (n=3). There were several topics that 3 of the 7 respondents (43%) felt should be in a toolkit: confidentiality for victims, anonymous reporting of sexual assault, judicial education resources, program sustainability, rape shield laws, sexual assault adjudication on college campuses, and statute of limitations for sexual assault. In addition, the same percentage (43%) felt that the following materials should be included in a toolkit: funding and sustainability, meeting facilitation techniques, and working with the media.

Military Communities

Ten respondents represented SARTs that specifically served military bases. For these respondents, 70% (n=7) each agreed that the topics of most interest to them included confidentiality rights of victims and the impact of privileged communication on collaboration. Six of the ten respondents (60%) were most interested in examples of successful SART models. In addition, five of the ten respondents (50%) were interested in materials on leadership and team building, steps for SART implementation, development and sustainability, building and sustaining collaborative SART relationship, and technological issues.

Tribal Communities

Tribal communities were served by 17 of the respondents. The largest percentage of these respondents was interested in including the following topics in a toolkit: dispelling rape myths, drug facilitated sexual assault, protective orders and sexual assault, and trauma and victimization (n=11, 65% each). Approximately 53% of the respondents were interested in having materials regarding leadership and team building, nonprofit management, building and sustaining collaborative SART relationships, and examples of successful SART models in a toolkit.

U.S. Territories

There were only three respondents who served U.S. territories; therefore, there was little variation in their responses. For example, all of the respondents agreed that 15 of the topics listed for the toolkit should be included. All three respondents also agreed that they would like materials on leadership and team building and SART implementation, development and sustainability.

Appendix A
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Appendix B

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

- American College of Emergency Physicians
- American Society of Crime Laboratory Directors
- CALCASA "Reduce Violent Crimes Against Women on College Campus." Grants Technical Assistance Provider
- Coalition to Abolish Slavery and Trafficking
- Defense Task Force on Sexual Assault in the Military
- Disability, Abuse and Personal Rights Project
- International Association of Chiefs of Police
- International Association of Forensic Nurses
- National Alliance to End Sexual Violence
- National Center for the Prosecution of Violence Against Women/ APRI
- National Center for Victims of Crime
- National SANE-SART website
- National Sheriff's Association
- National STOP Grant Administrators
- SATI, Inc.
- State, Territory and Tribal Sexual Assault Coalitions
- Tribal Law and Policy Institute

Listservs used to solicit survey participation

- NSVRC SART Team Listserv (550 multidisciplinary subscribers)
- NSVRC SANE Coordinator listserv
- RAINnet listserv
- SAPC College listserv
- CAVnet listserv
- APRI listserv
- Elderabuse listserv
- SART-SANE list serve (Statewide group)
- Sexual Assault Examiner Listserv (Statewide group)
- Disability Listserv
- US Territory listserv
- Rape Prevention Education Coordinator listserv

Appendix C

Table 1. Topics for the Toolkit, Overall Results

Topic	#(%)
Alcohol and consent	144(56%)
Anonymous reporting for sexual assault	144(56%)
Drug-facilitated sexual assault	140(54%)
Re-victimization issues	140(54%)
Cross-training with SART team members	134(52%)
Address confidentiality for victims	132(51%)
Evidence-based prosecution for sexual assault	131(51%)
Confidentiality rights of victims	129(50%)
Trauma and victimization	129(50%)
Rape shield laws	127(49%)
Expert witness	126(49%)
Collaboration strategies	125(48%)
Dispelling rape myths	124(48%)
Marital rape	123(48%)
Conducting community needs assessments	123(48%)
Prevention of sexual violence	122(47%)
Emergency contraception following sexual assault	121(47%)
Program sustainability	121(47%)
Consent defense	118(46%)
Role definitions for SART team members	118(46%)
Outreach to unserved/underserved populations	117(45%)
Delayed reporting	116(45%)
Vicarious trauma	116(45%)
Protective orders and sexual assault	113(44%)
Impact of privileged communication on collaboration	113(44%)
Male advocacy	112(43%)
False allegations	111(43%)
Statutory rape	109(42%)
Victims with outstanding warrants	108(42%)
Meeting victims' practical needs	108(42%)
Crawford decisions and sexual assault	106(41%)
Recantation	105(41%)
Maintaining SARTs during employee turnover	104(40%)
Integration of domestic violence and sexual assault	102(40%)
Civil legal remedies	101(39%)
Mandatory reporting of sexual assault	100(39%)
HIV testing following sexual assault	100(39%)

Topics for the Toolkit, Overall Results, continued

Topic	#(%)
Statute of limitations for sexual assault	97(38%)
HIV prophylactics following sexual assault	97(38%)
HIPAA	96(37%)
Alternative criminal dispositions for sexual assault	90(35%)
Prosecutorial discretion	89(35%)
Hearsay	88(34%)
Background checks for volunteer advocates	86(33%)
Judicial education resources	86(33%)
Sexual assault adjudication on college campuses	86(33%)
Cultivating corporate sponsorship	85(33%)
Insurance benefits for forensic exams	80(31%)
Conflict resolution	77(30%)
System for legal referrals	76(30%)
Immigration issues	75(29%)
Videotaped interviews	75(29%)
John Doe warrants	74(29%)
Restorative justice	73(28%)
Closed circuit television	63(24%)
Polygraph for victims	59(23%)
Telemedicine	39(15%)

Table 2. Materials for the Toolkit, Overall Results

Materials	#(%)
Building and sustaining collaborative SART relationships	153(59%)
Successful SART models	152(59%)
Funding and sustainability materials	135(52%)
Leadership and team building materials	127(49%)
Steps for SART implementation, development and sustainability	113(44%)
Community mobilization materials	107(42%)
Information on writing grant materials	106(41%)
Strategic planning guidelines	102(40%)
Meeting facilitation techniques	99(38%)
Tips on working with the media	99(38%)
Technological issues	94(36%)
Conflict resolution materials	90(35%)
Cultivating corporate sponsorship	89(35%)
Nonprofit management materials	80(31%)