



# The Colorado Sexual Assault Response Project

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

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## Today's goals...

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

## What is the Colorado SARP?

### Project Goals and Objectives

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




## What is a MFEP?

...WHERE TO START

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

## What is a SART?

...WHERE TO START



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

## Project History: A Community Assessment

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

### Community Assessment: What We Learned



- **Common threads**
  - Lack of access
  - Lack of development capacity
  - Lack of cooperation/coordination
  - Sustainability issues
- **Obvious, and perhaps not so obvious, conclusions**
  - Flexibility
  - Sustainability
  - Incorporation of MFEPs within MDT's
    - Sustainability and usability
  - Perspectives: what people say is happening may not always match what is happening – critical to find out first-hand
  - Do you have to be a medical professional to coordinate such a program?


### Community Assessment: Specific Examples of Barriers

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

### Community Assessment: Specific Examples of Strengths


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

### Community Assessment: What We’d Do Differently




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

### Project History: Funding



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

### Project History: What We Learned



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

## Project History: What We Learned

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


## Resource Development



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


## Resource Development

- Key Issues in Project Communities - SART
  - Strengths
    - Existing community relationships
    - Buy-in from core SART members (required?)
    - Early positive outcomes
    - Funding
  - Barriers
    - Rifts in community relationships
    - Resistance from some core SART members
    - Politics and turf
    - Time commitments
    - Limits to funding
    - Education of law enforcement regarding the value of forensic exams despite cost
    - Education of prosecutors regarding forensic examiner competencies




## Resource Development

- Key Issues in Project Communities - MFEP
  - Strengths
    - SART; Medical component incorporated in SART
    - Hospital support
    - Persistence in the face of resistance
  - Barriers
    - Recruiting and retaining forensic examiners
    - Limited number of exams – difficulty gaining and retaining clinical expertise
    - Getting hospitals/medical communities involved
    - Lack of funding
      - Compensation and training for forensic examiners
      - Equipment
    - 24/7 coverage
    - Lack of victim-centered response in EDs



## Training and Technical Assistance

- Coordinators Training (immediately after hiring)
  - Topics covered
    - Team goals, membership, development timeline, protocol development/revision, supporting MFEP, confidentiality, case conversations, conflict/trust building, sustainability, grant requirements (evaluation)
  - Key issues
    - More site-specific training and TA
    - Coordinator capacity-building
  - Networking
    - Groupsite
    - Technology for ongoing communication



## Training and Technical Assistance

- SART Training
  - Sustainability is always on the agenda!
  - Strong case discussion component
  - Confidentiality concerns for individual members-knowing roles
  - Establishing protocols (emphasis on MFEP components)
  - 4-hours modules-customizable
    - Development & Sustainability
    - Key Issues
    - Case discussion scenarios addressing specific populations
- Medical forensic exam program
  - Medical consultant
  - Program location?
  - 8 hour training – customizable
  - 40 hour training
  - Clinical experience
  - Continuing education
  - Participation incentives
  - Listen to the professionals – what do they need/want?

## Creating a Comprehensive Program

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

## Creating a Comprehensive Program

Every responder and member understands how “victim-centered” relates to them



## Creating a Comprehensive Program

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

## Creating a Comprehensive Program

- Don't forget what SARTs may see as “complex” issues or issues “for another time”
  - Addressing under-served populations or issues
    - 17<sup>th</sup> JD: prevention
    - 6<sup>th</sup> JD: tribal and college
    - Several communities: colleges and/or ski towns
  - Multi-faceted approach
    - Protocols
    - Discipline-specific training & cross-training
    - Community education
    - Policy
    - Member recruitment

## Sustainability

re-cap of key points...

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

## Sustainability - MFEP

- Don't be punitive
- Don't be rigid in your model
- Program location
- Connection with others similarly situated
- Refresher courses – continuing education
  - Don't wait to address retention issues!
- Clinical practice
- Address the complex issues...now
  - Forensic compliance
  - Case clearance & unfounding, false reporting

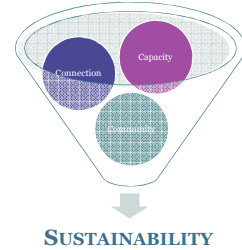
## Sustainability - SART



- Benefits: know why you are at the table
- Know how you are victim-centered AND come back to that central goal
- Develop/revise core components: goals, purpose statement...
- Identify tools to re-invigorate your efforts
- Know what makes a SART sustainable
- Have formal agreements but know each other informally

## The 3 C's of Sustainability

- **Connection**
  - Peer-to-peer support
  - Resources
- **Capacity**
  - Training
  - Technology
  - Technical Assistance
- **Community**
  - Buy-in
  - Commitment
  - Process
  - Evaluation



## Lessons Learned/Promising Practices

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

## Lessons Learned/Promising Practices

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

## CO SARP Next Steps

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



## YOUR Next Steps

- What you have learned...
- What your next steps are...
- How you can support each other...



## Want to know more?



### Contact us!

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Use the resource CD  
Contact your state coalition

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