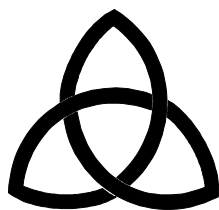


Developing A Sexual Assault Response Team



A Resource Guide For Kentucky Communities



SIA *A Unified*
RT *Team*
Approach

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P r e f a c e

Since the advent of the rape crisis movement in the early 1970's, women and men have organized to end sexual violence, to provide comprehensive, quality services for survivors of sexual assault, and to improve systems' response to sexual assault survivors. Burgess and Holstrom, in their groundbreaking study of rape survivors, found that "the psychological consequences to a rape victim can be increased or diminished by the responses of law enforcement personnel and health care providers" (as cited in Cohen, Donohue and Kovener, 1996). In seeking ways to treat and collect evidence from sexual assault victims with more sensitivity and effectiveness, and to ensure empowerment rather than revictimization, some communities have established Sexual Assault Response Teams (SART).

As information about the many advantages of SART programs has spread, interest in starting SART programs has increased. Many individuals and organizations in Kentucky have expressed an interest in developing a SART program, but needed more information. In responding to this need, KASAP and members of the statewide SART Steering Committee collaborated and developed this resource guide. It is designed for rape crisis centers, health care providers, and other community agencies in Kentucky that are interested in starting SART programs. This resource guide discusses an Eight Step Model Process for developing a SART, SART program models, and many other issues each community must explore when implementing a program. Notes

The focus of this guide will be on responding to sexual assault victims age 14 and older. For victims under the age of 14, please contact a Child Advocacy Center in your region for more information on responding to those cases.

This manual may be supplemented by also reading *The Sexual Assault Nurse Examiner Development and Operation Guide* by Linda E. Ledray, R.N., Ph.D., FAAN, as well as the guidebook entitled, *Looking Back, Moving Forward, A Program for Communities Responding to Sexual Assault* published by the National Victim Center through a grant from the Office for Victims of Crime, U.S. Department of Justice.

Throughout the manual the terms victim and survivor will both be used to reflect the journey through healing that many people who experience sexual assault make. The term "victim" will be used most often when discussing the sexual assault medical-legal exam. At the time of the exam, few women will have emotionally moved from victim to survivor. Although both women and men are sexually assaulted, throughout this manual sexual assault survivors will be referred to as "she" or "her" for ease of reading, and in recognition of the fact that the majority of sexual assault survivors are women. The terms sexual assault and rape will be used interchangeably throughout the manual.

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What is a SART Program?



A SART (Sexual Assault Response Team) is a community approach to provide compassionate and innovative care to sexual assault survivors. Rape is a complex, multifaceted problem that no one person or group can resolve alone. Indeed, dealing with sexual victimization requires the collaborative and cooperative efforts of a network of services. Thus, a team approach helps to meet the victim's diverse needs and also provides the caregivers with a support system for dealing with the stress of victimization (Burgess, Fawcett, Hazelwood & Grant, 1995).

The SART usually consists of the Sexual Assault Nurse Examiner (SANE), an advocate from a local rape crisis center or women's resource center, and a law enforcement officer. Prosecutors can also be a part of the SART. Although they are not involved in the initial contact with the victim, their participation is vital to the success of a SART program. Often, all team members are present during the interview of the victim. Each member of the SART has a specific role and works closely with the other team members.

Role of the SANE

A SANE is a registered nurse with advanced education, training, and experience to conduct a comprehensive medical-legal examination of sexual assault victims, and maintains a current credential from the Kentucky Board of Nursing. A SANE is specially trained in forensic evidence collection, sexual assault trauma response, forensic techniques using specialized equipment, expert witness testimony, assessment of injuries, sexually transmitted infection treatment, and pregnancy evaluation and treatment (Cohen et al., 1996; Ledray, 1998). The SANE will also consult with and refer to a physician for care when needed.

Role of the Advocate

The role of the advocate is to provide emotional support, short-term crisis intervention, advocacy, and appropriate referrals for the sexual assault victim in her involvement with the medical and criminal justice systems. This allows the advocate to develop a unique and important relationship with the victim (Ardnt and Goldstein, 1993; Cohen et al., 1996). In Kentucky, the 13 Rape Crisis Centers provide specially trained victim advocates for response to victims of sexual violence.

Role of the Law Enforcement Officer

The role of the law enforcement officer is to ensure the safety of the victim, to conduct the investigation of the sexual assault, to apprehend the suspect, and to prepare a report for the prosecuting attorney. In most communities, a patrol officer is usually the first to respond to victims of sexual assault.

How the team will be activated will vary, and each community will need to establish a protocol that works best with the setting of the program and the team members involved. In many SART programs, the team meets routinely to discuss issues and review the protocol for effectiveness. Some programs have modified the SART model so that the team does not respond at the same time but does meet regularly to discuss issues. This is often called a Sexual Assault Resource Team (Ledray, 1998).

Benefits of SART

For the Health Care System

SART programs benefit the health care system, in particular hospital emergency rooms, whether or not the program is located in or affiliated with a hospital. Having a SART program available frees up both the emergency room nurse and physician. Many physicians are reluctant to do sexual assault forensic evidence collection because of the possibility of legal involvement (Lenehan, 1991.) It is part of a SANE's training and job to provide expert witness testimony.

For the Criminal Justice System

SART programs also benefit law enforcement and prosecutors by collecting high quality evidence and working in collaboration as a team. Interviews with law enforcement officers in Santa Cruz County, after the opening of the SANE/SART program, revealed that "officers almost unanimously felt (1) that they are able to conduct a more thorough and efficient interview working with a nurse examiner, (2) that the victims are more willing to consent to the medical-legal exam when assured that a nurse examiner was available, (3) that the quality of the forensic evidence collection has improved, and (4) that the expertise in handling sexual assault reports among law enforcement officers has increased as a result of working with the multidisciplinary team" (Arndt and Goldstein, 1993).

Many prosecuting attorneys working with SART programs find that SANEs may have more credibility when testifying in court than an emergency department physician. Because SANEs conduct more forensic evidence exams than physicians or emergency department nurses, their proficiency and credibility is less likely to be called into question by defense attorneys. On average, a SANE will conduct 40 exams per year, whereas some emergency department staff may only do one exam in a six-month period (Ledray, 1992a; Ledray, 1998).

According to one study done in Colorado, 59 percent of district attorneys reported that physicians were unavailable to testify as expert witnesses and 41 percent indicated a problem with the credibility of a physician as an expert witness (Cohen et al., 1996). In another study, 24 sexual assault evidence collection kits completed by SANEs were compared to 73 sexual assault evidence collection kits completed by non-SANEs. Forty-eight percent of the non-SANE kits had some break in chain-of-evidence, whereas none of the SANE kits had a break in chain-of-evidence. If chain-of-evidence is not maintained, a case may be ruled inadmissible (Ledray, 1998). Since the start of Tulsa's SANE program, the Tulsa Police Department forensic chemist reported a vast improvement in the quality of evidence collected (Thomas and Sachritz, 1993).

Where do we start?

Establishing a Task Force

Before undertaking the process of developing a SART program, it is imperative to establish a wide base of community support (Cohen et al., 1996). The success of a program is facilitated by contact with community members who have a commitment to improving the community's response to sexual assault victims. Constant communication and collaboration with community members is essential for your program to grow and be effective. Usually, a task force is the most efficient and effective way to achieve this. It is important to garner community support and exposure through this contact, and also to make sure that those who will ultimately determine the effectiveness of the program will help make it work.

Ideally, the task force should include representatives from various agencies with a vested interest in a SART in your community. The chair of the task force should be a person with sufficient influence to assemble the task force members. Suggested task force members include:

- ⊕ Hospital/Facility Administration
- ⊕ Sexual Assault Program/Rape Crisis Center
- ⊕ Health Care Personnel
- ⊕ EACH law enforcement jurisdiction in community
- ⊕ Mental health/Social Service Agency
- ⊕ Elected officials and/or legislators
- ⊕ Commonwealth/County attorney's office
- ⊕ Court Judges
- ⊕ Victim Advocate (Prosecutor and/or community based)
- ⊕ State Police Forensic Lab
- ⊕ Probation, Parole, and Correctional Institutions
- ⊕ Schools and Universities

The Task Force should reflect the cultural diversity of your community. You should consider including any other system or organization that has a stake in improving the community's response to sexual assault and will be impacted by the development of a SART program.

The purpose of the Task Force is to help guide members of the SART in their response to victims of sexual violence by creating a community SART protocol, along with sparking community interest in the program.

Developing Task Force Philosophy and Mission

The Task Force may need several meetings to become familiar with the role of each agency before setting goals (Arndt and Goldstein, 1993). The formality, decision-making processes and structure of Task Forces will vary. Regardless of the structure and level of formality, several key decisions must be made.

What is the Task Force's philosophy or mission? What are the Task Force's goals? It is important that the Task Force coalesce around a common commitment and vision. Common philosophies of SART Task Forces and programs include:

- ⊕ the right of sexual assault victims to have "immediate, compassionate, culturally competent and comprehensive" evidence collection (Ledray, 1998)
- ⊕ the right of sexual assault victims to report the assault without encountering difficulty and to receive extra support (Arndt and Goldstein, 1993)
- ⊕ the right of sexual assault victims to have forensic evidence collected free of charge
- ⊕ the need for community investment in improving the response to sexual assault victims and ending sexual assault.

The Task Force should also develop goals and objectives for the development and implementation of the SART program. For example, one goal for the SART program could be to provide compassionate response to victims of sexual assault. The objective would then be to provide training for SART members on how to respond to victims of sexual assault. Another goal could be to provide access to high quality evidence collection. The objective would then be to arrange for a 24-hour on-call schedule of SANE's to perform the sexual assault examinations. It is helpful to generate timelines for the goals and objectives, and to also decide who will be responsible for working on them.

How do we organize a SART?

Much research and work has been done to assist communities in organizing SART Programs. One widely used method is the Eight Step Model Process developed by Boles and Patterson (1992). This community organization guidebook incorporates an 8-step process:

- Ⓐ Step 1: Inventory of Existing Services
- Ⓐ Step 2: Victim Experience Survey
- Ⓐ Step 3: Community Needs Assessment
- Ⓐ Step 4: Writing the Protocol
- Ⓐ Step 5: Formal Agency Adoption of Protocol
- Ⓐ Step 6: Training
- Ⓐ Step 7: Monitoring
- Ⓐ Step 8: Evaluation

This guidebook will explain each step in detail and provide sample forms to use in the course of your planning.

Step One: Inventory of Existing Services

The first step in organizing a SART is the inventory of existing services. The purpose of taking inventory of the existing services is to examine areas in the community currently addressing victims of sexual assault and to become aware of all services and resources available to these victims. The inventory should be as comprehensive as possible, and it should include services from law enforcement agencies, prosecutors' offices, medical facilities, mental health programs, victim service organizations, and other social service organizations that are available to assist victims of sexual assault (Patterson and Boles, 1992). The result of the inventory of existing services is a comprehensive directory of agencies and organizations providing services to victims of sexual assault within the community.

The task force needs to develop a questionnaire to identify five issues:

- Ⓐ Service availability
- Ⓐ Accessibility
- Ⓐ Quantity
- Ⓐ Quality, and
- Ⓐ Legitimacy

A sample survey form can be found in the attached workbook accompanying this guidebook.

Step Two: Victim Experience Survey

The second step in the process is the Victim Experience Survey (VES). This confidential survey is conducted to determine the victims' assessments of how well the system is responding to their needs. The VES should assess the feelings of crime victims regarding how their cases were handled and how they were treated by each agency. To find out information about how each agency responds to sexual assault victims, it is important to assess victims throughout the criminal justice process, including those whose cases:

- ⊗ Are not reported to authorities
- ⊗ Are not pursued because the perpetrator is not apprehended
- ⊗ Are not filed (or dropped) after the initial investigation
- ⊗ Are pled out before or during trial
- ⊗ Are completed through trial, but may or may not obtain a guilty verdict
- ⊗ Result in a guilty verdict with sentences that may or may not include incarceration

Several agencies can be responsible for conducting this survey. The logical choice agencies are law enforcement or victim service agencies, as these agencies will have the most contact with the victim during the criminal justice process. It is recommended to work closely with the local rape crisis program in developing and implementing the survey. They can be very helpful in creating a victim-sensitive survey and an appropriate implementation approach. The primary emphasis should be placed on victim experience, not the goal of the system. The survey packet can be mailed to victims through a lottery process to ensure randomization. Once the responses are returned and counted, the information will be used in the third step of the Eight Step Process.

A sample VES can be found in the accompanying workbook.

Step Three: Community Needs Assessment

The third step in the process is the community needs assessment. This step is intended to answer two primary concerns:

- ⊗ What services does the community require to meet the needs of sexual assault victims?
- ⊗ What should the task force do to meet these needs?

When conducting a community needs assessment, there are several questions that the task force must explore to develop a SART program unique to your own community.

- ⊗ What is the population of your county, city, or community? Is it urban, rural, suburban, or mixed?
- ⊗ How many sexual assault cases have been reported annually for the past three years in your county, city, or community? Keep in mind that this is only a small percentage of the actual number of sexual assaults occurring because most sexual assaults are not reported.
- ⊗ How many of the cases were adults, adolescents, and children?
- ⊗ How many victims were seen by the local Rape Crisis Center in the past three years?

In addition to these general community assessment questions, there are specific questions targeted towards agencies that will be working with sexual assault victims in some way. Following are some of these agencies and samples of questions pertinent to their involvement in the process.

Law Enforcement

1. How many police departments exist in your county, city or community?
2. Do any of them have a special unit that investigates sex crimes?
3. To what facilities do law enforcement officers usually take sexual assault victims?
4. How effective does law enforcement consider the current medical response to sexual assault victims?
5. What is law enforcement's role in maintaining proper chain-of-custody?
6. What kind of training do police officers have in dealing with sexual assault cases?
7. Given what they know about SART programs, what does law enforcement see as the benefits and difficulties in developing and implementing a SART program in this community?

Crime Lab

1. Where is forensic evidence analyzed in your area?
2. Do all the police departments use the same crime lab?
3. What improvements would you like to see in sexual assault evidence collection kits?
4. How many sexual assault evidence collection kits are processed in your region?
5. Given what they know about SART programs, what do the crime lab(s) see as the benefits and difficulties in developing and implementing a SART program in this community?

Hospitals and Exam Facilities

1. How many hospitals and/or examination facilities exist in your county, city or community?
2. Do all of the hospitals examine and treat sexual assault victims?
3. How many sexual assault examinations does each hospital/exam facility perform on adults each year?
4. Who usually conducts the exams in each hospital?
5. Is specially trained staff available to conduct sexual assault exams?
6. What challenges do facilities face when working with sexual assault victims?
7. What type of policies and procedures have been developed to treat sexual assault victims?
8. What type of referrals do facilities provide to victims?
9. Given what they know about SART programs, what do the hospitals see as the benefits and difficulties in developing and implementing a SART program in this community?

Rape Crisis Programs

1. What local rape crisis center serves your area?
2. Does the rape crisis center offer 24-hour on-call services?
3. How many survivors does the rape crisis center provide services to each year?
4. What kind of services do they provide?
5. What does the rape crisis center think about the effectiveness of the current medical response to sexual assault victims?
6. Given what they know about SART programs, what does the rape crisis center see as the benefits and difficulties in developing and implementing a SART program in this community?

Prosecutors

1. How many sex crimes does the prosecutor's office review each year?
2. How many do they indict each year?
3. What percentage of dispositions are guilty?
4. What is their experience with the forensic evidence collected in the hospitals?
5. Is the evidence they need provided to them?
6. Do they encounter any difficulties when medical staff testify?
7. Is there a victim witness unit in the prosecutor's office?
8. Given what they know about SART programs, what does the prosecutor's office see as the benefits and difficulties in developing and implementing a SART program in this community?

Other

1. What other task forces, committees or coalitions already exist that address related issues, such as sex offender treatment, violence prevention, child abuse, or domestic violence?
2. What funding sources might be available?
3. How are the current services funded?

Once you have performed this community assessment, the task force must compile a report of their findings, which will then be used in the next, vital step of the process, writing the protocol.

Step Four : Writing the Protocol

The fourth step in the process, and essentially the most time-consuming, is writing the protocol. The purpose of writing a multiagency protocol is to define the roles and responsibilities of each agency as it responds to the needs of the victims. It is essential to remember that each community differs from others, and development of a protocol for one community is not necessarily a sufficient protocol for another community. There is no "cookie cutter" approach that works for everyone. At this point the task force members should be familiar enough with each other and its own community needs to develop an appropriate protocol based on those needs.

Many protocols are developed using an agency responsibility checklist, which specifies what each specific agency should be doing when working with victims of sexual violence. Once the checklist is assembled, it can be easily transformed into a written protocol and distributed to all agencies and personnel involved. Some communities have even developed "pocket protocols" which are small, index-card sized, laminated booklets that SART members can easily carry with them to reference as needed. These booklets are basically the responsibility checklist in easy-to-read condensed form.

A sample agency responsibility checklist is included in the attached workbook chapter 5.

Step Five: Formal Agency Adoption of the Protocol

After the protocol is written, each agency affected should review it carefully and secure an official acceptance of the protocol by the agency director on behalf of the organization. This is also an excellent time to consider expanding the membership of the task force so that every agency identified in the protocol has the opportunity to participate in the decision-making process.

A sample letter to send to the director of each agency is included in the workbook, as well as a sample adoption letter from each of the agencies to be sent back to the task force.

Step Six: Protocol-Based Training

The task force should organize and develop a protocol-based training program designed to accomplish two objectives:

- ⚠ To ensure that all personnel from each applicable agency is aware of how the protocol affects each of their positions
- ⚠ To ensure that personnel affected by the protocol have the necessary expertise to carry out their responsibilities

The training curriculum should be interdisciplinary, which reflects the character of the protocol. Individuals from various agencies who will be working together to respond to reports of sexual assault should begin their relationships by training together. This means that all "first responders" from law enforcement, victim advocate agencies, and medical facilities should be trained together to address their specific roles, but to also understand what the roles of other professionals are. KASAP is committed to helping communities organize trainings. Contact the statewide coordinator for assistance with training.

Step Seven: Monitoring Protocol Implementation

The task force has the responsibility of overseeing the implementation of its protocol. Monitoring enables the task force to know how well the implementation process is progressing, whether there are problems, and the nature of any problems being experienced. This information is useful for keeping the project operating as intended.

Monitoring may be done through collection of data from program sites or through actual observation by a monitoring team, or a combination of both. The task force should appoint a monitoring team that would be responsible for developing a data collection form, as well as performing on-site monitoring. The committee is responsible for reporting their findings to the task force and the agencies they monitor. This process is intended to assist with the implementation of the protocol.

As they perform their tasks, the monitoring team should look for strengths as well as weaknesses. The strengths should receive at least as much attention as the weaknesses in the report. When a problem is identified, the team should attempt to identify a probable cause and suggest solutions. Monitoring is intended to be supportive of the agency's efforts and not intended to put the agency in a bad light.

Tips on monitoring and sample forms can be found in the accompanying workbook.

Step Eight : Protocol Evaluation

Protocol evaluation is the eighth step in this cyclical process. This step is closely related to the previous step of monitoring, as they both help determine how effective the protocol is at meeting victim's needs.

The task force needs to appoint an evaluation committee, who will collaborate with the monitoring committee on data collected and utilized. The purpose of this evaluation is to provide programs with information useful to them for guided decision making. The evaluation design and data analysis should meet their needs. The task force needs to formulate a work plan that includes the following:

- Ⓐ Who will collect the data
- Ⓐ When will data be collected
- Ⓐ How data will be collected
- Ⓐ How data will be verified
- Ⓐ How data will be analyzed

Upon completion of the evaluation data collection, the committee will then submit an evaluation report outline to the task force. This allows for further decision-making in regards to how well the program is functioning for the community as a whole.

Completing this eighth step by no means infers that the process is finished. This will be an on-going process that will consistently be changed and monitored to meet the ever-changing needs of victims and the system.

A sample evaluation report outline can be found in the attached workbook.

Some Potential Barriers to the Development and Implementation of a SART Program

One of the most ironic and frustrating components of starting a SART program is that community members who are allies to one program may be barriers to another. What role certain community members play in the development of your program will depend on the politics and personalities that make up your community as a whole. It is often those who were not included (by their own choice or not) in the decision-making stages of the program who will pose barriers to the success and running of the program than those who were active in the program's development.

Barriers that communities have encountered during both the development and implementation of their SART programs follow. Not all programs experience all of these barriers. To avoid many of these barriers plan through the multi-disciplinary Task Force and appoint a project coordinator. The project coordinator can be the point person for addressing concerns, educating systems on SART programs, handling disagreements among Task Force members, cultivating commitment between the Task Force and the community at large, and operating the program once it is implemented. Many SART Programs recommend that the coordinator be a SANE so she can also supervise the SANEs in the program. The following are potential barriers to the development and implementation of a SART program.

Community Commitment

- Ⓐ Some communities are competitive, not collaborative or cooperative
- Ⓐ Lack of statistics to support argument for program development (unreported cases)
- Ⓐ High cost of separate facility (outside of hospital ER)
- Ⓐ Lack of space for program
- Ⓐ Finding a site is difficult (location of exams)
- Ⓐ Hard to determine administration location

Criminal Justice System

- ⚠ Prosecutors, judges, and law enforcement officers may be unaware of the SANE's expertise in the examination and evidence collection procedures
- ⚠ May be difficult to have numerous police jurisdictions work together in collaboration
- ⚠ Decision-makers are not educated about sexual assault issues

Financial

- ⚠ Cost of training
- ⚠ Lack of funding for SART programs
- ⚠ Hospital reluctant to cover costs for forensic equipment
- ⚠ Slow fund-raising
- ⚠ Difficult determining responsibility for funding
- ⚠ High costs of separate facility (not part of an ER)
- ⚠ High costs of equipment, medications, supplies

Health System

- ⚠ Lack of supportive facilities to complete preceptorship
- ⚠ Hospitals/facilities are not aware of the benefits of SANE/SART programs
- ⚠ Physicians and facilities may be unwilling to allow nurses to perform exam without physician intervention
- ⚠ Administration allotting limited time for nurse training
- ⚠ Hospitals may develop programs separately – don't collaborate
- ⚠ Lack of RN (nurse) interest or knowledge of SANE practice

Over coming t he Bar r ier s

Numerous communities have been able to overcome these barriers and have successful SART programs in spite of these. Kentucky has established a statewide SANE/SART Coordinator who is available to assist communities with the development and implementation of SART programs. Contact the coordinator at the KASAP office for further information. Following are examples of how communities overcame some barriers. Each community will find their own unique solutions to their obstacles in the development of their SART program.

Community Commitment

Developing a Sexual Assault Task Force encourages a strong commitment from members of the community, and also increases public awareness about statistics and the existence of the program. One program found a dramatic increase in cases after community awareness was raised through media coverage of the opening of their SANE program. The program went from 29 cases in the three years prior to the SANE program's implementation to 105 cases during the program's first year. Once your program is in place, it is imperative to inform the community either through a media campaign, public service announcement, or other community notification avenues. After all, what good is having a program if nobody knows about it or how to use it?

Health System

Involve the administrators of the hospital/facility involved with your program as soon as possible. Decisions in facility bureaucracies can be made very quickly from the "top down." Work with the decision-making positions within the hospital, and gain support from community leaders who can encourage hospital administration.

Educate physicians and facilities about the extensive SANE training required to perform the medicolegal examinations. Draw on the successes of other programs. Raise support from the facilities and physicians to entrust victims to the SANE. With time and education, physicians and facility administrators will often wholeheartedly support SANE and SART programs.

Preceptorship Facilities

There are several diverse facilities and resources for nurses to complete their preceptorship. Among those include:

- Ⓐ Hospital ED's
- Ⓐ Ob/Gyn offices
- Ⓐ Planned Parenthood
- Ⓐ Health Department
- Ⓐ Women's Health Clinics

When the task force begins discussion about the training, they should already have a list of available resources in the community (from the Inventory of Existing Services survey). Any of the above facilities should be contacted and asked if they would be willing to allow nurses to complete clinical hours there. It is a good idea to invite individuals from these agencies and facilities to participate on the task force to enhance their knowledge base about the program and what the nurse will actually be doing during the preceptorship.

Criminal Justice

Some programs have created a special "team" to address the task of getting all of the different jurisdictions together. Attending a local chief's meeting can also be a forum to garner support.

Time and education will also help relieve any concern that the criminal justice system may have about the SANE's credibility as an expert witness. Many prosecutors have often found SANE's to be credible because of their advanced training and expertise. It is important to involve members from the criminal justice system in the educational and training programs for SART. Also, professionals who work in the criminal justice system, and who have worked with SART programs may be willing to talk to your peers about their experience.

Financial

A variety of funding and grant sources are available on the federal, state, and local levels to fund SART programs. See section entitled "Checklist for Sustaining Funding" on pages 22-23 for further details on these sources.

Training

The most cost effective and efficient method for SART training is to have it on a community level. Sending individuals out of state can be very expensive, as the cost of an out of state course can be several hundred dollars per person, plus travel expenses. On the other hand, having the training in your own community will not only save on travel expenses, but it will allow the team that will actually be working together to train together in their own surroundings. To fund the cost of the training, the task force should discuss having each agency involved to pledge a set amount for training. When each agency "buys in" to the training, it establishes their support and willingness to send more participants through the course. The statewide SANE/SART Coordinator is available to help communities organize SART training. Contact KASAP for more information.

Facility Considerations

Location of the exam facility is a crucial component of a SART program from the beginning of its development through full implementation. When deciding where to locate the SART program, it is helpful to stress that the most successful programs have been developed with collaboration between the facility and other professionals. Choosing a centrally located site is beneficial, and some programs operate out of several area facilities to lessen travel time for victims and for SART members.

There are several issues to consider when exploring all possible options for program location. Pros and cons for hospital-based, hospital clinic-based and community-based sites are discussed below to aid you in deciding what is best and most feasible for your community, and in anticipating any barriers or problems that may arise. The pros and cons were compiled from a national survey of SANE programs unless otherwise noted.

Benefits and Disadvantages of Hospital-Based Programs

Frequently, hospitals provide the space for the sexual assault exams. Programs located within a hospital emergency department also provide easy access to physicians for consultation, if needed. Programs can receive name recognition and credibility by being located at the hospital. Sexual assault victims will generally go to the emergency department to seek care. The hospital is often publicly perceived as a "safe place." Lastly, there are also laboratory facilities readily available as needed.

There are also disadvantages to hospital-based programs that should be considered such as: lack of privacy, not enough space, the exam room may be small, and little storage space. Most hospital-based programs are located within the emergency department, which may have a loud, impersonal, and chaotic atmosphere. Although many programs work to ensure that victims will not be billed for forensic evidence collections, many victims think that they will be billed because they came to a hospital.

Benefits and Disadvantages of Community-Based Programs

All of the services of a SART program can be administered outside of a hospital, including having all equipment, laboratory capabilities, and medicines available. If the SANE program is located in a small community, it may be less likely that the victim will encounter someone she knows if she goes to a small community clinic rather than a busy emergency department or hospital. Less than four percent of sexual assault victims sustain moderate to severe injury, therefore, few assault survivors will require treatment in an emergency department. Community-based programs can also provide specific counseling and shelter services for victims.

One disadvantage can be transferring the victim to the facility if she does not first contact the police and arrives at the hospital, or if she needs extensive treatment for injury. Another disadvantage can be the cost of leasing or buying space if it is not donated.

Multiple Exam Sites

More and more SART programs nationally and statewide are developing multiple exam sites. Typically, they are located in more than one hospital emergency department or medical clinic in the county. In Kentucky, the SART Program of Northern Kentucky is an example of this type of program. The program utilizes all four of the local hospitals, which are owned by two separate entities, to perform the medical-legal exams. The SANE's in the program have nursing privileges at each of the hospitals, and respond to whichever facility the victim is taken to. This lessens travel time for the victim, and reduces chances that valuable evidence may be lost during transit. Multiple exam sites can increase the accessibility of the program for police jurisdictions as well. Also, with multiple sites, hospitals will not be in the position of referring to other hospitals.

The disadvantage to multiple exam sites is the cost of equipment, supplies and rent for the sites. SANE programs with multiple sites have developed creative ways of overcoming the disadvantages. Some programs have a portable exam kit that the SANE brings with her. Other programs have had to compromise by having their large, expensive equipment, such as the colposcope, at the site where they conduct the most exams and collecting evidence without that equipment at the other sites.

Financial Considerations

Developing a budget will be an important task for the Task Force when implementing a SART program. The following list contains items to consider including in your budget. For a more detailed list of items needed to start your SANE program, see Appendix E for the "Starting from Scratch" list from the Fort Wayne Sexual Assault Treatment Center.

Personnel costs

- ⊗ Program Coordinator
- ⊗ On-call pay for SANE
- ⊗ Per exam pay for SANE
- ⊗ Case review pay for SANE
- ⊗ Court costs (testimony and preparation time)

Program costs

- ⊗ Office space (exam room, waiting room, administration office)
- ⊗ Furnishings
- ⊗ Office equipment and expenses (phone, fax, computer, postage, office supplies, copy machine, film and film development, exam forms, etc.)
- ⊗ Pagers
- ⊗ Exam equipment (pelvic table, camera, colposcope, microscope, etc.)
- ⊗ Medications
- ⊗ Medical supplies (gauze, swabs, alcohol swabs, etc.)
- ⊗ Exam room furnishings
- ⊗ Brochures and other program information

Education and Training

- ⊗ Training for team members, initial and ongoing
- ⊗ Publications and reference materials

Who Will Pay for Evidence Collection?

Payment for the exam is an important issue. In Kentucky, no victim is to be billed for the sexual assault examination according to KRS 216.B.400. However, other medical procedures such as treatment for a broken arm may be billed to the victim, who can apply for Crime Victim's Compensation if certain requirements are met. At this time the Rape Victim's Assistance Fund reimburses set amounts for the examination:

- ⊕ \$250 to a hospital or examination facility for use of an exam room
- ⊕ \$200 for a physician or SANE to perform the sexual assault exam, and
- ⊕ \$94 to a hospital or examination facility for laboratory tests

Checklist for Sources of Funding for Community Assessment/Planning

- ⊕ Local Community Foundation
- ⊕ Local United Way
- ⊕ Private/Public Foundation
- ⊕ Service Clubs
- ⊕ State Funders
- ⊕ Police Agencies
- ⊕ Prosecuting Attorney Offices
- ⊕ City and County Government
- ⊕ Federal funding

Checklist for Sustaining Funding

Not all of these sources of funding will be available for all organizations depending upon funding eligibility guidelines. Check with the grant administrators for eligibility.

1. Violence Against Women Act (VAWA) and Victim of Crime Act (VOCA) Funding

Kentucky Justice Cabinet
403 Wapping St.
Frankfort, KY 40601
(502) 564-3251

2. Edward Byrne Formula Grant Program

The Byrne Formula Grant Program, administered by the Bureau of Justice Assistance, awards funds to states for use by local government to improve the functioning of the criminal justice system. This may be a source of funding for services designed to assist sexual assault victims.

Kentucky Justice Cabinet
403 Wapping St.
Frankfort, KY 40601
(502) 564-3251

3. Other Government Funding

Local municipalities and police agencies can be approached for funding of SANE exams. Just as police agencies cover the costs of collecting evidence for other crimes, i.e. burglaries, they could also be funding costs associated with the evidence collection for sexual assault victims.

4. Hospital Budgets

The equipment, supplies, medications and occupancy costs for hospital-based programs may be absorbed by the hospital, in addition to some staffing costs. A good reference for this is the SANE Development and Operation Guide available from the U.S. Department of Justice. This can also be downloaded free from the website www.sane-sart.com.

5. Fundraising

Local fundraising by rape crisis centers, women's groups, and service clubs are also a good source of start-up funding and possibly sustaining funding. For ideas on fundraising, contact your local rape crisis center or KASAP at (502) 226-2704.

Crime Victims Compensation

Crime Victims Compensation does not provide funding for SANE program development or implementation, but it can help reduce the costs victims may be charged. Compensation may cover hospital bills and medical expenses, loss of earnings, rehabilitation and remedial services, and counseling. Applications are available from the local rape crisis center, prosecuting attorney's office, state police posts, victim assistance agencies and the Crime Victim Compensation office.

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Other Resource Materials

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