

CALIFORNIA SART REPORT

Taking Sexual Assault Response Teams to the Next Level

Research Findings, Promising Practices & Recommendations



UCDAVIS HEALTH SYSTEM UCDAVIS CHILDREN'S HOSPITAL



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Fairness and justice for sexual assault victims became a mission for Marilyn Peterson beginning in 1976 when she was the founding Director of the Yolo County Sexual Assault Center in Davis, California for 4 years. Thereafter, she became the first Chief, Governor's Office of Criminal Justice Planning Sexual Assault Victim Services Branch responsible for funding California's rape crisis centers and developing the California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims and standard state forms for recording forensic examination findings. In 1988, Marilyn was recruited to work for the University of California, Davis Medical Center as Director of the CAARE Center serving abused and neglected children. Not long after, she renewed her involvement in the field of sexual assault by concurrently becoming Director of the California Clinical Forensic Medical Training Center (the training division of the CAARE Center) established in 1995 by state statute to train health-care providers how to perform medical/evidentiary examinations for victims of sexual assault, child abuse and neglect, domestic violence and elder abuse. The CCFMTC is primarily funded by the Governor's Office of Emergency Services. In addition, Marilyn has been responsible for suggesting key legislation to assist sexual assault victims such as the laws establishing the crime of sexual battery, defining consent in the penal code, establishing the statewide training center, and other initiatives. Marilyn received her masters degrees at California State University, Sacramento.

William Green, MD

William Green is a Clinical Professor of Emergency Medicine at the University of California, Davis Medical Center (UCDMC). Dr. Green was chief consultant for the development of the California Medical Protocol for Examination of Sexual Assault Victims issued in 1987, and the revision issued in 2001. In 1989, Dr. Green cofounded the UCDMC Sexual Assault Forensic Evaluation (SAFE) Team and serves as the team's Medical Director. His publications include, Rape: The Evidential Examination and Management of the Adult Female Victim, published by Lexington Books. In 1990, he was appointed to serve on the statutorily created California Sexual Assault Victim Services Advisory Committee, Governor's Office of Emergency Services. Dr. Green is currently Director of Sexual Assault Forensic Education at the California Clinical Forensic Medical Training Center (CCFMTC) at UC Davis, and has recently been named to the Governor's Task Force on Campus Sexual Assault. In addition, Dr. Green was a founding member of the graduate group in forensic sciences that created the Forensic Science Masters Program at UC Davis. His primary research interest is sexual assault, which includes the epidemiology of sexual assault, the forensic medical examination, forensic evidence collection and evaluation, and criminal justice outcomes.

Brooke Allison, MA

Brooke Allison possesses a Master's Degree in Applied Behavioral Science. She is the former executive director of the California State Commission on Crime Control and Violence Prevention, Office of Criminal Justice Planning. For ten years, she served as executive director of the Child Abuse Prevention Council of Placer County taking the agency from a \$20,000 budget, and two part-time staff, to annual revenue of over \$4 million and a staff of 80. For over twenty years, Ms. Allison taught full time as adjunct professor of Criminal Justice at California State University Sacramento. Her areas of academic expertise include family violence, child abuse, sex offenses and offenders, criminal justice fundamentals, and violence and terrorism. In 2002, Ms. Allison became a full-time consultant, specializing in organizational research and capacity building.

With over twenty-five years of social service administration, academic, and consulting experience, Ms. Allison provides technical assistance, training, planning, and facilitation services for local, state, and federal government entities, private foundations and non-profit agencies in the areas of capacity building, fiscal diversification and leveraging mapping, sustainability, organizational assessment and development, fund development, non-profit administration, and services integration. In addition to her other consulting work, Ms. Allison coordinates the State Office of Child Abuse Prevention's Sierra-Sacramento Regional Coalition of Child Abuse Prevention Councils and, through June 2008, Sierra Health Foundation's Organizational Assessment and Capacity Building Project.

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Dear Colleagues,

Dedication to SART (Sexual Assault Response Team) has spanned the decades beginning in the mid-1980s. It has always been viewed as the optimal system of coordinated response to a sexual assault. We are pleased to bring you the California SART Report: Taking Sexual Assault Response Teams to the Next Level.

SART has its origins in the anti-rape movement of the 1970s when dedicated advocates, and enlightened law enforcement officers, medical personnel, prosecutors, and forensic scientists began a community bonding process to intervene effectively on behalf of sexual assault victims. These disciplines formed the nucleus of SART. The field of sexual assault clinical forensic medicine also has its origins in the SART field. Today California's SARTs exist on a continuum of development from a few dedicated individuals working together to more sophisticated organizations.

The California Sexual Assault Response Team (SART) Manual, published in 2001 by the California Coalition Against Sexual Assault (CALCASA), laid important foundation for SART operations. The goal of the California SART Report is to inspire teams to take their operations to the next level of development by learning from others and what they have accomplished.

We are all pioneers in this field — no matter when we start this work. The SART vision is to seek justice, to protect the community, and to work on behalf of victims to restore their dignity, to prevent sexual assault from becoming a life-defining event, and to counter one of the darkest of human experiences with a response of goodness and caring.

We are grateful to all who participated in the California SART Report for their support and guidance, especially to those from the SART field who took part in the research through site visit interviews and the electronic survey process, the SART Enhancement Project's Statewide Advisory Committee, and the Governor's Office of Emergency Services.

With warm regards to all who participate and further this work in all capacities,

Marilyn Strachan Peterson, MSW, MPA

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Executive Summary

SARTs (Sexual Assault Response Teams) in California were created in the 1980s in reaction to the serious problem of sexual assault victimization. Many legal and institutional advances in the field of sexual assault intervention and SARTs have occurred since then, and SARTs have become widely accepted as the optimal way of responding to sexual assault in California. Yet, little has been documented about the actual practices of California's SARTs or what is needed to enhance effectiveness. Until now, virtually no detailing of promising practices or emerging issues among California's SARTs has been published.

The California Clinical Forensic Medical Training Center (CCFMTC) at the University of California, Davis (UC Davis), determined that a thorough assessment of the SART field in California was needed. In 2006, with funding from the California Governor's Office of Emergency Services, CCFMTC launched The SART Enhancement Project. A comprehensive venture to sustain and advance the field into a bright future, the Project entails a statewide assessment of California's SARTs to determine key characteristics and promising practices, publication of findings in a "SART Report" and professional journals, creation of a set of policy and legislative recommendations, and development of training and technical assistance for practitioners based on the research findings.

The California SART Report, based on two years of extensive research throughout California, is the first product of the SART Enhancement Project. Grounded in CCFMTC's research findings, it is organized into two primary sections — SART partner roles and SART operational elements. Each section includes an overview of how California's SARTs work, the issues and obstacles they face, and a list of promising practices useful for moving a SART to the next level in a particular category or component of SART work. Each section concludes with examples or "snapshots" from the field illustrating promising practice in action.

Multi-disciplinary SART

A foundational principle of the report is the multi-disciplinary team or concept of "teamness." Considered the "heart of SART," the multi-disciplinary team can be visualized in four concentric circles with the victim at the center. The circle closest to the center comprises first responders—

law enforcement personnel, sexual assault forensic examiners (SAFEs), and rape crisis center advocates. First responders are a subset of the core SART (depicted in the 3rd circle), which includes all five *primary partners* — first responders, plus forensic scientists and prosecutors.

The outermost circle, encompassing follow-up and ancillary services to the victim and the victim's important others, consists of secondary partners — victim/witness assistance, medical, mental health, and social service providers. This secondary set of partners — while not essential to basic SART operation — offers resources that, when well-integrated into the SART, promise to take SARTs to the next level by further enhancing recovery and justice for the sake of both victim and community. To be of optimal effectiveness, a SART should comprise both primary and secondary partners working collaboratively.

Key Findings

SART Partners

- Champions exist in nearly every California county dedicated to the SART mission; and, they inspire and support one another to overcome challenges.
- SARTs are established practice in many California counties; the vast majority have been operational for five years or more.
- Considerable variance exists between what SART participants considered ideal and actual or "real" practice.
- Many of California's rural communities are not consistently, effectively engaged in SART practice.
- There is still a tendency in California for SART to be considered a verb—as in, "she was SARTed," referring to the forensic medical exam. This is in contrast to viewing SART as a fully functioning team providing a coordinated, comprehensive response to sexual assault victimization.
- Many jurisdictions describe the SAFE Team as the SART, rather than as a subset of it.
- While law enforcement personnel, forensic scientists, and prosecutors are consistently considered among the key primary partners and essential for successful SART practice, there is concern that their SART involvement is sometimes minimal and inconsistent.
- Local political support by law enforcement agencies and the district attorney's office at top administrative levels is vital to SART success.
- Rape crisis center advocates and SAFEs are the disciplines most likely to fully engage in SARTs.

- California benefits from a standardized protocol and set of forensic medical examination forms, required by state statute (Penal Code Section I3823.II) for use in the performance and documentation of sexual assault forensic medical examinations, and utilized consistently throughout the state.
- Three SAFE Team models operate in California hospital employed and staffed SAFEs (sometimes described as the "embedded" model), independent SAFE contractors, and private SAFE companies.
- Private SAFE companies can be effective alternatives to the embedded and independent contractor models.
- Timely and comprehensive analysis of forensic medical evidence is problematic in many jurisdictions.
- DNA evidence has revolutionized the field of sexual assault response, greatly increasing the likelihood of identification and prosecution of an offender.
- Advances in the DNA field and forensic medical examination techniques have made the 72-hour window for examining the victim and collecting forensic evidence obsolete. Yet, it remains standard practice in many jurisdictions.
- Medical, forensic, mental health and social service follow-up care is typically not effectively engaged by SARTs in many communities.

SART Operational Elements

- Victim-centered practice is a core philosophy voiced by virtually all our research respondents and is integrated, to some degree, into most of California's SARTs.
- SART is essentially a collaborative process among a multi-disciplinary set of
 partners responding to sexual assault. While critical to SART success, building
 and maintaining effective partnerships is challenging.
- Building and nurturing a political constituency to support SART at all levels of the community is as basic to sustaining its life as the everyday program-related practices with which most SART members are usually more comfortable.
- Honest, open, ethical communication about challenges as well as strengths —
 is a cornerstone of effective SARTs. Virtually all SART research respondents cited
 good communication as the most positive and necessary element of their SARTs.
- Most SARTs have focused their attention on critical program aspects, often with little energy or resources left over to build the equally important organizational infrastructure needed for stability and sustainability.
- The item most often found at the top of our respondents' unmet SART organizational needs is that of a specifically-dedicated, funded SART coordinator.
- Many SARTs have developed a policies and procedures manual; few have institutionalized ways to fully utilize or update it routinely.

- While most SARTs acknowledge the importance of multi-cultural inclusion and competence, few have fully integrated either into their practices. Few SARTs engage in adequate multi-cultural training for SART partners. Rarely do they publish materials or offer interpreting services in languages other than Spanish.
- Funding for sexual assault forensic medical exams and for full team operations remains problematic for nearly all California SARTs.
- The full cost of both SART and SAFE Team operations is rarely understood by SART partners. Seldom do SARTs develop and utilize a comprehensive annual budget, comprising both in-kind and cash revenue and expenditures.
- While a handful of SARTs (and SAFE Teams) pursue and secure a diversified set of funds to support their SARTs, most rely on just one or two funding sources leaving them particularly vulnerable to fiscal crisis.
- While most California SARTs conduct or take advantage of some type of professional training, levels of professional development vary widely across the state.
- Intra-team, cross-disciplinary training provided by team members to one another is the most common type of training engaged in by California's SART partners.
- The type of training most commonly cited as lacking is "team development training."
- The primary reason cited for not taking advantage of outside training, whether by discipline, for the entire team, or cross-disciplinary, was not the cost of a training course or workshop, but rather the release time required to attend a training.
- Of the various technical assistance needs reported by research respondents, fund development, team building, strategic planning, and multi-cultural competency enhancement ranked at the top of the list.
- Case review is seen by most as key to SART quality assurance and as a means of identifying and remedying problem areas, as well as to reinforce good work and positive outcome. Yet, for a variety of reasons, many SARTs have not institutionalized case review into their SART practice.
- Some data collection takes place within some California SARTs and is in the planning stages at others, but formal process and outcome evaluation of SART has not yet occurred.
- Considering community education and prevention efforts primarily the purview of rape crisis centers, most of California's SARTs do not actively encourage or formally address community education and prevention efforts. There is some evidence this is beginning to change.
- Special populations, including those from Tribal and campus communities and individuals who are deaf and hard of hearing and developmentally disabled, do not consistently receive sufficient or culturally-competent attention from California's SARTs.

Throughout the report, a list of promising practices and "snapshots" of promising practices from the field follow each detailed discussion of partner-related and organizational issues. Too voluminous to summarize here, these promising practices are offered as a valuable resource to readers. They are intended to provide practical, concrete ways to overcome SARTs' challenges, as well as inspiration from the good work of SART peers across California for moving to the next level in SART practice.

Violence Against Women Act (VAWA), 2005 Reauthorization

Throughout California, we found interest in the VAWA 2005 Reauthorization [42USCAS:379699-4(d)(I)]— its intent and what it might mean for SART practice here. This report includes a special section on VAWA. It summarizes pertinent portions of the Act, the current status of forensic medical practice in California, and some important issues and challenges for consideration and possible resolution.

Policy and Legislative Recommendations

The report concludes with a set of policy and legislative recommendations which emanated from our research. These recommendations are offered to stimulate discussion, and for their potential as the starting point for the creation of an advocacy platform to enhance California's SARTs to the next level.

Annotated Literature Review and Reference List

The annotated literature review section of the report presents the summary result of our national review of the SART literature. It also serves as the reference list for the report. While a number of potentially valuable research studies, articles, and manuals on SART were identified, one of our primary findings was the serious lack of SART-related research, outcome evaluation, and promising practice publications.

Statewide Survey Findings Summary — Appendix in CD Format

An electronically accessible appendix summarizing the findings of our statewide survey is appended to the printed narrative report. The appendix contains the complete set of findings from the electronic survey we conducted across California. This survey netted participation from 100% of California's 58 counties. Findings are displayed in both text and graphic format, accompanied by data analysis. A copy of the questionnaire is also included.







History of SARTs

Despite vast under-reporting, the number of sexual assault victims in California is high — about 24,000 sexual assaults are reported through law enforcement agencies every year. California's rape crisis centers report even higher numbers — approximately 32,000 victims annually.

Sexual assault response teams (SARTs) were created several decades ago in reaction to the serious problem of sexual assault victimization. Following the initial creation of SARTs in California—

first in San Luis Obispo County in 1980, followed in 1985 by Santa Cruz County, and Sacramento County in 1989—the field of sexual assault response, investigation, prosecution, and advocacy has advanced substantially. SART initiators have seen their revolutionary ideas become mainstream, from a mere handful of SARTs operational in the early days to established practice in many

"What we're doing is for the greater good."

California counties by 2007. Forty-five percent (45%) of SART respondents to our 2007 survey indicated their SARTs had been in operation for 10 years or more, with another twenty-one percent (21%) stating their SART had been operating for between five and 10 years.

Many legal and institutional advances in the field of forensic medicine and SARTs have occurred during the past two decades, and SARTs have become widely accepted as the optimal way of responding to sexual assault in California. Yet, little has been documented about the actual practices of California's SARTs or what they additionally need to do in order to become more effective. Virtually no detailing of promising practices or emerging issues among California's SARTs has been published until now.

The California Clinical Forensic Medical Training Center (CCFMTC) at the University of California, Davis (UC Davis), determined that a thorough assessment of the SART field in

California was needed. With funding from the California Governor's Office of Emergency Services, CCFMTC launched The SART Enhancement Project in 2006—a comprehensive venture to determine the state of California's SARTs, to establish promising practices for taking SARTs to the next level, and to develop statewide training and policy recommendations to advance and sustain the field into a bright future.

Along with an advisory committee created specifically to guide the project, CCFMTC developed the following objectives:

- Examine California's SARTs to determine key characteristics and promising practices;
- 2) Publish findings in a variety of ways, including in a "SART Report" and professional journals;
- 3) Create a set of policy recommendations to support and enhance SARTs in policy, statute and funding arenas;
- 4) Develop and conduct training and technical assistance to practitioners in the field based on the findings.

This report primarily addresses the first three objectives, while laying the groundwork for the fourth. It is based on comprehensive research conducted across California from September 2006 through May 2008.





Research Methods and Database

Data collection for the project was conducted using three primary methods: a national literature review; an electronic, statewide survey; and a series of on-site interviews across California.

The literature review utilized nine databases and numerous policies and procedures documents gathered from both California and the rest of the nation. The electronic survey generated 347 individual responses, representing every county in California. (Please see CD for electronic survey and summary of findings.) The high response rate resulted from the use of extensive "snowball sampling" and follow-up contact with potential respondents. In-depth, on-site interviews with 19 of California's SARTs, along with the extensive use of in-depth phone interviews to probe for more detail, were conducted between November 2006 and March 2008.

SARTs Interviewed

ALAMEDA COUNTY

Oakland (2 visits)

Livermore/Tri-Valley

EL DORADO COUNTY

Fresno County

HUMBOLDT COUNTY

Los Angeles County

Gentral and South Los Angeles, and West San Gabriel Valley

Compton

East Los Angeles

Long Beach

Santa Monica

MERCED COUNTY

RIVERSIDE COUNTY

SACRAMENTO AND YOLO COUNTY

SANTA BARBARA COUNTY

SANTA CLARA COUNTY

SANTA CRUZ COUNTY

SAN DIEGO COUNTY

San Francisco City & County

Shasta County

Findings from the three primary data sources form the basis of this report. In the aggregate, they present a comprehensive picture of how California's SARTs operate — their characteristics, obstacles and promising practices.

Numerous excellent "how-to" SART manuals already exist, detailing discipline-specific roles and providing a template describing how to develop a basic SART. In fact, the California Coalition Against Sexual Assault (CALCASA) in 2001 published one of the first and most comprehensive of these — The Sexual Assault Response Team (SART) Manual. It is available through CALCASA at www.calcasa.org. (At this writing, CALCASA is updating and re-configuring its manual for electronic distribution and access.)

The California SART Report is not intended to be a "how-to manual" for initiating a SART, although it would be useful in that regard. Rather, based on comprehensive findings gleaned from California's SARTs during 23 months of extensive research, its purpose is to move SARTs to the next level. Its intent is to move beyond foundational "nuts and bolts" information to illuminate a set of promising practices and recommendations with the potential to greatly advance the SART field.





SART Partners, Issues, Challenges and Promising Practices

The information contained in the California SART Report is organized into two primary sections — SART partner roles and SART operational elements.

Each section includes an overview of how California's SARTs work, the issues and obstacles they face, and a list of promising practices useful for moving a SART to the next level in a particular category or component of SART work. Each section concludes with examples or "snapshots" from the field illustrating promising practice in action. The "snapshots of promise" represent only a sampling of the good work taking place in California's SARTs.

"We are just they are derived from the site visits conducted as part of our research, and are

"We are just a group of dedicated souls... who are driven."

DEFINITIONS AND TERMINOLOGY

not inclusive of all SART practices or every SART in California.

A number of terms require definition to clarify and guide their consistent use in this report as well as the field.

SART (Sexual Assault Response Team). A SART is a multi-disciplinary, interagency sexual assault intervention system composed of public and private partners who form a team to employ a coordinated, collaborative response to sexual assault. The composition of the team, as the very heart of SART, is further detailed in the next section. The primary focus of a SART, and this document, is adolescent and adult victims of sexual assault.

Core team or primary partners. The core SART team consists of the five primary partners — law enforcement personnel, rape crisis advocates, SAFE team members, prosecutors, and forensic scientists.

Secondary partners. Potential partners who can perform important follow-up and ancillary services, but who may not participate routinely in core team operations. These may include representatives from victim/witness assistance centers, medical, mental health, and social service providers.

First responders. First responders comprise the trio of disciplines — SAFEs, law enforcement and rape crisis center advocates — that initially responds to the victim and surrounds the initial investigative steps and the forensic medical examination process. First responders are a subset of the full SART.

Sexual Assault Forensic Examiners (SAFEs). SAFEs are the medical professionals who conduct the adult and adolescent sexual assault forensic medical examinations. (In some California SARTs, SAFEs are also trained to conduct child sexual abuse forensic medical examinations.) SAFEs may be nurses, nurse practitioners, physicians' assistants, or physicians. The SAFE category includes Sexual Assault Nurse Examiners or SANEs. The term SANEs was developed by the International Association of Forensic Nurses (IAFN), a professional association that grants its own certification to members who meet its prerequisites and pass a written test about performing forensic medical examinations of sexual assault victims.

The SAFE team is the medical team that — in combination with a medical director or medical supervisor—comprises the SAFEs. The SAFE team is a subset of the full SART.

Clinical forensic medical examination and medical/evidentiary examination. Originally, the fields of sexual assault and child sexual abuse intervention identified these exams as "medical/evidentiary." This term is used in California Penal Code Section 13823.11 to define the essential elements of an exam and in the California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims. Over time the medical, nursing, and forensic science fields began to use the term "clinical forensic medical examination" or "forensic medical exam."

Clinical forensic medicine. Forensic medicine is defined as the interface between medicine and the law. Clinical forensic medicine defines the particular branch of this field that deals with living victims of violence.

The Multi-disciplinary Team: The Heart of SART

SARTs are multi-disciplinary by definition. A collaborative, multi-disciplinary team that coordinates sexual assault response among all the key disciplines and agencies involved is the

"We operate according to the principle that the whole is greater than the sum of its parts."

essential heart of SART. Given the multi-faceted nature of sexual assault and the range of institutions called into play by the crime, no one agency can do the job alone. Our research suggests effective multi-disciplinary teams generate the best outcomes for each of the institutions involved, for the community, and for the victim.

One of our most significant findings is that, while some SARTs in California do function as full and complete teams, many do not. Sometimes, the forensic medical examination process and a

SAFE team are substituted for the full SART. Our research demonstrates that the very essence of a SART is its "teamness." A SART is not a single individual or agency that investigates a crime or performs an exam. SART is not a verb — as in, "she was sarted." It is not a prescription — as in, "we ordered a SART."

While all SARTs perform valuable service deserving of respect and support, the purpose of this publication is to move California's SARTs to the next level — toward optimal operation and outcome. Thus, a belief in the value of the team concept of SART forms the underlying assumption and organizing principle upon which the California SART Report is based.

The following continuum depicts the degrees of "teamness" that California's SARTs demonstrate in actual operation, from no SART at all to a cadre of first responders only, through a SART of active core partners to the optimally functioning SART linked effectively to secondary partners.



Figure 1. Degrees of "teamness"

The fully multi-disciplinary SART can be visualized in four concentric circles with the victim at the center, as in Figure 2. The circle closest to the victim comprises first responders — law enforcement personnel, SAFEs, and rape crisis center advocates. First responders are a subset of the core SART or primary partners, which includes all five primary partners — first responders, plus forensic scientists and prosecutors.

The outermost circle, encompassing follow-up and ancillary services to the victim and the victim's important others, consists of secondary partners — victim/witness assistance, medical, mental health, and social service providers. This secondary set of partners — while not essential to basic SART operation — offers resources that, when well-integrated into the SART, promise to take SARTs to the next level by further enhancing recovery and justice for the sake of both victim and community.

At a minimum, the multi-disciplinary SART should consist of the five core, primary partners.

Maximum effectiveness would likely require coordinated involvement with secondary partners as well.

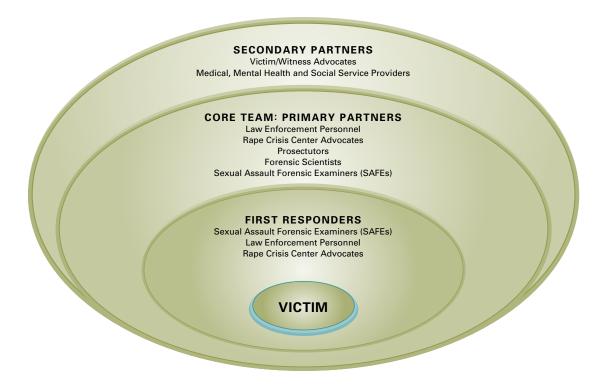


Figure 2. Multi-disciplinary team: the heart of SART

The Ideal Versus the Actual SART

Our research data often presented us with a contrast between functions that California's SARTs would like to have in existence (the ideal) and what currently exists (the actual). The following two tables demonstrate that contrast and also present a general overview of SART elements as they appear in the report.

Table I shows what respondents think the "ideal" SART should comprise, in priority order.

Table 1. Ideal importance of practices in SARTs (n=308)

	Ideally thought to be "very important"
Forensic medical exam and evidence collection	80.0%
Crisis intervention	63.0%
Medical evaluation and treatment for injuries	62.0%
Follow-up and in-person counseling for victim	59.0%
Continuous quality improvement	59.0%
STD prophylaxis	58.0%
Pregnancy prevention	57.0%
Suspect exam and evidence collection	54.0%
Advocacy and support through medical processes	54.0%
Advocacy and support through legal processes	53.0%
Vertical prosecution	49.0%
Special investigation unit	48.0%
Case-management evaluation and follow-up	48.0%
Public awareness and education	47.0%
Information and referral to other needed social services	45.0%
Support services for families and significant others	41.0%
Forensic medical follow-up	40.0%
Legal services other than advocacy or support through legal process	32.0%

Table 2 illustrates how respondents differentiated between the characteristics of the ideal SART and their perception of what exists in actual SART practice. Data are presented in order of the greatest variance between ideal and actual.

Table 2. Ideal importance vs. actual SART practices (n=308)

	ldeally thought to be "very important"	Actual occurrence: "occurs very frequently"
Continuous quality improvement	59.0%	27%
Suspect exam and evidence collection	54.0%	23%
Public awareness and education	47.0%	20%
Forensic medical follow-up	40.0%	16%
Vertical prosecution	49.0%	26%
Follow-up and in-person counseling for victim	59.0%	37%
Special investigation unit	48.0%	26%
Case-management evaluation and follow-up	48.0%	27%
Legal services other than advocacy or support through legal processes	32.0%	13%
Advocacy and support through legal processes	53.0%	37%
Crisis intervention	63.0%	49%
Forensic medical exam and evidence collection	80.0%	67%
Support services for families and significant others	41.0%	28%
Medical evaluation and treatment for injuries	62.0%	54%
Pregnancy prevention	57.0%	50%
Information and referral to other needed social services	45.0%	39%
STD prophylaxis	58.0%	53%
Advocacy and support through medical processes	54.0%	51%

THE CORE SART: PRIMARY PARTNERS

The five key partners that form the essential core of SART operation and effectiveness are law enforcement personnel, rape crisis center advocates, SAFEs, prosecutors, and forensic scientists.

SART promising practice requires, at a minimum, the regular, active, collaborative engagement of these partners on the team. While most California SARTs seek to fully involve these core members routinely, fewer than half of California's SARTs appear to have fully accomplished this goal.

"It's very important for each team member to be seen as having equal value."

Table 3 displays survey data that indicate the percentage reported as "not attending meetings regularly," organized by discipline. These data give some insight into the difficulty many SARTs encounter in attempting to regularly convene a full team of SART partners.

Table 3. Collaborators reported as not attending SART meetings regularly (n=308)

Collaborators	Percentage reported as "not attending meetings regularly"
Law enforcement agency	30%
Crime laboratory	26%
District attorney's office	18%
Victim/witness assistance centers	12%
SAFE Team (SAFEs)	7%
Rape crisis center	2%

First Responders. Law enforcement personnel, rape crisis advocates, and SAFEs are the members of the core team who comprise the first responders. Our research finds that most counties in California have the benefit, at least, of a cadre of these first responders. In many counties, however, these first responders are not organized into a full SART.

Law Enforcement

Law enforcement personnel often respond first to sexual assault. Their roles are varied. Operating at many levels, in many ways, law enforcement agencies respond with dispatch, patrol, investigation, transportation, crime scene evidence collection and preservation, administration, and supervision. Law enforcement's critical role in SART is most keenly apparent initially at

"We have an excellent relationship with law enforcement. They are the reason we have a successful SART."

patrol and supervisory junctures when determining if, when and where a forensic medical exam will occur; transporting and providing support to the victim during and after the exam; and delivering evidence from the SAFE exam site to the designated crime laboratory or evidence storage facility.

In California, law enforcement's role is especially important because law enforcement holds the keys to one of major funding streams that supports SAFEs (and thus, indirectly, SARTs). California state law (Penal Code Section 13823.95) prohibits billing a victim of sexual assault directly or indirectly for a forensic medical examination. The same statute requires law enforcement agencies to pay for any medical evidentiary exams they authorize. Law enforcement agencies thus determine whether or not to authorize an exam, and usually negotiate the reimbursement rate with local hospitals or independent SAFE contractors. Because California statute names a funding source but does not designate actual funding or a formula for calculating funding to support SAFEs, forensic medical examination rates vary widely across the state. As a result, funding and maintaining the SAFE team are among the most fragile aspects of the SART process.

Law Enforcement Support of and Participation in the Full SART

Across California, SARTs are most likely to succeed when they operate with the engagement and support of law enforcement personnel — at line, administrative and executive levels. Law enforcement support can take many forms. Active law enforcement participation in the full SART is critically important. This includes the simple, but vital, practice of routinely attending and participating in full SART meetings and case review, as well as attending and conducting multidisciplinary SART-related training. Equally important is the development of law enforcement policies, procedures and cultural norms that institutionalize SART throughout the entire law enforcement system.

In many California counties, law enforcement is the leading force behind the local SART. However, stretched resources, fluctuating emergency calls and changing priorities can compromise the ability of law enforcement agencies to actively and fully participate in and support SART throughout the organization, from the top, down.

Where meaningful, institutionalized law enforcement support is lacking, SARTs struggle. Eighty-one percent of survey respondents named law enforcement as an essential SART partner. Many of these same respondents, however, indicated that law enforcement was the core member that is least likely to routinely attend SART meetings. (See Table 3.) Because the practice of holding routine SART meetings and maximizing partner participation in them can be seen as a proxy for SART viability and efficacy, law enforcement attendance is an important factor in predicting SART success.

Political Support

Law enforcement is in the position to garner the local political support needed to grow and sustain SARTs through government funding and internal policy. The degree to which law enforcement administrators and executives require and reinforce law enforcement participation in SART operations, and maintain a SART-supportive political stand in their community, can make or break the effectiveness and sustainability of a SART.

Our research found, not surprisingly, that sexual assault investigation is enhanced and SARTs flourish when law enforcement is fully engaged — leading and supporting the charge, as well as working collaboratively throughout the sexual assault response process.

Small, Isolated Departments

Resources — especially those related to adequate funding and personnel — are most lacking in small, isolated, rural police departments. Virtually none of California's SARTs appears to have fully integrated all of its small, rural departments into their SART operations. These departments usually employ a very small cadre of officers, stretched thin across a wide geographic area, who wear numerous hats. They find it all but impossible to release officers to travel long distances to the central SART site for either exam or meeting purposes. In addition, the chronic lack of resources in small rural departments often limits the ability of small police departments to take advantage of SART-related training and team meetings. This, in turn, makes it difficult for local law enforcement to fully understand and value the SART process.

Stretched resources and a lack of full commitment to the SART process can affect law enforcement personnel in more central locations who may not always see themselves as full partners in the examination and post-exam support process. In such cases, a patrol officer may transport a victim to the exam site and leave fairly quickly to resume field duties.

Authorizing Sexual Assault Forensic Exams

Law enforcement determines whether or not the SAFE process will be engaged by deciding whether or not to authorize and initiate a forensic medical examination at public expense. When a report of sexual assault is received, the patrol division responds and, usually in consultation with the supervising officer, determines whether, how, where and when to order a forensic medical examination of the victim. The fact that a law enforcement department is required to pay for the forensic medical examinations it authorizes could, in some jurisdictions, influence the SAFE initiation process, as could lack of law enforcement personnel and other resource constraints.

Coordinated, Joint Assault History Interviews

For reasons related to assumptions about the adverse effect of multiple interviews on victim trauma, willingness of the victim to participate in the prosecution process, and reliability, validity, and consistency of interview data, some jurisdictions have adopted the practice of law enforcement participation with SAFEs in the conduct of the assault history interview. However, in light of *Crawford v. Washington* (124 S. Ct. 1354, March 9, 2004), this practice should be reviewed or pursued only after thorough discussion and in full collaboration with the local district attorney's office.

Law enforcement presence during the medical history and the forensic medical examination is inappropriate because it would constitute a violation of the victim's basic medical and privacy rights.

SAFE Expert Consultation with Law Enforcement

One of the most important benefits to law enforcement and its investigation of sexual assault is the potential for SAFEs to provide expert forensic medical consultation on a case. This can be accomplished informally through the SART mechanism and the personal relationships that arise from it, or more formally on a consulting basis.

Promising Practices — Law Enforcement

- Strategies to engage all law enforcement agencies are developed and implemented;
- All law enforcement agencies within the jurisdiction or catchment area participate in SART, including regular attendance at meetings;
- Law enforcement personnel at all levels fully support and participate in the SART process;
- □ The SART process from exam through investigation and case review is accessible and welcoming to law enforcement personnel;
- Strategies are developed and implemented to nurture the SART relationship with law enforcement agencies at all levels (administrative, managerial, investigation, and patrol) through shared leadership, training, political outreach, and basic facility and logistical ease and comfort;
- Law enforcement personnel are comfortable airing the needs, concerns, and difficulties they encounter within the context of the full SART;
- □ The concept of law enforcement and SAFEs engaging in joint assault history interviews is reviewed within the context of recent case law with the district attorney's office, and an appropriate policy is adopted;
- Law enforcement support for SART is institutionalized through memoranda of understanding or memoranda of agreement (MOU or MOA) and incorporated into SART's policies and procedures document.

Snapshots of Promise — Law Enforcement

Leading the charge.

Law enforcement agencies in many cities and counties across California support local sexual assault response systems by ensuring active, routine law enforcement participation in and leadership of SARTs. Among the earliest and most continually engaged of the law enforcement champions are the Santa Clara County Sheriff's Department and the San Jose Police Department. Integrally involved in financing and partnering in the SAFE process, coordinated by forensic medical personnel at Santa Clara Valley Medical Center in San Jose, these agencies routinely order forensic medical examinations, work closely with the SAFEs and forensic scientists to ensure quality control of evidence collection and chain of custody, and regularly attend monthly coordination meetings. These departments also have been instrumental in presenting inter-SART training sessions and persuading smaller police departments across Santa Clara County to participate.

The Long Beach Police Department provides another example of strong law enforcement leadership in the SART arena. Concerned about access to and quality of forensic medical examination evidence collection procedures, the department initiated a contract for SAFE services in 1994. Because local hospitals were not providing the needed services, the Long Beach Police Department contracted with a nurse practitioner who developed a private-for-profit company. This marked the first time in California that nurses were contracted on an independent basis to deliver SAFE services.

The Long Beach SART involved strong partnerships with the Los Angeles County District Attorney's Office and local rape crisis center. SART continues to be a priority at all levels of the Long Beach Police Department — from the executive level that fosters political and fiscal support, to the command center and patrol officer who first respond to a report of sexual assault, to the detective who authorizes the forensic medical examination, to the law enforcement personnel who routinely attend SART meetings.

Rural engagement of law enforcement.

Santa Barbara County's SART takes engaging its rural law enforcement agencies in SART very seriously. With the help of its full-time coordinator — who has the time, inclination and skill to actively lead and maintain the engagement process — this SART has considerable success in law enforcement involvement.

Santa Barbara County's SART also maintains three forensic medical examination facilities located strategically across its county to enhance accessibility and reduce transportation time and cost to law enforcement agencies. In addition, the SART coordinator routinely attends law enforcement roll calls to encourage the use of forensic medical examinations, and continually communicates with reluctant officers and departments to break down barriers and reinforce participation in full SART meetings. Two SART administrative and case review meetings are held each month in Santa Barbara County, one each in the northern and southern parts of the county — again to enhance law enforcement and other partners' accessibility in this geographically vast rural county. Riverside County's SART also illustrates effective outreach to rural law enforcement. It has just completed a law enforcement training CD which, when approved, will be distributed to all law enforcement departments and substations. The CD will be used during orientations for new officers and in routine roll calls throughout the county to increase understanding of the benefits of the SART process and to promote participation. This SART also is working to secure California Peace Officers Standards and Training (POST) credits for law enforcement training lunches it plans to hold regionally, as yet another means for encouraging countywide SART participation.

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Welcoming facilities.

Operating as part of the Rape Trauma Treatment Center of Santa Monica-UCLA Medical Center and Orthopedic Hospital, Santa Monica's SART convincingly demonstrates how to effectively court and nurture law enforcement involvement in and support of SART at the most basic level.

"If I know the victim is going to get compassionate care from the SAFE and from the advocate, I can do my job better."—Police Officer

The Santa Monica SAFE facility is somewhat of a private haven for law enforcement personnel, to whom it offers refrigerated refreshments, a television, phone, computer and comfortable seating. This simple, though somewhat costly, provision encourages law enforcement personnel to use this SAFE facility, to remain engaged throughout the full length of the exam, to participate as

appropriate throughout the process, to transport the victim as needed, and to deliver the evidence kit for post-exam storage. Although few SARTs may be able to achieve this degree of comfort for law enforcement personnel, all can emulate its basic lesson: making partners feel welcome, comfortable, and supported encourages participation. All SARTs and their SAFE teams can develop affordable, manageable ways to accomplish, on their own terms, reciprocal, supportive relationships with law enforcement agencies.

Rape Crisis Centers

Our research reveals clearly that rape crisis centers (RCCs), as both first responders and follow-up service providers, are integral to the SART process. They are involved in virtually all SARTs in California and seen by our survey respondents as key partners. In many counties, rape crisis centers are the glue that holds SARTs together, often generating both the initial impetus to a SART's organization and the coordination and the staffing that sustains it. In some counties, RCCs function as major political players; in others, they play more supportive, albeit essential, roles.

California Penal Code Section 679.4 authorizes the victim to have an advocate present during all contact with law enforcement officers and attorneys from initial investigation forward. Thus, in almost all cases, rape crisis centers are called into the process, by law enforcement or SAFEs, at the point of forensic medical examination or before. At the forensic medical examination facility, and throughout the exam process, rape crisis advocates inform, support, and comfort the victim. In some communities, they also transport the victim to her home when the exam is complete.

Victim Follow-up Services and Support

Rape crisis centers offer a wide range of services to sexual assault victims. Using a mix of volunteer and paid staff members, RCCs perform 24-hour crisis hotline response; follow-up contact to arrange for the provision of services; in-person and group counseling services; and accompaniment and advocacy during the forensic medical examination, subsequent medical appointments, and through the criminal justice system, including court.

Follow-up services may be conducted at the rape crisis center itself, involve referral to another provider, or both. Most commonly, victims are referred for long-term mental health and social services to other agencies or organizations.

All rape crisis centers attempt follow-up contact with the victim, with inconsistent results. In some areas, few victims accept follow-up assistance from RCCs immediately following the sexual assault, resulting in the victim quickly losing contact with the center. Loss of contact with a victim stems from a variety of reasons, including those related to victims' trauma and their desire to move quickly beyond their victimization. Rape crisis centers provide valuable support services immediately following an assault, and also months or even years later, when victims may be more open to assistance.

RCCs as SART Administrative Staff

The essential administrative support, coordination and leadership to ensure SART sustainability and effectiveness is an important role often undertaken by RCC executive and administrative staff members. Historically, funding from OES enabled 23 rape crisis centers to support SART development in their respective jurisdictions. Recent changes, based on recommendations from the field, have resulted in equal dissemination of these funds among all RCCs to support and expand SART development across California.

Promising Practices — Rape Crisis Centers

- RCC's role in SART is clearly defined and supported by the entire SART;
- Active participation of the RCC in the full SART takes place routinely;
- Effective RCC follow-up with victims and an effective system of referral and feedback to ensure victim utilization of follow-up services are in place;
- An approved referral group of therapists trained in post-traumatic stress disorder (PTSD) and a psychiatric referral list for clients needing additional support are in place;
- RCC's SART-related roles and responsibilities are institutionalized in MOUs or MOAs and incorporated into a SART policies and procedures document.

Snapshot of Promise — Rape Crisis Centers

RCC as team coordinator, active partner, and political advocate.

Fresno's Rape Crisis Center, through its executive director and a program coordinator, provides the administrative glue that binds the Fresno County SART and helps to maintain its operational consistency. Personnel from both organizations are members of the full SART. The simple, and profoundly important, coordination tasks accomplished regularly by the RCC-based SART coordinator include: setting the agenda; calling the meetings; providing the facility; recording minutes; distributing minutes, agenda and reminders to attend meetings, along with other information; trouble-shooting and relationship-building behind the scenes; and facilitating meetings. These last two functions often fall into the political leadership category and become the primary domain of the RCC executive director, along with other executive leadership represented on the SART.

Most of California's SARTs depend on the full, active participation of rape crisis center advocates in their sexual assault forensic medical examination and SART processes. Shasta County's SART, located in Redding, benefits from the RCC's extraordinary involvement. RCC advocates respond to every sexual assault call to support the victim throughout the process, including coordination for transportation home, if needed. The RCC develops a variety of SART training opportunities, including multi-disciplinary and discipline-specific training for the full SART. It also coordinates with advocates from the local tribal council when the victim is Native American. Shasta County's RCC works with other SART partners to share responsibility for developing and securing funding from various granting agencies and through financial support from the county and cities within its service area. The executive director of Shasta County's RCC is one of its SART's key leaders and most effective political advocates. When funding for SAFEs was threatened recently, the RCC executive director and the District Attorney worked closely for many months to successfully maintain local funding.

Peace Over Violence, a sexual assault and domestic violence prevention and intervention service agency of Los Angeles County, historically has played a seminal role in the sexual assault response field. Peace Over Violence, formerly known as the Los Angeles Commission on Assaults Against Women, has operated as a rape crisis center since its inception in 1971. Over the years, its role has evolved to include political leadership, as well as hands-on coordination of the area's SART and provision of essential victim support services. Through its leadership and participation in the Los Angeles County Sexual Assault Coordinating Council, Peace Over Violence actively advocates to ensure countywide SART support. The council is multi-disciplinary and dedicated to ensuring a coordinated response to sexual assault throughout Los Angeles County. As a community-based organization, working closely with law enforcement agencies, Peace Over Violence is committed to political advocacy across multiple systems, helping to build policies to support victim safety and healing while promoting accountability for perpetrators.

SAFEs (Sexual Assault Forensic Examiners)

SAFEs (Sexual Assault Forensic Examiners) are the medical professionals who conduct the forensic medical examination of a sexual assault victim. SAFEs may be nurses, nurse practitioners, physicians' assistants or physicians. The SAFE team is the medical team that comprises the SAFEs, along with a medical director or medical supervisor.

Bear in mind that the SAFE Team is not the SART. It is the SART's forensic medical component. Some of California's communities still confuse the two by defining SART as, and limiting it to, its forensic medical element. Other communities, however, operate with a full SART that includes the active participation of the SAFE team within it. Our research indicates that in these circumstances, SAFEs are essential SART partners and very likely to participate fully. According to our survey respondents, SAFEs are second only to RCC advocates in level of participation in full SART meetings. In some cases, a SAFE facilitates or chairs SART meetings and the SART case review process.

According to the requirements of California Penal Code Section 13823.9(b), counties with populations larger than 100,000 must ensure availability of SAFEs to perform forensic medical examinations for sexual assault victims. Counties with populations larger than I million must ensure the presence of SAFEs in at least one general acute-care hospital for every I million persons in the county. Enactment of this statute, which also required the use of standardized forensic medical report forms and statewide examination protocol, established an important foundation for the development of the field of clinical forensic medicine in California.

As a part of the first-responder cadre, SAFEs are on the front line of medical and forensic responsibility for the victim at the hospital or other forensic medical examination facility. As both medical and forensic personnel, SAFEs have equal responsibility to both the medical and forensic aspects of sexual assault response. They must remain independent and objective at all times, and should not be construed or used as extensions of law enforcement or the prosecution, or act as a victim advocate.

Medical Triage

At initial contact, the SAFE's first task in the triage process is to evaluate and treat the victim for medical injury and physical need. A referral system must be in place through which a SAFE can expeditiously refer a victim to another medical professional or expert for further evaluation or treatment if necessary.

Standardized Forensic Medical Examination Forms and Protocol

California benefits from a standardized protocol and set of forensic medical examination forms required by state statute (California Protocol for Examination of Sexual Assault and Child Sexual Abuse, Penal Code Section 13823.5) for use in the performance and documentation of forensic medical examinations. These are tied to reimbursement by law enforcement agencies for forensic medical examinations, and are utilized uniformly throughout the state.

According to state statute, after medical concerns have been addressed, the SAFE gathers information for the medical and forensic history, performs the sexual assault medical evidentiary exam; and collects and documents evidence, including physical findings. The SAFE further evaluates the victim for risk of pregnancy and STDs as required by California Penal Code Section I3823.II, even though payment for these services is not mandated. The examiner also offers emergency contraception and sexually transmitted disease prophylaxis. Examiners are expected to offer expert consultation to law enforcement agencies and expert witness testimony in court. In some instances and ideally, the SAFE who conducts the exam also performs medical and forensic follow-up care. In other situations, resource and logistical realities result in the assignment of other medical personnel for medical and forensic follow-up care for the victim.

Mandated Reporting by SAFEs

SAFEs are mandated reporters, according to California Penal Code Section III60. This code section states that hospitals and health practitioners are required to report to the local law enforcement agency all cases in which medical care is sought for injuries that have been inflicted upon any person in violation of any state penal law. The report must be made immediately by telephone and in writing within two working days of receiving the information. It must include the name and current whereabouts of the injured person, if known; the character and extent of injuries; and the identity of the alleged perpetrator, if known.

Competent Forensic Medical Testimony from SAFEs

A SAFE's ability to reliably interpret forensic medical evidence and offer competent testimony in court is essential to the well-being of the victim, the criminal justice system and the community. SAFEs who are trained and experienced in effective communication in court are best equipped to clearly present medical and forensic findings.

SAFEs and the SAFE Team

Our research found that California's SAFEs are most often nurses, nurse practitioners or physician's assistants. In a few instances, the examiner is a physician. SAFEs are most likely to conduct exams in a hospital setting, either in the emergency room or a designated site within or adjacent to the hospital. Sometimes examiners are full-time employees, but most work on a contract and/or on-call basis — paid by a hospital, government entity or a private company. Their rates of pay vary widely, and are supported, at least in part, by exam fees reimbursed by the local law enforcement agency (ies).

SAFE Case Review and Quality Assurance

Most SAFEs operate around the clock, seven days a week, with at least one trained forensic medical examiner available at all times. In some cases, a physician associated with the hospital oversees the SAFE team. Virtually all of California's SAFE teams have a hands-on coordinator, who usually performs exams as well as engages the SAFE team in ongoing, in-house medical case review, quality assurance and training. The SAFE team coordinator usually is a SAFE. This role may be rotated among several SAFEs. Most often medical case review takes place within the hospital medical setting; sometimes the medical case review process is integrated into the full SART. Many SAFE teams review all sexual assault cases; some review a random selection. Regardless of when and how quality control is monitored, either through routine review of SAFE cases randomly or other methods, quality control is essential to develop optimal procedures and produce high-quality results. Case review also can be an important training tool for medical personnel and other SART partners.

A few counties have more than one SAFE team. In such cases, coordination among SAFE teams is important in order to ensure consistency of examination procedures and quality outcome.

Forensic Follow-up

A victim's case may benefit from forensic follow-up to further assess non-specific physical findings and evolving injuries, such as redness or bruising that may have been unclear during the initial examination. A follow-up forensic examination also allows the verification of initial forensic findings, and may lead to new findings.

In California, forensic follow-up takes place inconsistently for reasons related to: the traumatized victim's reluctance to comply with follow-up requests soon after the assault; the absence of a forensic follow-up requirement in state statute; and a lack of specified or codified payment system in California for forensic medical follow-up services. (Recommendations for both forensic and medical follow-up care are contained in the California Medical Protocol for the Examination of Sexual Assault and Child Sexual Abuse Victims.)

SAFE Operational Models

Three SAFE models operate in California — the embedded model, individual contract model, and private company contract model. Regardless of the type of SAFE model adopted by a jurisdiction, it must be thoroughly integrated into a SART to be fully effective.

- Embedded SAFEs. In this model, SAFEs are embedded in hospital emergency departments. A nurse or mid-level practitioner (nurse practitioner or physician's assistant), employed by the hospital and assigned to the emergency department, is trained and utilized to perform sexual assault forensic medical examinations. In this model, a SAFE's primary job responsibilities revolve around general patient care. When a sexual assault patient presents, general patient care responsibilities are handed over to a medical colleague, and the SAFE responds to conduct the forensic medical examination. In this way, forensic medical examinations are accomplished in a timely fashion with minimal logistical and scheduling effort. The forensic medical examination is considered part of the nurse or mid-level practitioner's regular job responsibilities as hospital staff member, with salary and benefits. This model works best within the setting of a large hospital that already engages SAFE-trained nurses or mid-level practitioners as part of its regular workforce.
- Independent SAFE contractors. In this model, contracts are made by an institution usually law enforcement agency, public health department or hospital with individual, private SAFE contractors. These contractors are most often nurses, well-trained and experienced in forensic medical examination procedures. Individual SAFEs can be compensated per examination, or, more commonly, through a flat annual or monthly contract amount which does not vary regardless of how many examinations are performed, when or where. Compensation can also include service time, on-call or call-back pay.
- Private SAFE companies. Several private SAFE companies operate in California through public contracts with multiple cities and/or counties, primarily through law enforcement agencies. This arrangement usually has its roots in the inability or unwillingness of the local hospitals to perform this function. California's private SAFE companies are owned and administered by nurses or nurse practitioners who are experienced in SAFE practices. The owner employs, trains and supervises a number of individual SAFEs who perform the forensic medical examinations for a per-exam fee, often with mileage reimbursement. Compensation can also include service time, on-call or call-back pay. In most cases, the owner also performs examinations and oversees SAFE team scheduling, coordination, quality control, case management and representation on SARTs.

SAFE Facilities

Depending on the operational model utilized, SAFEs use various facilities to perform forensic medical examinations. Facilities encompass full-fledged centers within or near the hospital, hospital-based rooms within or near an emergency room, and free-standing, private examination sites and neighborhood-based SAFE or SART centers.

Quality sexual assault forensic medical exams can be accomplished in any of these venues, provided that the capacity exists to fully engage medical triage, medical consultation and medical follow-up components. Those requirements usually dictate location of the examination facility within or near an emergency medical facility.

Rural, Isolated Populations

Small, rural counties can have difficulty complying with California Penal Code Section 13823.9(b), which requires every county with a population of 100,000 or more to have one or more SAFEs either on-call or on duty to perform sexual assault forensic medical examinations.

Effectively reaching victims, enabling law enforcement personnel to become fully involved in the complete SART process, and ensuring utilization of sexual assault forensic medical examination

"We are all equal partners; we support each other completely."

resources in rural, isolated areas remains a formidable obstacle throughout California. Despite the difficulties, some counties are tenaciously employing creative outreach strategies, including satellite facilities and contracts with more mobile individual SAFEs or private SAFE companies.

SAFEs as Partners in the Full SART

The tendency to view SAFEs and their medical teams as "The SART" can be overcome when the full SART clarifies and standardizes its terminology, encourages its uniform use, requires the SAFE's routine participation in the full SART, and insists that SART should consist of more than just its forensic medical component. When SAFEs are full partners they may chair the SART case review process, thereby integrating it with medical case review, and ensuring legal protection for the review process. A SAFE may serve as the official coordinator of the full SART. Regardless of the specific roles that are adopted, the full involvement of SAFEs is an essential part of effective, multi-disciplinary SART functioning.

Promising Practices — SAFEs (Sexual Assault Forensic Examiners)

- The role of the SAFE team within SART is widely understood and clearly defined;
- The SAFE's role encompasses collection of evidence and objective documentation of forensic medical findings, and clearly precludes advocacy or investigation;
- Various SAFE operational models are explored and considered;
- The SART is fully multi-disciplinary, with the SAFE team functioning as an active partner;
- SAFEs participate regularly in full SART meetings;
- SAFE team quality assurance takes place, through routine case review;
- Coordination and consistency among SAFE teams is accomplished where multiple SAFE teams operate within a single county;
- An acute medical triage system is developed and implemented;
- A follow-up medical care system is established and operationalized;
- Procedures and protocol for forensic follow-up are developed and implemented;
- The SART has determined the best location(s) in which forensic medical examinations will take place, taking into consideration the potential medical emergency and other medical aspects of an assault;
- Forensic medical examinations are paid at a rate that fully compensates the cost of SAFE team operations;
- Elements of the forensic medical examination for compensation or billing purposes are distinguished from medical treatment costs;
- The SAFE team's relationship with and support of the full SART MOU/MOA is institutionalized in MOU/MOA and incorporated into the SART policies and procedures document.

Snapshots of Promise — SAFEs (Sexual Assault Forensic Examiners)

SAFE fully integrated with SART.

Riverside County's SART model is an excellent example of comprehensive, integrated SART practice. In Riverside County, the SAFE coordinator serves dual functions — coordinating both the SAFE team and the SART, effectively integrating the two. The SAFE coordinator — an examiner herself — ensures ongoing forensic medical training, quality control and case review within the hospital setting, in consultation with the medical director. The SAFE coordinator also facilitates and coordinates the full SART by setting meeting agendas and the annual meeting calendar, recording minutes, facilitating meetings, distributing information, problem-solving and conflict resolution, developing and updating policies and procedures, relationship-building, and overseeing the SART case review process.

Examples of SAFE models in operation.

The embedded model. Alameda County's Highland Hospital in Oakland offers an excellent example of a SAFE team embedded within a hospital's emergency department. Here a midlevel practitioner who is also a trained SAFE works in the emergency department, performing general patient care as a function of his or her primary job. When a sexual assault case occurs, the practitioner hands over general patient care responsibilities to a medical colleague, and responds to conduct the forensic medical examination. In this way, forensic medical examinations are accomplished in timely fashion with a minimum amount of logistical and scheduling effort. The exam is considered part of the mid-level practitioner's or SAFE's regular job responsibilities as a hospital staff member, with salary and benefits. This model was pioneered by the University of California, Davis, Health System in 1989.

The individual contractor model. Santa Cruz County law enforcement agencies, under the leadership of the Santa Cruz County Sheriff's Department, compensate SAFEs as independent contractors for a flat monthly amount regardless of how many or how few examinations take place. If a SAFE is unable for any reason to respond to a call for an examination, a "stand-by"

SAFE is available. The "stand-by" SAFE is requested by the SAFE who needs assistance. Scheduling and payment arrangements take place between SAFEs only, with the county staying out of the "stand-by" loop to keep things simple and efficient.

Santa Barbara County's SART has recently revamped its operations to contract with individual SAFEs, thereby minimizing scheduling and payment complications to more effectively serve the entire county, much of which is rural. Santa Barbara's SART previously utilized a cadre of SAFEs who were on call at all times, scheduled for various geographic areas, and paid per exam, plus mileage. Santa Barbara now has one or two SAFEs on-call for each 24-hour period, greatly reducing scheduling and coordination logistics. SAFEs conduct their forensic medical examinations at the SAFE facility to which law enforcement transports the victim.

Santa Barbara County's medical examiners, who are all nurses, are compensated according to contract as follows: "...the County shall pay \$444.00 for each 24-hour period of time when contractor is scheduled to cover the entire county or \$222.00 for each 24-hour period of time when contractor is scheduled to cover one region of the county (north or south). The county pays the contractor \$35.00 per hour for court time that occurs on days when contractor is not scheduled." The contracted rates are inclusive of expenses, including mileage.

Private SAFE company model. When the Long Beach Police Department grew dissatisfied with the limited forensic medical examination resources available, it authorized its first contract for forensic medical examination services. The contract, open to bid, went to a company formed by a trusted nurse practitioner experienced in forensic medical examinations. Over time, this private company has secured contracts with several other cities, hospitals and universities in Los Angeles and Orange counties. The company now employs, trains and supervises IO SAFEs. Three SAFEs are on call at all hours around the clock to perform forensic medical examinations at any of six hospitals in the area. The company owner also conducts forensic medical examinations and coordinates both the SAFE team and SARTs for its jurisdictions.

The private SAFE company model has proved especially useful for rural counties. Rural counties, with small populations and relatively few victims, often find operating their own SAFE team and a full SART economically infeasible. In addition, SAFE teams that conduct few forensic medical examinations due to low victimization report rates may find their skills and knowledge base deteriorating over time.

In 2002, a highly trained, experienced nurse entered into a contract with Tulare County to conduct forensic medical examinations countywide. This initial contract eventually evolved into a rural-based, private SAFE company that employs a cadre of 12 on-call SAFEs, contracts with six rural counties, and runs its own private facility for administrative purposes.

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Depending on proximity to the victim and the specifics of each county contract, this company uses its own private facility or deploys its SAFEs, with mobile equipment, to hospital facilities in distant counties. With the help of an administrative assistant, the owner trains, schedules and supervises the SAFEs. She represents SAFEs and the SAFE process on the full SARTs, where those are in place in the contract counties.

Three SAFE approaches in one region. San Diego county and city utilize three SAFE approaches to cover their large geographic region. One of these is a privately operated program and facility that performs forensic medical examinations to the south and central areas for both victims and suspects. Owned by an experienced nurse, the private forensic examination company employs five other nurses who conduct examinations at either the company or hospital SAFE facility. Law enforcement agencies pay \$850 per victim examination at the private site, and \$1,000 for a hospital-based examination. Suspect forensic examinations, which may be done at the hospital, jail or private facility, are compensated at \$400 apiece. The owner of the private forensic examination company is an active, trusted member of San Diego's full SART. (San Diego County also utilizes a hospital-based facility to serve its north county residents, and the Chadwick Center at Rady Children's Hospital for children and developmentally disabled adults who are victimized by sexual assault.)

SAFE as SART coordinator.

In several California counties, a SAFE serves as the official, funded SART coordinator. Humboldt County's model is a good example. Here the SAFE coordinator, a nurse employed at .75 time by the hospital, recruits SAFEs as needed, and oversees the SAFE team and its bi-monthly SAFE case review process and the hospital-based forensic medical examination facility. She also coordinates the full SART, facilitating monthly SART meetings and the SART's review of open cases, along with ongoing encouragement to ensure multi-disciplinary participation in the full SART process. The coordinator is paid through a combination of funding sources, including in-kind contributions by the hospital, local government and hospital foundation grants, and law enforcement reimbursements for forensic medical examinations. The coordinator and other SART partners continually pursue a diversified mix of funding sources to sustain both SART and SAFE team activities in Humboldt County. At the point of this publication, negotiations were under way with the Humboldt County Department of Health and Human Services to supplement the funding from law enforcement agencies in order to more adequately compensate for the full cost of the SAFE team, and perhaps help underwrite some of the SART expenses as well.

Santa Cruz County's SART and its SAFE team are coordinated by a sergeant in the Sheriff's Department as part of the officer's regular duties. The Sheriff's Department also provides in-kind

fiscal oversight and budgetary administration for the SART. Many of the coordination duties, however, are factored into the SAFEs' contracts. These coordination tasks, divided among the three SAFEs, include general SART administration and coordination, community education and outreach, and development of SART policies and procedures.

Outreach to rural, isolated areas.

Riverside County's SART maintains one central forensic medical examination facility at the Riverside County Regional Medical Center, but is in the process of developing four satellite sites to cover its far-flung geographic territory. These forensic medical examination sites will be linked to the main facility through a Web-cast system that will disseminate ongoing training, "real time" examination technical assistance and feedback, and peer review of examination results. Initially, the hospital's existing SAFEs will conduct forensic medical examinations at the outlying facilities. Riverside County eventually intends to hire and train locally based SAFEs, linked for training and quality control purposes to technical assistance through its Web-cast system.

Statewide SAFE telemedicine technical assistance and support.

Another type of outreach to isolated and rural areas has been initiated by the California Clinical Forensic Medical Training Center (CCFMTC) at the University of California, Davis, Health System. The health system's Department of Pediatrics and the Center for Health and Technology, using a gift from the Hearst Foundation, pioneered the use of telemedicine enabling physicians at the Pediatric Intensive Care Unit (PICU) to consult with doctors in rural communities regarding treatment for children with critical injuries resulting from accidental or non-accidental trauma. This initiative led to efforts to support child sexual abuse examiners at several rural sites using real time" or "live" coaching during exams. CCFMTC built upon this model through an OES" Children's Justice Act grant to establish four primary sites: CCFMTC and the CAARE Diagnostic and Treatment Center at the UC Davis Children's Hospital in Sacramento; Children's Hospital and Research Center Oakland, Alameda County; Rady Children's Hospital, San Diego County; and a UCLA/Santa Barbara combined site. CCFMTC is setting up two secondary sites for each primary site to mentor examiners on the performance of child sexual abuse examinations and adding San Francisco General Hospital/UCSF and Santa Clara Valley Medical Center as primary sites. CCFMTC also plans to initiate mentoring of SAFE teams in Santa Cruz, Stanislaus, San Joaquin, and El Dorado counties to build skills in the interpretation of findings.

Prosecutors

Prosecutors' primary responsibility is to ensure that "justice is served" for victim, offender and community. Prosecutors determine whether findings from the victim interview, law enforcement investigation, the forensic medical examination and the crime laboratory are sufficient to file sexual assault charges, and then prosecute cases accordingly. They have a huge stake in determining whether the evidence collected will hold up in court and whether the victim will participate effectively in the prosecution process. Most prosecutors and their administrators recognize the value of SART to their work. Indeed, the entire SART process — from examination, evidence collection and chain of custody through investigation and follow-up support services — greatly influences the efficacy of a case and the cooperation of the victim. Yet, some prosecutors in California remain somewhat removed from, and do not actively collaborate with, the SART.

Active Involvement of Prosecutors in and Support of the Full SART

Prosecutor involvement in California's SARTs varies widely. In some jurisdictions, prosecutors are active participants in the full SART. In others, prosecutors work primarily with various partners on an individual basis outside the team context.

Understanding the benefits of SART, some prosecutors become champions for SART — functioning as key SART partners and leaders, enhancing SART at every opportunity. Their involvement in some cases may transcend routine participation in the full team process, and may include chairing and coordinating SART, hosting regular meetings at the district attorney's office, participating in training, and ensuring SART funding. Some prosecutors work proactively to garner political and fiscal support for SART.

In one jurisdiction, prosecutors are paged by law enforcement personnel at initial contact with the victim, so they can respond to the crime scene, take part in the first interview of the victim, and lay the groundwork for the case early in the process. While this practice may allow the prosecutor to hear the victim's first statements and begin to form an early relationship with the victim, some voice concern that it could cast a deputy district attorney in the role of witness and thus compromise the case. Consultation with the local district attorney's office is recommended.

Competent Forensic Testimony from SART Partners

A clear benefit of SART is its ability to furnish the criminal justice system with sound evidence, reliable interpretation of findings, and competent court testimony by law enforcement personnel, SAFEs or forensic scientists. Their participation in the SART process — through which they gain ongoing opportunities to hone skills, gain new ones, and build cross-disciplinary perspective — improves the potential quality of testimony by all partners. All partners benefit from training to enhance their ability to communicate effectively in court.

Case Review and Routine Participation in SART Meetings

Case review is an essential component of SART practice. Some prosecutors express concern about participating in SART case review prior to final disposition at the appellate level, preferring instead to review only closed cases. Others hesitate to review even closed cases. In many jurisdictions, however, prosecutors find that routine case review is useful to respond to and resolve problems along the way, and to develop a stronger case.

Our research shows that prosecutors who routinely participate in full SART meetings to furnish and receive ongoing process and disposition feedback for quality assurance purposes usually find their cases, community safety and justice outcomes for the victim enhanced.

Promising Practices — Prosecutors

- Full, regular prosecutor participation in and support for SART takes place, including attendance at regular full SART meetings;
- Strategies are in place to maximize the district attorney's political support of the SART process;
- Utilization of a prosecutor feedback loop includes review of both open and closed cases within the SART context;
- □ SAFE training is in place to ensure competency for expert testimony in court;
- Prosecutorial involvement in SART is institutionalized via MOU/MOAs incorporated into the SART's policies and procedures.

Snapshots of Promise — Prosecutors

Prosecutors as SART leaders and participants.

The Alameda County District Attorney's Office takes SART very seriously. Having spearheaded the development of Alameda County's SART, the District Attorney's Office invests significant time and resources to ensure SART effectiveness and sustainability. Involvement includes taking hands-on responsibility for prosecutors' routine participation in SART meetings; ensuring ongoing political support; and, most uniquely, identifying and helping to funnel local, state, federal and private funding to SART. This District Attorney's Office has helped take Alameda County's SART to "the next level" by guiding the development of the Alameda County Family Justice Center in Oakland — a one-stop shop that co-locates SART administration, investigation, sexual assault vertical prosecution, and follow-up medical, mental health and social services under a single, community-based roof.

The Sacramento County District Attorney's Office has been a major driving force behind that county's SART. Working closely with the SAFE Team at the UC Davis Medical Center, Sacramento's District Attorney helped initiate Sacramento's first SART in 1989. Through various election cycles, it has been a sustaining political voice, helping SART retain the countywide support needed to weather changing political climates. Prosecutors, including those at both supervisor and bureau chief levels, always have been and continue to be a regular part of Sacramento County's monthly SART meetings. They operate in close and trusted communication with SART partners to ensure effective case review and court preparation.

Training to enhance communication in court.

Apprehension concerning the rigors of direct testimony and cross-examination has been identified as a barrier to professionals entering the field of forensic medicine. CCFMTC at UC Davis has developed a series of training courses to teach effective court communication. Using didactic and experiential methods and both basic and advanced curricula, these courses help SAFEs, law enforcement personnel and forensic scientists enhance their courtroom communication abilities.

Forensic Scientists

Patrol officers, detectives and crime scene investigators collect evidence from the crime scene, and SAFEs collect and preserve evidence, including DNA, from the forensic medical examination. All evidence is submitted to the crime laboratory for analysis. They furnish results to law enforcement investigators and prosecutors. The crime laboratory that employs the forensic scientist may be part of the California Department of Justice that serves multiple counties. Or, in large metropolitan areas, forensic services are performed by laboratories affiliated with the county sheriff's department, city police department or district attorney's office. Some counties and cities use a private company for selected needs. Wide variation is evident across California in the timeliness of crime laboratory analyses, the number and type of cases that receive analysis, and the degree of involvement by forensic scientists in local SARTs.

Active Support of and Involvement in the Full SART

Forensic science is a dynamic, evolving field with a critical role to play in SART practice. Yet our research found that, in most California jurisdictions, the crime laboratory is not an active partner in the full SART, does not routinely send a representative to meetings or give SART partners formal feedback regarding the quality of evidence collection and preservation. In some counties, however, the crime laboratory is a very active partner—leading SART's evolution and championing political support for it, while ensuring improvements in the evidence collection, delivery and analysis processes. Routine involvement by a crime lab representative in the full SART is a pivotal means through which critically important general and case-specific information can help improve both SART processes and case outcome. In such instances, new knowledge is gained by all disciplines regarding the practicalities of evidence collection and preservation, and the latest forensic science trends and developments.

Data Collection and Analysis by Crime Laboratory

Crime laboratories possess a large bank of sexual assault data. While crime laboratories in California occasionally collaborate with the SART to collect and analyze sexual assault data, this rich reservoir of information is largely untapped.

Timely and Comprehensive Analysis of Forensic Medical Evidence

The timeliness with which forensic medical sexual assault evidence is processed varies widely across California. In some areas, receiving the results of evidence analysis may take up to several months. Delays can plague even departments within large urban areas proximate to a central laboratory. Short-staffed, under-funded, flooded with analysis requests and sometimes required to respond to high-profile cases needing immediate attention, crime laboratories must continually triage cases. During the triage process, as laboratories struggle to meet the needs of law enforcement and court deadlines, some evidence escapes analysis.

Suspectless (unknown assailant) rape cases and cases going to trial receive highest priority. Evidence analysis in cases that are assigned lower priority in the crime lab may lag for many months after collection. Such delays may enable unidentified assailants from lower-priority cases to remain free to commit more crimes.

Some local jurisdictions indicate resorting to the use of private laboratories — sometimes even out-of-state labs — with reportedly speedy, reliable and valid results that adhere to chain-of-custody evidence standards. However, DNA results from private laboratories may not be eligible to be uploaded into CODIS (Combined DNA Index System). According to the FBI's DNA Quality Assurance Standards, the public laboratory that accepts a case from a private lab can do so only under the following circumstances: the private lab must be accredited; the case it submits must be reviewed by the public lab uploading the case; and the public lab must audit the private lab before upload can take place. In addition, all crime laboratories are subject to yearly audit to ensure compliance with DNA quality assurance standards.

The Use of DNA Evidence

DNA evidence has revolutionized the field of sexual assault, greatly increasing the likelihood of identification and prosecution of an offender, and securing justice for the victim. Unfortunately, most crime laboratories encounter difficulty meeting demand for evidence analysis for current cases, let alone working through their backlog of "cold cases." In an effort to diminish this backlog, special units are being created to investigate old sexual assault cases in which DNA is the main identifier of the perpetrator.

A well-trained SAFE team — schooled in technical, procedural and clinical forensic aspects — is essential to the collection of reliable DNA evidence.

Beyond the 72-hour Window for Collecting Forensic Evidence

For many years, the accepted cut-off time for collection of forensic evidence in sexual assault cases has been 72 hours. This practice, recommended in the California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims (initially published, 1987; updated, 2001) long before DNA testing advanced the field of forensic crime analysis to its current level of sophistication, is still standard in the field.

Newer technologies have increased the sensitivity of detecting biological evidence to the extent that valid forensic evidence now can be collected from a sexual assault victim as long as two weeks following the time of the alleged crime. Given these recent scientific developments in forensic evidence collection and analysis, the California State Protocol needs to be updated and training provided. These modifications would encourage the authorization of forensic medical examinations beyond 72 hours post-assault, and the collection of additional forensic evidence that might be useful for investigation and prosecution of sexual assault cases.

Suspect Forensic Examinations

Suspect forensic examinations are an evolving field. While suspect exams do take place in some jurisdictions, they are conducted typically by jail medical and/or law enforcement personnel using highly variable, non-standardized practices. The CCFMTC developed a sexual assault suspect form (OES 950) and protocol for the California Governor's Office of Emergency Services in 2001 to guide the suspect examination process. Neither is yet routinely used in the field.

Suspect exams by SAFEs occur most commonly in jail facilities; however, some take place at hospital or private examination facilities. When they are performed at a SAFE facility, use of separate examination rooms and different examiners for victims and suspects is necessary to avoid contamination of evidence and the appearance of conflict of interest.

Our research found that in some instances phlebotomists perform suspect examinations in jail facilities under contract to law enforcement agencies. In others, SAFEs are called on to collect evidence from suspects on a largely ad hoc basis.

The process and result of suspect forensic medical examinations are rarely integrated into full SART discussions and case review. Jurisdictions would benefit from adopting a model using SAFE Teams or other contractors for suspect forensic examinations. If SAFE teams are used, a backup system is needed to ensure the use of a different examiner for victim and suspect, and adequate training and quality assurance. Integrating review of suspect forensic exam results into the full SART case review process would benefit all response systems, the victim and the community. Beyond its value to specific cases, data generated from suspect examinations could add to the knowledge base regarding the utility and value of forensic medical examinations and the SART process as a whole.

Quality Assurance for Court Testimony

The American Society of Crime Laboratory Directors-Laboratory Accreditation Board (ASCLD-LAB) certifies accreditation for crime laboratories. The accreditation process requires laboratories to engage a court testimony monitoring process for their forensic scientists.

The protocol includes two primary types of monitoring procedures: testimony monitoring, and technical review of case reports. Here is a brief summary of that protocol.

Monitoring of court testimony is especially important for new employees and should be accomplished at least annually, and the results of the evaluation should be given to the forensic scientist. Methods for monitoring testimony may include:

- Observation of testimony by a supervisor or peer;
- Review of transcripts of testimony;
- One or more officers of the court (e.g., district attorney, defense attorney or judge) completes a written or oral/phone testimony evaluation provided by the crime laboratory.

Areas for court testimony evaluation should comprise:

- Appearance and poise;
- Performance under cross-examination;
- Ability to present information in an understandable manner;
- Determination if testimony is consistent with the work reported in the case report.

Quality assurance protocol and forms should evaluate the quality of testimony and describe the type of remedial action recommended for improvement.

Technical review of case reports is the second important aspect of effective quality assurance. Here the laboratory establishes a formal, written policy for reviewing a representative number of reports from each forensic scientist. Reviews should be performed by experienced, thoroughly trained peers. If at all possible, the reviews ideally should be completed before the release of the case report, in order to give the author opportunity to revise the report as appropriate.

The technical case review policy can establish, at a minimum, the number or percentage of cases to be reviewed; frequency of review (e.g., daily, weekly, monthly); which documents will be reviewed (e.g., notes, photos); how the review will be documented; and the course of action to be taken if a discrepancy is found.

Feedback Loop SAFEs and SARTs; and Evidence Kit Audits

Observations from the forensic scientist — either on a specific form, a case-by-case exam audit, or through routine participation of the forensic scientist in the SART and SAFE team case review — can contribute significantly to quality assurance. Such review allows all SART partners to learn what works well and what needs improving in order to enhance procedures and outcome. In addition, review data should be aggregated and analyzed along with other data to assist local and statewide activities.

Non-standardization of Rape Evidence Kits

Sexual assault evidence kits in use throughout California are purchased and supplied to hospitals and law enforcement agencies by the crime laboratories that service a particular jurisdiction or region. The kits are not standardized across California, resulting in some collection differences and disparate requirements across communities within single jurisdictions, as well as across regions statewide. Non-standardization of the kits is especially frustrating for those in some large counties with multiple law enforcement jurisdictions connected to different crime laboratories. Reportedly Santa Clara, Orange, San Diego, Ventura and San Bernardino counties, and the cities of San Francisco and San Diego, have some technical issues with the standardization efforts.

Leadership within the California Association of Crime Laboratory Directors has attempted for several years to rectify this incompatibility problem. While progress has been made toward standardizing the contents of the kits and their appearance, inconsistencies remain unresolved. If uniform technical standards could be determined, SAFE teams serving multiple crime laboratories would be less burdened. In addition, California crime laboratories might be able to achieve cost savings through group purchasing of kits from vendors.

Promising Practices — Forensic Scientists

- Existing strategies fully engage the crime laboratory and its forensic scientists routinely in SART, including regular attendance at meetings;
- Crime laboratory "SAFE feedback form," or a corresponding process, is in place for the SAFE team to receive information about the quality of evidence collection and preservation;
- Data resulting from the use of crime lab "SAFE feedback form" and other crime lab data summaries are presented at SART and SAFE meetings, and used to improve practice;
- Crime laboratory, and other professionals as deemed appropriate, develop and implement quality assurance policies and procedures for systematic evaluation of court testimony and case reports;
- SART develops new policies, procedures and training regarding suspect examinations and the 72-hour rule for use at the local level, and supports efforts to change standards statewide;
- Crime laboratory leaders, in conjunction with elected and appointed authorities, are encouraged to assess and enhance capacity of the laboratory to respond in timely and comprehensive fashion to evidence collected;
- □ Local and statewide efforts are developed and supported to reach agreement on the use of a standardized evidence collection kit;
- The issue of data collection for suspect examinations is fully explored, and appropriate practice determined and implemented;
- MOU/MOA among SART partners and the crime laboratory are established to institutionalize agreements, and are incorporated into the SART's policies and procedures document.

Snapshots of Promise — Forensic Scientists

Crime laboratory as SART leader and full partner.

Riverside County's SART model has survived and thrived, in large part, because of a partnership forged early between the local Department of Justice Crime Laboratory and the District Attorney's Office. This partnership, born in part out of quality assurance difficulties related to the forensic medical examination process, eventually brought about a renewed, strengthened SART in Riverside County. In strong collaboration with the Riverside County Regional Medical Center, Riverside County's SART is one of the most collaborative and comprehensive in California. This SART benefits every day from rigorous forensic evidence quality control achieved by routine involvement of forensic scientists and their supervisor in the full SART process. This involvement includes continual investment of time and staff in SART communications, meeting attendance, and development of SART practices, policies, and procedures.

The Santa Clara County and Sacramento County SARTs also benefit from their partnership with their local crime laboratories. Crime laboratory representatives in both jurisdictions routinely attend SART meetings to forge and nurture relationships with SART partners to improve outcome. Case review at SART meetings routinely enables the forensic scientist to engage in case-specific discussions on evidence collection and analysis with the various partners.

Santa Clara County's Crime Laboratory conducts training for SAFEs and other SART partners to explain the "what, why and how" of its analyses. This training includes a walking tour of the laboratory and a "real time" demonstration of a sexual assault kit analysis.

Feedback loop and evidence kit audits.

San Diego County Sheriff's Department Crime Laboratory representatives are very active in that county's SART, and attend nearly every SART meeting. Seeing ongoing communication as essential for consistently good outcome, laboratory personnel take participation in SART very seriously. In addition to routine, face-to-face involvement with SART partners, they utilize a "feedback form" that formalizes the feedback loop, conveying information back to the SAFE for each analysis conducted.

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Santa Clara County's Crime Laboratory also generates routine feedback. It completes a "SART/ Crime Lab Quality Assurance Form" or "Audit Form," which is returned to the SAFE for each case. The form contains feedback on type of evidence, whether evidence was correctly labeled and furnished, and whether the transmittal form was complete and legible. The form also includes space in which the forensic scientist may register case-specific comments.

Beyond the 72-hour rule for evidence collection.

Sacramento County's SART has benefited from the combined activities of its SAFE team, the full SART and the Sacramento County Sheriff's Department in moving beyond the "72-hour rule." More than a decade ago, Sacramento County Sheriff's Department developed a five-day training program on sexual assault investigation, which includes a unit on evidence collection.

This training, now available to law enforcement agencies throughout the region, has helped law enforcement personnel better understand when and under what circumstances ordering a sexual assault forensic examination more than 72 hours post-assault would be advisable.

SECOND TIER SART PARTNERS

While a SART's primary partners form the inner circle or core of response to sexual assault, a SART's secondary partners are necessary to provide a full spectrum of services and to help assure

the most positive outcome for victim, community and response system.

"SART is beyond initial response, it's the community's response."

These second-tier partners — including medical providers, victimwitness assistance programs, and mental health and social service providers — offer various types of follow-up care to the victim and the victim's important others. While secondary partners do not always participate in SART meetings and case review, effective

communication with and linkage to them is a key aspect of victim healing, prosecutorial success, and community health and public safety.

Most of California's SARTs strive to accomplish effective collaboration among core partners. Our research found that a smaller, but growing number of SARTs are in the process of moving to the next level by integrating the secondary set of partners into the mix. This is often accomplished through community-based "one-stop-shops" such as family and community resource centers, family justice centers, and trauma recovery and rape treatment centers.

Victim/Witness Assistance Centers (V/WACs)

Funded primarily through the Victim/Witness Fund of the Penalty Assessment Fund, each of California's 58 counties has a victim/witness assistance center (V/WAC). The majority are located in county district attorney offices, while a few are housed in probation departments or non-profit organizations. These centers perform a variety of services for crime victims, including victims of sexual assault.

Pursuant to California statute (PC Section 13835.5), victim assistance services include crisis intervention; emergency assistance such as food, housing, clothing and cash; transportation; counseling on problems resulting from the crime; resource and referral; and criminal justice system orientation, advocacy and court accompaniment. Perhaps most important in sexual assault cases for which rape crisis centers already provide many of these support services, victim/witness advocates assist in preparing the crime victim compensation application form; completion of the form can enable the victim to receive financial compensation for needed services.

While rape crisis centers and their advocates play a very active, primary role in almost all of California's SARTs, V/WACs and their advocates often function more tangentially. Usually called into play as adjunct to RCC assistance and most often for the purpose of crime victim compensation, victim-witness advocates are not often engaged as primary SART partners. Yet, effective coordination with victim/witness assistance centers is a key element of victim care.

Promising Practices — Victim/Witness Assistance Centers (V/WACs)

- Role of victim/witness assistance centers is clearly articulated and understood by all SART members;
- Victim/witness resources are effectively linked to SART, and integrated with rape crisis center resources;
- Agreements among SART partners and victim/witness programs are institutionalized via MOU/MOA and incorporated into the SART's policies and procedures document.

Snapshots of Promise— Victim/Witness Assistance Centers (V/WACs)

Victim/witness assistance centers as active SART partners.

The Santa Barbara County Victim/Witness Assistance Center is a full participant in SART and a major leader promoting SART's enhancement and sustainability. In fact, Santa Barbara County's SART program recently has moved administratively from the purview of the Rape Crisis Center to the Santa Barbara County District Attorney's Office as part of its Victim/Witness Assistance Center. The full-time SART coordinator is now an employee of the District Attorney's Office, supervised by the director of the Victim/Witness Assistance Program. The SART coordinator has full access to the district attorney's database and can readily track case disposition data for the purpose of full SART case review. The support of the District Attorney's Office, along with the considerable resources it represents, has been essential to enhancing SART operations, helping it make the transition to a stable fiscal and political position.

Victim/witness advocates in Humboldt County actively participate in monthly SART meetings and case review, along with representatives from the local RCC. In this way, follow-up services from V/WACs and RCCs can be coordinated and service to victims can be enhanced.

Medical Follow-up

Organized and coordinated medical follow-up for victims of sexual assault in California does not occur routinely. In the worst instances, it is virtually nonexistent. A follow-up medical examination enables the practitioner to evaluate a victim's health-related concerns and to refer the victim — who may be more receptive when the trauma is less acute — to additional follow-up for medical, mental health or social services care. Victims may require medical follow-up for treatment of injuries, sexually transmitted diseases or pregnancy-related issues, including retesting as needed. If possible, follow-up medical care can be effectively provided by the SAFE who performs the initial exam. (Forensic medical follow-up is discussed in the SAFE section.)

Promising Practices — Medical Follow-up

- Benefits to both victim and responding systems regarding need for medical follow-up care are clarified and understood by all SART partners;
- □ A local follow-up system of medical care is developed;
- Strategies such as one-stop-shop service centers as a method for integrating follow-up services into SART practice are thoroughly explored;
- Effective linkage to follow-up services is incorporated periodically into SART meeting agendas and addressed by the full SART;
- Opportunities for funding follow-up services are researched and pursued;
- Case review includes some assessment, on an as-needed basis, of medical follow-up service care;
- Medical follow-up services are institutionalized via MOU/MOA among partners, and incorporated into the SART's policies and procedures document.

Snapshots of Promise — Medical Follow-up

Medical follow-up.

Alameda County's SART is one of the few to attempt to fully incorporate medical follow-up into SART practice. This is accomplished fairly efficiently, in part, because Alameda County's SART is located within its Family Justice Center — an umbrella, one-stop-shop organization that houses most of the SART partners and related services. This model has dedicated a medical examination room, to be operational soon within the Family Justice Center, which will be staffed by the Alameda County Public Health Department for medical follow-up purposes. The center will dispense antibiotics, conduct STD and HIV checks, and offer other medical care and wellness prevention education services.

San Francisco City and County's SART also includes post-forensic medical exam follow-up at its community-based Trauma Recovery and Rape Treatment Center to recheck injuries, test for and provide assessment and treatment for HIV and STDs, and refer victims to treatment for other medical needs.

In both the Alameda and San Francisco counties' models, SART is located and administered at community-based centers. Social workers located there, in addition to providing mental health counseling, manage the victims' cases to ensure that medical follow-up services are accessed easily and performed consistently.

Mental Health and Social Services

Mental health and social services care for victims is key to reducing victim trauma, enhancing healing and recovery, and supporting positive criminal justice system results. Usually defined as counseling and therapy, mental health services also may involve case planning and case management by a mental health professional to enhance the well-being of the "whole person." Services can be furnished directly in-house or through linkage to in-depth, long-term mental health services and social services located outside the referring agency. Social services may comprise assistance with housing, food and clothing, employment, substance abuse, domestic violence, life skills development, and even parenting training to break the often-present cycle of victimization and dysfunction for a victim's children.

Both mental health and social services are needed by most victims to bring about adequate healing and recovery, future productivity and healthy re-engagement with society, as well as to reduce likelihood of re-victimization. Such support services also are likely to result in a more credible witness for the criminal justice process, and more positive outcome for the community.

Yet, because of limited resources, mental health and social services' follow-up has not been an emphasis of SART practice. This has often meant that these follow-up services are not usually well-integrated into the SART process.

Availability of, or links to, mental health and other assistance for victims are made by most RCCs and V/WACs. California Victim Compensation Program (VCP) policy stipulates that victims of a crime — which includes sexual assault — may receive up to 40 psychotherapy sessions with a licensed mental health professional. The cost reimbursement limit is \$10,000 for direct victims and \$3,000 for derivative victims. Special compensation may be made under dire or exceptional circumstances for additional extended treatment. (For further information refer to www.vcgcb. ca.gov on the Web.)

While RCCs and V/WACs attempt to ensure follow-up service support for victims, in most jurisdictions few victims actually respond to follow-up offers immediately following assault. Services provided through RCCs and V/WACs may not include in-depth counseling for PTSD (post-traumatic stress disorder), social services, or long-term case planning and management. (Most RCCs, according to their mandate, are more likely to concentrate on crisis counseling and peer support groups. These important services may not always be sufficient for full victim recovery.)

Where ensuring access to mental health and social services is made an explicit goal, initiated in SART practice, and supported by an intensive outreach program to support follow-up intent, victims of sexual assault are far more likely to receive mental health and social services. Such programs, where well-funded, have been shown in several California communities to increase utilization of follow-up services by sexual assault victims.

Promising Practices — Mental Health and Social Services

- The issue of mental health and social services follow-up within the SART context is fully discussed and understood;
- Strategies, including funding, for ensuring adequate mental health and social services follow-up and access are explored, developed and implemented;
- □ A vetted list of private therapists, psychiatrists, and counseling programs specializing in trauma recovery is developed and utilized;
- The "one-stop-shop" model for integrating SART, SAFE and follow-up services is explored and pursued, as appropriate and feasible;
- Mental health and social service representatives, in addition to those of RCCs, are periodically included at the SART table;
- Assessment of follow-up services is included in the case review and SART evaluation process;
- Follow-up mental and social services strategies are institutionalized via MOU/MOA among partners, and incorporated into the SART's policies and procedures document.

Snapshots of Promise — Mental Health and Social Services

Full-service rape trauma and treatment centers.

While still a relatively rare practice in California, several counties fully incorporate follow-up mental health and social services into their SART process. They do so by integrating SART into a one-stop-shop, full-service, community-based service center such as San Francisco's Trauma Recovery/Rape Treatment Center, Alameda County's Family Justice Center, and Santa Monica's Rape Treatment Center. In each case, forensic medical exams are performed at local hospitals, and the victim is effectively linked to an array of follow-up services.

Alameda County's Family Justice Center — a one-stop shop, county-sponsored multi-service agency located in an Oakland neighborhood — houses two RCCs, one of which administers Alameda County's SART. The center recently has funded four "sexual assault navigators," who assist the RCC to provide counseling, case management and follow-up assistance beyond its usual 10 sessions. The center also is home to a medical facility and various follow-up services, including case management, and direct delivery of mental health therapy. The family justice center houses a wide array of follow-up social services under its umbrella, including employment assistance, substance abuse prevention and treatment, domestic violence prevention and assistance, and parenting and life skills education.

The San Francisco City and County SART model utilizes hospital facilities for its forensic medical examinations, and then fully integrates victim follow-up services through its trauma recovery/ rape treatment center. The center is jointly managed by San Francisco General Hospital through dedicated funding from the San Francisco County Public Health Department and University of California, San Francisco, Department of Psychiatry. Personnel from both institutions collaborate with and are co-located at the center. There mental health professionals who are "trauma specialists" perform case management and direct service delivery, as well as linkage to social service support, including services related to homelessness, housing, employment and substance abuse. Social workers first meet with and begin to form a relationship with the victim in the hospital at time of the exam. All victims are referred to the center for follow-up care within three to five days after the exam. The center's intensive, concerted outreach to victims — even including "home" visits if necessary — results in engagement of 70 percent or more of victims in meaningful follow-up care.

Santa Monica-UCLA Medical Center and Orthopedic Hospital's model differs from those of Alameda and San Francisco counties in both type of service and context. The hospital-based rape trauma center, under whose auspices the forensic medical examination takes place, also assigns licensed social workers to provide extensive, long-term mental health services for sexual assault victims. No victim is ever charged a fee for any service. Services are furnished free of charge because Santa Monica's SART is supported by a very healthy budget raised by a staff and auxiliary board skilled in and committed to diversified, sophisticated fund development.







Operational Key Elements and Promising Practices

Promising SART practice goes well beyond developing and exercising an effective, multi-disciplinary team. Our research identified a set of key operational elements vital to the success of SARTs. While not all SARTs in our study possessed all of these elements, all agreed they are promising practices, important for SART effectiveness.

Victim-Centered Practice

Our research clearly shows that California's SARTs, across all disciplines, strive to incorporate victim-centered practice into their daily operations. Nearly all respondents voiced a victim-centered philosophy, the core belief that at every juncture "The victim comes first." the victim must come first in both policy and practice—from initial response and investigation, to examination and evidence collection, through prosecution and follow-up support services.

The benefits of victim-centered SART practice are many. When victims believe participating in the criminal justice system is a safe and viable option, they will more likely report a crime and participate effectively in the prosecution process. Equally important, when treated with respect and care by all disciplines, victims are likely to be less traumatized, heal more quickly, productively rejoin their community earlier, and support the system that supported them. In the end, the long-term effects of victimization, including re-victimization, are reduced; the community is safer, and all responding systems are stronger.

Promising Practices — Victim-Centered Practice

- A mission statement and set of operating principles that places the victim at the heart of each discipline's practice and that of the SART as a whole are developed and implemented;
- Victims receive the time and consideration they need and deserve at every step in the SART process;
- Multi-disciplinary coordination in interviewing, training, and case-review takes place to ensure sensitive, non-redundant procedures;
- □ SAFE and other SART-related facilities offer privacy and comfort;
- Victims are transported to the SAFE and/or SART site, the shortest possible distance;
- Culturally sensitive and language-appropriate communication and services are offered by each SART partner;
- Methods for assessing and using victims' responses regarding their experience and satisfaction throughout all aspects of the SART process are developed and implemented, and the results influence changes in practice as needed;
- □ SART operations are reviewed periodically to ensure that victim-centered procedures and policies are followed by all core disciplines;
- □ Victim-centered practice is institutionalized via MOU/MOA and incorporated into the SART's policies and procedures document.

Snapshots of Promise — Victim-Centered Practice

Central concern for the victim.

Fresno County's SART serves as a prime example of victim-centered practice. Acknowledging that each case is different, partners make every effort to accommodate the specific social, emotional, medical and legal needs of the victim by working continually to improve coordinated response, and by revising response practices to be more victim-sensitive based on lessons learned from reviewing closed cases.

The programs in place in San Francisco, Alameda, and Santa Monica counties attend to the needs of the victim beyond the examination and criminal justice aspects of the SART process. Each ensures that a large percentage of victims receive in-depth, long-term medical, mental and social services to promote healing.

Partnerships and Collaboration

A SART is essentially a collaborative process among a multi-disciplinary set of partners responding to sexual assault. Accordingly, collaboration and partnering are not just terms

"SART is a mission for us, not a job."

"du jour;" they are ways of operating that can benefit each partner and the outcome of the overall SART process. When responders understand, respect and accept each other's perspectives, roles, biases and requirements, they can take these into account and bolster, rather than ignore or hinder, them.

Expecting SART members to leave behind their individual perspectives when they join the team can drain the collaborative effort of its purpose, passion and energy. A SART is more likely to be effective when differences are openly acknowledged and respectfully embraced, and incorporated synergistically into a "whole greater than the sum of its parts." Effective collaboration requires each member to make a commitment to the common good, to the

whole team and its greater purpose and mission.

"Buy-in of the top people is the key to SART success."

Building Political Support

Building and nurturing a political constituency to support SART at all levels of the community is as basic to sustaining its life as the everyday program-related practices with which its members are more comfortable. Cultivating a political constituency needs to occur both within and outside the SART itself. Preceding sections of this report described methods for creating and nurturing internal political support and partnerships. The emphasis in this segment is the process of courting and collaborating with political and elected leadership, and influential executive-level personnel in both public and private agencies outside the immediate SART circle. These political constituents should include those who work in and administer related agencies, such as county health and human services, community-based provider organizations, hospitals, hospital auxiliaries, private business, education, service clubs and other community organizations. Community support also should be actively courted with formal political institutions such as city councils, school district boards and county boards of supervisors, and others in positions to influence SART funding and related policy decisions. These relationships must be built and maintained along the way, not just when problems arise such as during times of budgetary shortcomings.

Promising Practices — Partnerships and Collaboration

- Focus is on the big picture eyes on the SART mission at all times, rather than just on needs of specific disciplines;
- Clear understanding of and agreement within SART exists regarding partners' roles, responsibilities and professional objectives, including frustrations and limitations:
- Turf issues both inside and outside the SART are acknowledged, and agreement verbalized to incorporate different perspectives into an effective SART collaborative;
- SART focuses on the present and the future, rather than on the past, in order to achieve progress;
- Multi-disciplinary and team-building trainings are identified, developed and regularly attended by representatives of all disciplines;

- SART members take on multiple roles and responsibilities in sub-groups or committees to support the SART; members represent the SART with constituents at external meetings; and members rotate facilitation and hosting roles, as well as leadership positions;
- Trusting relationships are in place, built on a foundation of understanding each other's perspective, clarification of roles, and open, honest, respectful communication during and in between meetings;
- SART exhibits a culture that encourages and reinforces open communication, which may sometimes mean willingness to identify and work on the "hard stuff" when necessary;
- Conflict and disagreement among members are acknowledged, and a commitment to stay "at the table" to work through the conflict is an explicit expectation ("running away" when the going gets tough is not seen as an option);
- Emphasis of SART interaction is "Getting to Yes" in other words, a willingness exists to identify and attend to the common goals and objectives that bind partners and work from that common ground;
- SART's sphere of influence is broadened to include influential political leadership beyond the immediate SART circle;
- The SART concept is understood and institutionalized at all levels of the community, from the front line to the top administrators, to ensure ongoing political support;
- A designated SART coordinator has job responsibilities that include expanding and nurturing the collaborative nature of and political support for SART;
- A comprehensive, current SART policies and procedures document —
 encompassing team-based goals, mission, roles, expectations of membership,
 and required commitment is developed;
- Formal MOU and MOA among all partners, primary and secondary, are developed and institutionalized into the SART's policies and procedures document;
- □ The policies and procedures document is alive and well used, revised and updated routinely.

Snapshots of Promise — Partnerships and Collaboration

Nurturing supportive partners.

Most SARTs profess a keen interest in achieving effective partnerships and collaboration. Among those that exemplify this practice is the Santa Barbara County SART. Its full-time coordinator is charged and paid to create and nurture essential partnerships with and political support from policy-makers, and partnerships with top-level executives of key organizations, as well as first responders. The coordinator has the responsibility to encourage trusting relationships, engage in follow-up communication to ensure regular attendance at regularly scheduled meetings, resolve conflicts and programmatic challenges, oversee adherence to agreed-upon policies and procedures, and ensure follow-through on commitments.

Santa Barbara County's SART has instituted an innovative practice that formalizes the development and maintenance of political support. In addition to its monthly SART meetings attended by those working daily in the SART process, Santa Barbara's SART coordinator organizes and chairs a meeting of policy makers and high-level SART partner administrators twice each year. At this meeting, the coordinator apprises attendees of current SART data, issues and trends. In this way, SART is kept in the political forefront, and its value and changing needs are made continually apparent. Informed and engaged, community leaders are thus given the direct, orchestrated opportunity to promote and intercede on behalf of SART with their staff, constituents and the wider public.

Communication

Honest, open, ethical communication is one of the cornerstones of an effective SART. Virtually all interviewees cited good communication as the most positive and necessary element of their

"Personal relationships are what makes it work. We actually all like each other."

SART. Many also indicated a desire for more open communication; they acknowledged that they encountered periodic difficulty in trying to persuade partners to openly discuss obstacles and other problems. (Just as effective communication forms

the basis of an effective SART, it is also the basis for effective collaboration. Many of the promising practices listed in the previous section on "Partnerships and Collaboration" apply to this one.)

Effective communication depends on trusting relationships, which in turn rely on open, candid interactions in which difficulties are aired so problems can be solved. Shared information, decision-making and leadership help build the essential trusting relationships that ultimately will bolster and enhance a SART's synergistic strength. Many SARTs promote and rely on an informal "OK to call" policy whereby trusting relationships among members make it acceptable, even essential, to contact another member outside the formal SART context, between meetings to discuss an unresolved issue and seek resolution or reconciliation. That approach is preferable to waiting until the next monthly meeting to resolve important matters.

Problems, conflict and differences of opinion and perspective are inevitable in any partnership. The most effective SARTs expect, anticipate and even welcome disagreements as an opportunity to identify and fix a problem.

Good communication also relies on effective systems of communication — systematized ways of operating that help ensure, at the very least, full and regular participation in team activities, including routine meetings, clear historical record, healthy decision-making, procedural consistency, and reliable follow-through on commitments.

"Sometimes the the strength; so

"Sometimes the team is the strength; sometimes the team is the challenge."

Promising Practices — Communication

Promising practices in the realm of communication fall into two general categories; the first encompasses philosophical, ethical principles; the second includes organizational and administrative practices.

- Major decisions are made openly with the participation and cooperation of the full team;
- SART is declared a "gossip free zone" in which undermining others is unacceptable;
- Open, honest, respectful discussion of the issues, especially those that constitute problems, is expected, encouraged and reinforced;
- A SART culture exists that recognizes and rewards each member's contribution as equally valuable to the good of the whole;
- New members receive an effective orientation to the SART, and are welcomed into the SART family by a mentoring process that brings them "up to speed;"
- Communication works toward what's best for the full SART and incorporates various members' perspectives, rather than each member "shaping decisions in their own image;"
- Every personal relationship between members of the SART affects the whole, and therefore while it may be personal, it is not necessarily always private;
- SART operates with the understanding that "the means is the end," modeling with each other the behavior desired in clients and constituents;
- All communication and all relationships are recognized as multi-cultural, and SART operates accordingly;
- The SART coordinator has sufficient resources in time and funding to court and nurture relationships and practices that foster effective communication;
- The cultural norms of effective communication are incorporated into SART's policies and procedures document.

Snapshots of Promise — Communication

Inclusive communication.

Sacramento County's SART constitutes an effective model of communication through its practice of openly, respectfully, routinely airing diverse perspectives and difficult problems. Since its beginnings 20 years ago, this SART has purposefully developed a culture that expects and reinforces open, respectful, multi-disciplinary, equitable interaction at all times. Its coordinator intentionally tries to model conciliatory behavior and invites honest airing of and concerted resolution to even the most difficult situations. This effort to ensure effective communication takes place during monthly formal meetings and between meetings in informal, but equally valuable, private conversations, on the phone, over lunch and "in the hall." The payoff of this diligent pursuit of effective communication is a SART whose performance benefits from a family of members who trust, respect, and care for one another.

Organizational Infrastructure and Capacity Building

Evolving over time as loosely organized collaborations bolstered primarily by loaned support, few SARTs have developed the organizational infrastructure — staff and management, facilities, equipment, administrative support, policies and procedures — needed to be fully viable, highly

functioning organizations with sustainable futures. In addition to their loose organizational nature, most SARTs have focused their attention on critical program aspects — investigation, forensic medical examination and evidence collection, prosecution, crime laboratory analysis, and advocacy — often with little energy left over to build the capacity of its organizational infrastructure. An emphasis on program is

"The SART coordination function is essential and ideally should be accomplished by a fully dedicated position."

understandable, even desirable in the initial stages of a SART's development. However, sustaining and enhancing a SART requires building its organizational capacity as well. Eventually a solid organizational infrastructure will be the foundation upon which good programming can grow and thrive.

SART Coordinator

The item most often found at the top of the list of our respondents' unmet SART needs is a dedicated (in the sense of a position dedicated for the function), funded SART coordinator. Whether full- or part-time, the coordination function is essential. In the best of circumstances it is not left to a volunteer who has another full-time job, but institutionalized as a separate, paid position.

SART coordinators fulfill a wide variety of functions to support the SART organization, including:

- administrative support to set the meeting date and to generate agendas, minutes and other communiqués;
- response to requests for information;
- problem-solving and mediation;
- policies and procedures development, updating, and ongoing utilization in SART deliberations and practice;
- fund raising;
- meeting facilitation;
- budget development and accountability;
- political advocacy;
- multi-disciplinary training, development, and implementation;
- communication enhancement;
- database creation and maintenance;
- administrative oversight and scheduling, and training development;
- coordination and oversight of case review;
- ongoing, concerted relationship-building to keep partners involved and effective;
- leadership development and succession planning.

Despite the importance of coordination tasks, a typical SART's evolution often works against having a bona fide SART coordinator. By their very nature, SARTs are composed of members "on loan" from their parent agencies. Accordingly, SARTs tend to be developed and sustained largely on the shoulders of "champions for the cause," usually employed by one of the partner agencies, rather than on a solid organizational foundation. Most commonly, a member from a partnering hospital or RCC provides coordination for the SART organization, as part of his or her "regular job." According to our research, the amount of time devoted to coordination of California's SARTs varies widely from a few hours a month to 40 hours per week.

RCCs sometimes budget this staffing function as part of their Governor's Office of Emergency Services grant. Hospitals, meanwhile, rarely obtain funding over and above that recouped through forensic medical exam fees. With few exceptions, when hospital personnel serve as SART coordinators, they usually do so on donated time, through loaned hours, paid for as a part of their hospital employment. In some counties, coordinators may be funded through or even employed by the various government agencies, including departments of public health, district attorney's offices, or law enforcement agencies. Rarely does a SART's funding adequately support coordination and administration functions.

SAFE Sustainability

While all SARTs have forensic medical examiners, few have adequately and reliably sustainable ways of funding them. SAFEs are a fundamental component of any SART program, since without them forensic medical examinations and all that flows from them could not be accomplished. Consequently, a third of our survey respondents said they regard compensation for SAFEs as the top funding priority.

While most of California's SARTs view the forensic medical examination process and the SAFE team as the most fundamental aspect of SART, they also view SAFE's potential for sustainability as problematic in large part because of its weak funding mechanism. (This inadequacy is discussed fully in the "Funding" section of this report.) The more fully integrated the SAFE process is with the full SART, the stronger its potential to withstand threats to its sustainability.

SART Policies and Procedures Document

Another essential tool for building SART organizational capacity and infrastructure is a set of written operational agreements — memoranda of understanding or agreement (MOU/A), and a formal SART policies and procedures document. Concluding these agreements and incorporating them into a formal document is the first hurdle. The second is operating according to these documents — utilizing and referring to them continually to maintain ongoing best practices. The third challenge is keeping the document alive — reviewed annually, revised as needed, and current.

Most California SARTs have, or are in the process of creating, operational policies and procedures. However, most struggle to keep the document current and useful, often not having the time or an institutionalized, routinized a way to do so.

SART Meetings

SART meetings — their nature, regularity and effectiveness — may seem such a simple and perfunctory task as to be a "non-issue." Not so. Our findings indicate this basic practice is a key factor for predicting a SART's effectiveness. Seventy-two percent of survey respondents report their SARTs hold regular meetings; almost 60 percent of these are held monthly. SARTs that hold well-facilitated, well-attended, monthly meetings, according to a published annual schedule, evidence better communication, collaboration and sustainability potential than those that do not.

Promising Practices — Organizational Infrastructure and Capacity Building

- The organizational needs of SART are taken seriously and assessed to determine what is needed to support the whole SART organization and team in addition to the SART exam process;
- A strategic, action plan for building the capacity of the SART organization is developed and utilized;
- SART holds itself accountable to progress on its plan, revisiting and revising it as necessary to keep it viable;
- SART has developed a thorough, realistic job description for its coordinator that includes all the coordination tasks needed;
- SART has a dedicated, funded coordinator position and other staff members, as needed, to administer the SART organization;
- An annual calendar of regular, preferably monthly, SART meetings is developed and published at the start of each year;
- Meeting reminders and agendas are distributed to the SART sufficiently in advance of meetings to encourage attendance;
- Minutes are taken at each meeting, published and distributed soon after the meeting;
- Top-priority agenda items at each meeting include a review of minutes and actions promised and accomplished;
- The expectation that each core partner will attend meetings regularly is a fundamental operating premise of the SART;
- Clear decision-making processes and guidelines for how SART meetings will be facilitated are in place and utilized;
- SART meetings are facilitated effectively, with facilitation training conducted, if needed;
- Ways to enhance and sustain SART organizational infrastructure are incorporated into a SART policies and procedures document;
- Methods of ensuring effective utilization and updating of the policies and procedures document are in place.

Snapshot of Promise — Organizational Infrastructure and Capacity Building

Coordination taken seriously.

Santa Barbara County's SART benefits greatly from its full-time, dedicated coordinator position administered within the District Attorney's Victim/Witness Assistance Center, in close partnership with the Santa Barbara County Department of Public Health. The full-time coordinator, who is employed by the county through funding from local law enforcement agencies and private grants, oversees the entire SART operation, including three SAFE facilities spread across the entire county, by:

- linking victims to SAFEs for examination purposes;
- scheduling SAFEs;
- ensuring that facilities, equipment and supplies are in order at all sites;
- setting agendas for monthly SART meetings and bi-annual SART advisory committee meetings;
- taking and distributing minutes;
- overseeing monthly case reviews;
- maintaining the case database;
- writing and publishing reports;
- updating policies and procedures;
- organizing, facilitating, and conducting training;
- nurturing relationships with SART partners at response and political levels;
- ensuring follow-through on SART decisions;
- continually reaching out through personal communication with SART partners to ensure their ongoing involvement.

Multi-Cultural Inclusion and Competence

Every human interaction is multi-cultural, as each of us comes to every situation from our own, unique experience and perspective. In the difficult and highly charged arena of sexual assault response, sensitivity to the multi-cultural nature of all interactions is especially important. Multi-cultural competency should go well beyond racial or ethnic diversity to include attention to immigrants, religiously diverse populations, people with developmental disabilities, those who work in the sex industry, those who are sexually diverse, and people who are deaf and hard of hearing, blind or have other physical disabilities.

Multi-cultural competency is key in at least three aspects of SART operation: first, in the degree to which the SART membership represents the population it serves; second, how the team communicates, collaborates and accomplishes its work as a whole and in terms of member interactions with one another; and third, in the way individual members of the SART work with the SART clients and constituents from various cultural backgrounds.

A Multitude of Cultural and Language Backgrounds

Most of California's SARTs define their multi-cultural needs primarily in terms of translation services and multi-language literature. Not surprisingly, given California's history, the language and culture of emphasis is Spanish. Yet, depending on the geographic locale, California's SARTs today must develop capabilities to work with victims from many cultural backgrounds who speak different languages, including those from various Asian, Eastern European, Latino, African, Native American and Anglo-American backgrounds. In addition, victims who are developmentally disabled, deaf or blind require particular interpretive services and appropriately competent response.

In general, lacking the resources to do otherwise, California's SARTs are rarely equipped with adequate staff, multi-cultural training, multi-language literature or interpreting services to serve diverse populations in the most effective manner. Most multi-cultural resources focus almost exclusively on the Latino population, and these are often limited to interpreting services and some Spanish-language materials.

Advocate Response

Rape crisis centers work hard to provide advocates to victims who are multi-lingual. Centers experience difficulty finding and retaining an adequate, well-trained cadre of paid and volunteer multi-linguists on staff due to funding and other limitations. Most bi-lingual staff members speak Spanish, the language most in demand. But victims who primarily speak languages other than English or Spanish are often short-changed. Advocates from RCCs or other programs, while

providing essential information, guidance and comfort to victims, cannot serve as interpreters for anything related to the investigative interview or forensic medical exam without jeopardizing their confidentiality privilege.

In some locations, victim/witness assistance advocates also are asked to give culturally supportive assistance to victims during and following the forensic medical examination, sometimes working alongside RCC staff members.

Translation, Interpretive Assistance and Follow-up Services

A few SARTs have fairly reliable access to culturally competent law enforcement, hospital or advocate staff members who offer some interpreting assistance. These resources, however, tend to be primarily for the Latino or Southeast Asian populations. A large number of SARTs also have access, usually through the hospital, to the AT&T Teleconference Translation System. Some report this option is adequate, but most regard it as a rather stilted, impersonal and cumbersome method of communication. One limitation of this electronic system is its inability to serve the blind, deaf or developmentally disabled communities.

Translation services and multi-language literature do not equal multi-cultural competence. While an important first step, these resources do little to enhance multi-culturally competent communication among team members or between members and clients. In addition, few SARTs effectively link their diverse populations to culturally specific, culturally competent follow-up support.

Under ideal circumstances, every SART partner would work with sexual assault victims and one another from an adequately educated base of cross-cultural understanding; and each victim would receive culturally competent services needed to enhance healing and increase prosecutorial success and community safety. In reality, however, very few of California's SARTs can be so defined as fully culturally competent.

Promising Practices — Multi-Cultural Inclusion and Competence

- The multi-cultural nature of the SART service population, resources currently available, and gaps in multi-cultural resources are identified and reassessed regularly;
- SART membership represents, as closely as possible, the multi-cultural makeup of the population it serves;
- SART membership represents and is effectively linked to victims' full range of multi-cultural needs, as related to both the examination process and follow-up support services;
- A multi-cultural inclusion plan is developed to respond to cross-cultural needs and develop needed resources, including full SART linkage, member multicultural competency training and systems of accountability, adequately diverse and effective interpreting services and client literature, and follow-up services;
- Funding and other resources to support adequate response to cultural diversity through translation services and multi-cultural materials are identified and acquired;
- Multi-cultural resources are developed, utilized, tested for appropriateness, and updated regularly;
- Commitment to multi-cultural competency and resources and the inclusion plan are institutionalized by MOUs or MOAs and incorporated into a SART policies and procedures document.

Snapshots of Promise — Multi-Cultural Inclusion and Competence

Multi-lingual capability.

Santa Clara County's SART works diligently to respond effectively to the needs of its diverse population. Its materials are translated into a relatively diverse range of languages. In addition to the typical English and Spanish language translations, Santa Clara's consent forms are translated into Russian and Vietnamese. Santa Clara County's SART victims also benefit from one SAFE who speaks Russian, and three who are Spanish-speaking. Several of its RCC advocates are fluent in Spanish. A "bank" of translators paid for by the hospital are available to provide interpreting services, including those needed for Hmong and Russian populations. The AT&T electronic translation service also is available if needed. Santa Clara County's SART continues to encourage its partners to enroll their staff members in cross-cultural competency training sessions, which is especially important for those involved in the forensic medical examination process. SART members acknowledge that the goal of full multi-cultural capacity remains elusive, especially with respect to Asian populations in which victims are especially reticent to disclose victimization and hesitant to be examined.

BAWAR Rape Crisis Center of Alameda County recently completed what appears to be the first "all Spanish-speaking" advocate training. The local agency that serves deaf and hard-of-hearing victims also participates in this training to ensure that its content is culturally appropriate for its population and for the purpose of training its own advocates in sexual assault response.

(Developmentally disabled, deaf and hard-of-hearing, student and campus, military, and Native American populations are discussed in the "Special Populations" section.)

Funding

Adequate, stable, sustainable funding is one of the most challenging areas for SARTs and their SAFE teams. Respondents say that finding ways to institutionalize, diversify and sustain financial support for the full SART and its SAFE team is essential for advancing SARTs to the next level. The vast majority of respondents, as demonstrated in Figure 3, indicated that their SARTs need more funding.

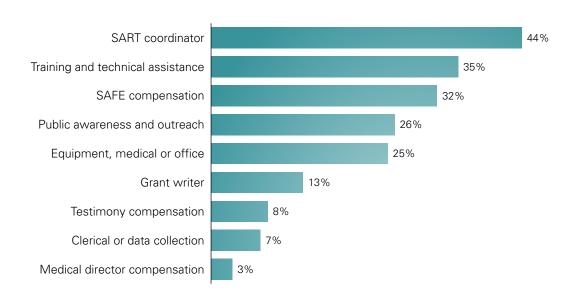


Figure 3. Areas that need additional funding (n=197/308)

The need for funding to adequately cover the cost of the forensic medical examination process and SAFE Team operations is a primary concern of SARTs. But, discussion about securing funding over and above the forensic medical examination rate inevitably surfaces. Initial discussions usually focus on securing additional funding for SAFE team-related needs for supplies, facilities, and specialized or updated equipment. Eventually areas of fiscal need related to the cost of supporting the full SART emerge. These can include funding SART coordination and administrative support, meeting facilities, office equipment and supplies, team- and discipline-specific training, travel, and educational materials for both victims and community members.

The True Cost of SART

Our research found that few SART partners have a realistic idea about the amount of fiscal resources needed to pay for basic SAFE costs, let alone the costs of the full SART. Furthermore, fiscal matters — even as they relate only to SAFEs — are rarely, if ever, discussed or fully understood by most SART partners.

The only funding stream mandated by state statute (Penal Code Section 13823.95) to support any aspect of the SART process is that which requires law enforcement agencies to pay for forensic medical examinations that they authorize. This section prohibits charging victims directly or indirectly for forensic medical examinations. In addition, some SART partners interpret Penal Code Section 13823.11 (which outlines the elements of the forensic medical examination process) as grounds for public-compensation for medical and forensic follow-up costs. State statute establishes only a minimum foundation for funding exams, and no dedicated funding stream or formula for determining funding adequacy. The result is that forensic medical examination compensation is negotiated locally, varies widely across the state, rarely compensates the full cost of an examination or SAFE team operations, and thus is one of the weakest links in the SART system.

Only a handful of California's SARTs operate according to an annually established, comprehensive budget; few SART budgets itemize all expenses. In most jurisdictions, neither the full cost of SAFE team-related equipment, facilities and supplies nor the full cost of SART coordination, administration, training, and administrative equipment, supplies and materials is seriously considered or understood. Few SART budgets incorporate actual and in-kind or donated resources.

The true cost of SART comprises a large list of resources. These include direct costs such as those associated with SAFEs, and coordination and administrative support; and indirect costs such as facilities, equipment, supplies, postage, printing and copying, phones, training and travel. In addition most SARTs benefit from, and may even be largely supported by, in-kind resources "on loan" or "donated" from various partners. These can include facilities, supplies, equipment and some personnel.

The Sample SART Budget Template below identifies SARTs' potential costs and revenue (both in-kind and actual resources), and can serve as a blueprint by which to budget comprehensively for them.

Sample SART Budget Template

Expenses	Revenue			
	Actual/Cash	Source	In-kind	Source
Direct costs:				
PERSONNEL				
SAFEs • Exam time • Court time • On-call time				
SART coordinator				
Administrative support				
Medical director				
IT support				
SART core partners				
Law enforcement				
Rape crisis center				
District attorney				
Forensic scientist				
OTHER PERSONNEL OR CONTRACTORS				

Expenses	Revenue			
	Actual/Cash	Source	In-kind	Source
Indirect costs:				
Facility • SAFE room • Other				
EquipmentSAFE team-relatedOther (e.g., computers, software)				
Supplies • SAFE team-related • Administrative/office • IT supplies				
Postage				
Printing and copies				
IT charges				
Phones, Internet				
Training attendance Registration fees Travel				
 Training and conference sponsored Costs associated with developing and holding trainings 				
 Travel (other than training-related) — mileage SAFE examinations SART meetings Other activities 				
Administration/indirect on all costs of sponsoring agency				
Totals:				

Forensic Medical Examination Fees and SAFE Costs

Due to lack of a standardized method for calculating forensic medical examination fees, SAFE reimbursement rates vary widely across California. Rates range from a low of around \$400 to a high of \$2,000 per exam, and usually are dependent more on the local political or fiscal climate than the actual cost of the exam and SAFE team operations.

In addition, forensic medical examiners across California are paid unequally and in various ways. Some are paid employees of partnering agencies, such as a hospital or public health department, with salaries and benefits. Others furnish services on a contract basis through a partner agency or company, and are compensated via a flat fee per exam or lump sum per shift, or monthly or annually, no matter how few or how many exams they accomplish. Some receive differential for on-call status; some receive compensation for travel time and mileage. Many receive neither.

The lack of standardization and consistency in SAFE rates across California results in destabilization of SAFE teams and puts victims at risk of delay in or lack of access to forensic medical examinations. The criminal justice system, and thus overall public safety, are jeopardized by lack of assurance that reliable forensic medical evidence will be available for prosecution purposes. Inability to recruit and retain adequate numbers of SAFEs due to low reimbursement rates, and associated shortages in the number of examiners in some jurisdictions, also affect the quality and timeliness of exams.

Broadening and Institutionalizing SART Funding Support

The budgetary woes of some SARTs stem from the way in which SARTs have evolved. Like so many victim service programs, SARTs sprang from an identified community need fueled by the passion and devoted energy of the responders and providers most closely involved.

Often relying on individual commitment, volunteered or provided in-kind by a partner agency, SARTs usually have operated as loosely structured, somewhat informal, entities without the

"When we lost our on-call funding, the SART team stayed committed and galvanized a diversified funding solution." political and institutional support needed to ensure dedicated local funding. Forensic medical exam fees, OES grants to rape crisis centers, plus donated in-kind personnel and facilities from partner agencies (representatives of which are compensated for their SART participation

as part of their salaried employment), comprise the revenue for most SARTs. This very tenuous funding structure is closely, adversely related to a SART's overall capacity to build and sustain itself in all areas of promising practice.

Funding Diversification

SARTs that develop and operate according to a realistic, comprehensive annual budget, and successfully court and secure a diversified, sustainable set of funding sources, are in the best position to continue and evolve their good work. While numerous SARTs have developed some fairly constant, if annually renewable, local funding in addition to forensic medical exam fees, few have diversified their funding to guard against loss of a primary funding source, be it inkind or cash. In other words, most SARTs tend to place their "funding eggs" in only one or two baskets. Dependence on only one or two types of funding leaves SARTs very vulnerable to crisis, perhaps even extinction, should a key funding source be eliminated. Fiscal diversification means institutionalizing various types of local funding, as well as proactively, continually seeking and acquiring other funding through private, federal and state grants and other means.

In summary, lack of diversification — coupled with the fact that, in most cases, no one entity or position is charged with developing, maintaining and expanding the budget needed to fund the full SART — leaves most SARTs in a chronically vulnerable fiscal position.

Some Funding Sources

The following descriptive list identifies various funding sources and ideas. Some SARTs combine a number of these funding sources, thereby achieving some diversification and greater stability. Others depend on just one or two, leaving them more fiscally vulnerable.

- Forensic medical examination contract fees. Varying widely across California and reimbursed through local law enforcement agencies, based on a locally agreed-upon rate, forensic medical examination fees are intended to adequately cover the full cost of SAFE team-related operations, but rarely do so.
- Renewable, local government contracts. Local government contracts typically are established through local law enforcement or other city or county agencies such as departments of public health and district attorneys' offices. These contracts are structured individually, depending on local needs and negotiations. Some reimburse the cost of a forensic medical examination at minimal levels. Others may pay a higher examination rate that compensates a portion of other SAFE-related operational costs. Still others may include monies for some SART-related costs. Contracts may be open for bid at renewal, usually annually; in other cases, the contractor remains consistent through multiple funding cycles.
- Donated or loaned, in-kind resources. Donated or loaned, in-kind/non-cash resources from partner agencies are the foundation of most SARTs' budgets. SARTs often rely on donated resources to provide coordination and other administrative support, facilities, equipment, supplies, and multi-disciplinary professional personnel, training and travel.

- Local fund-raising activities: Many SARTs routinely engage in local fund-raising campaigns to acquire discretionary monies to purchase updated equipment or for other needs. Fund-raising activities can include events such as golf tournaments that are sponsored by partners and open to the public, and special "asks" to various community partners to fund a specific need.
- California Governor's Office of Emergency Services (OES) Grants. Grant funding through OES supports some SART-related services through local rape crisis centers. As a result of changes recently enacted in response to requests by rape crisis centers, every RCC in California will receive a share of the total monies available.
- Federal and state government entitlement funding. Entitlement funding generally flows from the federal government to states as a match for expenditures that states or localities have made for support services to Medi-Cal or Medi-Cal-eligible recipients. Funds are usually accessed, on a reimbursement basis, by local programs and agencies through county contracts. These monies get their name because they are usually uncapped and virtually guarantee that all those who meet eligibility requirements can be served and paid for. They are attractive funding mechanisms because they are stable, non-competitive sources of revenue. Entitlement funding, however, must be accessed by an agency that possesses sufficient operational sophistication with adequately trained staff members and supervision, and that maintains audit-compliant fiscal practices. Several types of entitlement funding might be appropriate to support some SAFE operations and SART services, especially those related to follow-up care and case-management. Although these funds are not earmarked specifically for SART, they may be accessible in some circumstances to support SART coordination, some advocacy activities, and followup medical, mental health and social services. Support services that may potentially qualify for such funding include:
 - MAA (Medi-Cal administrative activities). Reimbursement for outreach for Medi-Cal or Medi-Cal enrollment services, transportation, MAA coordination and claims administration, MAA implementation training, access to Medi-Cal/Healthy Families, and program planning and development for individuals eligible for Medi-Cal coverage.
 - TCM (targeted case management). Case management, evaluation and assessment, linkage and consultation, and home-visiting services by paraprofessionals for pregnant women and Medi-Cal recipients or eligible individuals.
 - EPSDT (early and periodic screening, diagnosis and treatment programs mental health services). Diagnosis and treatment services for Medi-Caleligible individuals up to age 21, by qualified mental health providers, needed to correct or ameliorate defects and physical and mental illnesses and conditions discovered by screening services.

- State, federal, or local government discretionary grants. Discretionary funding, whether at the state or federal level, usually takes the form of special grant initiatives administered through a competitive grant application process. Grants to support various aspects of SART can flow through departments of public health, district attorneys' offices, county departments of health and human services, local law enforcement agencies, hospitals, universities, and private not-for-profit agencies. Some SARTs have been successful in obtaining grant funds through local city councils or boards of supervisors for special needs, such as equipment, data collection systems, and training.
- Private corporate, community, regional, statewide or national foundation grants. A number of SARTs successfully apply for private foundation grant funding to support various aspects of SART activity, including program development, research and training. Grant funding from private foundations, depending on their geographic and programmatic guidelines, is potentially available at local, regional, statewide and national levels through both competitive and unsolicited proposal processes.
- Private insurance. State statute (Penal Code Section 13823.95) prohibits charging victims directly or indirectly for a sexual assault forensic medical examination; thus, private insurance companies cannot be utilized as a funding source for forensic medical examinations. Many victims do not have private health insurance benefits. However, for those who do, acute medical and follow-up care are usually covered. And, mental health treatment and other services may be covered as well.
- California Victim Compensation Program (VCP). As noted previously, VCP pays for 40 psychotherapy sessions with a licensed mental health professional up to a cost reimbursement limit of \$10,000 for direct victims of crime, and \$3,000 for derivative victims. The VCP also may help pay for other crime-related expenses, including medical and dental treatment, insurance co-payments, income loss, funeral and burial expenses, loss of financial support when a victim is killed or disabled due to a crime, job retraining, home or vehicle modification, home security, relocation, insurance co-payment, crime scene clean-up, wheelchairs and other medically necessary equipment, and child care services when a caregiver is killed or disabled because of a crime. (For further information see www.vcgcb.ca.gov on the Web.) Alameda County District Attorney's Office has championed the use of the VCP to pay for aspects of the forensic medical examination process and follow-up medical, mental health and social services. Using Penal Code Section 13823.11 as legal justification, the Alameda County District Attorney's Office has promoted the concept that a victim is entitled to forensic and medical treatment, paid for by VCP.

■ Private, 501 (c) 3, not-for-profit organizations. A few SARTs in California operate, at least in part, under the auspices of private, not-for-profit agencies. Virtually all of these also are tied in key organizational and fiscal ways to other agencies (e.g., hospitals or district attorneys' offices). Currently, not-for-profit status is used primarily by SART-related organizations to qualify for and attract more diversified funding, to expand political support through a board of directors composed of strong community leaders, and to enhance administrative and operational flexibility.

In sum, the most realistic and effective funding system is one that continually evolves, expands and sustains SART from a position of fiscal strength. An ideal fiscal foundation would generate institutionalized, diversified funding for more than SAFEs and the forensic medical examination process. It also would develop a diverse funding base to support the full SART, of which SAFEs and SAFE-related expenses are a most essential part.

Promising Practices — Funding

- A comprehensive SART budget that comprises all expenses and revenue, including that provided in-kind, is developed annually and utilized to guide SART activities;
- The budget is routinely reviewed and understood by the full SART and its key partners;
- The budget is utilized as the foundation for informed fiscal decision-making and proactive, diversified fund development;
- Various funding models and options those models in use by SARTs statewide and potential funding options as described in this report — are explored for possible adoption or adaptation;
- An equitable, realistic forensic medical examination reimbursement rate is established to realistically compensate for the forensic medical exam and SAFE team operation costs;
- SART supports statewide efforts to adopt a uniform forensic medical exam rate or a standardized way of deriving one;
- SART funding, for both exams and organizational infrastructure, is institutionalized and thus sustainable at the local level;
- Use of non-profit status to diversify SART funding opportunities is fully explored, and pursued, if appropriate;
- A coordinator or other dedicated position is in place, and responsible to establish the annual budget, pursue a diversified funding base, and be accountable for budgetary solvency;
- SART's policies and procedures document includes budgetary and fiscal diversification agreements.

Snapshots of Promise — Funding

Funding examples.

Santa Clara County's SAFE team is funded primarily with compensation from law enforcement agencies, along with in-kind donations from its hospital partner. Forensic medical exams are performed at Valley Medical Center which donates whatever part of the cost of the examination facility, equipment and supplies is not compensated by exam fees. In addition, the medical center donates, by way of loaned portions of staff time, the SART/SAFE team coordinator, and some administrative support.

The Santa Cruz County SART funding model is one of the most streamlined and best-institutionalized in California. It draws its resources proportionately, according to population, from each of the county's law enforcement agencies, with added funding from the hospitals where the exams are performed. Its annual budget is developed by the SART coordinator, a sergeant at the Sheriff's Department, and the Sheriff's Department's fiscal officer. The budget is quite comprehensive, and includes SAFE team examination and operational costs and some SART administrative and outreach expenses.

Each law enforcement agency and hospital is assessed annually according to a set budget amount based on population and use. The Sheriff's Department, as fiscal agent, holds and distributes these funds in contracts with individual SAFEs. SAFE contracts are for a set amount, determined annually, which does not vary according to number of examinations performed. Santa Cruz County's SART budget does not include compensation for either the SART coordinator or the fiscal administrative support staff — both of which are donated in-kind by the Sheriff's Department.

Santa Barbara County's SART utilizes three primary funding mechanisms, including: county general fund; law enforcement agencies on a per capita basis; and to a lesser extent, local grants. With the political assistance of the county's Department of Public Health and the District Attorney's Office, it is negotiating with law enforcement agencies countywide to fund SAFE team members, the examination, and some of the administrative aspects of SART as well on a per-capita basis. The SART coordinator is an employee of the District Attorney's Office, under the

purview of the Victim/Witness Assistance Center and is housed at the community-based SART Cottage. The coordinator receives considerable in-kind support, including access to disposition data, information technology support, office equipment and supplies, from the District Attorney's Office.

San Diego County supports its SART, in part, through its County Emergency Medical Services (EMS) Department. A portion of an EMS program manager's position is dedicated to SART coordination and administrative support. The County also contributes in-kind donations, in the form of administrative office space, equipment and supplies. San Diego's SART has applied for special grants from the Board of Supervisors for specific equipment and data processing needs. This SART continues to hold an annual golf tournament, started by law enforcement partners many years ago, to raise about \$15,000 a year for discretionary purposes.

San Francisco City and County SART draws its operating support — in both real dollars and inkind loaned personnel and facilities — primarily from the city and county government through the Department of Public Health and the University of California, San Francisco. The SART is housed and administered under the auspices of the Trauma Recovery and Rape Treatment Center, which is a program of the county's Department of Public Health. The Center, in cooperation with its partners, employs a proactive fund development strategy to continually sustain, expand and diversify its funding base.

In Alameda County, the District Attorney's Office helps to fiscally support and sustain SART, and the Family Justice Center within which it is located. It "loans" personnel to SART and helps ensure that county, state and private grant funding flows to the community-based Family Justice Center. A one-stop-shop, the Family Justice Center coordinates SART, houses the RCC and provides follow-up medical, mental health and social services. Reimbursement fees help defray the costs of both the forensic medical exam and the overall SART process. Committed to fiscal diversification to support both SART and the Family Justice Center, the District Attorney's Office encourages the utilization of a variety of funding sources including federal, state and private grants. Most uniquely and very effectively, Alameda's SART routinely bills and receives reimbursement for its victim follow-up and support services through the Victims of Crime Fund. The Family Justice Center has acquired 501(c)3 status, through which it hopes to diversify its fund development efforts.

continued next page

Riverside County's SART is operated under the umbrella of the Riverside County Regional Medical Center, within its Center of Excellence, a department of the Medical Center. The Center of Excellence supports itself, and thus the SART and its SAFEs, through a diversified funding base that includes monies from the Medical Center's general budget, and both private and public grants. Center of Excellence staff, as employees of the Medical Center, operate a number of programs, including the SAFE team and SART. Coordination, administration and supervisorial support positions are staffed by several full-time employees of the Center of Excellence who dedicate a portion of their time to both the SAFE team and SART operations.

Santa Monica's Rape Treatment Center and its SART operate under the auspices of the Santa Monica-UCLA Medical Center and Orthopedic Hospital. Santa Monica combines examination compensation from law enforcement agencies, with in-kind hospital support; federal, state and private grants; various fund-raising activities; and an aggressive donor giving campaign.

Professional Development, Training and Technical Assistance

Administrators of California's SARTs are very interested in expanding professional development and enhancing their operations through discipline- and team-specific and cross-disciplinary training. They share the perception that all three types of training are essential to creating and maintaining a well-functioning SART, as well as to take a SART's work to its most effective, next level.

Virtually all SARTs conduct or take advantage of some type of training; virtually all SARTs want and need more. Levels of professional development training among SARTs differ widely across the state. Most available training focuses on SART program aspects. Few training and technical assistance opportunities exist to help SARTs build their organizational capacity. Yet, most SARTs express a need for assistance with fund development, grant writing, evaluation, management and coordination, and sustainability planning.

Table 4 examines the need for various types of training by contrasting the types of training SART survey respondents said they want with what they receive.

Table 4. Discipline-related training and/or technical assistance needed by SARTs (n=308)

Type of training and/or technical assistance	Percentage of respondents reporting the need for such training and/or technical assistance	Percentage of respondents reporting such training and/or technical assistance already provided
Prosecution challenges; prosecution and defense strategies	46%	15%
Investigative methods, procedures and philosophies	41%	17%
Specific populations, persons with disabilities, LGTBQ, racial/ethnic communities, tribal communities, immigrant and refugee populations	40%	0%
Emotional impact, advocacy strategies and counseling approaches	37%	20%
Cultural competency training	37%	15%
Interpretation of findings	36%	14%
Conduct of medical forensic exam and evidence collection	32%	20%
Evidence analysis by crime lab	25%	20%

Training

Cross-disciplinary Training

The most common type of training SARTs receive is that which members provide inter-disciplinarily to one another. According to survey and interview respondents, this training takes place in most SARTs to some degree, in diads between virtually every discipline. The most common cross-disciplinary training is that provided to law enforcement during "roll call" opportunities, usually by advocates or forensic medical examiners. SAFEs, deputy district attorneys and forensic scientists provide formal training in procedures and professional needs for the various SART members.

Many SARTs routinely include formal training sessions in monthly meetings, as specific issues or needs are identified; some schedule day-long workshops for more extensive training purposes. Perhaps most important, SART members often train each other informally as they interact during case review or in between meetings to work through complexities that arise over a specific case. In fact, this ad hoc training may be one of the most valuable aspects of the SART model, which encourages cross-disciplinary communication and learning.

Discipline-specific Training

SARTs also report receiving outside, discipline-specific training in conferences, workshops and training seminars such as those offered by the California Sexual Assault Investigators Association (CSAIA); the California District Attorney's Association (CDAA); the California Clinical Forensic Medical Training Center (CCFMTC) at UC Davis; California Coalition Against Sexual Assault (CALCASA); California Peace Officers and Standards Training (POST); and California Association of Crime Laboratory Directors (CACLD).

Team Development Training

Few SARTs report receiving training focused on team development or the types of promising practices emphasized in this report. Most indicate an interest in receiving more training in both these areas.

The primary obstacle cited for not taking advantage of outside training, be it discipline- or team-specific, was not cost per se, but rather the release time required to take advantage of training. This obstacle was especially problematic for members from small agencies with few staff members. The other major training obstacles were the cost of the training itself, including accommodations and travel costs, followed closely by distance from the training venue. A related concern was that department and agency administrative superiors might not hold SART training as a high priority.

Statewide or Regional SART Training

Statewide or regional cross-disciplinary training for full SARTs, with an emphasis on the promising practices outlined in this report, is needed to move California's SARTs consistently to the next level of operation. This training should target all levels of each discipline's organization, and include team building and action planning.

Technical Assistance

As illustrated in Table 5, the type of technical assistance most needed, according to our research, is that related to fund development, including grant writing and fiscal diversification and sustainability. The next most frequently reported need for assistance is related to strategic planning, building partnerships and a fully collaborative SART, becoming politically viable at all levels of a community, and securing and effectively utilizing a SART coordinator.

Table 5. Technical assistance to benefit the organization as a whole (n=308)

Type of training	Percentage of respondents	
Fund development	33%	
Collaboration and partnership building	32%	
Team building	32%	
Strategic planning	26%	
Cultural competency training	25%	
Organizational capacity building and infrastructure support	22%	
Political capacity building	16%	
Start-up assistance	3%	

Promising Practices — Technical Assistance

- Training and technical assistance needs including the orientation needs of new staff members across the disciplines and new SART members — are prioritized and developed into a training and technical assistance plan annually;
- □ The training and technical assistance plan includes a budget to pay for it, and strategies for raising the needed revenue;
- SART communicates and coordinates with statewide training entities to develop the type of training and technical assistance opportunities it needs and to help ensure accessibility;
- Strategies are developed and pursued to encourage local administrators to support SART's training needs as a priority, with accompanying release time and cost reimbursement;
- MOU/MOA to institutionalize SART training needs and local agencies' support of SART professional development and training are in place, and incorporated into the SART's policies and procedures document.

Snapshot of Promise — Technical Assistance

Local SART training and professional development.

Few take training more seriously than Santa Monica-UCLA Medical Center and Orthopedic Hospital's SART program. Housed within the hospital-based Rape Treatment Center, this SART takes advantage of external training opportunities whenever possible, and schedules extensive internally generated training for its key partners on an ongoing basis. The latter, funded through grants and private donations, is formalized into training modules, often accompanied by sophisticated multimedia materials. The extensive training sessions and training materials are available to the community, law enforcement agencies and schools.

Santa Cruz County's model exemplifies the intentional use of the SART case review process as a primary teaching tool. All cases for the prior two months are reviewed at its monthly meetings. The SART coordinator calls the case review process "training-based." It is very intentionally conducted for the purpose of continually identifying what worked well and what did not. In this way, Santa Cruz County's SART uses a "lessons learned" process to figure out how to do it better next time, and to hold itself accountable for making the "course corrections" needed to do so.

Statewide training.

The California Clinical Forensic Medical Training Center (CCFMTC) at UC Davis was established by state statute in 1995 to increase access by victims of interpersonal violence to trained health-care professionals throughout California. CCFMTC conducts training programs to teach health-care providers how to identify, evaluate and document injuries; to better manage the health-care consequences of abuse; and to effectively collaborate with law enforcement agencies, social services, advocacy organizations and the criminal justice system. CCFMTC also provides training for law enforcement officers, district attorneys, public defenders, investigative social workers, and judges on medical evidentiary examination procedures and interpretation of findings.

CCFMTC is dedicated to improving California's health-care system response to victims of interpersonal violence by:

- increasing the numbers of trained, qualified health-care providers in rural and urban areas with the expertise to comprehensively respond to victim's health and forensic medical needs;
- improving the quality of examinations, documentation of findings and overall intervention strategies;
- promoting teamwork among hospitals and public and private agencies to create a coordinated community response;
- bridging the gap between medical services and the criminal justice system;
- expanding the depth and breadth of scientific knowledge.

CCFMTC offers a variety of training options, including:

- basic, advanced and specialized courses;
- seminars and classes on-site or in your community;
- presentations at professional meetings;
- videoconferences or telecourses through satellite transmission;
- case consultations:
- telemedicine agreements and consultations;
- policy forums and research symposia to educate stakeholders, policy-makers and professionals to develop an optimal community response to victims.

Additional information on training opportunities can be obtained at www.ccfmtc.org on the Web.

SART Leaders, Leadership Development and Succession

SART Leaders and Champions

Virtually all successful SARTs have one or more "champions for the cause," leaders for whom SART represents a sort of "higher noble purpose." These champions are often the persons whose energy and hard work helped create the SART initially and whose passion sustains it. In the best of situations, new champions replace those who depart as a SART develops over time. In the worst cases, a SART may fall apart, or be threatened with extinction, when its champion moves on through retirement or job change. SARTs that have lost their champions usually have lost their rudder.

Every SART needs a champion or two at all phases of development to lead the charge. Champions can be from any discipline; they can be individuals or an institution. But, they must be well-respected, well-connected, and tirelessly committed to sustaining and enhancing the SART. They must be those who, when all others are ready to give up, persevere through the inevitable conflicts and crises, inspiring others to do the same.

Leadership Development and Succession Planning

Because it is a given that a SART's leader(s) and champion(s) eventually will move on, SARTs should prepare for this inevitability by anticipating and planning for it. Our research did not find SARTs actively engaged in leadership succession planning.

Promising Practices — SART Leaders, Leadership Development and Succession

- Ongoing, candid discussion takes place in SART to identify key, internal SART champion(s) and critical elements of their leadership;
- Leadership development and succession plans are developed before departure of key leaders is eminent;
- SART creates and nurtures a culture of shared mission and purpose, mutual support, and joint leadership;

- New leaders are developed by sharing SART leadership roles and responsibilities encouraging others to volunteer for and complete team-supportive tasks, jointly facilitating meetings and/or chair the team, and honoring SART's mission in all aspects of discipline-specific work;
- SART policies and procedures document includes the leadership development and succession plans.

Snapshot of Promise — SART Leaders, Leadership Development and Succession

Champions for the cause.

Sacramento County's SART is blessed with very effective and passionate "champions for the cause." In this case, the champions are core team members that initiated the SART many years ago. Working as partners from the beginning in 1989, a physician and nurse practitioner at the

UC Davis Medical Center; the prosecutor; director of the RCC; and representatives from local law enforcement agencies and the crime laboratory joined forces to create Sacramento County's SART. Through hard work, trusting relationships and open communication these partners have weathered many storms over

"We are dedicated to quality and committed to excellence."

the years and have nurtured this SART into one of the most effective in the state.

Riverside County's SART has also triumphed over difficult times due to the commitment and tenacity of several champions who would not give up or settle for less. In fact, these champions — most specifically the crime laboratory director, the medical director of the medical center, and a supervising deputy from the Sheriff's Office, along with other key partners — raised Riverside County's SART from the depths, so to speak. In response to the emergence of problems that all but eliminated the existing SART, these champions used their influence, the power of their agencies, and hours of hard work to bring it back to life. Now stronger than ever, this SART is a model of team collaboration and accomplishment.

Case Review and Quality Assurance

Review, by the SART as a whole, of as many cases as possible is important to ensure quality work and outcome. Cases should be reviewed to identify problems, as well as to recognize and reward good work and positive outcome. (This type of SART case review is not to be confused with the review of forensic medical exams usually conducted routinely within the medical context by the SAFE team.)

Some of California's SARTs review all cases; for practical reasons, most SARTs find doing so impossible. Many cases are reviewed in a somewhat ad hoc, informal manner when a member raises an issue or points out a problem with a specific case. When possible, the best approach is to systematize case review into written policies and procedures to ensure it is accomplished routinely. Reluctance to engage in routine case review stems primarily from concerns over confidentiality and discoverability. A lack of adequate administrative will and capacity to institutionalize the review process into team meetings and into SART's formal policies and procedures sometimes hinders progress in this area.

Routine Case Review

Routinizing some degree of internal case review into SART practice is a key step toward quality assurance. That approach establishes a routine for objective assessment of the SART process and results, which, in turn, creates opportunity to learn from and correct problems along the way. Without ongoing case review, course correction and improved practice is nonexistent at worst, and hit-or-miss at best. The more cases reviewed the better, but practicality usually dictates only a sampling of cases can be reviewed. That sampling most often comprises cases that float to the surface because they are problematic or challenging for one reason or another.

Review of Open and/or Closed Cases

Optimally, both open and closed cases are grist for the SART review mill. While some prosecutors hesitate to review open cases for fear of discoverability risk, others have successfully overcome this concern. Open cases can be reviewed at SART case review meetings chaired by medical personnel, concomitant to regular SART meetings. Minutes can be recorded or not. (See an additional discussion of this issue in the "Prosecutors" section of the report.)

The most promising practice is routine review of as many current cases as feasible, with follow-up review as needed after disposition. Waiting until a case is closed to review it, while better than no review at all, greatly diminishes the likelihood of making a constructive course correction as the case proceeds.

Promising Practices — Case Review and Quality Assurance

- Case review issues and concerns are fully researched, discussed and understood by all partners;
- Full SART review of both open and closed cases and quality assurance discussions, in ways sensitive to issues of discoverability and confidentiality, takes place routinely;
- Results of case reviews are utilized to institute better procedures and practices for both current and future cases;
- MOUs/MOAs regarding case reviews are developed and incorporated into SART's policies and procedures document.

Snapshots of Promise — Case Review and Quality Assurance

Institutionalizing case review.

Sacramento County's SART reviews cases in which disagreements and challenges arise. It schedules case review meetings concurrent to its monthly administrative meetings. The case review meeting—while comprising the same members as the administrative meeting—takes place as a medical quality assurance activity and is facilitated by the physician who chairs the SART meeting and coordinates the full team. Minutes are taken, and collected for use at the next case review meeting.

At its monthly meetings, Santa Cruz County's SART reviews nearly all cases that have occurred during the prior two month period. Santa Cruz does not take minutes on its case review deliberations. It places an emphasis on case review as a training tool, utilizing the process to learn valuable lessons that will make the process work better and enhance the outcome next time.

Data Collection, Analysis and Outcome Evaluation

Effective SART practice must include meaningful data collection leading to scientific outcome evaluation. With good outcome data comes a greater ability to standardize best practice and make a strong case to policy-makers and funders for support of SARTs.

SART Evaluation

While some data collection occurs within some California SARTs and is in the planning stages at others, a formal process and outcome evaluation of SART has not yet occured. Several promising, privately marketed data collection systems are in the early stages of implementation in a few of California's SARTs. These offer various software packages that comprehensively track victim/case, medical, advocacy, law enforcement and crime lab data, and include advanced data summary and analysis capability. At least one offers networking capability that links SART satellite sites together to share data and collaboratively manage cases. Several SART sites are developing their own data collection and analysis capabilities. The published result of these collective efforts and the influence that their use might have on the SART field, partners, victims and the community are yet to be known.

Victim Satisfaction Surveys

A number of SARTs utilize "client satisfaction" surveys developed internally to query victims on their satisfaction with their SART experience. Reports indicate that the survey return rate is usually very low. But, while no published data have surfaced as a result of these informal research attempts, SARTs may benefit, both locally and statewide, from standardizing the instruments somewhat, increasing the response rate, and summarizing the data they generate.

Along these lines, Dr. Rebecca Campbell of Michigan State University has developed and field-tested a client satisfaction survey instrument to assess "how survivors were treated by program staff." The final, resulting data have not yet been released. Dr. Campbell also is conducting a large study, funded by National Institute of Justice (NIJ), analyzing prosecution decision-making processes and conviction rates, and the effect of SARTs on prosecution.

The ultimate research and evaluation model might be one that integrates the demographic data collected locally through various software systems with client survey data and data resulting from NII studies.

Promising Practices — Data Collection, Analysis and Outcome Evaluation

- Discussion takes place regarding the need for and ways to most effectively collect meaningful SART data at the local level;
- Systems to generate simple, internal process data on how many exams are performed, for whom, and under what circumstances are developed and utilized;
- Client satisfaction surveys are routinely given to victims, augmented with rigorous outreach to encourage response;
- Various data collection systems and software are under exploration;
- Funding and other resources to support adoption of data collection systems is successfully sought;
- Full SART buy-in regarding the data collection and outcome evaluation process is established and nurtured;
- □ Commitment is formalized through MOUs/MOAs, from each SART discipline;
- A data collection system is selected and implemented;
- SART partners are trained in the selected data collection and reporting methods;
- SART establishes team accountability procedures for data collection and reporting, and a system by which the team can monitor compliance and results;
- Data are reviewed routinely at SART meetings;
- The data are used to enhance understanding of, and support and funding for, SARTs;
- SART coordinator, another SART member or consultant, regularly consolidates and publishes data in a periodic SART report;
- Data collection, reporting and monitoring protocols and agreements are incorporated into MOUs/MOAs and the SART's policies and procedures document.

Snapshot of Promise — Data Collection, Analysis and Outcome Evaluation

SART data.

Alameda County's SART and its partners are in the process of developing and implementing an electronic data sharing system for use throughout the county. This system will allow data to be collected and downloaded across the system and partners at satellite sites to share data and coordinate casework. Funded by a grant from Verizon Wireless, this satellite system will eventually also make possible long-distance, county-wide training and comprehensive SART-related data collection.

San Diego County's SART recently purchased a data tracking and analysis system, which it intends will be operational soon. The SART is in the process of securing county funding, through a discretionary grant, to train for its use and to coordinate the data collection and reporting process among members.

Each victim of sexual assault at Sacramento County's SAFE facility receives a satisfaction survey to complete. The results of the survey are compiled and used regularly by the SAFE team to make improvements in its examination and support processes. This information is routinely shared with the full SART.

Community Education and Prevention Outreach

The provision of community education and prevention outreach to prevent sexual assault and encourage reporting is historically seen primarily as the purview of RCCs. Accordingly, California's SARTs have not historically engaged formally in or actively encouraged community education efforts. That limitation is beginning to change.

The primary reasons victims fail to report sexual assault include the belief that law enforcement will do nothing; concern over perceived credibility; fear of reprisal by the assailant; insensitive treatment by law enforcement; and embarrassment. Consequently, the more human the face of each responder — not just the rape crisis and victim advocates — the more likely a victim will be to report, to become a willing, effective witness, and to reintegrate into society as a well-healed survivor.

All SART partners have a role to play, a perspective to present, and lessons to teach that can benefit sexual assault victims, the community and the response system. Integrating outreach and education into the full SART process can be accomplished, in part, by coordinating among those doing such educational outreach, and by incorporating regular updates regarding these efforts into meeting agendas.

Promising Practices — Community Education and Prevention Outreach

- Assessment of existing community education and outreach efforts takes place;
- A plan for providing and coordinating multi-disciplinary educational outreach is developed and implemented by the full SART;
- Methods for collecting and reporting educational outreach statistics are developed and implemented;
- Educational outreach is a routine agenda item for full SART update and review;
- MOUs/MOAs pertaining to community education among all partners are developed and incorporated into the SART policies and procedures document.

Snapshots of Promise — Community Education and Prevention Outreach

SARTs providing community education.

Our research did not uncover any fully multi-disciplinary approaches to community education currently operational in California's SARTs, even though some may exist. However, several SARTs are involved in educational outreach activities.

San Diego County's SART has a Web page on the Emergency Medical Services Department Web site that can be used to inform its partners and community members of SART activities and achievements. It publishes a resource pamphlet and an Annual SART Report that can be accessed online and in hard copy. The report is published to document the SART's work on behalf of victims and the criminal justice system, and to encourage political and financial support for SART.

The UC Davis Campus Violence Prevention Project is a full partner in Sacramento County's SART. While the project does not deliver prevention education countywide, and it targets both sexual assault and domestic violence, its campus presence is so extensive that it offers an excellent example from which to extrapolate for prevention programs at other campuses. The project conducts in-person sexual assault awareness and prevention training for all incoming male and female college students, in groups of IOO. Using a range of fully developed lectures on causes of rape, risk reduction and bystander responsibilities, the project takes prevention education regularly directly to classrooms, "Greek" organizations, athletic teams and residence halls utilizing a cadre of 25 peer educators. These peer educators comprise an all-volunteer training staff, the members of which receive one full year of training before they begin conducting training on a solo basis.

Alameda County's SART utilizes the Family Justice Center, located in Oakland, to house two RCCs and other service providers that disseminate a variety of prevention information to clients. Much of the material is available on a walk-in basis at the Center lobby. Other staff and social workers employed there engage regularly in secondary prevention counseling and awareness education as well—working to empower and heal clients, thus discouraging their further victimization.

San Francisco City and County's SART conducts community educational outreach through both the RCC and the Trauma Recovery and Rape Treatment Center, the latter of which administers the SART and employs a cadre of therapists who specialize in trauma counseling. Together these partners take prevention messages into the schools and literally onto the streets, parks and alleys. That approach is advisable in San Francisco because a large percentage of the city's client population is homeless. Outreach activities also take place by phone and through face-to-face encouragement at home visitation sessions.

Santa Monica's SART conducts extensive community awareness and prevention education programs through numerous publications — books, reports, brochures and posters — plus films and public service announcements on television. Santa Monica informs college campus faculty members, administrators and students through its publication "Sexual Assault on Campus: What Campuses Can Do," and an award-winning film, "Campus Rape." Victims are given literature detailing sensitively what can be expected from the SART process, describing support services that are available, and stressing the importance of accessing follow-up medical care. Santa Monica also compiles, updates and publishes a highly readable directory of rape crisis and sexual assault resources available in the area.

Santa Cruz County's SART, as part of its contract with one of its SAFEs, has begun to present prevention education and SART awareness programs in local schools.

Special Populations

A number of special populations across California can benefit from SART services. These include rural, campus and military installation locations, deaf and hard-of-hearing people, Native American/Tribal, and developmentally disabled populations.

Rural Areas and SART

Many of California's 58 counties are large rural areas. Effective sexual assault response in rural

"California's special populations need special attention from SARTs."

areas is logistically complex and difficult for SARTs. For reasons related to funding and personnel resources, SARTs typically exist in the largest city in a rural county, within or near a hospital large enough to support a sexual assault examination facility and SAFEs. Responders who live and work out of proximity to the city center have difficulty accessing and engaging with the regional SART.

The resources of rural law enforcement agencies likely are stretched very thin. Whether related to lack of funding, minimal equipment, travel distance, absence of specialized expertise, number of personnel, or a combination of factors, rural law enforcement agencies often have difficulty taking

an active role in SART. The SART often finds its attempts to engage its rural cohort frustratingly futile. This difficulty persists whether the agency is a small police department with few personnel, covering a large area, or a large sheriff's department spread across hundreds of miles with numerous, isolated substations.

Hurdles facing rural responders and victims are many. They include:

- transporting a victim to a forensic medical examination site long distances from the crime;
- taking one of only several officers and one of a handful of squad cars completely out of the duty area for a prolonged period of time to transport the victim;
- getting post-exam follow-up services for a victim whose home is distant from the exam site;
- conducting a thorough investigation without the evidence that a forensic medical examination might yield;
- developing a strong case for prosecution without adequate evidence or a victim willing to cooperate;
- Securing the testimony in court by the SAFE who will likely have to travel a great distance, often amounting to a full day "out of the office."

An added complication arises when rural areas, unable to support a SAFE team of their own, rely on the resources of a regional hospital's forensic medical examination facility and its SAFE team. This well-intended effort to furnish a rural population with needed forensic medical examinations may inadvertently leave the resources of the regional hospital and its SAFEs stretched to the breaking point — draining the hospital system's resources, and straining its ability to serve its own service population well.

Most rural areas in California struggle to find effective ways to provide the benefits of SART and SAFE to their victims of sexual assault. In large rural areas with small populations and no substantial population center, a SART may likely be nonexistent. In rural areas with a large population hub, a SART likely operates in the city center, but ineffectively, if at all, outside it.

Hope, however, is on the horizon. While it is too soon to call them fully realized, let alone fully effective, several promising attempts to provide California's rural victims and responders with SARTs and SAFEs are under way. (See "Snapshots of Promise" in the SAFE section.)

Promising Practices — Rural Areas

- Assessment of SART-related needs of a region's rural areas is accomplished and understood by the full SART;
- A review of promising strategies existing efforts is accomplished and reviewed by the full SART;
- □ A rural SART development plan is created, implemented and routinely reviewed for effectiveness;
- SART's meeting agenda includes a line-item for rural involvement update and strategizing;
- Funding to support rural outreach and plan implementation from diverse sources, including state and federal, is identified and sought;
- MOUs/MOAs consistent with the rural involvement plan are incorporated into the SARTs policies and procedures document.

Snapshots of Promise — Rural Areas

Rural outreach examples.

Three models of rural outreach and inclusion stand out in California. They are those of Riverside County, Santa Barbara County, and the independent provider arrangement utilized by several central valley and foothills communities. You may read a detailed discussion about these models in the "SAFE" section of this report.

Campus Sexual Assault Response

Sexual assault response programs on college campuses usually are staffed by the campus women's center, often as part of health services. Campus response services can include 24-hour crisis hotline or paging capability, crisis counseling, advocacy and support leading up to and sometimes including the forensic medical examination process, as well as follow-up counseling services and educational outreach on campus. Follow-up peer-support group services may be performed by student volunteers; in many cases, long-term counseling also is available through referral to the campus counseling center. Some evidence shows that student victims are more likely to utilize the on-campus counseling and peer support follow-up services than those offered by some community-based programs.

In most cases, the campus link to off-campus SAFE and SART services is through on-campus women's centers, violence prevention projects, and law enforcement agencies.

Promising Practices — Campus Sexual Assault Response

- Assessment of the involvement of campus sexual assault programs in the local or regional SART is accomplished;
- Campus sexual assault program representatives, ideally including both law enforcement and crisis/prevention center personnel, are regularly participating SART partners;
- Campus sexual assault cases are part of the SART's regular case review;
- Campus-related policies and procedures are developed, institutionalized through MOUs/MOAs, and incorporated into the SARTs policies and procedures document.

Snapshots of Promise — Campus Sexual Assault Response

SART-related campus programs.

The Campus Violence Prevention Program at UC Davis is a full partner in Sacramento County's SART, attending monthly meetings and engaging in all activities, including case review. When a student is victimized and reports the crime to campus law enforcement personnel, a sexual assault forensic medical examination can be requested. One of the program's four victim advocates will then accompany, support and advocate for the victim through the examination process and beyond, mirroring the process used by a community-based rape crisis center. The campus program also offers 24-hour crisis contact, peer support group counseling, and short-term group and individual counseling by its staff master's-level social worker.

Military Installations

Like college campuses, military installations have their own law enforcement agencies, but usually do not have their own SAFEs or SART. They typically rely on the SAFE services at community or regional hospitals and on the broader sexual assault resources and coordination of the regional SART.

Promising Practices — Military Installations

- Assessment of SART and SAFE needs of military bases in the SART catchment area is accomplished;
- Needs assessment includes key military personnel in the research and discussion processes;
- Strategies, based on full understanding of these needs, are developed and implemented by the full SART;
- The appropriate military personnel are invited to and made welcome at the SART table, and routine attendance at regular SART meetings is encouraged;
- Military cases are included in the SART's routine case review process;
- MOUs/MOAs are in place to reflect these practices, and are incorporated into the SART policies and procedures document.

Snapshots of Promise — Military Installations

Military participation in SART.

Vandenberg Air Force Base near Lompoc depends on Santa Barbara County's SART and its SAFE team to respond to the needs of the one to two victims per year it refers off-base for sexual assault forensic medical examination. In such cases, a military law enforcement officer contacts the SAFE through the SART coordinator, and, with an advocate from the base, accompanies the victim to the SAFE facility. Forensic medical evidence is then used by the military criminal justice system for its prosecution purposes. Santa Barbara's SART coordinator considers the military advocate a key partner who attends every North County SART meeting, hosts meetings on base periodically, and ensures that military victims receive benefit of SART deliberation and case review. Thanks to sponsorship by the military victim advocate, the base even has donated equipment for use by SAFEs.

The San Diego Naval Base and Camp Pendleton Marine Base are involved in San Diego County's SART. The Naval advocates are considered active SART participants, engaged from their initial request for a forensic medical examination, through advocacy and support during the examination, and attendance at regular SART meetings and case review.

Sacramento County's SART benefits from the regular participation of its region's California National Guard representative, who attends monthly SART meetings. Throughout California, the National Guard depends solely on local resources to provide SAFE and SART services to its victims of sexual assault. The National Guard has trained sexual assault response corps and victim advocates at all its major installations to assist its victims and link them to SART services. Prosecution may take place through local or military criminal justice systems.

Native American Victims and Tribal Response

Rather than conducting services internally, most Indian tribes connect victims to community-based mental and social services off the reservation. Although the linkage is often ad hoc rather than fully institutionalized, some tribes also are linked to local or regional SARTs through tribal advocates.

Our findings indicate, however, that much of California's Native American population remains primarily outside the SART loop, sometimes of its own accord. When Native American victims of sexual assault are not connected to a region's SART, they may not always receive the culturally-competent services they need and deserve.

Promising Practices — Native American Victims and Tribal Response

- Assessment of Native American population's need for and current involvement in SART is accomplished and understood by the full SART;
- Native American partners are fully included in the assessment and planning process;
- Appropriate and proactive outreach to the Native American population and their advocates is routine;
- Strategies for incorporating Native American victims, their advocates, and their law enforcement and social service providers into SART are developed, incorporated into the SART's larger Multi-Cultural Inclusion Plan, implemented, and routinely reviewed for effectiveness;
- Appropriate cultural competency training is available for SART partners;
- □ Tribal advocates are encouraged and welcomed at the SART table;
- MOUs/MOAs are in place and institutionalized by the SART policies and procedures document.

Snapshots of Promise — Native American Victims and Tribal Response

Tribal participation in SART.

Consistent with Public Law 280, which stipulates that any major crime committed within a tribe or reservation must be referred to the county for investigation and possible prosecution, the Yurok Tribe works in partnership with the Humboldt County SART. Yurok and Humboldt County law enforcement agencies are cross-deputized to give the tribe access to the resources of both county law enforcement agencies and the district attorney. When a suspected sexual assault occurs, the tribal law enforcement officer contacts Humboldt County law enforcement officials and the SAFE coordinator to schedule a forensic medical examination at the Eureka medical facility, entailing a three-hour round trip from the reservation. Subsequent to the forensic medical examination, tribal law enforcement personnel remain involved in all aspects of the case through final disposition. Tribal law enforcement officers and advocates attend SART meetings and take part in case review.

Developmentally Disabled Victims

People with disabilities are statistically more likely than members of the general populace to become victims of violent crimes, including sexual assault. Especially at risk are developmentally disabled, independent adults who function at an adolescent or child-age level. Responders must be trained to work sensitively and effectively with this vulnerable population, just as they must for working with any other ethnic or cultural group. In addition, developmentally disabled victims need to be supported appropriately throughout the response system — from initial report through investigation, forensic examination, follow-up service, court proceedings and healing.

Promising Practices — Developmentally Disabled Victims

- Assessment of SART's ability to respond sensitively and effectively to developmentally disabled victims occurs;
- Policies and procedures are in place to ensure appropriate response on the part of all SART partners;
- Partners who work with and represent developmentally disabled people are part of the SART, and participate routinely in SART meetings and training activities;
- Policies and procedures are supported by cross-disciplinary MOUs/MOAs and incorporated into the SART policies and procedures document.

Snapshots of Promise — Developmentally Disabled Victims

Regional developmentally disabled assistance centers and SART.

Twenty-one regional centers, supported in part by state funding, operate across California to assist developmentally disabled victims. The San Diego Regional Center, through its Victim Assistance Support Team (VAST), operates a unique program for developmentally disabled victims of crime, including those victimized by sexual assault. The team, composed of two advocates, works closely with San Diego County's SART and its SAFE team. Its advocates, like those of the RCCs, attend SART meetings, train SART partners to accommodate the special needs of developmentally disabled victims; schedule, furnish transportation and appear at the crime scene and/or the forensic medical examination site; and support and accompany the victim every step of the way.

Deaf and Hard-of-Hearing Victims

Deaf and hard-of-hearing victims of sexual assault need specially trained advocates and interpreters to heal their trauma, reduce the likelihood of their re-victimization, and to encourage their full and effective participation in the forensic and criminal justice process. Historically, sexual assaults of these victims have not been adequately investigated or prosecuted; victims have not received the attention or services they deserve. These victims and the response system that surrounds them require culturally sensitive and competent policies and procedures, consistent with the treatment accorded other people with particular needs.

Promising Practices — Deaf and Hard-of-Hearing Victims

- Assessment of SART's ability to sensitively and competently respond to the needs of deaf and hard-of-hearing victims occurs;
- □ SART members are trained to understand the special needs of this population;
- Interpreting services for this specific population are available and furnished when needed;
- Advocates and service providers who serve this population are linked to SART effectively;
- SART policies and procedures are developed and put in place to respond appropriately and adequately to this population's needs.

Snapshots of Promise — Deaf and Hard-of-Hearing Victims

SART and those who are deaf or hard-of-hearing.

Alameda County's SART operates in partnership with DeafHope, a community-based agency that has statewide influence and serves deaf and hard-of-hearing constituents. Through this partnership, DeafHope co-locates with the SART, RCC and other service providers within the Family Justice Center. Victims of sexual assault who are deaf or hard-of-hearing thus receive the same opportunities for service and healing as people who hear well.







Violence Against Women Act (VAWA) 2005 Authorization

Sexual Assault Forensic Medical Examination Compliance Mandates: Issues for California

A new provision in VAWA 2005 that takes effect as of January 5, 2009, requires every state and territory to ensure that:

- Victims of sexual assault are to be provided forensic medical examinations
 without requiring cooperation with law enforcement and/or participation
 in the criminal justice system;
- 2) Victims are not to incur any out-of-pocket expenses associated with the sexual assault forensic examination. Publications from the U. S. Department of Justice, Office of Violence Against Women, refer to these exams as "free of charge" upon demand.

Summary of Current Status of Forensic Medical Practice in California

- 1) Statute PC\$III60 mandates California health-care providers to report to the local law enforcement agency all cases in which medical care is sought as a result of injuries that have been inflicted upon any person in violation of any state penal code, including crimes of sexual assault. This statutory provision pertains to health-care providers, not crime victims. VAWA 2005 does not affect this mandatory reporting obligation.
- 2) Statute PC\$13823.95 stipulates that the sexual assault victim cannot be charged directly or indirectly for costs related to the sexual assault forensic medical examination. This statutory provision already complies with VAWA 2005.
- 3) Statute PC\$13823.95 specifies that costs related to a sexual assault forensic examination are the responsibility of the law enforcement agency in the jurisdiction where the alleged offense was committed. The statutory language states that the law enforcement agency must request the exam in order for it to be paid at public expense. As a practical matter, authorization for the sexual assault forensic medical examination will not occur until after an officer has interviewed the victim and determined that a crime may have occurred.

- 4) When a sexual assault victim who does not want to report the crime to law enforcement presents to a health-care provider (usually in the emergency department) seeking medical care, best practice for health-care providers should include the following:
 - The health-care provider explains the mandatory reporting obligation, which cannot be cancelled by patient preference. The victim is educated that even though the health-care provider must report (which is likely to summon a law enforcement officer), the victim is under no obligation to report, or even talk to, the officer. Dealing with the victim's medical concerns is an independent issue that must be addressed by the health-care provider.
 - A rape crisis center advocate is called in to comfort the victim, offer resources and discuss the pros and cons of reporting.
 - If available, a trained sexual assault forensic examiner is called in to discuss patient concerns and counsel the victim.
 - The victim is sensitively educated about the perishable nature of physical findings and evidence related to sexual assault, and then encouraged to discuss the events with the law enforcement officer and undergo a forensic medical examination (if one is authorized). As a result of thorough explanation, the victim understands that decisions about future cooperation and participation with the criminal justice system are optional and can be deferred.

Empirical data are lacking, but informal feedback from sexual assault forensic medical examiners suggests that the majority of reluctant victims will talk with law enforcement officers and undergo the forensic medical exams when properly supported and counseled. Reportedly, many victims who choose not to report regret that decision later.

Important Issues Not Addressed or Specified by VAWA 2005

- I) Who is responsible for the costs of the "free on demand" sexual assault forensic examination, if law enforcement is not involved and the victim cannot be billed?
- 2) What are the minimum standards and specifications for the federally mandated "free on demand" sexual assault forensic medical examinations? What credentials, training, and/or experience is required to perform these exams?
- 3) Who is responsible (logistically and financially) for "free on demand" evidence transport, management and storage? Who has responsibility for ensuring proper chain of custody?
- 4) How long must "free on demand" evidence be retained? Will the victim be notified (and by whom) prior to destruction of the evidence as is currently required in California?
- 5) Can DNA evidence from "free on demand" exams be entered into state and/or federal databases?
- 6) What are the procedures for activating a "free on demand" case if the victim decides to report and participate in the criminal justice process?
- 7) VAWA 2005 offers no "gatekeeper" provision. What is the mechanism for dealing with inappropriate requests or persons who, for various reasons, are known to abuse the system by requesting inappropriate sexual assault forensic medical exams?

Specific Challenges for California

1) Financial

By existing California statute, a victim cannot be billed for a forensic medical exam authorized by a law enforcement agency. As a result of VAWA 2005, experts and policy makers must develop strategies for payment to hospitals, company-owned examination teams, or independent contractors for performing "free on demand" forensic medical exams. A recent study by the California Clinical Forensic Medical Training Center at UC Davis determined that funding for sexual assault forensic examiners and teams is fragile. Changes in state law must be carefully considered. Recommendations for payment strategies should be carefully considered.

2) Logistical

Requirements for management, transport, storage and retention of evidence and DNA data entry into state and federal databases must be examined. This proposal presupposes that the victim has been willing to disclose the location of the assault. Funding related to evidence management and storage must also be addressed.

3) Examination Requirements

The standard sexual assault forensic medical exam is a complex and meticulously detailed procedure that takes, on average, about four hours to complete. Lack of specific guidance from VAWA 2005 permits a minimalist interpretation of the "free on demand" exam to consist only of collection of perishable evidence. Determination of whether non-reporters should be required to undergo either some type of "mini exam" or the full California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims requires discussion and consensus from subject matter experts from all stakeholder disciplines.

4) Preventing Inappropriate Exams

Compassion, entitlement, limited resources and practical reality must merge to create a viable mechanism to deal with the tiny, but very troubling and disruptive, minority of patients who will abuse the privilege of the "free on demand" sexual assault forensic examination. Community mental health resources may need to be engaged in the process, and expert and stakeholder consensus must be sought. Hospitals and examiners will need to consider potential civil liability issues emerging.

The specified intent of this component of VAWA 2005 is to increase sexual assault victims' access to healthcare and forensic evidence collection by removing the requirement for criminal justice system involvement. Proponents posit that lifting this burden from the acutely traumatized victim ultimately will improve reporting of sexual assault and generate better outcomes for the victim, the criminal justice system and the community at large. These are worthy goals. Thoughtful collaboration, cooperation and problem solving among all California stakeholders is essential.





Policy and Legislative Recommendations

- Institutionalize Sexual Assault Response Team (SART) at the state policy level in California.
 - Amend Penal Code Section 13836.1 to formally establish a SART technical advisory committee under the statutorily established Sexual Assault Victim Services Advisory Committee as part of the Governor's Office of Emergency Services (OES).
 - Membership in the technical advisory committee would include representatives from the forensic medical field, law enforcement, prosecutors, forensic scientists, and representation from California Peace Officers Standards and Training (POST); California District Attorney's Association (CDAA); California Sexual Assault Investigators Association (CSAIA); California Crime Lab Directors Association (CCLDA); California Coalition Against Sexual Assault (CALCASA); California Victim/Witness Assistance Center Association (CV/WACA); California Clinical Forensic Medical Training Center (CCFMTC) at

"SART is not just an activity, it's a policy."

2) Institutionalize Sexual Assault Response Teams (SART) at the local county level.

Services Division. The technical advisory committee's role will

be to advocate for the establishment and advancement of SARTs in California for the purpose of promoting swift, coordinated,

competent, and efficient intervention in every county.

- Amend Penal Code Section 13823.9 to require the establishment of a SART in counties with a population of 100,000 or more. Counties with populations of one million or more, would be required to have one SART per million in population. Counties with a population of 100,000 or less must have a SART of their own or be part of a regional SART among several counties.
- Provide a minimum grant of \$75,000 to all of California's 58 counties to establish a SART Coordinator position for a total of \$4,350,000 to be funded from the Penalty Assessment Fund. Alternatively, create 33 SART funding regions by combining small counties that have a history of conjoint operations and/or combining a small county with an adjacent large county with which it has a natural affinity. In this latter formula, the total funding could be \$2,475,000.

Amend Penal Code Section 13823.93 pertaining to the California Clinical Forensic Medical Training Center to add SART training through various training modalities such as classroom, on-line courses, and teleconferencing.

3) Define SART in the Penal Code as a multi-disciplinary response system that includes the following:

- A SART's primary purpose is to organize and maintain a swift, coordinated, competent, and efficient intervention system on behalf of sexual assault victims and the criminal justice system.
- Primary partners include law enforcement agencies, rape crisis center(s), crime laboratory, district attorney's office, and sexual assault forensic exam (SAFE) team. Operational first responders include law enforcement personnel, sexual assault forensic medical examiners, rape crisis center advocates and others pursuant to local policy.
- Secondary partners include victim/witness assistance center, mental health provider(s), social service providers, public health department, and others pursuant to local policy.
- Require multi-disciplinary case review as an essential element of SART from the initial steps of investigation through basic data collection. Design and define the case review system for SART based on existing California statutory models such as: hospital SCAN (Suspected Child Abuse and Neglect) Team (Penal Code Section III67.5(b)(7)); child protection teams (Welfare and Institutions Code II325.9); child death review teams (Penal Code Section II174.32-II174.35); multi-disciplinary interview centers and teams (Welfare and Institutions Code Section I8951); child abuse prevention councils (Welfare and Institutions Code Section I8960-I8964); domestic fatality review teams and coordinating councils (Penal Codes Sections III63.3 and Penal Code Sections I4140-I4143); and Elder Abuse Interagency Death Review Teams (Penal Code Section III74.5).
- 4) Amend Penal Code Section 13823.9 to define a sexual assault forensic examiner as a SAFE, along with minimum requirements of a SAFE Team.
 - Define SAFEs as personnel to include nurses, nurse practitioners, physician assistants, and physicians.
 - Require SAFE Teams to have a medical coordinator. The coordinator may be a registered nurse, nurse practitioner, physician assistant, or physician. This individual should be specifically trained and experienced in the conduct of sexual assault forensic medical examinations.

- Require the SAFE Team to have medical supervision and oversight by a healthcare professional experienced in evaluation of sexual assault patients and who is licensed to diagnose, treat, and prescribe. Physician involvement is strongly recommended.
- Require SAFE Teams to engage in regular quality assurance and chart review meetings, and to establish quality assurance methods for court testimony similar to those required for crime laboratories.
- Require SAFEs to complete a standardized training program provided by the training organization established in State statute by Penal Code Section 13823.93.
- 5) Amend Penal Code Sections 13823.11, 13823.5, and 13823.9 to update sections on sexual assault medical/evidentiary exams.
 - Extend the current 72-hour post-assault "guideline" for authorizing forensic medical examinations to 14 days post-assault, based on patient history.
 - Strengthen Penal Code Section 13823.5 to direct health-care providers to use the standard state forensic medical forms for performing both adult and adolescent sexual assault and child sexual abuse acute and non-acute medical evidentiary exams; and address the omission of this provision in the domestic violence and elder abuse forensic medical examination forms.
 - Distinguish in statute between forensic medical records and health-care medical records, include a provision for forensic imaging management protocols; and clarify who is responsible for storage, maintenance, and distribution of forensic medical reports after the exam takes place, and for maintaining forensic medical reports for retrieval at a later date, including subpoena management.
 - Include the provision of suspect exams at public expense, the use of the standard state form, and protocol including qualifications for those performing examinations.
 - Recognize, in Penal Code Section 13823.9, clinical forensic medicine as a field of clinical practice, research and training and define clinical forensic medicine as an interface between medicine and the law.
- 6) Amend Penal Code Section 13823.9 to require standard sexual assault kits for California.
 - Require standardized kits for crime laboratories across California with input from crime laboratories, the California Department of Justice (DOJ), and the California Crime Laboratory Directors Association (CACLD).

- 7) Stabilize local funding for SAFE Teams by requiring a per capita financing method be implemented in each county.
 - Require the Office of Emergency Services in collaboration with the State Department of Health Care Services, California Department of Justice, California Hospital Association, California Medical Association, and California Nursing Association to deliberate various per capita financing methods and make recommendations to the California legislature.
- 8) Amend 13823.11 Sec g (1) (D) (3) to eliminate forensic medical requirement for STD testing for adult victims.
 - Remove the language that requires STD testing for adult victims and insert language as follows, "if indicated by history." Retain the provision for child sexual abuse victims and for adolescents, as indicated by history.
- 9) Amend Section 13823.11 (1) to allow release of anonymous demographic and/or epidemiological data.
 - Specify in state statute permission to share and release anonymous demographic and/or epidemiological data.
 - Specify in forensic medical report forms that release of these data is allowed by state statute.
- 10) Establish authority and funding for research and evaluation of SART outcomes.
 - Obtain authority and funding for demonstration project(s) to collect and evaluate SART outcomes, including impact on victim healing, criminal justice disposition, and community safety.
 - Ensure comprehensive evaluation design that includes data collection and analysis of suspects, as well as victims, and that related to responders and the response system.
- II) Amend Penal Code Section 13823.II to recognize the need to perform forensic medical examinations on persons who are unable to consent due to diminished capacity.





Annotated Literature Review and References

The research component of the California SART Enhancement Project, findings from which comprise the California SART Report, employed several methods to ascertain how the state's SARTs (Sexual Assault Response Teams) operate, what SART practices are most promising, and what SARTs need to reach the next level of effectiveness. Research methods consisted of a national literature review, electronic survey of California SARTs, and in-depth field interviews with selected California SARTs.

This document provides an annotated summary of the most pertinent results of the national review of SART literature, and also serves as a reference list for the report.

It is the result of a thorough search of nine databases, including PsycInfo, LexisNexis Academic, PubMed, Contemporary Women's Issues, Hein Online, National Criminal Justice Reference Service, Forensicnet Base, Sociological Abstracts, and Gender Watch. The key words that drove the search were: SART, sexual assault response teams, sexual assault services, and sexual assault victims. In addition, we reviewed a number of policies and procedures documents and "how-to" SART manuals from SARTs in California and around the country.

A thorough search of the extant literature revealed an abundance of Sexual Assault Nurse Examiner (SANE)-related publications, compared to a relative dearth of publications and research studies on SARTs. We have included several annotated citations from the SANE literature where informative for SART development. However, the focus of this review is articles or documents that specifically address SARTs.

The few published articles that do emphasize SARTs are mainly descriptive in nature and usually are not the result of empirical research designs. They are most often process-based (i.e., explain how SARTs operate) or are the result of case studies that describe the progress of particular SARTs. Nevertheless, some important information can be obtained from the limited number of SART-related publications available.

An overriding theme in the literature is that SARTs appear to be beneficial for victims of sexual assault, the criminal justice system, and the community. Outcomes such as length of time spent in emergency departments and greater privacy for victims appear to be enhanced by SARTs. A major challenge, with recurring mention in the literature, is the need for additional SART resources, including those related to staffing, equipment, and facilities.

What follows is a brief description and our interpretation of articles and documents related to SART practice and effectiveness.

SART-related Research Articles

Campbell, R. & Ahrens, C. E. (1998). Innovative community services for rape victims: An application of multiple case study methodology. American Journal of Community Psychology, Vol. 26, 537-570.

This empirical study sought to ascertain the underlying feature(s) of SARTs that result in positive outcomes for victims. Since our literature search revealed that SART research is seldom empirical in nature, this study represents a significant contribution to the field. It follows scientific procedure that allows for a rigorous test of the questions under examination and utilizes a comparison design. Twenty-two (22) highly-coordinated communities are compared to 12 low-coordinated communities to determine what differentiates them. High-coordinated communities are those that evidenced the following two characteristics: the victim had a positive experience with the community systems, and the community under question had to score high on the Community Coordination scale. Low-coordinated communities met the opposite criteria.

Campbell and Ahrens found that SARTs in highly coordinated communities possessed three key features, each of which revolved around multi-disciplinary coordination — coordinated service programs, interagency training programs, and community-level reform groups. By comparison, low-coordinated communities evidenced SART programs with only one of these features — interagency training programs. Moreover, the high-coordinated communities were qualitatively different from the low-coordinated communities in the type of interagency training programs offered. The high-coordinated communities routinely offered training by rape crisis centers to other disciplines. The most effective training was of relatively short duration, offered frequently; and it was provided using multiple modalities, including lecture, role play, and discussion.

Campbell, R. (1998). The community response to rape victims' experiences with the legal, medical, and mental health systems. American Journal of Community Psychology, Vol. 26, 355-379.

This empirical study had two goals: to examine victims' experiences to determine if a pattern would emerge regarding availability of resources in the communities under investigation, and

to ascertain which factors would predict differences in experiences for victims (e.g., nature of the assault and characteristics of the victim). Victims' experiences with the mental health, legal, and medical systems were examined. A unique contribution of this study is its inclusion of victim characteristics and an attempt to understand victims' experiences. (Often, victims' perspective is not included due to practical reasons such as privacy concerns.) It is important to note that direct interviews of victims were not part of this study's design. Instead it utilized rape advocates as victim proxies to provide information on the victim's behalf. In addition to attempting to incorporate victims' perspectives into its design, this study researched individual characteristics and circumstances surrounding victimization that might influence the system's response to the assault. It found different outcomes for victims dependent on a number of factors, including: type of community resources; degree of community coordination; whether the assault was by a stranger without a weapon or a non-stranger rape without a weapon; alcohol use by victim; and the victim's demeanor. Campbell acknowledges the study's limitations in terms of the lack of a comparison group and the use of rape crisis advocates as victim proxies which might not accurately reflect victims' experiences.

Dandino-Abbott, D. (August, 1999). Birth of a sexual assault response team: The first year of the Lucas County/Toledo, Ohio, SART program. Journal of Emergency Nursing, Vol. 25, 333-336.

This article presents results of the evaluation of a SART program in Lucas County, Ohio. Details pertaining to the inception of the program are provided, followed by results of a one-year evaluation which statistically analyzed certain variables at SART start-up compared to year's end. It concluded that increased effectiveness in sexual assault response took place overtime due to the initiation of the SART program. Among the important findings were: reduced length of victim's stay in hospital emergency departments; increased efficiency of response to sexual assault cases by nurses and other SART members; and increased knowledge about what information should be documented about the victim resulting in more complete documentation.

Hatmaker, D. D., Pinholster, L., Saye, J. J. (2002). A community-based approach to sexual assault. Public Health Nursing, Vol. 19 No 2, 124-127.

This descriptive article details a SANE component within a SART located in Georgia. It reviews issues facing SANEs such as recruitment, retention, and duties within the larger health-care system and the SART. The authors provide a thorough account of challenges encountered by SANEs, including SART members overstepping their roles and boundaries, and difficulties with interagency coordination and communication. The article, while providing an inside look at some of the challenges inherent in establishing and developing a SART from the perspective of a SANE, does not address issues or benefits related to victim outcome. Its applicability is further limited in that it does not include the perspectives or insights of other SART stakeholders.

Ledray, L. (2001). Forensic evidence collection and care of the sexual assault survivor: The SANE-SART response. Violence Against Women Online Resources, 1-14.

This article is informative in providing a historical account of SANE-SART development, followed by limited evidence (i.e., evidence is not from scientific studies but rather from case studies and testimonials) that points to the efficacy of a SART/SANE program. Ledray primarily discusses the role and benefit of SANEs within a SART. Services and procedures to benefit victims are also outlined, with an emphasis on the importance of proper evidence collection. Additional benefits attributed to the SART/SANE program were increased knowledge and experience acquired by SANEs that reportedly resulted in more credible court testimony; and SANEs' ability to send examination records efficiently to the police as well as to offer assistance with interpretation of exam findings.

Rossman, L., & Dunnuck, C. (1999). Sexual Assault: Clinical Issues. A community sexual assault program based in an urban YWCA: The Grand Rapids experience. Journal of Emergency Nursing, Vol. 25 No. 5, 424-427.

This article presents a case study of a sexual assault Nurse Examiner Program (NEP) in Grand Rapids, Michigan and some impressions regarding the program and its implementation. As described in the article, the NEP is basically a team of first responders, comprising nurse examiners, rape crisis advocates and counselors located within a YWCA, and law enforcement personnel. The article contrasts the experiences of victims prior to and after program inception and highlights both advantages and disadvantages of the NEP. The program-related advantages to the victims described in the article were: victims being seen in sexual assault-specific facilities instead of a busy, sometimes impersonal, hospital emergency department setting; and nurse examiners being able to attend to victims uninterrupted without the need to examine and treat other patients. Disadvantages included transportation difficulties to and from the free-standing examination facility from across the city, equipment costs, and the need to coordinate and pay for greatly enhanced security since the facility was located in a high-crime, sparsely populated downtown area.

Selig, C. (June 2000). Sexual assault nurse examiner and sexual assault response team (SANE/SART) program. Nursing Clinics of North America, Vol. 35 No. 2, 311-319.

This descriptive guide outlined the development of a SANE/SART program in Nebraska. It utilized focus groups, comprised of both women in the community and professionals assisting sexual assault victims, to identify community need and desired program features. Focus group results, combined with information on extant SANE/SART programs across the country, informed the Nebraska program's design and development. The author outlines the program's

development, decision-making process, and expected stakeholder roles and responsibilities. The results of an internal, and ongoing, program evaluation to assess the benefits of having a SANE/SART program in the community, along with any system improvements and victim outcomes are discussed. Among the outcomes cited are: increased medical service to women and children, enhanced training and protocols for sexual assault forensic medical examinations, increased case review and coordination of SANE/SART meetings, improved collegial support, and reduced burn-out of SANEs.

Strandberg, K. (August 2001). A team approach to rape investigations: SART focuses on the needs of the victims. Law Enforcement Technology, 20-24.

In this brief article, Strandberg, a screenwriter and producer, provides an overview of SARTs by highlighting the strengths of a coordinated response in which individuals from various agencies work together to adequately meet the needs of sexual assault victims. The author also describes the logistics of a SART and how a SART can lead to favorable outcomes for victims. Testimonials from SART advocates across the country which corroborate the author's assertions about the value of SART are included. SART challenges are also discussed from the perspective of victim encounters with law enforcement and other SART partners. Specifically, victims said they tended to feel "alone" in their victimization and feared arrest for behaviors such as drinking. Strandberg concludes that law enforcement personnel may not be sufficiently sensitive to victim trauma and may be reluctant to work with other stakeholders because that requires some degree of relinquishing control. The author does not address the resistance other stakeholders may have based on their own turf and control issues.

Taylor, W. K. (2002). Collecting evidence for sexual assault: The role of the sexual assault nurse examiner (SANE). International Journal of Gynecology & Obstetrics, Vol. 78, 91-94.

This descriptive article discusses various reasons SANEs are essential to adequate sexual assault response and investigation and, thus, key members of SARTs. In addition to detailing the roles and responsibilities of SANEs, as a discipline, the article addresses the role of SANEs as members of a multidisciplinary team, appropriate training procedures for SANES, and the coordination and victim support objectives of a SART program. The author briefly discusses other SART partners, typical SART procedures (e.g., response procedure), benefits of SART, and recommendations on treating victims with sensitivity.

The Center for Sex Offender Management. (2001). Supporting the development of multidisciplinary teams to coordinate community responses to sexual assault. Sexual Assault Report, Vol. 5, 17-32.

This descriptive article provides an overview of sexual assault response teams, including information about who comprises a SART, and how the team approach can benefit victims. It outlines the steps required to form a coordinated team, identifies key stakeholders, lists examples of tasks that can enhance efficiency within a team, offers reasons why training is essential, and articulates the benefits of piloting and evaluating a SART. The author concludes that a coordinated response may promote victim recovery through provision of prompt and thorough initial and follow-up services. Another advantage attributed to the coordinated response of SART is potential increase in suspect apprehension due to the meticulous evidence collection procedures followed by the stakeholders. A unique contribution of this article is its focus not only on the need to have a SART in place when sexual assault cases are reported, but also the importance of SARTs once a suspect is convicted or a case adjudicated. It is posited that a coordinated community response like SART is important also because such a system can advocate for changes in policy about how such cases are handled and serve as an intervention/prevention program by raising awareness in the community.

Voelker, R. (1996). Experts hope team approach will improve the quality of rape exams. The Journal of the American Medical Association, 275, 973-975.

Voelker, a Chicago-based freelance writer and a contributing news editor for JAMA, provides a descriptive overview of SAFE Teams, their structure and medical stakeholders. The article focuses primarily on physicians and nurses and their role in conducting evidentiary exams. The author discusses reservations physicians may have about conducting such exams (e.g., having to go to court) and the conflict of limited time to fully tend to the needs of sexual assault victims while also treating other patients.. An important contribution of this article is its discussion of the often conflicting views about sexual assault examination procedures within the medical community (primarily between nurses and physicians in the hospital emergency department context), including questions about who should be expected to conduct such exams. The article concludes with a discussion on the type of cutting edge research that may be useful in detecting injuries that result from sexual assault. It suggested that without certain equipment or tools, injuries and crucial evidence can be overlooked, resulting in unfavorable outcomes for sexual assault victims.

Handbooks, Manuals, and Related Articles

Office of the Oregon Attorney General. Oregon's Sexual Assault Task Force. (2002, 2006) Attorney General's Sexual Assault Task Force SART Handbook.

These two "how-to" manuals derive from the work of Oregon's Sexual Assault Task Force, a part of its state Attorney General's Office. The handbooks provide comprehensive information for developing a SART, and incorporate sample guidelines from the SART handbooks of other state efforts, as well as an overview of exemplary practices. The manuals cover such areas as the rationale for SARTs, differences between victim-centered and case-centered approaches, anticipated problems, purpose statements, and stakeholder roles and responsibilities.

The updated version of the manual (2006) emphasizes the collaborative nature and elements of SARTs and the benefit to victims of such an approach. It also highlights the need to reduce victim blaming and a description of offender characteristics. It details how to establish a SART and the necessary issues to consider in the developmental stages. It also outlines stakeholder roles and responsibilities and the importance of and function of regular meetings. The manual addresses other pertinent issues such as conflict among different members, and establishing credibility and trust within the community and among stakeholders. It includes detailed response protocols for the various stakeholders, including those related to advocates, law enforcement, medical personnel, and prosecutors.

Lonsway, Kimberly A., Research Director. Coordinated Response to Sexual Assault: The Teamwork Approach. "Module from Successfully Investigating Acquaintance Sexual Assault: A National Training Manual for Law Enforcement." National Center for Women and Policing. Office of Justice Programs Grant #97-WE-VX-K004

This descriptive article essentially outlines the typical elements of SART's structure and partner roles and responsibilities. It presents methods for assuring quality services. It makes a case for improving programs through victim feedback, along with suggestions for victim surveys, and how to secure victim participation in the survey process. The article also provides a rough road map for creating a SART and outlines continuing education training options for those already involved with SARTs.

Kentucky Association of Sexual Assault Programs. (January 2002) Developing a sexual assault response team: A resource guide for Kentucky communities. (kasap.org)

This article is part of a manual for sexual assault response teams and offers a guide to SART development, from inception through implementation. It delineates stakeholder roles, and discusses benefits pertaining to both the health-care and criminal justice systems. It also

includes information on surveying victims and community members in advance of designing the SART—a step not often attempted or reported. Key survey questions are included, along with ideas regarding survey distribution methods. Detailed information about writing a protocol, conducting training, and completing a program evaluation are also provided. This guide covers barriers to effective SART practice and discusses ways barriers may be overcome. It also contains funding suggestions—a very important, often ignored topic important for SART sustainability.

Texas Association Against Sexual Assault. Building Stronger Sexual Assault Survivor Services
Through Collaboration. A Manual for Rape Crisis Programs and Communities in Texas for Developing
Sexual Assault Coalitions. (taasa.org)

This manual provides an overview of SART design and development from creation of a mission statement, setting goal and objectives and measuring success. It discusses needs assessment and group training, and provides a sample of a memorandum of understanding. It emphasizes collaboration, leadership and coalition capacity building and offers guidance for overcoming coalition barriers and managing conflict in the group. It also contains valuable sections on ethical communication and ethnically sensitive communication.

Peterson, M. S. (2001). California Sexual Assault Response Team (SART Manual). California Coalition Against Sexual Assault. (CALCASA.org)

This manual is replete with in-depth information about SARTs. It begins with the brief history of SARTs and covers a comprehensive range of issues including how to develop a SART, various stakeholders roles and responsibilities, different types of sexual assaults, and staff retention. It addresses various statutes and provides examples of state protocols. The manual also displays information in graphic and chart format, clearly illustrating procedures for activating a sexual assault case and conducting a forensic medical exam.

National Sexual Violence Resource Center (March, 2006). Report on the national needs assessment of sexual assault response teams. Grant # 2004-VF-GX-K007 Office for Victims of Crime, Office of Justice Programs, U. S. Department of Justice.

This report summarizes the findings of a national needs assessment of SARTs. Using data from 123 respondents from 49 U. S. states and 3 territories, it provides a sketch of how SARTs are organized and reports on SART expressed needs, and respondents' views of the proposed NSVRC toolkit under creation to support SART development and sustainability.

U. S. Department of Justice. Office on Violence Against Women. (September 2004)

A national protocol for sexual assault medical forensic examinations, adults/adolescents. NCJ 206554.

President's DNA Initiative.

This report provides an overview of the SART process, primarily as it relates to SAFEs. Some attention is paid to SART and coordination among key members as well. It addresses relationships with law enforcement and victim-centered care, and emphasizes SAFE Team operational, examination and evidence collection issues and processes, along with those related to medical treatment. A section on drug-facilitated sexual assault is included.

Cohen, L. and Gould J. (December 2003) The tension of turf: making it work for the coalition. The Prevention Institute, Oakland, California. (preventioninstitute.org)

This succinct report provides valuable insight into how to enhance communication, trust, and relationships in coalitions, while reducing turf issues and conflict. It bases its insights on the assumption that conflict is normal and natural to group development; that it is, in fact, essential to building a strong coalition. It provides tools and tips applicable to SARTs for effectively managing conflict and turf issues.

Zarate, L. and Sana, A (2001). Suggestions for upgrading the cultural competency skills of sexual assault response teams. Retrieved July 17, 2008, from http://arte-sana.com/info.htm

This brief opinion piece addresses the issue of cultural competence in SARTs. Specifically, the article describes how each component of a SART can be more effective in working with individuals from different backgrounds. The authors suggest that including agencies such as immigrant advocacy groups and community individuals with special expertise in and knowledge of various ethnic groups on SARTs may help SARTs become more culturally competent.

Goodman, L. et al. (September 2006) No safe place: sexual assault in the lives of homeless women.

West, C. (October 2006) Sexual violence in the lives of African American women: risk, response, and resilience.

The two articles cited above are published by the Violence Against Women Applied Research Forum (VAW Net or the Pennsylvania Coalition Against Domestic Violence). While not specific to SARTs, they offer important insight for SART partners into the life views and perspectives of African American and homeless women. Insight which could assist SARTs to foster cultural sensitivity and culturally competent practice.



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