



SEXUAL ASSAULT TEAM PROTOCOL TEMPLATE

**A NEW WAY OF THINKING
ABOUT PROTOCOL
DEVELOPMENT**

Sexual Violence Justice Institute
Minnesota Coalition Against Sexual Assault

INTRODUCTION AND GUIDELINES FOR USE

Throughout the years, the Sexual Violence Justice Institute (SVJI) at the Minnesota Coalition Against Sexual Assault has provided guidance and support to sexual violence response multi-disciplinary collaborations across the United States and the U.S. territories. Many of the collaborations and teams have undertaken the process of writing a sexual assault response protocols, which have been designed to designate each disciplines' roles and responsibilities. Despite the extraordinary investment of resources to complete and approve protocols, many communities still do not see the critical systems changes the protocol was supposed to achieve.

Protocols should serve as one tool to improve and refine individual practices, agency policies, and systems procedures; the protocol is also a tool for increasing conversation and collaboration among the disciplines that respond to reports of sexual violence. This means a protocol is a reference guide of highly focused but generalized information. You will find that the content and sections have been designed to concentrate on best practice of the most critical response points. Through this paradigm shift away from discipline bound content towards universal response points, all service providers can use the research and body of knowledge to meaningfully adjust their work and enhance their collaborative efforts.

Throughout the template you will find standardized language and information as well as customizable sections. Content in black text on white background should not be edited. The content found in the gray background is where you will customize the document. This report is provided in a Word Document Format to simplify editing. In each customizable portion, the team will select actions and changes that should be systems-wide and should reflect all participating agencies, not individual or discipline specific agencies. The examples have been written to reflect this intention. Any discipline-specific information should be provided in the discipline-based pages later in the template.

The template has also been written to adhere to plain language and accessibility principles. The text should be at 14-point, sans serif font. Any acronyms or abbreviations should be spelled out or explained upon the first use. Additionally, the protocol should be designed in the format that meets the needs of responders in your community. For example, if your team and agencies no longer print materials, your team should hyperlink any relevant information to applicable websites. Alternatively, you may wish to format the content to be a pocket-sized guide for those communities that rely on hardcopies.

This template has been designed to maximize usefulness, increase communication and collaboration, and to be a much needed resource for Sexual Assault Response Teams. SVJI wishes you and your collaborative team good luck and happy customizing as you make use of this Protocol Template.



Title or Cover Pages to Be Inserted or Designed by Teams

Team Name

Logo

This work is supported by Grant Number 2015-TA-AX-K014 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this program are those of the trainers and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

TABLE OF CONTENTS

Samples Table of Contents (adjust as needed and input page numbers)

SECTION 1: FOUNDATIONAL INFORMATION

Purpose of this Protocol.....	#
Team Mission	#
TeamPhilosophies.....	#
Participating Partners List.....	#

SECTION 2: CORE ASPECTS OF THE COLLABORATIVE RESPONSE

Equitable Access to Service	#
Responding to Disclosures of Violence.	#
Known Contexts of Violence.....	#
Inclusion of Community Based Advocacy.....	#
Informed Consent, Release of Information, and Confidentiality.....	#
Referrals and Interagency Cooperation.....	#
Victim Survivor Autonomy and Choice.....	#
Providing Follow-up and Information.....	#

SECTION 3: DISCIPLINE SPECIFIC INFORMATION

Advocacy.....	#
Law Enforcement.....	#
Health Professionals.....	#
Prosecution.....	#
Corrections/ Probations	#
Additional Representatives.....	#

SECTION 4: ADDENDUMS AND ADDITIONAL MATERIALS

Glossary.....	#
Statues.....	#
Forms/ Appendices.....	#



SECTION 1: FOUNDATIONAL INFORMATION

PURPOSE OF SEXUAL ASSAULT RESPONSE PROTOCOL

This protocol serves as one tool used by a collaborative, multidisciplinary team to improve the experiences of adult victims/survivors of sexual violence in our community and to make critical changes to individual, agency, and systems efforts in the response to sexual violence in the community. In our community, this protocol is designed to be used by individuals and the agencies responding to disclosures and reports of adult sexual violence. This protocol has been designed to focus on the critical elements of sexual violence response that uphold the dignity of victims/survivors. These elements also improve outcomes for the agencies responding to sexual assault. Through adopting this protocol, each agency agrees to use this information to strengthen their practices, policies, and procedures. Compliance with this protocol will require changes, and each participating agency agrees to invest the appropriate time and resources to ensure change occurs. This is the heart of collaborative teaming and this document serves as a commitment to that work on behalf of all agencies.

TEAM MISSION STATEMENT

Teams need a mission statement that is short, clear, and memorable to assist them in their work. A mission statement serves as a compass for the team to keep their focus and projects oriented towards a common goal. If your team does not have a mission statement or has not visited the mission statement recently, work together to draft one. A mission statement answers only three questions in a single, short sentence:

- Who are you?
- What do you do?
- Who benefits as a result?

» **Example:** The SVJI County SART collaborates to address sexual violence response strengths and gaps in order to better serve victims/survivors

You can always expand on key ideas and concepts in other parts of the team's work, such as in the underlying philosophies and principles section or by drafting a vision or values statement

USE OF SEXUAL ASSAULT PROTOCOL

Describe the intended use of the document and how your team envisions the formatting of the tool. Consider briefly stating how new individuals hired to participating agencies will use the document, how agencies will use the protocol, or what format your team will choose.

Ex. Electronic reference, printed guidebook, etc. You may wish to add disclaimer language— for example, legal liability disclaimers— as necessary for your team.

BRIEF HISTORY OF THE TEAM OR COLLABORATION

Teams and protocols benefit from developing a concise paragraph that outlines the highlights of the team's history. For example, you may note when the team formed, any grants the team received, or any major accomplishments of the team up until the current point. These high level details can quickly orient a reader on the collaborative team while also providing some context of the team in the community. Write only a paragraph or two. Keep content focused on major events.

TEAM PHILOSOPHIES OR PRINCIPLES

Your team should develop a set of philosophies or principles that anchor your work as sexual assault responders. These philosophies and principles provide information on how to best serve victims/survivors in your response. Ideas such as victim-centered, trauma informed, or culturally responsive become a central part to the work; yet, many responders use differing definitions of the key philosophies or principles. It is necessary to work with the team to establish an agreed upon definition of each philosophy or principle and provide it in the protocol. This document serves to orient new members to the team, inform key community stakeholders, as well as clarify other responders on key components to the team's work in the community.

» **Example:** In our community, victim-centered means actively listening with compassion, empowering victims/survivors to make informed choices, and respectfully upholding those decisions in all possible instances.

PARTICIPATING PARTNERS LIST

In this portion, list the names of the agencies who are currently participating members of the SART or collaboration. List the agency rather than the name of representative on the team. You can refer to the agencies on your Memorandum of Understanding or a more updated team roster. This is the space to also thank past participating agencies or any community provider who has offered assistance in your team's work.



SECTION 2:

CORE ASPECTS OF

THE COLLABORATIVE

RESPONSE

The following information highlights essential areas that the team needs to address in this protocol.

EQUITABLE ACCESS TO SERVICES

Access to services in the aftermath of sexual violence is the most pressing issue facing many victims/survivors, responders, and communities. Many communities, identities, and specific populations experience differing levels of ability to access services¹. In responding to sexual violence, a one-size-fits-all approach is harmful to victims/survivors and results in negative case outcomes². Processes based on creating equitable access means that services are designed to respond to the needs of individuals as well as groups. Examples may include language access, materials that reflect diverse populations or cultural groups, and processes that have options for victims/survivors to get the tailored assistance they need after experiencing sexual violence. This includes service providers working to change issues of bias within their systems³.

Teams and communities must strengthen service models, outreach, and approaches to better meet the needs of individuals facing barriers to accessing services. It is not only best practice but necessary to offer adaptable services that are designed to be accessible so that all victims/survivors feel comfortable and safe using services. Through developing more accessible services, the community can become safer for all who live here.

IMPLEMENTATION FOR CREATING EQUITABLE ACCESS TO SERVICES

In this section, your team should discuss and develop key steps or commitments that all service providers can take to design services that provide equitable access. You may also wish to name specific cultural or social groups. If you are unsure of steps to take, review your community's demographic information through looking at Census data⁴. Next, review each agency's service demographics. What populations are not present and which are present in each set of records? These are areas to develop outreach or service model changes.

¹ Logan, T. K., et al. "Barriers to services for rural and urban survivors of rape." *Journal of interpersonal violence* 20.5 (2005): 591-616. And Davies, Michelle. "Male sexual assault victims: A selective review of the literature and implications for support services." *Aggression and Violent Behavior* 7.3 (2002): 203-214.

² Zweig, Janine M., Kathryn A. Schlichter, and Martha R. Burt. "Assisting women victims of violence who experience multiple barriers to services." *Violence Against Women* 8.2 (2002): 162-180.

³ Tillman, Shaquita, et al. "Shattering silence: Exploring barriers to disclosure for African American sexual assault survivors." *Trauma, Violence, & Abuse* 11.2 (2010): 59-70.

⁴ <https://www.census.gov/data.html>

You may also wish to review language access plans as a team. How can someone access your services if spoken English is not their primary language? Another way to develop equitable access plans is to review outreach and materials. Do they include options for gender identity and sexual orientation? Do they include options for types of perpetration? These are areas your team can use to build responsive and equitable access to services for all victims/survivors.

Example 1: Our community has a 6% Latino/a population, yet our services only reflect less than 1% of all clients served as Latino/a. Our agencies will all have written materials that are appropriately translated and readily available to service providers to give to victims/survivors.

Example 2: Access to reliable transportation is an issue facing many in our community. All agencies represented on our SART will work collaboratively to provide transportation to victims/survivors to access services. To achieve this, we will...

RESPONDING TO DISCLOSURES OF SEXUAL VIOLENCE

Research consistently demonstrates that the first disclosures of sexual violence determines a victim's healing and recovery path⁵. Disclosure often happens in multiple stages, with victims providing limited information to determine what type of reaction they will get from the person to whom they disclose; this also determines whether it is effective to disclose more information about the violence⁶. This is especially true of the manner in which systems professionals, such as law enforcement, ask questions⁷. If a victim experiences negative or judgmental reactions, they are more likely to never disclose again or alter what parts of their experiences they disclose⁸. Negative experiences also deter the victim from seeking further help or engagement with systems, which increases experiences of negative mental and physical health outcomes and allows someone who has perpetrated to experience no consequences. If a victim experiences positive and supportive reactions to their disclosures, they are more likely to continue to seek services and will experience fewer mental and physical health impacts. This allows service providers the opportunity to hold someone who has perpetrated sexual violence accountable. Positive or supportive reactions include empathy, support, active listening, and asking non-judgmental questions. Each of these

⁵ Ullman, Sarah E., and Henrietta H. Filipas. "Predictors of PTSD symptom severity and social reactions in sexual assault victims." *Journal of traumatic stress* 14.2 (2001): 369-389.

⁶ Ahrens, Courtney. (2007). Being Silenced: The Impact of Negative Social Reactions on the Disclosure of Rape. *American journal of community psychology*. 38. 263-74.

⁷ Patterson, Debra. "The impact of detectives' manner of questioning on rape victims' disclosure." *Violence against women* 17.11 (2011): 1349-1373.

⁸ Stansell, Janna, and Amy Jennings. "To tell or not to tell: The impact of disclosure on sexual assault survivors' recovery." *Violence and victims* 25.5 (2010): 631-648.

strategies can result in more victims/survivors disclosing and continuing with various services and processes.

Responders must handle sexual violence disclosures with understanding and compassion in order to facilitate better sexual assault case outcomes and increase public safety. All responders, regardless of the nature of their position, can offer positive and supportive reactions without compromising the integrity of their work. As such, our team commits to increasing our effectiveness in responding to disclosures of sexual violence.

IMPLEMENTATION FOR SEXUAL VIOLENCE DISCLOSURES

In this section, your team should develop commitments, plans, and steps to implement approaches that account for how responders will handle sexual violence disclosures. Specifically, you may want to consider how you will ensure providers are following practices and how agencies can implement consistency in how responders are trained in their job duties.

Example 1: Staff in our agencies often do not feel comfortable or are unsure of how to handle sexual violence disclosures effectively. When a disclosure occurs, responses from staff members vary based on training. To close this gap and improve the victim/ survivor experience...

Example 2: Every new staff member who joins one of the agencies listed in this protocol will go through the same mandatory training on compassionate response to disclosures of sexual violence. To ensure adherence to this protocol, each agency will...

KNOWN CONTEXTS OF SEXUAL VIOLENCE

In developing a meaningful response to sexual violence, it is essential that responders are well-trained in the contexts of sexual violence. Providing services for sexual violence victims/ survivors requires the need to be able to adapt to different and, sometimes, complex dynamics between a victim/survivor and the person who has perpetrated. These complexities can reduce the efficacy and functionality of the team if the response is not designed to meet the needs that arise from different contexts of sexual violence⁹. Some of the contexts of sexual violence for which responders must have a knowledge-base and potentially specific practices and policies include, but are not limited to:

⁹ Cole, Jennifer, and T. K. Logan. "Interprofessional Collaboration on Sexual Assault Response Teams (SART) The Role of Victim Alcohol Use and a Partner—Perpetrator." *Journal of interpersonal violence* 25.2 (2010): 336-357.

- Alcohol or drug facilitated assault
- Brief encounter or acquaintances
- Coworkers
- Statutory rape
- Sexual exploitation or trafficking
- Same gender assault
- Position of authority
- Familial

There are many more contexts that can occur between a victim/survivor and the person who perpetrated against them. It is necessary to create trainings, practices, policies, and procedures to prepare any responder to offer quality services that can address these contexts appropriately. In crafting a response prepared to address contexts, you increase the quality of response to sexual violence disclosures, which leads to better case outcomes.

IMPLEMENTATION FOR KNOWN CONTEXTS OF SEXUAL VIOLENCE

this section, your team should develop steps to implement approaches or guidelines that account for how responders will develop and strengthen trainings, practices, policies, and procedures that are adaptable to the specific contexts of sexual violence that have been disclosed. You and your team may want to consider how you will ensure providers are following practices and how agencies can implement changes to intake paperwork or procedures.

Example 1: Through assessing our response, service providers have process and paperwork designed that assume a single model of sexual violence. The paperwork has no clear space to distinguish the differing contexts or dynamics between the victims/ survivors of sexual violence and the person who perpetrated against them. As a team, we will...

Example 2: Agencies that respond to sexual violence do not have adequate understanding of the use of alcohol as a tool of sexual violence nor an understanding of the effects of alcohol on victim/survivor's willingness to report. To address these gaps, every agency on the team will...

INCLUSION OF COMMUNITY-BASED SEXUAL ASSAULT ADVOCACY PROGRAMS

Community-based sexual assault advocacy—organizations that operate independently, provide comprehensive services, and exist outside of any criminal justice agency—plays a critical role in the systems response to sexual violence and consistently improves outcomes for sexual assault victims/survivors and their cases¹⁰. Community-based advocacy is typically separated from systems-based advocates in that they are usually the only service providers that can offer confidential services protected by privileged communications statutes. Inclusion of community-based advocacy—from the point of disclosure to any systems professional—improves the likelihood that victims/survivors will report their assaults, seek further medical care, and continue in the criminal justice process all while reducing distress and negative outcomes¹¹. Some areas do not have community-based advocates; in those cases, inclusion of systems-based advocates is crucial.

While there are other providers in systems positions such as victim-witness advocates or law enforcement-based advocates, these groups do not offer victims/survivors the same types of protections regarding any information shared during disclosure. Further, community-based advocacy often can provide an array of assistance to victims/survivors outside of the typical types of assistance systems-based advocates can provide¹². While each type of advocacy provides important response and support elements, teams and providers that intentionally include community-advocacy see better case outcomes and long-term success.

IMPLEMENTATION FOR INCLUSION OF COMMUNITY-BASED ADVOCACY

In this section, your team should develop commitments, plans, and steps to implement approaches that will determine the processes or procedures to ensure the community-based victim advocacy is offered to victims/survivors. You and your team may want to consider how each agency partner will train their staff on the role of community-based advocacy, referral processes, or procedures for contacting victim advocacy to provide services to a victim/survivor.

Example 1: When a service providers receives a disclosure of sexual violence, each service provider will explain the services of an advocate following the script below. After providing the description, the service provider will...

¹⁰ Campbell, Rebecca, et al. "Preventing the "Second rape" rape survivors' experiences with community service providers." *Journal of interpersonal violence* 16.12 (2001): 1239-1259.

¹¹ Campbell, Rebecca. "Rape survivors' experiences with the legal and medical systems: Do rape victim advocates make a difference?." *Violence against women* 12.1 (2006): 30-45.

¹² Lonsway, Kimberly, et al. "Breaking Barriers: The Role of Community-Based and System-Based Victim Advocates." *End Violence Against Women International*. (2017): 1-87.

Example 2: Service providers will develop a Memorandum of Understanding that details how they will coordinate with community-based advocacy. To ensure adherence to the agreements, all agencies will...

INFORMED CONSENT, RELEASE OF INFORMATION, AND CONFIDENTIALITY

Many of the service providers who participate on a collaborative team make use of informed consent paperwork with victims/survivors. Due to how trauma affects memory and brain function, many victims/survivors have difficulty understanding or remembering information, especially complex information if given during the first days after an assault. As a result, it is necessary that all service providers develop practices that gain informed consent only when a victim/survivor has the capacity fully understand the implications of their signature on a consent form or through verbal consent. Additionally, service providers should create follow-up procedures to ensure informed consent and release of information (ROI). For releases of information, best practice and federal guidelines state that a ROI should have validity for no longer than 30 days and should specify to whom and what information will be shared¹³. Additionally, releases of information should only occur when it is in the best interest of the victim/survivor or improves their access to services or support.

Confidentiality—protecting identifying information or case details about a victim/survivor—has been a consistent challenge for multi-disciplinary collaborations¹⁴. It is essential that teams understand the limits of information sharing for each and every discipline. Any time where identifying information or case details are discussed, a victim/survivor must have previously provided a release of information that is time-bound and specified to a limited discussion or activity. Blanket confidentiality agreements—one agreement signed upon joining a team or for the duration of a meeting that states they will not share any information they gain during the meeting with others—puts any agency receiving funding from federal entities at risk as well as opens up the agency to liability for failure to protect information.

Teams must develop and exercise stringent confidentiality boundaries. Many teams choose to focus on the elements of the response rather than case details to determine improvements in their sexual violence response.

¹³ <https://www.justice.gov/ovw/page/file/1006896/download>; <https://www.techsafety.org/confidentiality-in-vawa-fvpsa/>;

¹⁴ Cole, Jennifer. "Victim confidentiality on sexual assault response teams (SART)." *Journal of Interpersonal Violence* 26.2 (2011): 360-376.

IMPLEMENTATION FOR INFORMED CONSENT, RELEASE OF INFORMATION, AND CONFIDENTIALITY

In this section, your team should develop commitments and steps to implement appropriate informed consent, release of information, and confidentiality policies and practices. You and your team may want to consider how each agency partner will train their staff, cross train team members on differing levels of information sharing, or how partner agencies will change their internal policies.

Example 1: All services providers will use the established release of information form to ensure appropriate protections of victim/survivor information. Information will only be shared with written consent or as required by law or professional ethical codes.

Example 2: Staff responding to sexual violence will adhere to a 48-hour follow-up procedure to ensure victims/survivors understood the forms signed. Each agency will develop a process to document a preferred method of contact for each victim/survivor.

REFERRALS AND INTERAGENCY COOPERATION

Developing an interagency, coordinated approach to improving services and outcomes for victims/survivors of sexual violence results in long-lasting change for many communities.¹⁵ To achieve improvements for victims/survivors and accountability for those who perpetrate, agencies should develop a strengthened referral processes and increase interagency cooperation.¹⁶ Teams that actively address differing levels of power and authority among team members, as well as teams who practice direct communication have significantly higher rated outcomes in team efficacy.¹⁷ Cooperative work results in better referrals and more successful case outcomes.

In order to improve the outcomes for victims/survivors in our community, hold those who perpetrate accountable, and increase positive case outcomes, our team affirms the importance of developing a process of facilitated referrals among our agencies—victims/survivors will receive assistance and support in connecting with other agencies and

¹⁵ Greeson, Megan R., et al. "Improving the community response to sexual assault: An empirical examination of the effectiveness of sexual assault response teams (SARTs)." *Psychology of violence* 6.2 (2016): 280.

¹⁶ White, Jacquelyn W., and Holly C. Sienkiewicz. "Victim Empowerment, Safety, and Perpetrator Accountability Through Collaboration: A Crisis to Transformation Conceptual Model." *Violence against women* (2017): 1077801217743341.

¹⁷ Cole, Jennifer. "Structural, organizational, and interpersonal factors influencing interprofessional collaboration on sexual assault response teams." *Journal of interpersonal violence* (2016): 0886260516628809.

Moylan, Carrie A., Taryn Lindhorst, and Emiko A. Tajima. "Contested discourses in multidisciplinary sexual assault response teams (SARTs)." *Journal of interpersonal violence* 32.1 (2017): 3-22.

services. Additionally, the represented agencies on our team affirm the value of interagency coordination and cooperation wherever possible.

IMPLEMENTATION FOR REFERRALS AND INTERAGENCY COOPERATION

In this section, your team should develop commitments and steps to implement appropriate informed consent, release of information, and confidentiality policies and practices. You and your team may want to consider how each agency partner will train their staff, cross train team members on differing levels of information sharing, or how partner agencies will change their internal policies.

Example 1: Staff responding to sexual violence disclosures will review a pre-formed checklist and document the additional services to which the staff referred the victim/survivor.

Example 2: To increase individual staff understanding of the roles of disciplines in sexual violence response, each agency will commit to X cross-trainings with partner agencies each year.

VICTIM/SURVIVOR AUTONOMY AND CHOICE

Disclosing sexual violence and seeking services from any discipline represented on the team is difficult for many victims/survivors; fear of reprisal or agency bias are causes for a refusal to disclose, report, or seek further services¹⁸. Delays in reporting or refusing to report are especially common if a victim/survivor thinks they may not be believed about aspects of the assault or that their assault does not fit the typical model of sexual assault—such as the use of force or presence of physical injury¹⁹. For victims/survivors to move forward in any reporting or service seeking, it is especially important that victims/survivors have their decisions and choices respected. This includes whether to report, the type of report, or seeking further services from other providers. Victims/survivors are more likely to continue to engage and sustain contact with service providers when they are given choices, explanations, and compassion²⁰.

Service providers might feel frustration or confusion with the decisions a victim/survivor makes regarding their process. However, it is essential as a trust-building component that a

¹⁸ Rennison, Callie Marie. *Rape and sexual assault: Reporting to police and medical attention, 1992-2000*. Washington, DC: US Department of Justice, Office of Justice Programs, 2002.

¹⁹ Du Mont, Janice, Karen-Lee Miller, and Terri L. Myhr. "The role of "real rape" and "real victim" stereotypes in the police reporting practices of sexually assaulted women." *Violence Against Women* 9.4 (2003): 466-486.

²⁰ Fehler-Cabral, Giannina, Rebecca Campbell, and Debra Patterson. "Adult sexual assault survivors' experiences with sexual assault nurse examiners (SANEs)." *Journal of Interpersonal Violence* 26.18 (2011): 3618-3639.

victim/ survivor have their choices respected and honored in all instances possible. This increases likelihood of sustained contact or re-engagement with agencies. In the event that a choice cannot be upheld, the service provider should explain the details of why that is the case. Centering the right to autonomy and choice is a pivotal element of developing a meaningful response to sexual violence and increasing community safety, because it increases the likelihood of reports and continued contact with processes.

IMPLEMENTATION FOR VICTIM/SURVIVOR AUTONOMY AND CHOICE

In this section, your team should review commitments, practices, and policies for if/how these elements are designed to uphold victim/survivor autonomy and choices. You and your team may want to consider how each agency partner can adapt their current trainings and procedures to center victim/survivor autonomy and choice in their processes, as well as prepare responders to provide clear explanations when they cannot uphold those decisions.

Example 1: All responders in all agencies must participate in a short curriculum on how to respond to victims/survivors in a way that affirms their decisions when possible.

Example 2: Each agency represented on the team will conduct a yearly review of individual practice and agency policies/procedures/paperwork to ensure compliance with developing a response that honors victim/survivor autonomy and choice. This includes the development of multiple reporting options such as anonymous reporting, delayed reporting, and immediate reporting.

PROVIDING FOLLOW-UP AND INFORMATION

Regardless of outcomes of processes or procedures, service providers can provide better care and support for victims/survivors by providing follow-up, information, or explanations of the case status—even if that update is that the case cannot move forward or that there has been no new information or changes. One of the most important aspects of follow-up and information that leads to positive outcomes is providing clear, concise information²¹. Many victims/survivors express that they do not know what is happening with the status of their cases whether it is law enforcement investigations, referrals to prosecution, medical forensic kits, or trials. This is an area in which all providers can improve the experiences of victims/survivors, which increases the likelihood of victims/survivors staying engaged with the systems and increases the likelihood of greater public safety through accountability for those who perpetrate.

²¹ Martsof, Donna S., et al. "A meta-summary of qualitative findings about professional services for survivors of sexual violence." *Qualitative Report (Online)* 15.3 (2010): 489.

IMPLEMENTATION FOR PROVIDING FOLLOW-UP AND INFORMATION

In this section, your team should review how and when they offer to provide follow-up and information to victims/survivors after contact with a service provider. You and your team may want to consider how each agency partner can develop practices and policies to inquire if/how a victim/survivor wants follow-up or information regarding their contact with the agency. Consider how your team agencies can track how and when follow-up or information is being given in sexual violence cases.

Example 1: Staff in agencies will develop and adhere to a standard policy for providing timely follow-up and information for any victim/survivors. This policy states...

Example 2: Service providers will provide a business card to each and every victim/ survivor with their individual contact information and the instructions to call if they wish for an update on their case or a process.



SECTION 3: DISCIPLINE SPECIFIC INFORMATION

The following will highlight information that is unique to each discipline.

ADVOCACY

Role of Advocacy

Advocates play a unique role in the community and systems response to sexual violence in that they are the only member of the response whose sole focus is to be a supportive person to the victim/survivor as well as secondary victims/survivors. Advocates offer information, options, and supportive assistance in navigating the healing and justice processes. Advocates can accompany a victim/survivor in nearly all parts of the response—providing support during medical forensic exams, law enforcement interviews, as well as going through the court processes, and providing aftercare. Advocates focus their efforts on validating and supporting a victim/survivor in all of their choices.

Discipline Specific Tools or Information

There are two types of advocates—community-based and systems-based. The primary difference between the two is the nature of communications and confidentiality protections. Systems-based advocates—such as those who are employed by law enforcement or courts—cannot provide confidential services. A systems-based advocate’s records can be subpoenaed, or if a victim/survivor shares certain types of information—such as exculpatory information—they are compelled to share that information with other systems professionals. Systems-based advocates or victim-witness advocates typically have limited flexibility in being able to accompany a victim/survivor in all parts of the response process or providing long-term aftercare. Each type of advocate provides an essential component of support for the victim/survivor. Teams and communities must distinguish between the types of advocacy available and incorporate advocacy that has confidentiality protections in order to provide the best possible services for victims/survivors.

If the team would like to add additional tools or information, please add to this section. An example may be informed consent processes. Inter-agency cross training on advocacy specific topics may be a consideration. This section may also be used to indicate which tools the team and community agencies will agree to use in strengthening and support the advocacy response.

Special Considerations

In this section, you may wish to include the state statutes for community advocacy privilege or confidentiality. Providing mandated reporting or data collection practices may also be of use in

this section, depending on your team and community. You may wish to provide the names of community advocacy agencies as well as systems advocacy to increase systems professionals' knowledge.

Intersections with Other Providers in the Response

In working with a victim/survivor, advocacy is typically active throughout each step of a case. Advocacy is most likely to have intersections with medical care providers, law enforcement, prosecution, and other community service providers.

LAW ENFORCEMENT

Role of Law Enforcement

Law Enforcement provides safety, investigation, and case follow-up for victims/survivors of sexual violence. While there are differing types of officers based upon agency sizes and resources, the key elements that carry across law enforcement types is the primary focus on investigating and establishing the elements of a crime. From taking the initial reports to filing, law enforcement focuses their efforts on increasing public safety.

Discipline Specific Tools or Information

Trauma-informed investigation techniques have significantly altered how law enforcement interacts with victims/survivors, and the results have been extremely positive. Other tools include the use of “soft rooms” that are designed to provide an atmosphere of comfort for victims/survivors. Additional tools such as the You Have Options Programs have assisted Law Enforcement in increasing their effectiveness with sexual violence victims/survivors. Finally, report writing can be a site of potential success in sexual violence cases; there are a number of tools available to increase the effectiveness of report writing.

If the team would like to add additional tools or information, please add to this section. An example would be developing different reporting options such as anonymous, partial, or full reports. Inter-agency cross training on law enforcement specific topics may be a consideration. This section may also be used to indicate which tools the team and community agencies will agree to use in strengthening and support the law enforcement response.

Special Considerations

In this section, you may wish to include the jurisdictions that participate in this response or you may include best practices in sharing information across law enforcement jurisdictions. You may wish to provide the names of law enforcement agencies to increase systems professionals' knowledge.

HEALTH PROFESSIONALS

Role of Health Professionals

Health professionals provide victims/survivors with critical access to health care and evidence collection. Regardless of the recency of an assault, all victims/survivors should be provided the opportunity to access medical care. Above all, the medical forensic exam provides, both, medical care and forensic examination. In some cases, medical providers may be able to offer support to criminal proceedings. Throughout the response, the health professional focuses on the health and wellbeing of the victim/survivor and can uniquely give accurate health information and assistance.

Discipline Specific Tools or Information

The most important element of the medical response to sexual violence is the provision of informed and compassionate medical care providers. Many communities operate without a certified Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Exam (SAFE) program, because not all communities are a fit for these programs.

If the team would like to add additional tools or information, please add to this section. One additional to consider is the length of time after an assault for evidence collection. Inter-agency cross training on medical specific topics may be a consideration. This section may also be used to indicate which tools the team and community agencies will agree to use in strengthening and support the medical response.

Special Considerations

In this section, you may wish to include specific content about information sharing practices under HIPAA (Health Insurance Portability and Accountability Act). Providing mandated reporting or data collection practices may also be of use in this section, depending on your team and community. You may wish to provide the names of available medical agencies to increase systems professional's knowledge.

PROSECUTION

Role of Prosecution

Prosecutors or District Attorneys provide the component of the sexual violence response of taking cases into the criminal justice system. Prosecutors or District Attorneys offer explanations of case decisions, preparation for trial, as well as information about the legal system to victims/survivors as well as team members. Members of prosecution teams prioritize accountability to the public as well as seeing justice done.

Discipline Specific Tools or Information

One of the most challenging types of cases include when a victim/survivor has ingested alcohol or substances—whether voluntarily or involuntarily. Prosecuting cases with alcohol or other substances. There are a number of resources available to assist prosecutorial efforts when alcohol or other substances are present in the case.

If the team would like to add additional tools or information, please add to this section. One additional to consider is including information about the civil legal process. Inter-agency cross training on prosecution specific topics may be a consideration. This section may also be used to indicate which tools the team and community agencies will agree to use in strengthening and support the prosecutorial response.

Special Considerations

In this section, you may wish to include specific content about information sharing practices such as Brady disclosures. Providing information about case decision processes may be in this section, depending on your team and community. You may wish to provide the names of prosecutorial offices to increase systems professionals' knowledge

CORRECTION/PROBATION

Role of Corrections/Probation

Interrelated but not synonymous, Corrections and/or Probation bring unique perspective to the team as well as benefit from the collaborative work through streamlined services and increased knowledge of the response. Corrections acts as a bridge for those who commit sexual violence and work with individuals from pre-sentencing to release. Corrections staff are held responsible for compliance with the Prison Rape Elimination Act (PREA). This set of guidelines works to reduce instances of sexual violence in correctional facilities. Probation serves the critical role of being a voice for those who have committed offenses as well as working to offer oversight and accountability as those who have committed offenses move back into communities. Corrections and probation also interact with victims/survivors within their work, such as at sentencing or victim notification.

Discipline Specific Tools or Information

If the team would like to add additional tools or information, please add to this section. Inter-agency cross training on corrections/probation specific topics may be a consideration. This section may also be used to indicate which tools the team and community agencies will agree to use in strengthening and support the corrections/ probation response.

Special Considerations

In this section, you may wish to include specific content such as PREA or victim notification systems. You may wish to provide the names of prosecutorial offices to increase systems professionals' knowledge.

ADDITIONAL REPRESENTATIVES

In this section, you may wish to add additional disciplines or represented team agencies. For example, your team may want to include colleges/universities or adult protections. However, not all agencies need to have their own sections, as the parts of response chapters apply to all agencies working on the team. Work with your team members to choose if and whom to add additional representative overviews.

Role of

Provide a one paragraph summary that specifies the role of the representative in sexual violence response. This should serve as a brief overview of the provider's work with sexual violence victims/survivors.

Discipline Specific Tools or Information

This information should assume basic job compliance and should focus on any sexual violence specific information or practices. This is to advance and refine rather than provide basic information.

Special Considerations



SECTION 4: ADDENDUMS AND ADDITIONAL MATERIALS

GLOSSARY OF TERMS

Teams use many terms and acronyms in the course of their daily work. The team should provide any definitions or explanations of terms and acronyms in this section. Be sure to organize the terms such as by discipline, part of the response, or alphabetically.

RELATED STATUTES OR ADDITIONAL RESOURCES

In this section teams should provide the appropriate information to any statute they may have referenced in the previous materials. If the statutes have already been addressed, this may also be a section to provide additional content such as webpage links or information about resources.

ADDITIONAL ADDENDUMS AS IDENTIFIED BY TEAM

In this section teams should provide any additional information or addendums they have identified as necessary for a complete protocol. For example, some teams include a picture of the county with jurisdictions indicate or for multi-county teams, they include a picture of all counties served by the team. Other examples may include a flowchart for service providers of the inter-agency referral or criminal justice processes. Work with your team to decide on any additional information to be added to the protocol.

This document is a product of the Sexual Violence Justice Institute at the
Minnesota Coalition Against Sexual Assault.
SVJI provides intensive support through trainings and technical assistance to
multidisciplinary teams, communities, and state level leaders in Minnesota
and other parts of the U.S.

Contact us with questions or technical assistance requests
svji@mncasa.org

161 St. Anthony Ave, Ste. 1001, St. Paul, MN 55103
Phone: 651.209.9993

svji@mncasa.org
www.mncasa.org

