

## Sexual Assault Response Team (SART) Guidelines



Copies of the SART Guidelines may be made and distributed freely.

This project was supported by Pennsylvania Commission on Crime and Delinquency (PCCD) Subgrant # 97-DS-16T-8252 and # 98-DS-16T-9478 awarded by the PCCD. The awarded funds originate with the Office of Justice Programs, U.S. Department of Justice. Points of view or opinions contained within this document are those of the author(s) and do not necessarily represent any official position, policy or view of PCCD or the U.S. Department of Justice.

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# **SEXUAL ASSAULT RESPONSE TEAM (SART) GUIDELINES**

## **Introduction**

The actual number of rapes and sexual assaults that occur in Pennsylvania is unknown because many victims of these crimes choose not to report them to law enforcement officials. Approximately one third of all rapes and sexual assaults are reported to law enforcement. In part, embarrassment, fear and lack of confidence in the system explain this underreporting in the legal system. Victims who are raped by their spouses and partners commonly describe embarrassment and a belief that "it is a private matter." Victims are both fearful of reprisal from the offender and of entering the legal system with a report of rape. They are fearful of not being believed or not being supported in their allegations. Advocates, prosecutors, law enforcement officials and health care professionals are working together to increase the reporting of sex crimes in the state.

Victims who do not report the crime usually do not receive treatment to prevent pregnancy and sexually transmitted diseases or assistance to treat rape trauma syndrome and post-traumatic stress disorder. Without immediate follow-up care, victims of these crimes may experience long-term health related problems.

Prosecution of sex crimes is very difficult, as evidenced by the fact that only a small percentage of sexual offenders are apprehended and convicted. The arrest rate for these crimes has actually declined in recent years. Victims of these crimes choose not to file a criminal complaint, not to participate in the prosecution process or recant due to fear or embarrassment. Nevertheless, holding the perpetrators accountable is a goal for prosecutors throughout the Commonwealth of Pennsylvania.

In order to encourage victims to report these crimes and to seek treatment and counseling, the Commonwealth of Pennsylvania must implement changes in community education and encourage the development of sexual assault response teams (SARTs). Members of a team would include, at a minimum, a medical director, a sexual assault forensic examiner (SAFE), a sexual assault counselor/advocate, a law enforcement representative and a Commonwealth's attorney.

## **Acknowledgements**

The Pennsylvania Coalition Against Rape (PCAR) expresses genuine appreciation to members of the Sexual Assault Forensic Examiner (SAFE) Advisory Committee for their dedication, support and guidance demonstrated in creating the Sexual Assault Response Team (SART) Guidelines. In particular, PCAR extends special gratitude to the following people whose insight and diligent labor was instrumental in the development of these Guidelines:

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Susquehanna Health System

Annmarie Kaiser  
PA District Attorneys Association

PCAR and the Advisory Committee would also like to thank James A. Gilson, Deputy Attorney General of the New Jersey Division of Criminal Justice, for allowing the SAFE Advisory Committee to use the "New Jersey Standards for Providing Services to Survivors of Sexual Assault" as a basis for the Pennsylvania Guidelines.

Special recognition is extended to the following people for taking time to provide a final review of the Guidelines: Mary Achilles, Office of the Victim Advocate, Carol Lavery, Pennsylvania Commission on Crime and Delinquency, Amy Corl, Pennsylvania Chiefs of Police Association, Mary Woolley, The Governor's Office at the time of the administration of Tom Ridge, and Nancy Durborow, Pennsylvania Coalition Against Domestic Violence.

A special round of applause is bestowed upon Diane Whitcomb, RN, BSN, SAFE of the Children's Resource Center in Harrisburg and to the many staff members at the Pennsylvania Coalition Against Rape for their assistance with this project.

The largest share of thanks goes to the Pennsylvania Commission on Crime and Delinquency for providing generous funding to PCAR for the Sexual Assault Forensic Examiner project. Without this funding, the SART Guidelines would not exist.

## **Sexual Assault Forensic Examiner Advisory Committee**

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## Letters of Support

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**TO: The Sexual Assault Forensic Examiner Advisory Committee**

Dear Committee Members:

The Sexual Assault Forensic Examiner Committee is to be commended for its efforts to encourage the development of community-based Sexual Assault Response Teams. The use of a coordinated approach to the investigation and prosecution of sexual assault crimes helps to ensure the integrity and quality of the fact-finding process by providing proficiency and uniformity in the collection of evidence. It also promotes collaboration among law enforcement, prosecutors, medical personnel and victim advocates to ensure prompt and complete investigations. These combined efforts will result in more sexual assault crimes being solved and offenders arrested and successfully prosecuted. As a result, victims of such crimes will be more willing to report sexual violence and testify against their offenders.

I encourage communities to consider coordinating their resources and expertise by implementing Sexual Assault Response Teams. Pennsylvania citizens are well-served by these efforts.

Very truly yours,

*Mike Fisher*

MIKE FISHER  
Attorney General



Commonwealth of Pennsylvania



PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY

Thomas W. Corbett, Jr., Esq.  
Chairman

James Thomas  
Executive Director

March 25, 2002

Pennsylvania Coalition Against Rape  
125 North Enola Drive  
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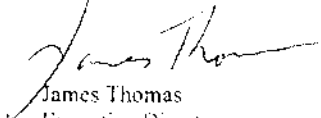
Dear Colleague:

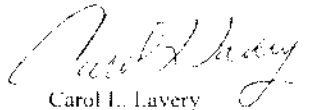
The Sexual Assault Forensic Examiner Advisory Committee of the Pennsylvania Coalition Against Rape is to be commended for their hard work, dedication and commitment in the development of the Sexual Assault Response Team (SART) Guidelines. Sexual Assault Response Teams provide an invaluable service to the community. Their comprehensive and collaborative approach in service design is key to effective victim response. This response not only provides high-quality services to victims of sexual assault from the beginning, but also ensures that victims receive access to the necessary future services.

These guidelines will serve as a model for counties that currently have a Sexual Assault Response Team as well as those counties interested in bringing this service to their community. With the implementation of the SART Guidelines, this comprehensive, collaborative approach will be consistent across the Commonwealth.

I strongly support and encourage communities throughout the Commonwealth to adopt and implement the SART Guidelines for practice in their communities.

Sincerely,

  
James Thomas  
Executive Director

  
Carol L. Lavery  
Director  
Office of Victims' Services

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The Foundation  
of the Pennsylvania Medical Society

February 25, 2002

Dear Colleague:

On behalf of the Foundation of the Pennsylvania Medical Society, I am writing to endorse the Sexual Assault Response Team (SART) Guidelines that have been developed by PCAR's Sexual Assault Forensic Examiner (SAFE) advisory committee over the last several years. They are a testament to the hard work and dedication that went into developing guidelines to assure that victims of sexual assault receive timely and appropriate care when it is most important.

The Foundation has spent over five years working to address primary prevention of family violence through a community-based education program entitled PeaceWork. We were pleased to work with PCAR, as they worked with us to address family violence issues on many fronts and in many different ways.

It is our belief that these Guidelines, while voluntary for community teams, encourage the implementation of guidelines that will drastically improve the treatment of sexual assault victims across the Commonwealth.

Sincerely,

Cliff Deardorff  
Director, Public Health

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March 6, 2002

Dear Colleague:

Sexual assault is a national tragedy that devastates the lives of hundreds of thousands of victims each year. Throughout Pennsylvania law enforcement representatives, health care professionals and sexual assault centers have desired a coordinated and consistent response to sexual assault. The members of Pennsylvania's Coalition Against Rape and Sexual Assault Forensic Examiner (SARSAFE) Advisory Committee developed guidelines that will improve the quality and uniformity of services offered to sexual assault survivors throughout the commonwealth. I would like to endorse the Sexual Assault Response Team Guidelines.

The guidelines address procedural, clinical and educational issues for the establishment of a victim-focused multidisciplinary team approach to evaluation and treatment. They are intended to help health care facilities minimize the physical and psychological trauma to survivors by ensuring appropriate and consistent treatment within all facilities. Additionally, the careful and systematic implementation of these guidelines will facilitate proper collection and preservation of physical evidence for potential use in subsequent criminal proceedings. The guidelines offer information on ways health care professionals can improve their sensitivity to the special needs of sexual assault survivors. The guidelines can also serve as a basis for the integration of services into existing facility procedures thus improve the quality of care provided.

While the guidelines are voluntary, I strongly encourage health care professionals in all facilities to collaborate with law enforcement and rape care advocates to foster the development of community-focused programs. Communities must come together to develop and deliver coordinated victim centered approaches to the care and the investigation, prosecution and adjudication of sexual assault cases. It is my hope that these guidelines will facilitate the development of coordinated and consistent services throughout Pennsylvania healthcare facilities.

Sincerely yours,

Michele P. Campbell, MSN, RN, C  
Executive Administrator

MPC:tm

Constituent, American Nurses Association

MARYACHILLES  
VICTIMADVOCATE



PLEASE RESPOND TO:

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February 26, 2002

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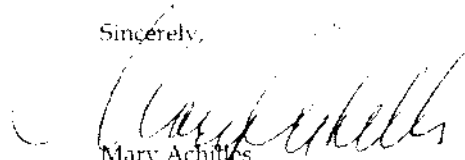
Dear Colleagues:

I would like to applaud the efforts of the Pennsylvania Coalition Against Rape in bringing Sexual Assault Response Team (SART) Guidelines to communities throughout Pennsylvania. Their innovative leadership continues to inspire the field of victim services to reach not only for more services for sexual assault victims but for better quality services. These SART teams provide a coordinated effort to assist victims in the immediate aftermath of sexual assault while preserving the necessary evidence needed for successful investigation and prosecution.

The guidelines recently developed by the Sexual Assault Forensic Examiner Committee of the Pennsylvania Coalition Against Rape provide a necessary measure for professionalism and consistency in the delivery of services from county to county. These guidelines will provide a guide for establishing new programs and serve as a performance measure for existing programs.

I strongly recommend that Sexual Assault Response Teams throughout Pennsylvania adopt these guidelines to ensure a victim centered approach to the coordinated efforts of the SART member agencies.

Sincerely,



Mary Achilles  
Governor's Victim Advocate

MA/th

# PCAR

Pennsylvania Coalition Against Rape

*A state network of centers serving victims of sexual violence*

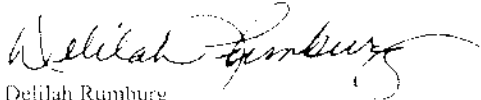
March 1, 2002

Dear Colleague:

The Sexual Assault Forensic Examiner (SAFE) Advisory Committee, under the auspices of the Pennsylvania Coalition Against Rape (PCAR), has diligently labored to develop these SART Guidelines for communities throughout the Commonwealth of Pennsylvania. The shared vision of the Committee members, representing advocacy, medicine, nursing, law enforcement and prosecution, has resulted in these guidelines to better serve victims of sexual assault.

The Pennsylvania Coalition Against Rape, which represents a statewide network of centers serving victims of sexual violence, emphatically endorses the implementation of these Sexual Assault Response Team (SART) Guidelines. PCAR urges the use of these Guidelines as a model for care in order to best serve the interest of victims and those committed to the successful treatment and prosecution of these crimes.

Sincerely,



Delilah Rumburg  
Executive Director

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## **The Role of the Sexual Assault Response Team Guidelines**

The Sexual Assault Response Team Guidelines will provide direction for individuals in the Commonwealth of Pennsylvania who provide services to victims of sexual assault. They are intended for all members of the sexual assault response team (SART), a multidisciplinary team providing services for the victim of sexual assault and for the community. The sexual assault response team ensures the quality and integrity of the fact-finding process used in all cases of sexual assault.

These Guidelines are intended for use by all the communities of the Commonwealth of Pennsylvania in order to

- promote consistency and coordination by and between community agencies and departments, sexual assault centers and providers of care and services;
- provide a comprehensive set of recommended practice responses to sex crimes;
- provide guidance to communities in their efforts to strengthen their responses to sex crimes;
- assist communities in the evaluation of their current policies and practices and in setting goals; and
- assist communities in identifying policy directions.

## **Background of the Sexual Assault Response Team Guidelines**

The model of using sexual assault forensic examiners as part of a comprehensive sexual assault response team began in Pennsylvania in the 1990s. Law enforcement, health care professionals and sexual assault centers in Pennsylvania desired a coordinated and consistent response to sexual assault. Representatives from each area met to discuss possible avenues to achieve that goal. Discussion led to a conclusion that a coordinated team effort was the most effective means of addressing sexual assault victims in communities in Pennsylvania. This collaborative team effort of sexual assault forensic examiners, sexual assault advocates, law enforcement representatives and prosecutors has proven to be invaluable to both victims and the Commonwealth of Pennsylvania as a whole.

Strong support for a team effort and sexual assault forensic examiners is evident in the following comments from communities in Pennsylvania that have successfully implemented sexual assault response teams:

*“Prior to the development of the Sexual Assault Response Team, criminal investigations into sexual violence cases were as varied, in effort and result, as the various law enforcement agencies involved in the county. The unfortunate effect on the victim in this piecemeal effort was repeated emotional trauma. A Sexual Assault Response Team puts everybody on the same page with capable resources and a well-structured investigation with good, open communication. The end result is better treatment of the victim and more successful prosecutions of deserving defendants. I highly recommend*

*development of response teams for all counties.” – D. Peter Johnson, District Attorney of Union County*

*“As an investigator of sexual assaults for the past 18 years, I have personally seen the benefits of using the team approach in assisting sexual assault survivors. When law enforcement coordinates their investigation with rape crisis advocates, healthcare professionals and the victims, it tends to reduce the trauma to the survivors of these crimes. These survivors have been severely traumatized by the crime alone, they should not be further traumatized by the investigation or the judicial system.” – Lieutenant Detective Mike Britt, Mifflin County Regional Police Department*

*“The care of sexual assault victims has improved dramatically since the sexual assault forensic examiners, sexual assault counselor/advocates, law enforcement personnel and the District Attorney have been cooperating in Lycoming County. Using SAFEs to examine victims has greatly changed the outcome of prosecuting perpetrators of sexual assault. SAFEs have been providing testimony in cases for 4½ years, resulting in many successful prosecutions. – Nancy Steil, RN, SAFE, Susquehanna Health System, Lycoming County*

*“Forensic nurse examiners have been a great benefit to victims of sexual violence in Erie County. The exam process goes much more quickly, accurately and thoroughly when these experienced, trained nurses are on the job. Their confidence and sensitivity lessens the trauma to victims and their significant others.” – Susanne Porowski, Executive Director of Erie County Rape Crisis Center, Inc.*

*“The prosecution of sexual assault cases starts with the interaction of the victim with SART members and leads to the proper collection of physical evidence by the sexual assault forensic examiner. The quality of the collection of evidence has increased dramatically in medical facilities with SAFE programs. Without this, it may never be possible to obtain DNA results that can unequivocally link a perpetrator to the incident.” – James Miller, Pennsylvania State Police Laboratory*

*“The SAFE program has been a remarkable asset to the Emergency Department, patients and community. The traditional model of a physician based sexual assault exam has been replaced by using highly effective nurse examiners to evaluate sexual abuse and rape cases. They have relieved physicians from performing numerous hours of complicated evaluations, documentation and evidence collection that has optimized all patient care in the Emergency setting. The forensic nurses enhance the effectiveness of all who work with sexual assault victims; their expertise is a valuable contribution to the collective efforts of all community agencies involved with victims of violence.” – Larry Brilliant, MD, Medical Director, Sexual Assault Response Program, Emergency Department, Doylestown Hospital, Bucks County*

The following Guidelines were written to serve as a guide for the development of sexual assault response teams. The duties and responsibilities of each team member, as well as suggestions for coordination are contained within this document. Communities that

form and operate sexual assault response teams benefit across the board. Victims and society benefit, services are used to their fullest extent, and perpetrators are held accountable for the crimes they commit.

### **How to Use the Sexual Assault Response Team Guidelines**

The Guideline is the minimum criterion that establishes the conduct, performance, knowledge requirements, types of services and quality of services for individuals and communities in their response to sexual assault. Each Guideline is divided into three sections: Rationale, Outcome and Measurement Criteria.

#### Rationale

The rationale explains the specific reasons and concepts that support the Guideline.

#### Outcome

This is the specific objective of the Guideline or how the Guideline will be applied.

#### Measurement Criteria

These are specific statements that describe measurable conduct, procedures and services. They provide a method for determining if the Guideline is met. The measurement criteria also form the basis of a community action plan for a comprehensive coordinated response to sexual assault.



# **SEXUAL ASSAULT RESPONSE TEAM (SART) GUIDELINES**

## **CONTENTS**

1. Communities throughout Pennsylvania will strive to develop a coordinated team approach to sexual assault, affording each victim access to needed services.
2. The sexual assault response team will develop procedures and protocols that ensure the quality and integrity of the sexual assault investigation and prosecution.
3. The physical, emotional and psychological well-being of the victim will be given strong consideration throughout the sexual assault investigation and prosecution.
4. The health care facility will consider the personal safety and the health care needs of the sexual assault victim.
5. The sexual assault forensic examiner (SAFE) will conduct a prompt, compassionate, comprehensive, proficient and objective health history and physical examination of each sexual assault victim.
6. The sexual assault counselor/advocate will consider the well-being of the sexual assault victim.
7. The law enforcement representative will ensure the quality and integrity of the sexual assault investigation.
8. The Commonwealth's attorney will work in coordination with the respective agencies to ensure an effective response to sexual assault.
9. Sexual assault victims will have their diverse needs recognized, and action will be taken to provide appropriate accommodations and services.
10. Child victims of sexual assault will receive specialized treatment.
11. Each victim of sexual assault will have the opportunity to provide feedback regarding access to, the process of and services provided by the sexual assault response team.

## **GUIDELINE ONE**

Communities throughout Pennsylvania will strive to develop a coordinated team approach to sexual assault, affording each victim access to needed services.

**Rationale:** A consistent, competent and comprehensive response to sexual assault should be provided to each victim regardless of where the assault occurred or where the victim resides. Each victim of sexual assault should have access to a community based sexual assault response team (SART). The SART model ensures an approach that results in more comprehensive care, better access to support services, clearer communication between team members, higher rates of victim reporting and higher rates of successful prosecutions. The SART model also recognizes the importance of communication between and among SARTs to facilitate the transfer of services between jurisdictions.

**Outcome:** Each community will have a sexual assault response team to which every victim has access. Each sexual assault response team will have channels for open communications between and among other SARTs.

### **Measurement Criteria:**

1. Each SART will include, at a minimum, the following members:
  - a. the medical director, who provides guidance for the development of protocols and is available for consultation as needed;
  - b. the sexual assault forensic examiner (SAFE), who collects and preserves forensic evidence, offers prophylactic measures for preventing pregnancy and sexually transmitted diseases, provides resources and referrals and will be available to testify as a witness;
  - c. the sexual assault counselor/advocate, who provides support, advocacy, crisis counseling and information;
  - d. the law enforcement representative, who responds to the crime, interviews the victim and investigates the incident; and
  - e. the Commonwealth's attorney, who determines if there is sufficient evidence for prosecution, and if so, prosecutes the case.
2. Team members will work collaboratively to achieve team goals.
3. Each SART will develop mechanisms for interfacing with other SARTs in order to provide seamless care to every victim.

## **GUIDELINE TWO**

The sexual assault response team will develop procedures and protocols that ensure the quality and integrity of the sexual assault investigation and prosecution.

**Rationale:** A thorough and proficient fact-finding process will help to ensure the apprehension, prosecution and conviction of the sexual offender. The use of consistent procedures and protocols provides the framework for the comprehensive investigation of each sexual assault report.

**Outcome:** The implementation of procedures and protocols by the SART will increase victim access to the team, improve victim interaction with community resources and increase successful prosecutions.

### **Measurement Criteria:**

1. Each community will form a SART to provide services 24 hours a day, 7 days a week, in a safe and private location.
2. The SART will provide convenient access to emergency medical care.
3. Procedures and protocols will be developed to allow activation of the SART by the victim from various points of entry into the system.
4. Procedures and protocols will be developed for the team that clearly define each member's roles and responsibilities.
5. Procedures and protocols will be developed to address confidentiality issues.
6. Procedures and protocols will be developed to address victim consent issues.
7. Procedures and protocols will be developed to address aftercare and follow-up.
8. Procedures and protocols will be reviewed by the team on a regularly scheduled basis to ensure their effectiveness.

### **GUIDELINE THREE**

The physical, emotional and psychological well-being of the victim will be given strong consideration throughout the sexual assault investigation and prosecution.

**Rationale:** A victim of a sexual assault has the right to be treated with fairness, dignity, compassion and respect. A victim who does not fear mistreatment is more likely to seek help and to report the sexual assault.

**Outcome:** A victim of sexual assault who has been treated with fairness, dignity, compassion and respect is more likely to support the investigation and prosecution processes. Stronger victim involvement will result in an increase in the apprehension, prosecution and conviction of sexual offenders.

#### **Measurement Criteria:**

1. Physical safety of the victim will be the top priority.
2. Each victim will be informed that he or she has the right to speak with a sexual assault counselor/advocate prior to beginning any treatment, evidence collection or law enforcement interviews.
3. Informed consent for all medical procedures and for the collection of evidence for the sexual assault kit will be obtained from the victim in all cases.
4. Each victim has the right to withdraw consent for any part of the forensic examination.
5. Each victim will be given information on the basic services available for victims of crime, including information on Crime Victims Compensation.
6. Each victim will have the services of the SART available to him or her up to and during the prosecution, if necessary.
7. Each victim will receive information pertaining to services and support for victims of sexual assault.
8. Each victim will be examined and treated for physical injuries.
9. Each victim will receive information on aftercare for physical, medical and emotional needs.

## **GUIDELINE FOUR**

The health care facility will consider the personal safety and the health care needs of the sexual assault victim.

**Rationale:** A health care facility, which participates in the specialized services of a SART, recognizes, responds to and provides for the diverse needs of its community.

**Outcome:** The health care facility will provide medical care as needed and will use sexual assault forensic examiners to provide comprehensive and standardized forensic examinations. Provision for private, secure facilities for waiting, interviewing and examining the victim will be made.

### **Measurement Criteria:**

1. The health care facility will immediately activate the SART when the victim arrives for care.
2. A health care provider will treat urgent or emergent physical injuries requiring medical intervention prior to intervention by members of the SART.
3. The health care facility will provide the victim with a comprehensive forensic examination and provide resources for immediate emotional and psychological needs.
4. The health care facility will provide a separate, private, secure, quiet waiting area for the victim and for any personal support person(s) accompanying them.
5. The health care facility will provide a relaxed, private setting for the forensic interview.
6. The health care facility will provide a private examination room with measures in place to assure the victim's privacy from intrusion during the examination. A bathroom with shower facilities should be available for the victim's use immediately following completion of the examination.
7. The health care facility will provide proper equipment and supplies to facilitate a comprehensive, consistent forensic examination.  
Recommended equipment includes but is not limited to
  - sexual assault evidence collection kit
  - pelvic examination table
  - light source for pelvic examination
  - vaginal speculums
  - anoscopes
  - phlebotomy supplies
  - Wood's lamp or equivalent
  - photography equipment
  - colposcope with photographic capability
  - urine pregnancy testing supplies
8. The health care facility will offer medications to the victim, as currently recommended by the Centers for Disease Control, for possible exposure to sexually transmitted diseases and medications for the prevention of pregnancy.

## **GUIDELINE FIVE**

The sexual assault forensic examiner (SAFE) will conduct a prompt, compassionate, comprehensive, proficient and objective health history and physical examination of each sexual assault victim.

**Rationale:** A victim evaluated in a non-judgmental and respectful manner, who receives specialized care, will be more likely to seek treatment and cooperate in the evidence collection process. The victims and community are best served by consistent, quality, forensic evidence collection and preservation by a SAFE.

**Outcome:** The evidence collection process will be more proficient and reliable, and the evidence will be preserved and presented as required in any subsequent prosecution. The victim will be seen in a timelier manner. The victim will consent to the evidence collection process and receive appropriate follow-up care and information on resources.

### **Measurement Criteria:**

1. The SAFE will arrive at the examination site within one hour of notification unless extenuating circumstances exist.
2. The SAFE will conduct all communications in a private location.
3. The SAFE will assure that the victim has the opportunity to speak with a sexual assault counselor/advocate prior to the interview and examination process if at all possible.
4. The SAFE will explain the forensic examination process to the victim.
5. The SAFE will obtain written, informed consent for photography, evidence collection, medication administration and release of medical records.
6. The SAFE will perform a comprehensive forensic sexual assault examination.
7. The SAFE will maintain the chain of custody at all times.
8. The SAFE will provide information about sexually transmitted diseases and offer the medications available for treatment.
9. The SAFE will perform a pregnancy risk evaluation and offer emergency contraception as indicated. Religious/spiritual issues will be considered in this discussion.
10. Written discharge instructions will be provided and should include at a minimum
  - a. a list of symptoms, which may require medical and/or psychological evaluation;
  - b. instructions for medical follow-up and a list of available medical resources;
  - c. a list of available counseling, behavioral health and personal safety resources; and
  - d. a list of resources for law enforcement and legal services.
11. The SAFE will assist the victim in obtaining clean clothing prior to discharge.
12. The SAFE will provide testimony in court as needed.
13. The SAFE will participate in case review and performance improvement activities.

## **GUIDELINE SIX**

The sexual assault counselor/advocate will consider the well-being of the sexual assault victim.

**Rationale:** A victim may not want to obtain medical care, undergo a forensic exam or report the assault to the authorities because of a distrust of the medical and legal systems, inadequate information about options, fear of reprisal by the assailant and/or embarrassment. These concerns must be considered by the sexual assault counselor/advocate.

**Outcome:** The sexual assault counselor/advocate will provide support, advocacy and information to help empower the victim to make informed choices about reporting the assault, medical care, evidence collection, counseling and prosecution. By addressing the victim's concerns, the sexual assault counselor/advocate will reduce the victim's anxiety and increase the victim's participation in the SART process.

### **Measurement Criteria:**

1. If the victim's initial contact is with the sexual assault counselor/advocate, the SART is activated immediately with the informed consent of the victim.
2. The sexual assault counselor/advocate will be called to the SAFE examination site when the SART is activated.
3. The sexual assault counselor/advocate will arrive at the examination site within one hour of notification unless extenuating circumstances exist.
4. The sexual assault counselor/advocate will inform the victim that
  - a. free and confidential counseling and support services are available for the victim, the victim's family and significant others;
  - b. the victim will not be billed for the forensic exam or medication directly related to the sexual assault. The victim's insurance or the Crime Victims Compensation Program will be billed;
  - c. the victim may be eligible for compensation through the Crime Victims Compensation Program for counseling, loss of earnings and/or any additional unpaid medical expenses. The sexual assault counselor/advocate will provide information on how to access this service;
  - d. a sexual assault counselor/advocate may accompany the victim during the forensic examination and for follow-up medical care; and
  - e. sexual assault counselor/advocates are available to support the victim throughout the criminal justice process.
5. The sexual assault counselor/advocate will participate in the evaluation of services provided by the SART.

## **GUIDELINE SEVEN**

The law enforcement representative will ensure the quality and integrity of the sexual assault investigation.

**Rationale:** By ensuring the quality and integrity of the investigation, it is more likely that the goal of law enforcement, to apprehend the perpetrator of the sexual assault, will be achieved.

**Outcome:** A complete investigation, which includes the interviewing of all witnesses and the collection of physical evidence, will lead to a more successful investigation and prosecution and will result in holding the perpetrators of sexual assault accountable.

### **Measurement Criteria:**

1. The law enforcement representative will promptly refer the victim to the most appropriate healthcare provider before proceeding.
2. The law enforcement representative will explain that an examination is necessary for evidence collection, and if delayed, apprehension and prosecution may be adversely affected.
3. The law enforcement representative will explain each step of the investigation, especially the need to ask personal, intimate and detailed information about the assault.
4. The law enforcement representative, with the agreement of the victim, will arrange transportation to a healthcare facility.
5. The law enforcement representative will obtain all pertinent information from all witnesses.
6. The law enforcement representative will collect appropriate physical evidence and maintain the chain of custody of the evidence.
7. The law enforcement representative will submit the physical evidence to a testing facility.
8. The law enforcement representative, pursuant to the Crime Victims Act, 18 Pa.C.S. §11.212 and, where applicable, the Notice of Rights in Domestic Violence Cases, 18 Pa. C.S. §2711(d), will inform the victim of basic services available.
9. The law enforcement representative will participate in the evaluation of the services provided by the SART.



## **GUIDELINE EIGHT**

The Commonwealth's attorney will work in coordination with the respective agencies to ensure an effective response to sexual assault.

**Rationale:** By coordinating with the appropriate agencies, the Commonwealth's attorney will be well informed and will be in the best position to pursue a prosecution and hold the offender accountable.

**Outcome:** The Commonwealth's attorney will protect the interests of society by using the criminal justice system to hold the perpetrator accountable.

### **Measurement Criteria:**

1. The Commonwealth's attorney will contact the appropriate agencies to determine the existence of witnesses, the completion of interviews and that the notification of proceedings have been forwarded to such individuals.
2. The Commonwealth's attorney will contact law enforcement representatives to ensure that efforts have been made to secure relevant evidence and that the appropriate scientific tests have been conducted.
3. The Commonwealth's attorney will provide information to the victim concerning the status of the case, from the initial filing of charges throughout the trial process to parole determinations.
4. The Commonwealth's attorney will discuss the court's expectations of the victim/witness, as well as prepare the victim for court.
5. The Commonwealth's attorney will provide notices to the victim as delineated in the Crime Victims Act, 18 Pa. C.S. § 11.213.
6. If possible, the same Commonwealth's attorney will handle all matters from the investigation through prosecution.
7. The Commonwealth's attorney will participate in the evaluation of services provided by the SART.

## **GUIDELINE NINE**

Sexual assault victims will have their diverse needs recognized, and action will be taken to provide appropriate accommodations and services.

**Rationale:** The SART should be prepared to provide victims with access to accommodations and services based on their needs. Victims may have diverse needs that require identification by team members and consultation and/or referral to appropriate personnel and/or agencies.

**Outcome:** Identifying victims with diverse needs and providing access to available accommodations and services will minimize further trauma related to sexual assault and enable victims to participate in the process.

### **Measurement Criteria:**

1. The SART will identify representatives within the community and establish collaborative relationships with those people, who will address and advocate for the following populations:
  - adolescent
  - geriatric
  - rural
  - disability
  - deaf and hard of hearing
  - same sexand the following issues:
  - cultural
  - language (non-English speaking)
  - faith
2. The SART will elicit feedback from community agencies in regard to services provided by the SART.

## **GUIDELINE TEN**

Child victims of sexual assault will receive specialized treatment.

**Rationale:** The majority of sexually abused children do not receive immediate medical attention, and when they do, it is usually at the request of a third party. Because sexually abused children have experienced something for which they are developmentally unprepared, it is imperative that they are interviewed, examined, treated and counseled by team members trained in both sexual assault and pediatrics.

**Outcome:** Individuals trained in both pediatrics and sexual assault will evaluate child sexual assault victims. Such specially trained individuals will minimize further trauma to the child, promote healing of the child and facilitate a successful prosecution.

### **Measurement Criteria:**

1. Safety of the child will be the first priority at all times.
2. The privacy of the victim will be supported from the first moment of presentation.
3. Mechanisms will be developed for appropriate screening and referral, as well as efficient and appropriate contact to all necessary agencies and Childline. The 24 hour Childline hotline is 1-800-932-0313.
4. Child sexual assault victims and their support person(s) will be treated with fairness, dignity, compassion and respect.
5. Law enforcement officers will receive specialized training in regard to child victims of sexual assault.
6. Agencies will cooperate with each other to avoid multiple interviews of the child.
7. Health care team members will receive specialized training in the interview and examination processes for child victims of sexual abuse.
8. A mechanism will be developed in order to ensure expedient forensic evidence collection for children who were assaulted less than 72 hours prior to presentation.
9. Child sexual assault victims and their support person(s) will have access to a sexual assault counselor/advocate at all times.

## **GUIDELINE ELEVEN**

Each victim of sexual assault will have the opportunity to provide feedback regarding access to, the process of and services provided by the sexual assault response team.

**Rationale:** SART members will benefit from the information provided by victims about services provided.

**Outcome:** Evaluation survey forms will be provided to each victim, and/or the victim's support person(s), thereby offering the victim an opportunity to comment on the services provided by the SART. Policies and procedures can be adjusted based upon input from victims of sexual assault.

### **Measurement Criteria:**

1. The SART will collaboratively develop evaluation forms and survey methods that will be user friendly and maximize data collection.
2. Evaluation forms will include questions related to access to the SART as well as process and services.
3. The SART will provide assistance in completing the survey forms if needed.
4. A SART member will be chosen to review and compile the survey data.
5. The SART will meet regularly to review survey form results and update and adjust procedures and protocols according to victim feedback.

## Appendices

### Appendix A: Definitions

- Sexual Assault Forensic Examiner (SAFE) – A registered nurse or physician who provides comprehensive care, timely collection of forensic evidence and testimony in sexual assault cases. This individual has completed specialized, forensic training. (See Appendix B: General SAFE Course Outline). The nurse may also be called a Sexual Assault Nurse Examiner (SANE).
- Forensic Examination – An examination provided to a sexual assault victim by health care personnel trained to gather evidence of sexual assault in a manner suitable for use in a court of law. The examination includes at a minimum:
  - patient interview
  - examination for physical trauma
  - collection of evidence
- Sexual Assault Response Team (SART) – A multidisciplinary team working collaboratively to provide services for the community by offering specialized services for victims of sexual assault. The team includes at a minimum, a medical director, a sexual assault forensic examiner (SAFE), a sexual assault counselor/advocate, a law enforcement representative and a Commonwealth’s attorney.
- Sexual Assault Counselor/Advocate – A staff member or volunteer at a sexual assault center who represents and supports a victim of sexual violence with the victim’s permission. The counselor/advocate provides the victim with confidential counseling, advocacy and options available to the victim throughout the medical, legal and counseling process. All communication between victims and counselor/advocates and interpreters is considered confidential and not to be shared by any party. This confidentiality is protected under statute 42 PA CSA §5945.1. Sexual assault counselor/advocates in Pennsylvania must have completed a 40-hour sexual assault training course provided by a sexual assault center and must be under the control of a direct services supervisor of a sexual assault center.
- Sexual Assault – Refer to current crimes code.
- Support Person – A person other than the sexual assault counselor/advocate who is present with the victim at the forensic examination site in order to provide emotional support. This person may be a family member, friend, caretaker, teacher, clergy person, etc.
- Crime Victims Compensation Program – The Crime Victims Compensation Program was created by statute in 1976 as a response to the financial losses incurred by victims of crime. The Program benefits include: medical

expenses, counseling, loss of earnings, cash loss of benefits, funeral expenses and loss of support. If the victim chooses not to have her/his insurance billed, the health care facility may file a claim for reimbursement of forensic rape exams. The Program sets the maximum payment for the forensic rape exam and medications. Payment to the provider will be considered as payment in full. Health care facilities may not charge the victim for the cost of forensic rape exams.

For details on Crime Victims Compensation, contact the Victims Compensation Program of the Pennsylvania Commission on Crime and Delinquency at 717-783-5153 or 1-800-233-2339.

## **Appendix B: General SAFE Course Outline**

Day One – 8 hours

Morning: 8 – 12

Introduction to forensic nursing  
Introduction to the SAFE/SART program  
Interdisciplinary team, role and responsibilities of the sexual assault forensic examiner  
Anatomy of the crime

Afternoon: 1 – 5

Offender characteristics, profiling, Combined DNA Index System(CODIS)  
Rape trauma syndrome, Post-traumatic Stress Disorder (PTSD), advocacy and counseling  
Victim perspective and advocacy role

Day Two – 8 hours

Morning: 8 – 12

Forensic interview  
Physical assessment  
Detection of injury

Afternoon: 1 – 5

Collection of forensic evidence  
Documentation of evidence

Day Three – 8 hours

Morning: 8 – 12

Presentation of crime lab

Afternoon: 1 – 5

Nursing management  
Special populations' issues  
Sexually transmitted diseases  
Discharge referrals  
Domestic violence and sexual assault

Day Four – 8 hours

Morning: 8 – 12

Forensic photography  
Colposcopy  
International Association of Forensic Nurses (IAFN) ethical standards, practice standards  
Confidentiality and consent issues

Afternoon: 1 – 5

Lab

Day Five – 6 hours

Morning: 8 – 12

Investigative and legal process  
Qualifying and testifying

Afternoon: 1 – 3

Mock trial  
Program evaluation  
Practice to proficiency

## **Appendix C: Aftercare**

Every sexual assault victim will have the benefit of aftercare that includes medical follow-up, addressing psychosocial needs and personal safety issues, discussion of future legal issues, transportation needs, victim services and other appropriate referrals. The planning and developing process for these issues will be conducted by the SART.

The aftercare outline will be individualized for each community to reflect the services and special needs indicative of that community. Aftercare is an essential step for every victim. The process will be directed by individual patient needs and focus on restoring as much control and allowing for as many options as possible for the victim. In child sexual assault cases, the safety of the child, including placement issues, are of utmost importance.

While the SART members will work together to provide the best aftercare plan, each team member will have specific roles.

The sexual assault counselor/advocate will determine if the victim feels safe returning to his or her residence. If not, the counselor/advocate will assist the victim with exploring temporary housing options. The counselor/advocate will also assist the victim with transportation needs and provide information and resources.

The sexual assault counselor/advocate and sexual assault forensic examiner will offer referrals to accommodate a victim's psychosocial needs. This will be, at a minimum, in the form of offering advocacy and confidential counseling through the sexual assault center, and if necessary, services through the health care facility. The team will help the victim identify a personal support system consisting of relatives, friends, sexual assault counselor/advocates, members of the faith community or other persons he or she can talk to or get support from over the next several days. Referral information on victim services will be provided.

The sexual assault forensic examiner will provide discharge instructions including the name, phone number and address of a gynecologic professional for follow-up as well as a general medical professional for any issues that may arise following the assault. Referral for HIV testing will be provided to the victim. Discharge instructions also will include detailed information about medication(s) or other prescribed treatments so he or she may refer to it at a later date. The forensic examiner will provide the victim with a contact in case there are questions about evidence collection. Any planned follow-up phone calls in regard to medical care will be explained to the victim; the victim will have the opportunity to choose where and when the SAFE will place the call. Confidentiality will be maintained at all times.

The law enforcement officer will inform the victim of the next steps in the legal process and provide him or her with the name of a contact person from law enforcement or the prosecutor's office. Again, any planned follow-up phone calls will be explained to the victim and the victim will have the opportunity to suggest where and when the contact will place the call. Consideration of victim confidentiality will be maintained at all times.



If the assailant is someone with whom the victim has or has had an intimate relationship, the issue of domestic violence will be addressed during aftercare and safety planning. Referrals and counseling related to this issue will be offered to the victim.

## **Appendix D: Resources**

- Crime Victims Compensation Program  
Pennsylvania Commission on Crime and Delinquency  
P.O. Box 1167  
Harrisburg, PA 17108-1167  
1-800-233-2339 or 717-783-5153
- Pennsylvania's 24 hour toll-free sexual assault referral line  
1-888-772-7227 (PCAR)
- Centers for Disease Control Sexually Transmitted Disease hotline  
1-800-227-8922
- PA Department of Health Sexually Transmitted Disease information line  
1-877-724-3258 (PA HEALTH), [www.health.state.pa.us](http://www.health.state.pa.us)
- PA HIV/AIDS State Health Center hotline 1-800-662-6080
- Emergency Contraception hotline 1-888-NOT-2-LATE
- Institute on Disabilities  
Pennsylvania's University Affiliated Program at Temple University  
215-204-1356
- Childline – 24 hour hotline for reporting child abuse 1-800-932-0313
- Domestic Violence 24 hour hotline 1-800-799-7233 (SAFE)

### **Additional Resources:**

Pennsylvania Coalition Against Rape  
125 N. Enola Drive  
Enola, PA 17025  
1-800-692-7445  
[www.pcar.org](http://www.pcar.org)

Pennsylvania District Attorneys  
Association  
2929 N. Front Street  
Harrisburg, PA 17111  
717-238-5416  
[www.pdaa.org](http://www.pdaa.org)

Pennsylvania Department of Health  
P.O. Box 90  
Health and Welfare Building  
Harrisburg, PA 17108  
1-877-PA-HEALTH  
[www.health.state.pa.us](http://www.health.state.pa.us)

Pennsylvania Commission on Crime  
and Delinquency  
P.O. Box 1167  
Harrisburg, PA 17110  
717-783-0551  
[www.pccd.state.pa.us](http://www.pccd.state.pa.us)

Pennsylvania Coalition Against  
Domestic Violence  
6400 Flank Drive, Suite 1300  
Harrisburg, PA 17112  
1-800-932-4632  
[www.pcadv.org](http://www.pcadv.org)

U.S. Department of Justice  
Office for Victims of Crime  
Sexual Assault Nurse Examiner  
Manual  
Linda Ledray, PhD, RN, FAAN  
1-800-627-6872  
[www.sane-sart.com](http://www.sane-sart.com)