



A compilation of

BEST PRACTICE RECOMMENDATIONS

FOR SEXUAL ASSAULT RESPONSE TEAMS

Compiled by the Wisconsin Department of Justice
Office of Crime Victim Services

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*This compilation of resources, from local and national subject matter experts, focuses primarily on adult offenders perpetrating on adult victims (aged 16 and older). Underlined content within this document links to additional **resources**.*

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The Adult Sexual Assault Response Team (SART) Protocol was originally developed by the Wisconsin Statewide SART Protocol Development Team in 2009 with updates specific to the Prison Rape Elimination Act (PREA) added in 2011.



In 2023, the protocol was updated and renamed Best Practice Recommendations for Sexual Assault Response Teams as part of the “SART Strengthening and Enhancement Project.”



The purpose of this project is to build on existing partnerships and initiatives to develop a comprehensive, statewide strategy to improve the criminal justice system response to sexual assault.

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Development

In 2007, Wisconsin's Office of Justice Assistance (OJA) received funding from the US Office on Violence Against Women (OVW) to develop and implement a statewide protocol to respond to sexual assaults in a uniform way utilizing the four major disciplines of a Sexual Assault Response Team (SART); advocacy, law enforcement, prosecution, and sexual assault nurse examiners (SANE).

The protocol would serve as a resource to guide the practice of SART operations around the state to: optimize a community wide response to SA victims, avoid re-victimization, support victim participation in the criminal justice system process, and improve a community's ability to hold perpetrators accountable. This protocol focused primarily on adult offenders perpetrating on adult victims (aged 16 and older).

In collaboration with the Wisconsin Coalition Against Sexual Assault (WCASA), OJA staff convened a team of statewide experts to assist in the development of the protocol. Recommendations from meetings with survivors, law enforcement officers and operating SART teams in Brown County, Fond du Lac County, Kenosha County, Marathon County and Racine County informed the development of this protocol.

Focus groups were conducted with various groups of victims of sexual assault. Approximately 80 adult victims – in various stages of healing from the trauma of sexual assault – reviewed the protocol and provided feedback to the Protocol Development Team. The goal of the victim focus groups was to ensure the Protocol Team developed a victim centered document that was helpful to victims of sexual assault when participating in the SART response. The first statewide Wisconsin Sexual Assault Response Team Protocol was released in June of 2009 with an addition addressing sexual assault in detention offered in March of 2011.

In 2019, OVW awarded the Wisconsin Department of Justice a second consecutive "Improving Criminal Justice Response to Sexual Assault" grant. The purpose of this award was to build on existing partnerships and initiatives to implement a comprehensive statewide strategy to improve the criminal justice response to sexual assault by providing training and technical assistance for SART teams around the state. Members of these teams joined DOJ and WCASA staff, as well as subject matter experts from around the state, to transition the Wisconsin Sexual Assault Response Team Protocol to this compilation of best practice resources.

Sexual Assault Statistics

According to the National Sexual Violence Resource Center (NSVRC),¹

- One in five women in the United States experienced completed or attempted

¹ National Sexual Violence Resource Center. *Statistics*. Retrieved January 4, 2022, from <https://www.nsvrc.org/statistics>

sexual assault during their lifetime; one in three for the first time between the ages of 11 and 17.

- Nearly a quarter of men in the United States experienced some form of contact sexual violence in their lifetime. Contact sexual violence is a combined measure that includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.
- About one in four male victims of completed or attempted sexual assault first experienced it between the ages of 11 and 17.
- 51.1% of female victims of sexual assault reported being sexually assaulted by an intimate partner and 40.8% by an acquaintance.
- 52.4% of male victims reported being sexually assaulted by an acquaintance and 15.1% by a stranger.
- The prevalence of false reporting is low – between 2% and 10%.

Nationwide, 81% of women and 43% of men reported experiencing some form of sexual harassment and/or assault in their lifetime.

Finally, the latest report from the National Crime Victimization Survey says that only 21.5% of rape/sexual assaults in 2021 were reported to law enforcement.²

Sexual Assault in Wisconsin

According to the Uniform Crime Reporting (UCR) program, published by the Wisconsin Department of Justice's Bureau of Justice Information and Analysis (BJIA), there were **5,215** sex offenses reported to law enforcement in Wisconsin in 2022.³ Understanding that sexual assaults are underreported, it is likely that the actual number of sexual assaults committed in Wisconsin in 2022 is much higher. This affirms that sexual assault is a significant concern in the state of Wisconsin.

SART Purpose

While it is important to acknowledge the significance of statistics, it is critical to remember that data only tells part of the story. What statistics cannot show is the trauma impact on a survivor following a sexual assault. This trauma can have an emotional, mental, and physical

² U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. *Criminal Victimization, 2021*. Alexandra Thompson and Susannah N. Tapp. Revised July 2023. [Criminal Victimization, 2021 \(ojp.gov\)](https://www.ojp.gov/criminal-justice-research/criminal-victimization-2021)

³ Wisconsin Department of Justice. *UCR Sex Offense Data*. Retrieved August 25, 2023 at <https://www.doj.state.wi.us/dles/bjia/ucr-sex-offense-data>. This number of sex offenses includes statutory rape and incest, which are the two offenses considered non-forcible in UCR, meaning the victim was not forced, coerced, or threatened. In cases of victims under 10 years old, law enforcement should classify the offense as a forcible offense (rape, sodomy/oral sex, sexual assault with an object, or fondling) due to the victim being too young to consent.

impact to the survivors. To learn more about the impact of sexual assault, please click here [Sexual Assault Dynamics - The Impact on Survivors](#).

A Sexual Assault Response Team, or SART, can minimize the potential for retraumatization to a survivor when engaging with the criminal justice system by initiating a collaborative response to provide support, information, options, and resources. This trauma-informed response not only benefits survivors but multidisciplinary partners as well.

According to the National Sexual Violence Resource Center (NSVRC)⁴, “a SART strives to better protect victim rights, increase prosecution rates, and decrease the short- and long-term costs of sexual assault on victims, systems, and communities.”

SART members from different disciplines and backgrounds share why SARTs are a great vehicle towards eradicating sexual violence:

[Why We Do What We Do](#)

A SART is a vehicle for collaboration, relationship building, training, education, and accountability among and between professionals, ensuring a victim-centered, offender-focused response to sexual assault. This means a SART:

- Establishes a protocol to provide a seamless victim-centered and offender-focused response to victims of sexual assault as they interact with the criminal justice system.
- Educates the criminal justice system and the community to raise awareness of sexual assault, decrease victim blaming, and increase offender accountability.
- Seeks feedback from victims of sexual assault to expand understanding of sexual assault dynamics, improve criminal justice system response, and assess effectiveness of the team.
- Identifies valuable community resources and avoids duplication of services.
- Shares information, knowledge, and expertise among team members.

SARTs⁵ have identified several improvements to victims’ participation in the criminal justice system, including:

- Victims are more likely to receive referrals to advocacy services.
- Victims are more likely to receive referrals to medical services.

⁴ National Sexual Violence Resource Center. *Sexual Assault Response Team Toolkit*. 2018. <https://www.nsvrc.org/sarts/toolkit>

⁵ Greeson, Megan R. *Sexual Assault Response Team (SART) Functioning and Effectiveness*. 2013. https://www.nsvrc.org/sites/default/files/2015-05/publication_researchbrief_sexual-assault-response-team-functioning-effectiveness.pdf

- Improvements in support for victims in the criminal justice system process.
- Increase in the number of assaults reported to law enforcement.
- Victims are more engaged with the investigation.
- Victims are more engaged with prosecutors during court prep.

SART Foundations

Any functioning, productive, sustainable, collaboration must establish a solid foundation from which to develop and grow. According to Brene Brown and her research on operationalizing organizational values, this means “we do more than profess our values, we practice them. We walk our talk – we are clear about what we believe and hold important, and we take care that our intentions, words, thoughts, and behaviors align with those beliefs.”⁶ For a SART, this means addressing the following:

Implementing a Victim-Centered, Offender-Focused Response

Deciding whether to report a sexual assault to law enforcement and engage with the criminal justice system can be challenging. Navigating the criminal justice system can be confusing and intimidating for many survivors. Additionally, survivors may not trust the system response, or they may fear they will not be believed. While no one can guarantee the outcome of an investigation or prosecution, responding professionals must be diligent about treating every survivor with dignity and respect. Survivors must feel confident that, regardless of the outcome, they were heard, empowered, respected, and supported.

Therefore, it is crucial for every discipline to have a victim-centered response when responding to sexual assault survivors. This includes understanding and recognizing the effect of trauma on a survivor. While there is not one way to respond to sexual assault, many survivors experience a range of physical, emotional, cognitive, and behavioral responses that are typical of any traumatic event.⁷

[Building Trust with Survivors of Sexual Assault](#)

A victim-centered response prioritizes the safety, privacy, self-determination, and wellbeing of the victim. It acknowledges that justice is served when victims are listened to, believed, taken seriously and their input into the criminal justice process is valued and respected. It also distinguishes between obtaining a criminal conviction and what the victim defines as having achieved justice.

Finally, a victim-centered response recognizes that victims are never responsible for the crimes committed against them and that offenders are always responsible for

⁶ Brown, Brene. *Operationalizing Your Organization's Values*. Retrieved January 4, 2022 at <https://brenebrown.com/operationalizing-your-orgs-values/>

⁷ Campbell, Rebecca. "The Neurobiology of Trauma". *Sexual Assault Kit Initiative Toolkit*. Retrieved January 4, 2022 at <https://sakitta.org/toolkit/index.cfm?fuseaction=tool&tool=48>

their crimes. You can ensure this by:

- Saying you are sorry for what happened.
- Normalizing and validating their feelings.
- Asking how you can help.
- Telling the survivor they are not to blame.

One of the most crucial foundations of a SART is to identify and stop victim blaming both in the community and among fellow team members. Victim blaming means focusing inappropriately on the behaviors and actions of the victim, implying that if they had not engaged in a certain action or behavior, they would not have been sexually assaulted.

SARTs must also concentrate on an offender-focused response. This response should concentrate on the full range of an offender's actions, intent, and any ongoing assaultive behaviors. This approach puts the focus on the intent and actions of the offender - not the victim - during investigation and prosecution to ensure the victim's actions and behaviors do not become a diversion from the accountability of the offender. ⁸

SART Members

While the four core disciplines of a SART include community-based advocacy, law enforcement, sexual assault nurse examiner, and prosecution, there are other professionals involved in the sexual assault response that are very valuable to the team. Depending on the resources in your community, this may include probation agents, forensic scientists, Tribal law enforcement, military law enforcement, campus law enforcement, or sex offender management specialists. Ideally, SART members will have the power to make decisions and effect change concerning their organization's response to victims of sexual assault based on recommendations from the SART. This is especially important early in the development of a SART.

According to the NSVRC SART Toolkit⁹, "SARTs that develop collaborative partnerships to meet multiple and long-term needs must be prepared to coordinate those services. Consider that victims may go to a hospital for a forensic medical exam, speak with a detective at a law enforcement agency, interview with a prosecuting attorney at another office, and obtain counseling and support services at yet another facility. From the victim's perspective, this flurry of activity is about one event, yet the response is spread out among many organizations and agencies."

The SART Toolkit addresses the roles of team members in detail at [Know Your Team](#). Additional guidance is also available on [Role Clarification](#).

⁸ National Sexual Violence Resource Center. *Sexual Assault Response Team Toolkit*. 2018. <https://www.nsvrc.org/sarts/toolkit/2-2>

⁹ National Sexual Violence Resource Center. *Sexual Assault Response Team Toolkit*. 2018. https://www.ncjrs.gov/ovc_archives/sartkit/develop/team.html

Inclusive Representation

While sexual assault affects every race, culture, and community, certain populations must be taken into consideration when developing and implementing SART response protocols. According to the Women of Color Network¹⁰, they include:

- **Unservd** – populations who are so marginalized that they are not reached at all
- **Underserved** – populations who are growing in number in our services and have minimal access but who need more services and approaches that meet their specific needs
- **Inadequately Served** – populations who may be visible or over-represented but need improved quality services and often are presented with ‘one-size fits all’ services that disregard historical barriers and culturally-specific experiences.

Teams and represented agencies must be steadfast in their commitment to have thoughtful, intentional, and continuous training and discussion on cultural diversity, and how oppression, racism, ageism, audism, ableism, and other forms of discrimination impact the lives of victims and create unique barriers to reporting and prosecuting sexual assault crimes.

INCLUSIVE SERVICES

Culturally specific victim service agencies must be included on the SART. It is not enough to only include the community rape crisis center if there are additional organizations working with survivors from historically marginalized communities. It is imperative to ensure that every victim has a voice in shaping local responses to sexual assault.

Strategies that strengthen representation include:

- Building partnerships with BIPOC advocates and including them in all SART work.
- Ensuring that survivors from historically marginalized populations understand what the local SART is, can provide feedback and guidance to the SART response, and receive regular updates from the SART.
- Creating an inclusive environment to encourage sustainability of victim advocates from diverse backgrounds. This should include training for participating agencies on how to better support their BIPOC staff.

Center the Margins -
How SARTs can best
serve communities
that are marginalized

¹⁰ Women of Color Network. STOP Project. Retrieved on February 5, 2022 at <https://wocninc.org/stop/>

Culturally Relevant and Responsive Care

A victim-centered response to sexual assault also acknowledges the impact of historical or multigenerational trauma experienced by a specific cultural, racial, or ethnic group, such as slavery, the Holocaust, or the genocide of Indigenous peoples. Survivors engaging with systems of services and support from communities who have been subjected to historical trauma may believe the systems do not support them and may experience triggers that are retraumatizing. SART responders can help by gaining a fuller understanding of a survivor's historical and community context ¹¹. The SART should:

- **Include multiple dimensions of diversity:** Culture should be defined broadly and extend beyond race and ethnicity to include sensitivity to gender identity, age, ability, language, literacy, sexual orientation, and any set of beliefs that guide an individual.
- **Recognize that cultural, racial, and ethnic groups are heterogeneous.** Not every member of a group has the same response to a current or past traumatic event.
- **Involve experience, knowledge, skills, and commitment:** SART responders should place a strong emphasis on including women, BIPOC, LGBTQIA+ persons, and people with disabilities to make sure that team members represent the communities being served. Member organizations should provide for ongoing staff education on culturally relevant and responsive care to increase their knowledge and skills.
- **Apply these concepts to individuals and organizations:** Commitment to culturally relevant and responsive care should be integrated into policies and procedures, written materials, and evaluation. Responders should strictly enforce zero tolerance policies for harassment, discrimination, racist language and assumptions, homophobia, or transphobia.
- **Have an on-going process of growth:** Professional development should address the need for ongoing training and education. This could include inviting guest presenters, talking with other teams about their successes, and looking at community demographics and programs to stay current.

We can't move forward with the work that we're doing without hearing the voices of those that most often are not heard. And so, once we start including those community members, and building those partnerships, we really can start saying that we are looking to eradicate sexual violence.

Liliana Olvera, California Coalition Against Sexual Assault

¹¹ Administration Children and Families. *What is Historical Trauma?* Retrieved January 4, 2022 at <https://www.acf.hhs.gov/trauma-toolkit/trauma-concept>

SART responders should continually evaluate the needs of victims, including culturally relevant needs, by collecting victim feedback information.

Cultural Considerations

The cultural considerations section is designed to help SART members understand victims from diverse cultures to ensure all victims are served with respect regardless of their background. This section is intended to be a tool to help professionals; however, it is the responsibility of each SART member to integrate culturally relevant and responsive care into their services for victims. It is hoped that SARTs will utilize these considerations to increase their understanding of diversity and learn ways to serve victims with respect to their cultural background and identities.¹²

Please recognize that this is not an all-inclusive list of the survivors or cultures that may be represented in your community.

- Considerations for Responding to Survivors in the Black Community
- Considerations for Responding to Survivors in the Deaf or Hard of Hearing Community
- Considerations for Responding to Elderly Survivors
- Considerations for Responding to Survivors in the Hmong Community
- Considerations for Responding to Immigrant and Refugee Survivors
- Considerations for Responding to Survivors in the Latinx & Hispanic Community
- Considerations for Responding to Survivors in the LGBTQI+ Community
- Considerations for Responding to Survivors in the Muslim Community
- Considerations for Responding to Survivors in the Native American Community
- Considerations for Responding to Survivors with Disabilities
- Considerations for Responding to Survivors of Sex Trafficking
- Considerations for Working with Interpreters

¹² Georgia Sexual Assault Response Team Guide. 2021. [2021sartguidev2-final.pdf \(svrga.org\)](#)

Respecting and Protecting Survivor Privacy, Confidentiality, and Privilege

In Wisconsin, crime victims have a constitutional right to be treated with dignity, respect, courtesy, sensitivity, and fairness. This includes the right to privacy, which is especially important in the context of initiating a collaborative SART response.

Initiating the collaborative response can be accomplished:¹³

- Without sharing a victim’s personal and sensitive information
- By giving a victim the ability to opt-in to services
- By having processes and protocols in place to ensure a victim’s confidentiality and privacy are always respected and protected

Confidentiality is extremely important to sexual assault victims. Laws, regulations, and policies protect the confidentiality of communications made between a victim and an advocate at a community-based sexual assault service provider (SASP).

Privacy, Confidentiality, & Privilege: What is the Difference?			
	Privacy	Confidentiality	Privilege
What is it?	A right.	Legal/ethical duty.	Protected communication
Who does it apply to?	Public officials, employees, or agencies	Advocates and SANE	Advocates
How does it impact the victim?	<i>“I decide who knows my information.”</i>	<i>“You have a legal or ethical duty to protect my information.”</i>	<i>“No one can make you share my information.”</i>
Guaranteed by?	Constitutional amendment	State laws, professional boards and licensure, federal funding	State law

Adapted from the Sexual Violence Justice Institute with the Minnesota Coalition Against Sexual Assault [www www.mncasa.org](http://www.mncasa.org)

Just as no one can require a lawyer to disclose information about a client due to attorney client privilege, no one can require an advocate to disclose information about a client. The advocate cannot share information with others without the written consent of the victim, even with the best of intentions and when those others are working to help the client.

¹³ Wisconsin Crime Victim Rights Board. *Respect for the Privacy Interests of Victims of Crime*. 2019. <https://www.doj.state.wi.us/sites/default/files/ocvs/CVRB%20RR%2036%202019.pdf>

This written consent, or release of information, is required to disclose specific pieces of a victim’s personally identifying or sensitive information. A release of information should be:

- **Victim-Centered** - Whenever releasing information about a victim, keep in mind the “minimum necessary concept” and only share information that is relevant and necessary, and that the victim has given permission to share.
- **Written** - Permission to release information should be submitted in writing via a release of information form or communication from an email address or text message confirmed to belong to the victim.
- **Informed** – A release of information should state the purpose, nature, and content of the information to be disclosed. Victims should be assured that signing the release of information is completely voluntary.
- **Reasonably Time-Limited** – The permission to release information should only be valid for a period necessary to meet the victim’s needs, such as one week or thirty days. An updated release can be signed if additional time is needed.

Occasionally, an attorney will seek to compel an advocate or a victim to testify about the information the victim shared with an advocate. When this happens, the advocate may receive a legal document called a subpoena. Most sexual assault service providers will challenge the subpoena based on privilege and, most of the time, these arguments are successful.

For more in-depth information on privilege, please refer to [Wisconsin Statute 905.045](#) or contact the Wisconsin Coalition Against Sexual Assault at wcasa@wcasa.org.

Developing a Shared Vision and Mission

With multiple disciplines represented on a SART, it’s important to establish shared vision and mission to guide the work of the team. Mission and vision statements are important foundational resources for SARTs, serving both to ground the work of the team while also enhancing sustainability. While each individual discipline has a unique role and responsibility, there should be an overarching purpose that everyone is committed to. Teams should consider this guidance from the NSVRC SART Toolkit¹⁴:

Successful **vision statements** combine four elements:

- They excite and inspire, and they are presented with credible commitment. People want to be inspired and feel good about where they are heading.
- They are within grasp — doable within a set time — while challenging people to work hard. People rise to challenges when they believe they can succeed.

¹⁴ National Sexual Violence Resource Center. *Sexual Assault Response Team Toolkit*. 2018. <https://www.nsvrc.org/sarts/toolkit>

- They are backed with funding and other support for the SART. Resources exist (e.g., sufficient money, willpower, and capacity) to fuel the work necessary to succeed.
- They can be expressed succinctly, usually in a single sentence that encapsulates what the SART aspires to do long term. People respond to memorable ideas.

Sample vision statements are included in the Resources Section

Mission statements are like vision statements, but they're more concrete and action oriented. When creating your mission statement, ask yourself the following: "If the SART were to do one thing that would have the most positive impact, what would that thing be?" Other considerations include -

- Does the mission statement answer the following¹⁵:
 - Who are you?
 - What do you do?
 - Who benefits from your SART?
- Does it state why the SART is important?
- Is the mission broad enough that all agencies on the team can see how they can contribute?
- Is the mission something that would rarely change?
- Will the mission make sense to the community?

*Sample mission statements are included in the Resources Section.
Additional training can be found at [SART Mission and Vision Development](#).*

Relationship Building

The NSVRC¹⁶ identifies relationship building as a core foundation to developing and maintaining a strong SART. This includes not only understanding each other's roles and responsibilities but respecting and valuing them as well. To enhance relationship building, SARTs should also consider developing communication agreements which reflect a commitment to engaging in direct, ethical, and collaborative communication with each other. This can help ensure the team is committed to having difficult conversations as well as providing a tool to hold each other accountable. Additionally, devoting the time to ensuring all team members understand and value the role each discipline plays in the SART response is a critical relationship building activity.

¹⁵ Minnesota Coalition Against Sexual Assault. *SART Foundations: Mission Statements, New or Revisited*. 2017. <https://www.mncasa.org/foundations/sart-foundations-mission-statements-new-or-revisited/>

¹⁶ National Sexual Violence Resource Center. *Sexual Assault Response Team Toolkit*. 2018. <https://www.nsvrc.org/sarts/toolkit>

- SARTs serve to enhance relationships by creating opportunities for people to come together. Forming strong relationships among agencies outside of formal meeting times can help to build trust and collegiality among SART members and agencies.
- Relationship building is often a constantly occurring process for SARTs, due to staff transitions and turnover.
- The work of SARTs can be tension-filled, task oriented, and highly political. Ensuring that each SART member feels like a valued contributor to the group, both during scheduled meetings and during contact outside of meetings, can strengthen the work of the group.
- Educating team members about the nature and scope of each organization, their missions, and the challenges and barriers faced by each agency can build relationships.

Building relationships and trust takes a committed effort, both in action and time, but is well worth the energy as explained by multidisciplinary SART professionals in [Relationships, Essential to Sexual Assault Response Teams.](#)

Goals and Objectives

While each individual discipline, with their unique role and responsibility, supports the overarching mission and vision that everyone is committed to, there should also be common goals and objectives of the team as well.

Goals are more specific than mission statements and explain what you want to achieve on your SART. One of the most important questions to address in creating goals is "Will the goals support the SART's vision and mission?" Goals encompass a relatively long period – at least three years or more – or have no stated period. Goals are also broad, include general intentions, are intangible, and are abstract.

Sample goals are included in the Resources Section.

Objectives identify the steps needed to attain a goal. One long-term goal may consist of several shorter-term objectives. The NSVRC¹⁷ advises that objectives should be:

- **Specific:** Objectives should reflect specific, desired accomplishments. They need to be detailed and compatible with sexual assault response policies, protocols, and state, local, Tribal, or military ordinances and statutes.

¹⁷ National Sexual Violence Resource Center. *Sexual Assault Response Team Toolkit*. 2018. <https://www.nsvrc.org/sarts/toolkit/4-1>

- **Measurable:** Objectives must be measurable so that SARTs can determine when they have been accomplished.
- **Achievable:** Objectives are standards for achievement. They may be challenging, but they should not demand the impossible.
- **Relevant:** Objectives need to specify a result; for example, "provide private waiting areas for victims at exam sites."
- **Timed:** Objectives need to specify a relatively short timeframe— from a few weeks to no more than a year.
- **Challenging:** Objectives stretch the SART to make significant improvements.

Understanding and Facilitating Victim Accompaniment

One of the foundational goals of every SART should be to ensure that survivors are offered advocacy services. Sexual assault survivors have the right to be accompanied by a community-based victim advocate at a medical forensic exam, law enforcement interview, and other criminal justice proceedings.¹⁸ This includes survivors of sexual assault, human trafficking, child sexual abuse, and child sex trafficking. There are many benefits of victim accompaniment, including:

- Providing emotional support to survivors during a vulnerable time.
- Assisting survivors in navigating complex health care/ criminal justice systems.
- Better outcomes for survivors in the criminal justice system when accompanied by an advocate.
- Advocates are the only discipline whose primary function is to advocate for the interests and wants of the survivor.
- Advocates will provide services as the victim so chooses and are not limited by the victim's involvement with the health care or criminal justice system.
- Advocates can focus on emotional needs of survivor allowing the Forensic Nurse examiner, law enforcement, or prosecutor to focus on their specific roles.

Survivors report that the presence of an advocate is critical to navigating the criminal justice system. It is best practice to contact a community-based victim advocate as soon as a survivor presents for a sexual assault exam or to make a report to law

¹⁸ Wis. Stat. §950.045

enforcement. When contacting advocacy, the only information that should be shared is that a survivor has presented and where the advocate should respond. No identifying information should be shared about the survivor without their consent. Once the advocate is present, they can offer/describe services and accompany the victim if the victim so chooses. By contacting victim advocacy to respond, this avoids placing the onus on the survivor to request an advocate.

Additional information on Wisconsin's Victim Accompaniment Law can be found at:

- [Initiating a Collaborative Response within a SART](#)
- [WCASA Summary of Victim Accompaniment Law](#)
- [DHS Guidelines for Victim Accompaniment During Hospital Examinations](#)
- [DHS Patient Rights Form - Victim Accompaniment and Emergency Contraception](#)

SART Development

Once a SART has addressed the core issues above, additional resources and activities should be discussed and developed to enhance, reflect, and strengthen the foundation of the SART.

Commitments

As with mission, vision, and goals, a statement of collaboration or a memorandum of understanding (MOU) demonstrates a shared commitment to the work of the SART. All SART members, as well as the leadership in the agencies or departments they represent, should be aware of the content of these agreements. In addition, these commitments should be reviewed regularly and updated as necessary.

Sample statement of collaboration and MOU are included in the Resources Section.

SART Organization and Leadership

A SART should develop the structure of the team and who is responsible for:

- Facilitation of the meeting
- Note taking and documentation during the meeting
- Arranging for meeting space or log-in information for virtual meetings
- Distributing the agenda
- Following up as necessary on action items

The SART should also discuss shared responsibility for the above. This could include a planned rotation for meeting responsibilities (facilitation, note taking, etc.) By sharing SART organizational responsibilities, the team ensures that these tasks do not fall on one person/discipline indefinitely. This also helps develop a strong foundational structure for the SART.

Team Needs Assessment

An important part of SART development is determining what the SART needs to operate together as a team. Which partners should be at the table, and do all members know their roles in sexual assault response and how those roles interact with others? Does each partner have buy-in and back-up from their agency? Does everyone have a common understanding of the reality of sexual assault in their community? Answering these questions will help the SART establish a solid foundation from which to develop goals and objectives and work together on sexual assault response.


An initial survey of SART members can help determine what the team needs to develop this common understanding – for example, teams can use the [SVJI SART Readiness Assessment Survey](#). SARTs should discuss the results as a team to determine how to address any needs or gaps illuminated by the survey. Teams should continue to assess their needs as they continue SART work, since dynamics can shift as new partners are brought on and goals and objectives change. Even SARTs that have been working together for a long time can benefit from periodically checking on their team’s needs.

For additional guidance, please see [Sexual Assault Response Team Starter Kit: A Guide for New SART Teams](#)

Community Needs Assessment

In addition to an initial team needs assessment, an initial community needs assessment will help the SART determine goals and objectives. Community needs assessments can involve direct feedback from community members and sexual violence response professionals, as well as data SART partners already collect for their own agency’s purposes. It may be helpful for SARTs to look at the demographic data of their community as well, so they can better understand what specialized services may be needed.

Partners on the SART should agree to share data their agency collects on their response to sexual assault and be prepared to discuss it candidly with the goal of improving the SARTs response and developing goals for the group. Everyone may have a different view of the problems, issues, and suggestions for improvement (if needed) based on their own personal experiences and knowledge.



THE GOAL OF A NEEDS ASSESSMENT IS NOT TO “POINT FINGERS” AT OTHER AGENCIES AND DISCIPLINES, BUT TO COLLECTIVELY DETERMINE THE NEEDS OF THE COMMUNITY AND PROFESSIONALS THAT RESPOND TO SEXUAL ASSAULT, AND WORK TOWARDS ADDRESSING THOSE NEEDS.

While information about survivors who sought formal services from disciplines represented on the SART is important, understanding obstacles to receiving services is also vital. Needs assessments should include feedback from the community, from every discipline who engages with victims of sexual assault, and from survivors.

These groups can provide an unbiased reflection of how effectively the SART is performing collectively and reaching the broader community. SARTs may consider facilitating focus groups or listening sessions for community members and survivors to gain perspectives on sexual violence and the need for services in the community.

SARTs can also facilitate listening sessions with professionals in the community who are not directly involved in the SART to gain outside perspectives on the community's response to sexual assault. Surveys are another option for collecting feedback from community members and professionals alike. Regardless of the method, soliciting feedback on this sensitive topic should be undertaken with care to reduce the risk of retraumatization. It must include representation from diverse communities, providing accommodations such as language interpreters, and preserving the confidentiality of those who are participating. Remember that there are likely survivors in your audience, even if they do not openly identify as one.

For more information on conducting a needs assessment:

- [Community Needs Assessment](#)
- [Tools for Measurement](#)
- [Collecting Data](#)

For more information on facilitating listening sessions:

- [Listening Forums with Professionals, Survivors & Community Members](#)
- [Hosting Listening Forums to Talk About Sexual Violence](#)

For more information on conducting surveys:

- [Evaluation Tools](#)
- [Needs Assessments](#)

SART Member Training and Education

Training and education are necessary to ensure that SART members have a unified understanding in all areas of this work. Onboarding and ongoing training should be facilitated for members within their specific disciplines, so they are equipped to do their job with confidence. During onboarding, new employees to each discipline should have the ability to shadow and be mentored by a seasoned staff member, who can model best practice approaches, before working with sexual assault victims on their own. This practice allows employees, who may or may not have engaged with a victim of sexual assault, the ability to observe techniques and communication styles to strengthen their skills and knowledge.

Trainings should include topics such as:

- **Cultural Humility**
 - Working with Diverse Populations
 - Understanding Trauma and Intersectional Victim Services
 - Violence Against Women with Disabilities
 - Better Policing: LGBTQ+ Community Overview

- **Trauma**
 - The Neurobiology of Trauma: Webinar Series
 - Effects of Sexual Violence
 - Resilient Wisconsin: Secondary Trauma

- **Working with Vulnerable Populations**
 - Sexual Assault and Mental Health
 - Substance Use and Sexual Violence
 - Human Trafficking
 - SANE Exam - Deaf, DeafBlind, and Hard of Hearing Survivors

- **Sexual Assault Dynamics**
 - Sexual Assault Dynamics - The Impact on Survivors
 - Consent
 - About Sexual Violence, includes information on:
 - Teens
 - Adults
 - LGBTQ
 - Sexual Harassment
 - Campus Sexual Assault
 - Human Trafficking
 - Oppression and Sexual Violence
 - Sexual Offenders

- **Trauma-Informed Practices**
 - Integrating a Trauma-Informed Response
 - How Law Enforcement Can Work with Victims of Trauma
 - Key Considerations in Trauma-Informed Interviewing
 - Trauma-Informed Interview Role Play Scenario
 - Law Enforcement and Victim Advocates: Supporting Survivors Together

SART Sustainability

Understanding, respecting, and valuing the role of each member of the SART is critical to the success and sustainability of the team. This includes knowing what each member is responsible for, who they're responsible to, and the limitations of their role.¹⁹ Allow members to discuss their disciplines in an informational training during your meetings.

¹⁹ Sexual Violence Justice Institute. *Role Understanding Activity Lesson Plan*. Available upon request at <https://www.mncasa.org/sexual-violence-justice-institute/>

Role confusion can create conflict between members if there is a lack of understanding about the boundaries each discipline has when engaging with victims. For more information, please visit [SART Role Clarification](#).

Discipline Specific Responses - Advocacy

Community-Based Advocacy

Community-based advocates are employees of local non-profit organizations whose primary purpose is to provide services to victims of sexual assault regardless of whether the victim is involved with the criminal justice process. Community-based advocacy has a rich history of grassroots organizing within a larger context of social change. Their understanding of trauma impact and sexual assault dynamics allows community-based advocates to provide services to victims to meet a variety of needs.

The role of a community-based advocate in response to sexual assault is crucial. There is no other discipline whose primary function is to advocate for the interest and needs of the victim.

The NSVRC defines²⁰ sexual assault advocates as “professionals trained to support victims and promote victims' rights. Advocates ensure that victims' emotional, physical, psychological, economic, and spiritual needs are met, referrals are made, and victims are offered and given access to all applicable services by all service providers. Advocates may offer victims information, resources, and present options available to them. Advocates support victims by empowering them with information and support to make their own decisions.” For the community-based advocate, it is the victim – not the needs of the system – that identifies the outcome sought through the advocacy strategy. Therefore, community-based advocates are an integral and necessary part of providing a victim-centered response.

Best practice calls for trained, community-based advocates to accompany victims through the healthcare and criminal justice systems. Community-based advocates can help victims navigate the criminal justice system, provide education about the dynamics of sexual assault, and assist the victim in accessing other services within the community. Most importantly, community-based advocates bear witness to the victim's experience. Community-based advocates listen to the victim, believe the victim, work to empower the victim, and honor the choices the victim makes.

Under Wisconsin Statute 905.045 community-based advocates have privilege and their communications with victims are confidential. **This is one important difference between community-based advocates and systems-based advocates.** It is also important to

²⁰ National Sexual Violence Resource Center. *Sexual Assault Response Team Toolkit*. https://www.ncjrs.gov/ovc_archives/sartkit/develop/team-print.html

understand that unlike most other justice system-based team members, a community-based advocate's response and relationship to the victim can continue long after the case is resolved.

Wisconsin law²¹ affords a victim of sexual assault the right to be accompanied by a community-based victim advocate during a sexual assault exam or consultation, law enforcement and prosecution interviews, Department of Corrections proceedings, court proceedings, and post-conviction hearings. A community-based advocate must be allowed to be present if the victim desires. Advocates can provide much needed support for a survivor during and after these interactions.

Because advocacy is an essential part of the service provision process, it is important (with permission from the victim) that law enforcement, SANE and district attorneys keep advocates informed about the progress of a sexual assault investigation. While the primary role of a community-based advocate is to support the victim, advocates can be strong allies to other SART members by providing needed case management services for victims. Advocates can support victims who decide to report a sexual assault by removing barriers inhibiting a victim from being involved in the criminal justice process and linking victims to available community services that support healing.

Collaboration and Co-Advocacy

According to the Battered Women's Justice Project (BWJP), **co-advocacy is a collaborative process of improving how organizations work together to assure they are providing appropriate resources to all participants that are served.**

This includes proactive efforts to build trust and relationships, reaching out to community-specific and culturally focused partners prior to crisis response. The co-advocacy response within a SART reinforces collaboration, ultimately improving the experiences for victims as they navigate the criminal justice system.

Best Practices for Community-Based Advocates

Community-based advocacy services should be available and accessible 24 hours a day/365 days a year, both via a crisis line and in person. The crisis line should be answered by a trained advocate and have multilingual and accessible capabilities. This includes devices for the Deaf community and those who are hard of hearing. In addition, advocates must be aware of specialized, culturally specific resources with whom they collaborate to provide co-advocacy services to best serve the needs about the victim

Advocates staffing a 24-hour hotline must be equipped to:

- Offer access to advocacy services, including supportive listening, in-person

²¹ Wis. Stat. §950.045

accompaniment, information, and referrals.

- Connect victims with other agencies or programs for assistance.
- Assess the victim's safety and emergency/medical needs.
- Inform the victim of their options for reporting the assault to law enforcement.
- Discuss SANE services and how to preserve evidence.
- Dispatch an advocate to respond in-person, at the request of the victim, law enforcement, or SANE.

Use of an Empowerment Philosophy

Advocates do not encourage or discourage victims from reporting or participating in the criminal justice system. **Advocates assist a victim in making informed choices. The victim's choices and needs determine how the advocate proceeds.** It is important to remember that an advocate will respond and continue to support a victim regardless of whether they decide to access other systems.

Culturally Relevant and Responsive Care

It is best practice for community-based advocacy agencies to have advocates that represent the population the agency is serving. It is also best practice for agencies to have thoughtful, intentional, and continuous training and discussion on cultural diversity, and how oppression, racism, ageism, audism, ableism, and other forms of discrimination impact the lives of victims and create unique barriers to reporting and prosecuting sexual assault crimes.

Vertical Advocacy

It is considered best practice for the victim to have the same advocate throughout the reporting process. Further advocacy can be determined through a comprehensive case management plan.

System-Based Advocates

Many colleges and universities have **campus advocates** that provide support, information, and referrals to victims of sexual assault who are students at the school. These advocates can be peer volunteers, staff of the college or university, or staff of a community-based advocacy agency.

Hospital-based advocates usually work within a hospital or medical center. These advocates are often employees of the hospital and provide crisis intervention services and medical advocacy to individuals seeking a SANE exam. Hospital-based advocates generally do not provide long term services to victims.

Advocates who work within systems, including hospitals or campuses, may not have the same privilege as advocates of a community-based advocacy agency. It is important for your SART to discuss this issue at a local level to understand when the privilege statute applies and how to communicate that to a victim.

Law enforcement-based victim advocates are employed by or contracted to serve a law enforcement agency and service provision is for victims, witnesses, survivors, and co-victims of crime within the jurisdiction²². These advocates are representatives of the law enforcement agency and do not have the same privilege as advocates of a community-based advocacy agency.

Victim/Witness Professionals

Victim/Witness professionals provide support and communication to victims involved in the criminal justice system. They are employees of a district attorney's office and are essential to ensuring that a victim's rights are upheld once a case is referred to the district attorney's office.

Victim/Witness professionals can provide information, support, and preparation for trial or accompaniment to court. They provide services to victims of all crimes, not just sexual assault. It is important for the sexual assault victim to be informed about the differences in roles between Victim/Witness professionals and community-based advocates. Victim/Witness professionals do not share the same privilege as community-based advocates and are obligated to share information about the victim(s) and/or about the sexual assault(s) case(s) with other members of the criminal justice system.

COMMUNITY-BASED AND SYSTEMS-BASED ADVOCATES COMPLEMENT EACH OTHER BY WORKING TOGETHER TO ENSURE VICTIMS' NEEDS ARE MET WITHIN THE CRIMINAL JUSTICE SYSTEM AND IN THEIR EVERYDAY LIVES.

COLLABORATION AMONGST BOTH TYPES OF ADVOCATES, AND VICTIM/WITNESS PROFESSIONALS, IS NECESSARY TO BENEFIT SEXUAL ASSAULT SURVIVORS, THEIR FAMILIES, AND THE COMMUNITY AT LARGE.

²² International Associations of Chiefs of Police. Establishing or Enhancing Law Enforcement-Based Victim Services- Advocacy Parameters and Documentation. May 2021.
<https://www.theiacp.org/sites/default/files/LEV/Publications/AdvocacyParametersandDocumentation-May2021.pdf>

Discipline Specific Responses – Sexual Assault Nurse Examiner (SANE)

The role of the SANE, also known as a forensic nurse examiner, in the response to sexual assault is to provide for the immediate medical care of patients/victims²³, to collect and document forensic evidence, and to provide expert testimony in the cases that go to trial. The goal in the response to sexual assault is to ensure that compassionate and sensitive services and care are provided in a non-judgmental manner. SANE is the largest subspecialty of forensic nursing.²⁴

Prioritizing Victim Well-Being

A victim presenting after a sexual assault should always be referred to a SANE for assessment and care, regardless of the length of time since the assault. The physical and psychological wellbeing of the patient should always be given precedence over forensic needs. In some cases, the examination may be delayed if strangulation or a loss of consciousness occurred during the assault, if the victim complains of active bleeding, is pregnant, or has abdominal pain. The SANE examination of the victim may assist with the investigation and prosecution of the case but is foremost intended to assist the survivor of sexual assault in their recovery. The victim needs to be offered prophylaxis to prevent sexually transmitted infection and, if applicable, pregnancy.

Initiating the Collaborative Response

As soon as a victim presents for a SANE exam, the collaborative response should be initiated by calling the community-based advocate. Once the advocate arrives, the SANE and advocate should respond as a team. The SANE must be objective to provide the best treatment and collect the most accurate information during an exam. The emotional needs of victims are best cared for in partnership with the advocate. If a SANE isn't immediately available, the advocate can meet with the victim to offer supportive services.

The community-based advocate should be contacted regardless of whether a victim chooses to have evidence collected or make a report to law enforcement. In addition to being best practice, Wisconsin law²⁵ affords a victim of sexual assault the right to be accompanied by a victim advocate during a SANE exam or consultation, so a community-based advocate must be allowed to be present, if the victim chooses.

Please refer to Initiating a Collaborative Response within a SART for best practices on offering advocacy services.



AS SOON AS A VICTIM PRESENTS FOR A SANE EXAM, THE COLLABORATIVE RESPONSE SHOULD BE INITIATED BY CALLING THE COMMUNITY-BASED ADVOCATE.

²³ The term patient and victim are used interchangeably throughout this section.

²⁴ Nursing School.org. *What is Forensic Nursing?* Retrieved January 7, 2022 at <https://www.nursingschool.org/what-is-forensic-nursing/>

²⁵ Wisconsin Department of Health Services. *Guidelines for Victim Advocate Accompaniment During Hospital Exams and Consultations*. 2016. <https://www.dhs.wisconsin.gov/publications/p01580.pdf>

Ensuring Competency in Forensic Evaluation

Assessment, examination, and evidence collection should only be done by those healthcare providers trained as a SANE. The examination and evidence collection of the victim following a sexual assault is specific, detailed, and time consuming. If done by healthcare providers who are poorly trained in the evaluation and/or who have a limited understanding of the many needs and concerns of sexual assault victims, it can be as intrusive, invasive, and traumatizing as the assault.

In addition, if the evidence collection is done incorrectly or the chain of custody not properly maintained, the result may be a thwarted investigation and unsatisfactory prosecution. Expertise is also important to establish credibility when testifying in a court of law.

Patient Consent

To provide patient-centered care to the sexual assault patient, each patient should have all steps explained in a developmentally appropriate manner and have an opportunity to cooperate or decline any or all parts of the examination. Even patients who do not have the legal ability to consent should give their expressed willingness to a SANE exam. Informed consent is a process—it is not just completed when the patient signs a formal consent form. Informed consent should be an ongoing process throughout the exam. **The patient should be aware that they are able to decline any procedure or any part of the examination at any time.**²⁶

Evidence Collection Options

In Wisconsin, an adult victim of sexual assault has the following options regarding evidence collection during a SANE exam:

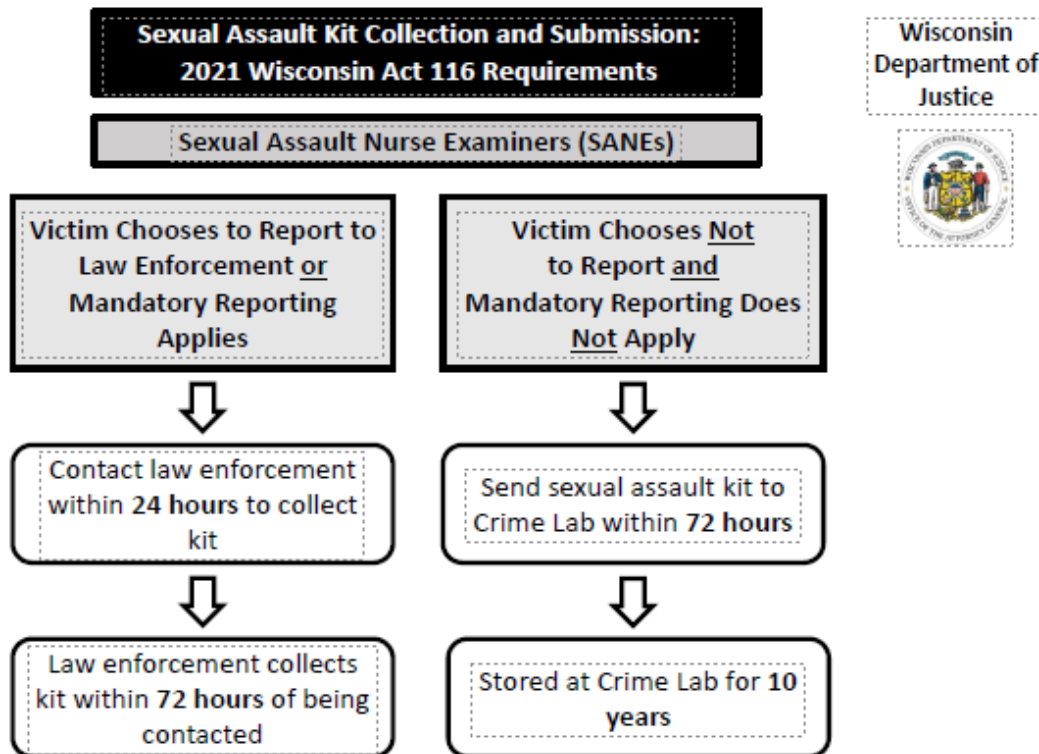
- Choose not to have evidence collected.
- Choose to have evidence collected but not report the assault to law enforcement at the time of the exam. With this option, the SANE will submit the sexual assault kit to the Wisconsin State Crime Lab (WSCL) where it will be stored for ten years or until the victim chooses to report the assault to law enforcement. If the victim never reports the assault to law enforcement, the kit will be destroyed after ten years.
- Choose to have evidence collected and report the assault to law enforcement. With this option, once law enforcement collects the sexual assault kit from the SANE program/medical facility they will submit it to the WSCL for testing.

The patient must consent to a SANE exam and evidence collection. Consent can be given or withdrawn for any portion of the exam at any time.

²⁶ Office for Victims of Crime. *SANE Program Development and Operation Guide*. Retrieved January 7, 2022 at <https://www.ovcttac.gov/saneguide/introduction/>

Deciding to report a sexual assault to law enforcement can be an overwhelming decision following the trauma of a sexual assault. **The SANE should support whatever decision the victim makes.** A victim who decides not to report or who is undecided should be assessed and treated in the same manner as a victim who is reporting.

If a kit is collected, WI Act 116²⁷ requires the following:



Timeliness of Evidence Collection and Documentation

Evidence can be compromised or lost if not collected within a timely manner.

- Collection of biological evidence is usually done within 120 hours of an assault, based on recommendations from the WSCL. The WSCL is available 24/7 for questions about evidence collection and documentation.
- Documentation of injury can be compelling evidence; however, injury may not be visible for hours or days and may persist beyond 120 hours. Patients seen within hours of a sexual assault may have injuries that cannot be seen and documented during an initial examination and should be encouraged to return if injury becomes apparent later.
- A SANE can also document the history of the assault and, potentially, offer prophylaxis to prevent sexually transmitted infection and, if applicable, pregnancy more than 120 hours after an assault.

²⁷ <https://docs.legis.wisconsin.gov/2021/related/acts/116>

Release of Medical Information

Medical information, including evidence collected during a SANE exam, is protected under the Health Insurance Portability & Accountability Act (HIPPA). It can only be released to law enforcement or accessed for legal proceedings with the adult victim's written consent or when ordered by a court with jurisdiction in the matter. Discussion of the need for the completion of a release of medical records form to facilitate the legal investigation and subsequent action should be done at the time of the adult victim examination.

Prophylaxis Treatment & Emergency Contraception

Prophylaxis for the prevention of sexually transmitted infection and emergency contraception should be offered and provided to all patients following current standards. [The Centers for Disease Control and Prevention \(CDC\) Sexually Transmitted Disease Treatment Guidelines](#) are an excellent resource for appropriate treatment.

Wisconsin law requires²⁸ that a hospital that provides emergency services must provide information on and access to emergency contraception to victims of sexual assault.

Mandatory Reporting

There is no mandatory reporting for adult victims (18 years and older) of sexual assault unless the adult victim cannot make their own healthcare decisions (i.e., patients who have a legal guardian who makes decisions for them.) The other exception to this law is in the case of injuries caused by a weapon or incidents involving life-threatening assault. These incidents must be reported to law enforcement agencies regardless of whether the victim chooses to report the sexual assault.

The federal Violence Against Women Act (VAWA) requires that no out-of-pocket expenses that result from a SANE exam can be billed to the patient. It is the responsibility of the SANE to provide the victim with accurate information about Crime Victim Compensation and the Sexual Assault Forensic Exam Fund – including how and where to apply for these funds.

Crime Victim Compensation (CVC) Program:

If a victim is reporting the crime to law enforcement, they may be eligible for CVC. CVC funds can be used to pay for: the medical costs of the sexual assault exam (if the patient does not have insurance or medical assistance), clothing taken for evidence, expenses related to mental health treatment, and more. Additional information can be accessed online at [Crime Victim Compensation Program](#)

Sexual Assault Forensic Exam (SAFE) Fund:

The SAFE Fund assists victims who have had a sexual assault forensic exam without requiring them to:

- Report to law enforcement
- Participate in the criminal justice process
- Have their own insurance billed for the exam

It should be noted that funds available through the SAFE Fund are only intended to cover the cost of the forensic exam. Additional information on the SAFE Fund can be accessed online at [SAFE Fund](#).

²⁸ Wis. Stat. §50.375

Examination of the Sexual Assault Suspect

The SANE may be asked to conduct a suspect exam as a part of the criminal investigation. Examination and evidence collection from the suspect of sexual assault is as important as the examination and evidence collection from the victim. Important biological or trace evidence and/or physical findings may be found which will link the suspect to the crime or provide useful corroborative information to the investigation of the crime and to its successful prosecution. Neutrality, objectivity, and patient privacy is critical for both the victim and suspect exams. To ensure the safety and confidentiality of the victim, it is critical to ensure that the victim and suspect do not cross paths in the medical facility.

Wisconsin Chapter of the International Association of Forensic Nurses

The Wisconsin Chapter of the International Association of Forensic Nurses (WI-IAFN) has developed recommendations for the care of an adolescent or adult when there is a history or concern of sexual abuse or assault. The WI-IAFN Adult Guidelines 2019 is not intended to include all the triage issues, medical evaluations, tests, and follow-up that may be necessary for appropriate care for an individual patient. Not all the steps outlined in this guideline will be appropriate for every patient. The purpose of this guideline is to provide direction for the SANE in the care of the adolescent or adult sexual assault patient.

Certification²⁹ as a SANE-A and SANE-P is obtained through the International Association of Forensic Nurses. Certification as a SANE-A demonstrates expertise in the evaluation of the adult victim of sexual assault and certification as a SANE-P is considered competency in the evaluation of the child victim of sexual abuse.

SANE Training Resources

- WI DOJ Medical Forensics Program
- WI-IAFN Educational Opportunities

Discipline Specific Responses – Law Enforcement

Best practice law enforcement responses should focus on:

- Presumption that a sexual assault report has merit
- Protecting the safety and well-being of the victim(s) and ensuring they receive proper medical attention if needed
- Initiating or participating in a collaborative response
- Identifying if a crime has occurred

²⁹ IAFN Certification Opportunities. <https://www.forensicnurses.org/page/CertOpportunities>

- Collecting and preserving evidence
- Following the evidence through the course of a fair, impartial, and thorough investigation

Initiating the Collaborative Response

Law enforcement is often the first contact for a victim of sexual assault and, therefore, should initiate the collaborative response by calling the community-based advocate. Community-based advocates can help victims navigate the criminal justice system, provide education about the dynamics of sexual assault, and assist the victim in accessing other services within the community.

When advocates are present in the legal and medical proceedings, victims fare better in both the short-term and long-term.³⁰

Law enforcement is often the first contact for a victim of sexual assault and, therefore, should initiate the collaborative response by calling the community-based advocate.

In addition to being best practice, Wisconsin law³¹ affords a victim of sexual assault the right to be accompanied by a victim advocate at law enforcement interviews, so a community-based advocate must be allowed to be present if the victim chooses. Advocates can provide much needed support during initial interviews, investigative interviews, and follow-up contacts. **The community-based advocate should be contacted regardless of whether a victim chooses to have a sexual assault exam or not.**

Please refer to [Initiating a Collaborative Response within a SART](#) for best practices on offering advocacy services.

Role of Law Enforcement During the Forensic Exam

To coordinate services and minimize the need for multiple interviews, some jurisdictions allow a law enforcement officer to be present while the SANE takes a patient's medical history. Despite the good intentions behind this practice, it is generally not recommended in cases involving adult victims for a variety of reasons. The victim's decision to engage with law enforcement and report the crime to police should remain separate from the decision to receive health care. Whether or not the victim reports to law enforcement and participates in the criminal justice process, the patient-victim should be able to receive health care and a forensic examination, and to speak confidentially with treating health care professionals.

Law enforcement and SANEs must collaborate in the interest of providing the most comprehensive and effective responses for victims of sexual assault. Taking sensitive medical history outside the presence of law enforcement, who will conduct their own

³⁰ Campbell, R. Rape Survivors' Experiences with the Legal and Medical Systems: Do Rape Victim Advocates Make a Difference? *Violence Against Women* 2006 Jan;12(1):30-45

³¹ [Wis. Stat. §950.04](#)

interviews separately, advances this crucial goal. For additional guidance, please see [Medical History and Law Enforcement Interviews: Separate and Collaborative](#)

Trauma-Informed Interviewing

To effectively respond to sexual assault victims, it's important to understand trauma and its impact. Trauma physically changes our brains as it triggers chemicals in our bodies which influence perception, reaction, and memory. When experiencing trauma, memory is stored in the brain differently so it may become fragmented. We do not control how the brain and body respond to trauma. ³²

Victims will respond differently to trauma. There is no right or wrong way for a victim to respond to the trauma of a sexual assault. "This starting orientation also reflects the unique dynamics of sexual assault, and the growing recognition that trauma significantly impacts victim behavior and memory. Victim interviews are more likely to be successful when they are conducted with an expression of genuine empathy and an awareness that memories may not 'make sense' at first. The process of piecing together a coherent recollection of sexual assault takes a great deal of time, patience, compassion, and support."³³

Conducting an Initial Interview

"The tone of the first meeting with the victim may set the tone for the rest of the investigation. By being empathetic, patient, and respectful, (you) can contribute to the immediate and long-term recovery of the victim and lay the foundation for cooperation and respect on which a successful interview, investigation and prosecution is built." ³⁴

The victim's initial statement is typically taken upon their first contact with law enforcement. The initial interview should focus on safety and allowing the victim to provide an uninterrupted narrative, providing law enforcement the opportunity to: obtain basic information to establish the location and elements of the crime; document the initial disclosure; attempt to identify any developmental disability, intoxication, or other impairment; and preserve sources of evidence, which may include encouraging the victim to have a forensic exam.

While the initial interview is often brief, there may be circumstances when law enforcement needs to gather more than just the preliminary information. Victim preference, victim availability, and the immediate need to locate an unknown

³² Tom Tremblay. "How the Brain and Body React to Trauma" Trauma-Informed Sexual Assault Investigation Training. Kansas Bureau of Investigation. 2019

³³ [Start by Believing: Participation of Criminal Justice Professionals \(evawintl.org\)](#)

³⁴ International Association of Chiefs of Police Sexual Assault Issues and Concept Paper [IACP Sexual Assault Response Policy and Training Content Guidelines.2017.3.23.pdf \(theiacp.org\)](#)

perpetrator for public safety concerns may necessitate a more in-depth interview.

The community-based advocate should be contacted and must be included in the initial interview if the victim chooses.

Purpose of Comprehensive Interview/Assault History

The purpose of the comprehensive interview is to develop a fuller picture of the circumstances of the sexual assault. The interview presents an opportunity for the victim to provide additional information they may not have remembered, may have been afraid or embarrassed to share, or may have suppressed immediately following the assault. It presents an opportunity for law enforcement to:

- Verify, clarify, and expand on the initial interview
- Confirm and establish the elements of the crime
- Develop supporting details, including sensory information, related to the assault that can corroborate the victim's experience and trauma and bolster their credibility

Offenders often target victims whom they perceive to be vulnerable or lacking credibility if they report the crime. This may include, but is not limited to, victims with alcohol or drug addictions, mental health issues, physical or developmental disabilities, or a criminal history. Victims may also fear not being believed, being blamed, or being dismissed.

A victim centered approach to interviewing acknowledges these factors and attempts to make the victim comfortable by:

“Disclosure is a process, not an event.”

- Offering a community-based advocate for support
- Establishing a rapport before beginning the interview
- Explaining how the investigative process works and why certain questions are necessary
- Acknowledging the impact of trauma on the victim during the interview
- Encouraging the victim to provide a comprehensive statement of the event from beginning to end – with only minimal interruption but with the understanding that follow up questions will be necessary for clarification of various points throughout the statement
- Avoiding victim blaming questions, such as “why did you” or “why didn’t you,” unless the context and purpose of such a question is explained to the victim. While the intention is to obtain information about the assault, “why” questions may be interpreted as victim blaming.

- Reassuring the victim that investigating a sexual assault is the goal and other issues such as underage drinking, etc. are not the focus.
- Discussing what follow-up contacts may be needed and requesting victim's permission to do so; encouraging the victim to reach out with any questions or additional information they may want to share.

Conducting a Comprehensive Interview/Assault History

The comprehensive interview and assault history should be performed by officers who have specific training in trauma-informed sexual assault interviewing and investigations. Law enforcement must recognize that trauma, cultural differences, cognitive ability, fear, self-blame, and other factors can influence the victim's ability to provide information about the assault. Victims may be unable to answer questions with a lot of detail, may have lapses in their memory, and may not be able to provide a chronological sequence of events. In addition, investigators should consider the value of a forensic interview for victims with developmental disabilities or mental health issues that may impact their ability to appraise a person's conduct. Obtaining a medical diagnosis from the victim's doctor, if appropriate, may help with this determination.

"Disclosure is a process, not an event."³⁵ Victim interviews take time to complete. Law enforcement should allow ample time to conduct a thorough victim interview. The comfort and needs of the victim should be taken into consideration throughout the course of the interview process. If reporting a recent assault, consider giving the victim the option of conducting the interview after a few sleep cycles, after a forensic exam has been completed, or after they've had the opportunity to shower or change clothes. Law enforcement and the community-based advocate should work together to ensure the victim's comfort to facilitate the disclosure of as many relevant details as possible and to minimize revictimization during the interview process.

Reluctant and/or Recanting Victims

It is not uncommon for sexual assault victims to be reluctant to report to law enforcement and participate in the criminal justice system. Victims who are reluctant often feel they have no other choice but to recant to disengage from the criminal justice system. A victim-centered approach by law enforcement recognizes the tremendous cost to a victim who proceeds through the criminal justice system. Recantation of one or more aspects of a prior statement doesn't necessarily mean that the report is false. Various influences may affect a victim's willingness to participate and/or recant. Among those influences are:

- Feelings of embarrassment, fear, and shame
- The desire to put the assault behind them or avoid reliving the experience

³⁵ Tom Tremblay. "How the Brain and Body React to Trauma" Trauma-Informed Sexual Assault Investigation Training. Kansas Bureau of Investigation. 2019

- Reluctance about answering questions
- Facing the perpetrator in court
- Pressure from offender, friends, family, or community
- Pressure from cultural and/or religious communities
- Concern or confusion about the likely outcome of a prosecution
- Concern that they will not be believed

Roles and Responsibilities

Each law enforcement responder has a unique role and process that should be followed:

Dispatch:

- Check special language/access needs.
- Confirm victim's safety and medical needs; activate emergency medical services as needed.
- Seek suspect information; description, direction of travel, vehicle, etc.
- Provide forensic related evidentiary advisories – not to bathe, change clothes, comb hair, brush teeth, not to touch any articles or furniture the assailant may have touched, etc.
- Remain on the line with the victim, if practical, until officers arrive, especially if the victim is alone and/or the scene is not safe.

Initial Response:

- Activate collaborative response as applicable to your jurisdiction (community-based advocate, forensic nurse, specially trained officer).
- Re-evaluate safety for victim and any other person at potential risk; this may include developing or reviewing a safety plan.
- Activate emergency medical services as needed.
- Identify crime.

- Establish jurisdiction.
- Preserve evidence /secure scene.
- Determine if offender is known and their possible location.
- Conduct initial victim interview. Victim preference, victim availability, and the immediate need to locate an unknown perpetrator for public safety concerns may necessitate a more in-depth interview.
- Collaborate with community-based advocate to discuss the benefits of a forensic exam with the victim and facilitate transportation to hospital if needed.
- If bringing victim or suspect to the hospital, provide SANE nurse with a brief synopsis of the assault.
- Remain with the victim until investigator/ SANE /Advocate arrives and transfer information to the investigating officer.
- Provide victim with victim rights information.
- If the victim is a juvenile, refer to your department policy.
- Complete initial incident report:
 - **Do not use the word "alleged" to describe the victim or the assault.**
 - **Document only objective facts, not opinions or conclusions.**
 - **Sexual assault is not consensual. Unless quoting the victim, refrain from using language that implies consensual sex.**
 - **If possible, use victim quotes when describing the assault.**

Investigative Response:

- Re-evaluate safety, activate emergency medical services as needed.
- Verify collaborative response has been initiated (community-based advocate, SANE).
- Ascertain what disclosure has already been made and to who (initial officer, friend, etc.).
- Conduct comprehensive interview or follow-up, if necessary, after an in-depth initial interview.
- Evaluate the cognitive functioning of the victim to determine if a Child Advocacy Center (CAC) or forensic interview is appropriate.
- Coordinate audio/visual taped statements in accordance with local District Attorney's

guidelines. Ensure adherence to department policy and procedure for recording.

- If attempting a one-party consent contact, ensure that the victim is properly prepared and is offered advocacy and support during and after the contact. Victims should never be pressured into participating in one-party consent contact.
- Determine and secure search warrant, if needed.
- Look for and collect evidence at the crime scene that would corroborate the assault. This may include DNA, toxicology, hairs and fibers, condoms, lubricants, clothes, bedding, photographs of injuries, and any evidence from the suspect that could quickly degrade (i.e., mouth area).
- Conduct witness interview(s) – including potential disclosure witnesses.
- Conduct suspect interview(s).
- Look for co-occurring and interconnected crimes, including any underlying felonies (strangulation, false imprisonment, intimidation of a victim, etc.).
- Promptly and completely document case. Again,
 - **Do not use the word "alleged" to describe the victim or the assault.**
 - **Document only objective facts, not opinions or conclusions.**
 - **Sexual assault is not consensual. Unless quoting the victim, refrain from using language that implies consensual sex.**
 - **If possible, use victim quotes when describing the assault.**
- Ensure SANE kits and related evidence are sent to the crime lab in a timely manner (see kit submission best practices recommendations below).
- Conduct comprehensive review of case prior to sending case to the District Attorney – including reviewing all reports, evidence, review SANE documentation, statements, etc.
- Be available to provide case follow-up in consultation with prosecutor.

Supervisory Response

- Review all sexual assault reports for accuracy, consistency, and victim-centered response.
- Ensure that department policies regarding body cameras account for victim privacy and confidentiality (see body camera considerations below) and that retention of footage complies with the statute of limitations on sexual assault.

- Ensure that all personnel receive training on the trauma-informed law enforcement response to sexual assault.
- Attempt to assign investigators that have trauma-informed training.
- Incorporate victim service issues and response to victims of sexual assault into performance evaluations, and award and promotion recommendations of department members.

Sexual Assault Investigation

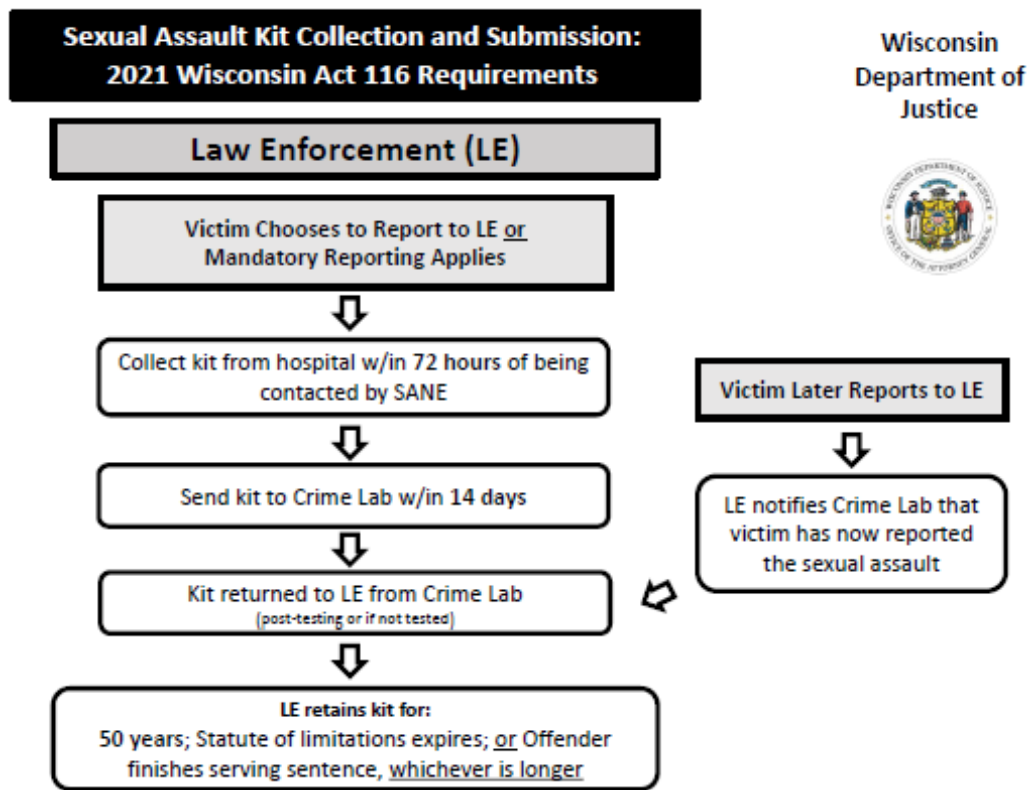
Additional considerations for a comprehensive sexual assault investigation:

- Did the suspect make any direct or indirect threats to harm the victim? Does the suspect have a history of violence? Has the suspect ever done anything like this before? Have there been grooming behaviors leading up to the abuse or assault?
- When, where, and how will suspect exams be performed?
- Did the suspect use physical force or violence, restrict the victim with body or objects, or threaten with a weapon?
- Describe the nonconsensual contact including body parts involved (i.e., penis to mouth, fingers to vagina, penis to anus, etc.).
- Was the victim able to communicate non-consent? (i.e., saying "no," "stop," "please don't," "not now," screaming, crying, physically resisting, freezing, complying). **Absence of any of these examples does not imply consent.**
- Develop a timeline before/during/after assault from victim, suspect, and witnesses.
- Identify behavior changes in the victim since the assault.
- Identify behavior changes in the suspect since the assault.
- Check social media and electronic communications to determine if the suspect is communicating about the assault or if they are trying to influence the victim's perception of the assault or reporting of the assault.
- With consent, obtain victim's phone as evidence if relevant voicemails or text messages exist.
- Monitor jail calls of the suspect while in custody as well as their social media accounts when not in custody.
- If bringing victim or suspect to the hospital, provide SANE nurse with a brief synopsis of the assault. Ensure that the victim and suspect do not cross paths at the medical

facility.

- Ask the victim if the suspect has contacted them since the time of the assault, either directly or through a third-party contact. Have they had any contact with the suspect? Ask them to explain the nature of the contact, who initiated it, and the result of the contact. Victims may initiate or respond to contact from the suspect to stay safe.
- Determine if the suspect is under the supervision of the Department of Corrections, including whether Act 79³⁶ applies. Check if the suspect is out on bail or bond.

If a sexual assault kit is collected and the survivor chooses to report the assault to law enforcement, Wisconsin Act 116³⁷ requires the following:



The Use of Body Worn Cameras in Sexual Assault Cases

According to the National Sexual Violence Resource Center³⁸:

- The International Association of Chiefs of Police recommends consistent, reoccurring, and effective training for agency personnel to develop and support victim-centered

³⁶ 2013 Wisconsin Act 79 relating to searches by a law enforcement officer of a person on probation, parole, or extended supervision <https://docs.legis.wisconsin.gov/2013/related/acts/79>

³⁷ <https://docs.legis.wisconsin.gov/2021/related/acts/116>

³⁸ National Sexual Violence Resource Center. *The Use of Body Worn Cameras in Sexual Assault Cases*. <https://www.nsvrc.org/sarts/toolkit/5-6>

programs. This standard should be central in assessing the effectiveness of body worn cameras in responding to sexual assault.

- Respecting the right to privacy, promoting safety, and enhancing victim autonomy must be critical components of any considerations or policy discussions on the use of body worn cameras, particularly when investigating sexual assault crimes. Body worn cameras may capture crime scene footage, preserve victim and suspect accounts of what occurred, capture victim and suspect experiences and post-assault behaviors, and provide compelling evidence for judges and juries during sex crime prosecutions.
- However, video recordings of victim interviews may also create issues of concern due to incomplete or inconsistent statements and misunderstanding of the demeanor of the victim. Using trauma-informed interview processes may significantly reduce these potential issues.
- Body worn cameras can record information about a victim's identity and whereabouts, which could potentially jeopardize a victim's safety if the perpetrator views the recording, if recorded data is handled improperly, or if that recording becomes public record. Often sexual assault takes place in areas where the expectation of privacy is high, such as a home or school, and a body worn camera may be especially invasive in these locations. The impact of body worn cameras on decisions to report to law enforcement is unknown, but they may affect a victim's ability or willingness to speak to police.
- Law enforcement agencies should consider ways activation of body worn cameras can affect victim cooperation in sexual assault cases, especially intimate partner sexual assault cases. For example, victims of intimate partner sexual assault, because of fear for their safety, may downplay their victimization or refrain from reporting victimization to the police as a means of protecting themselves from additional abuse. Policies around activation should clearly require officers to consider and respect a victim's ability to make informed choices, including direct language such as, 'informed consent must be obtained' rather than 'consideration must be given to victims and victim safety.'
- Any recording, audio or visual, should be stopped or paused when law enforcement leaves the room or the presence of the victim. In addition to respecting victim privacy, communication between a victim and an advocate is privileged³⁹ and should not be recorded or listened to without the victim's informed consent.

Training and Resources

- [IACP's Sexual Assault Response Policy and Training Content Guidelines](#)
- [IACP's Model Policy on Investigating Sexual Assaults](#)
- [Sexual Assault: A Trauma-Informed Approach to Law Enforcement First Response](#)
- [Effective Report Writing: Using the Language of Non-Consensual Sex - EVAWI](#)

³⁹ WI Statute 905.045, Domestic violence or sexual assault advocate-victim privilege
<https://docs.legis.wisconsin.gov/statutes/statutes/905/045?view=section>

- Understanding the Neurobiology of Trauma and its Implications for Interviewing Victims
- The Use of Body-Worn Cameras in Sexual Assault Cases

Discipline Specific Responses - Prosecution

The primary role of prosecution is to see that justice is accomplished. In cases of sexual assault, this means protecting the safety and rights of the victim and community by holding the offender accountable. To accomplish this goal, the prosecution team must work in a coordinated and collaborative fashion with the victim, law enforcement, advocates, medical professionals, and crime labs. Prosecutors are responsible for determining whether there is sufficient evidence to file criminal charges. Prosecutors must also consider the ethical issues of whether to file criminal charges. The prosecution team includes prosecutors and staff from the Victim/Witness Office. The team may also include paralegals, investigators, interpreters, and interns.

Prosecutor's Role on a SART

A victim-centered and offender-focused response to the prosecution of sexual assault is predicated on the need to protect the victim's safety, privacy, and well-being while holding offenders accountable. The goal of this approach is to decrease re-victimization by ensuring the survivor is treated with compassion and respect. The myths and misinformation surrounding the crime of sexual assault, along with the tendency of the defense and jurors to focus on victims' actions present unique challenges in the successful prosecution of the crime of sexual assault. Prosecutors are ideally positioned to educate jurors about sexual assault dynamics and the tactics that offenders use against victims.

Supporting and protecting victims' rights is paramount. In communities that lack victim advocates, the District Attorney's Office may be the only resource available to educate victims about their rights as crime victims – rights to participation, privacy, information, testing the offender for sexually transmitted infections, and restitution.

Vertical Prosecution

Vertical prosecution, where one prosecutor is assigned to a case from start to finish, is a recommended best practice in all sexual assault cases. Vertical prosecution has shown to improve conviction rates, reduce victim trauma, and provide more consistent, appropriate sentencing.

Interactions with Victims and Others in the Presence of Victims

Members of the prosecution team should remain professional and respectful during all interactions with victims. The prosecution team should be mindful that a victim's interaction with the court system may be a frightening and intimidating experience and should be prepared to respond to victims with compassion and understanding. The prosecution team should place the victim's experience at the forefront, rather than commenting on their own

professional obligations or personal experiences. The prosecution team should also ensure that the victim is able to communicate with both the prosecution team and the court in their preferred language.

Meeting with the Victim/Advocacy Presence

Victims have a constitutional right to confer with the prosecutor. Meeting with the victim prior to a charging decision is a recommended best practice in all sexual assault cases. If the prosecutor is unable to meet with the victim prior to issuing charges, a meeting should be offered prior to the preliminary hearing. The prosecution team includes staff from the Victim/Witness Office. The Victim/Witness Office should initiate prompt communication with the victim and coordinate with law enforcement⁴⁰ and community-based advocates to facilitate meetings. Prior to meeting with the victim, the prosecutor should determine whether the purpose of the meeting is to investigate and clarify facts, to explain the court process, to establish rapport, or to elicit the victim's input. A victim's decision not to meet with the prosecution team prior to charging or prior to preliminary hearing should not, standing alone, be the basis for declining or dismissing charges.

An investigative interview of the victim provides an opportunity to review the case from the victim's perspective and uncover details that may have been overlooked or not disclosed in the initial investigation. Investigative interviews should be conducted in a compassionate and trauma-informed manner. A law enforcement officer must be present during this interview. The prosecution team should always inquire about any contact with the defendant or the defendant's friends or family, including threats or promises.

Regardless of the purpose of the initial meeting, the prosecution team should review the victim's rights, explain the criminal justice system and the typical progression of a case, and explain the victim's role in the prosecution process. The team should specifically explain preliminary hearings, motion practice, potential settlement, trial, and sentencing. The prosecution team should pay close attention to the victim's verbal and non-verbal cues to understand when the victim is becoming overwhelmed with the conversation and be aware that it may be necessary to convey this information over several meetings.

Collaboration with Law Enforcement

Victim disclosure about a sexual assault is not an event, but a process. Prosecutors who meet with victims may learn new information that can be used to strengthen a case against an offender or that may weaken a case and that must be considered as part of a successful prosecution effort. For these reasons, prosecutors should review the investigator's report carefully to identify incomplete information or gaps in the evidence. Prosecutors should work closely with law enforcement to ensure they collect the evidence needed to substantiate a case for charging the offender. The sooner this process begins, the more likely that supporting evidence will be obtained.

⁴⁰ Law enforcement must be present during any interview with the victim if any facts of the case will be discussed to memorialize any factual assertions.

Victims Who Choose Not to Participate in Prosecution

The prosecution team should treat victims who are unable to participate in the criminal justice system with dignity, compassion, and respect. If a victim indicates that they are unable or unwilling to proceed with prosecution, the prosecution team, in collaboration with law enforcement, should seek to understand the reason and make efforts to alleviate any concerns the victim may have. If the victim is still unable or unwilling to participate, the prosecution team should assess whether the case can continue without victim participation and realistically inform the victim of the potential outcome of the case if they do not participate.

False Reporting vs. Recantation

A false allegation is a reported crime to a law enforcement agency that an investigation factually proves never occurred. A false allegation or false report is distinctly different than a mistake, faulty memory, or a trauma response. The intentional false allegation of a witness is and should be treated differently than a decision to recant or withdraw a complaint.

When a victim recants, the prosecutor should collaborate with law enforcement to investigate whether a recantation is a result of a system failure, witness tampering, or other factors that are outside of the control of investigators or responders. Prosecutors should exercise compassion and, if appropriate, recommend resources or involve other members of the SART. A prosecutor faced with recantation should assess the viability of their case and develop a plan for educating the jury about recantation, if necessary.

Making Charging Decisions

The decisions of whether to prosecute and what to prosecute are the most critical decisions in a sexual assault case. Prosecutors have broad discretion in making a charging decision and must be guided by the ethical obligation to only pursue those charges which are supported by sufficient admissible evidence. Gathering the information needed to make a charging decision in a sexual assault case can be a time-consuming process. Prosecutors can support victims by making charging decisions in a timely manner.

A victim-centered response to sexual assault considers the potentially lifelong impact that charging decisions have on victims. It is the responsibility of the District Attorney's Office to notify victims when the decision has been made not to issue charges. That notification should occur promptly and offer the opportunity to meet and discuss the basis for the decision.

Victim recantation is a retraction or withdrawal of a reported crime. Because recantation is used by victims to halt criminal justice involvement, it should never be viewed, in and of itself, as an indication of a false report. Many factors may influence a victim's decision to recant.

Supporting the Victim

In many sexual assault cases, there are no direct witnesses other than the victim. This places a unique burden on victims of sexual assault throughout the litigation process. It is important to make sure that the victim has access to all local support services in their community. The prosecution team can further support victims by:

- Understanding the victim's limits emotionally, cognitively, and psychologically.
- Offering to connect the victim with resources such as advocacy, housing or other public assistance, crime victim compensation, the Safe at Home program,⁴¹ and other social services.
- Educating victims about the steps in the process of the investigation and prosecution and their rights in criminal proceedings.
- Educating victims about their constitutional and statutory rights.
- Educating victims on the estimated timeline of the case.
- Preparing victims for testimony at motion hearings and trial.
- Informing victims about the potential for the presence of media in the court room and rules regarding the limitations on publicity regarding the victim.
- Cautioning victims about potential consequences of discussing the case with others outside the criminal justice system.
- Educating victims on the roles of the prosecution, the defense, and their respective investigators.
- Educating victims on their rights relating to speaking to either the prosecution or the defense.
- Educating victims on the uncertainty of the criminal justice process and *all* potential outcomes of a criminal case.

Protecting Victim Privacy

Prosecutors should take steps to ensure the victim's privacy before charging and at every stage of a criminal proceeding.⁴² Ensuring the victim's privacy also means carefully evaluating what information is included in public court filings, such as criminal complaints and motions. When appropriate, the prosecutor should redact sensitive materials, such as medical records, to remove non-discoverable information.

A sexual assault victim should never be identified by their full name in court filings. Pseudonyms such as "Victim 1" are the preferred method to identify the victim in these public documents. Prosecutors should consider their local practices for advising the

⁴¹ Safe at Home is a statewide address confidentiality program that provides victims of actual or threatened domestic abuse, child abuse, sexual abuse, stalking, and trafficking, or those who simply fear for their physical safety with a legal substitute address to be used for both public and private purposes. For more information, please see <https://www.doj.state.wi.us/ocvs/safe-home>

⁴² See Wis. Const. Art. I, § 9m; Wis. Stat. §§ 950.04(1v)(ag) and 809.86(4).

VICTIM PRESENCE AT ALL PROCEEDINGS

Victims have the right to be present at all proceedings. The prosecution team should:

- collaborate with court officers, case detectives, and community-based advocates to ensure that victims feel safe and supported during all hearings, including trial.
- caution the victim to be careful what they share with others before, during, and after the trial, with special emphasis on not speaking with anyone in a public place, such as a courthouse restroom or any other place where potential jurors or others may be present, including social media
- discuss with the victim whether they wish to be present during trial and identify any portion of trial the victim does not want to attend
- prepare the victim for the possible outcomes and explain the court's expectations of parties during verdicts. If the victim does not wish to be present for the verdict, plan for notification of the outcome.

court and defense counsel of the victim's identity in a confidential manner for the purposes of setting no contact provisions as part of a bond.

Prosecutors should not include address, place of employment, license plate, or other identifying information in public filings. If either party files a document containing sensitive or identifying information, prosecutors should be prepared to quickly respond with motions to seal.

A prosecutor should also be prepared to file motions for protective orders, when necessary, especially when dealing with digital materials, medical records, and photographs.

The prosecution team should take steps to clearly inform the victim of what the State's discovery obligations are and what specific information must be turned over to the defense through discovery.

Protecting Victim Safety

Ensuring the physical and emotional safety of victims during the prosecution phase is critical. The prosecution team can work together with law enforcement and community-based advocates to make sure the victim feels as safe as possible. The prosecution team should:

- Educate victims about the Safe at Home Address Confidentiality Program
- Advocate for bail conditions, including geographical limitations and GPS monitoring, that consider the safety of the victim and the community.
- Ensure that no contact orders are written clearly.
- Seek no contact orders under Wis. Stat. § 940.47 that will apply regardless of the defendant's bond status.
- Inform victims about the terms of bail conditions for the offender.
- Seek information about and educate victims about the potential risk of retaliation or harassment by the defendant and/or the defendant's family members and friends.
- Assist victims in developing a safety plan in the event of retaliation or harassment.
- Notify law enforcement of any cases of special concern.
- Offer to connect the victim with advocacy services.

- Inform court officers or case detectives of concerns relating to victim safety during hearings.
- Ensure victims' rights compliance at *all* hearings.

Initial Court Appearance

The initial appearance in court may be the first time the victim and assailant meet face to face after the assault. A victim-centered response recognizes that this is a critical juncture for the victim. To support a victim, the prosecution team should:

- Discuss the victim's right to attend court proceedings and plan for supporting the victim at any hearings they choose to attend.
- Discuss any security issues with courthouse security officers.

Preliminary Hearing

The prosecution team should educate the victim on the purpose of a preliminary hearing and explain the process prior to entering the courtroom. Best practice for a preliminary hearing is to avoid calling the victim to testify, and instead utilize the allowable hearsay exception. Prosecutors should remember the lower standard of proof at preliminary hearing and limit extraneous evidence accordingly. Prosecutors should be aware of the scope of preliminary hearings and object to defense efforts to introduce evidence outside the scope of preliminary hearing.

Trial Preparation

The prosecution team should fully prepare victims for the realities of the trial process. This means educating victims about the timeline, what is expected of them, what support the prosecution team can provide, and where victims can go for additional support. Keeping victims informed about continuances and other delays is important. Involving victims in preparing the prosecution's case empowers victims and improves their testimony. To prepare victims for trial, the prosecution team should:

- Provide the victim with advance notice of all motions and hearings and explain that hearings may be rescheduled.
- Educate the victim about their constitutional and statutory rights relating to motions and hearings.
- Ask the victim if there are dates that need to be avoided.
- Consider the use of an expert witness relating to victim dynamics.
- Issue timely subpoenas to victims and witnesses.
- Manage victim expectations with a realistic assessment of the potential time they may spend on the stand and what the victim can expect while on the stand.

- Prepare victims and family members for disclosure of traumatic information during the trial (e.g., 911 tapes, photos, etc.).
- Educate victims about asking for water or a break during testimony.
- Educate victims about asking to clarify questions that are confusing or that the victim does not understand.
- Explain any limitations on the victim’s testimony, including other acts and character evidence.
- Remind the victim that what they share with family and friends is not privileged information.
- Explain the right of privilege held by advocates and encourage the victim to use advocates for emotional support.
- Advise the victim of the potential for misuse of trial subpoenas as a strategy used to remove support from the victim during court proceedings.
- If possible, allow the victim an opportunity to go into the courtroom where the trial will be held to familiarize themselves with the space.

Settlement Discussions

The prosecution team should explain the pretrial negotiation process and offer victims the opportunity to provide feedback on potential settlement agreements before extending an offer. If the victim asks to provide feedback on settlement agreements, the prosecution team should keep the victim apprised of any counteroffers and changes in settlement agreements. The prosecution team should always discuss restitution with the victim prior to extending a settlement offer.

Presentence Investigation (PSI)

The prosecution team should ensure that victims are aware of the PSI process and explain that the Department of Corrections should contact the victim as part of that investigation.⁴³ The prosecution team should ensure the victim understands that they are not required to speak to the PSI writer and remind the victim of support services available if the victim chooses to provide a statement. The prosecution team should also offer to review allowable portions of the PSI with the victim prior to sentencing.

SART REVIEW

Regardless of case outcome, multidisciplinary reviews of what went well and what could be improved in the future could provide valuable insight into sexual assault prosecution and should be utilized when possible. Collectively, the team should reflect on successes and improvements in the SART process. All members of the team should exercise professionalism and respect for the role of other team members.

⁴³ When the prosecution team receives the PSI, the prosecution team should confirm that the PSI indicates that the writer contacted the victim. If the PSI indicates that the agent was unable to reach the victim, the prosecution team should contact the victim to determine whether the victim wishes to provide a statement to the PSI writer and provide contact information if requested.

Sentencing

The prosecution team should educate victims on how they can inform the court at sentencing of the impact the sexual assault has had on them. The prosecution team should:

- Educate the victim on their right to be present and their right to be heard, including how a victim impact statement may be presented.
- Honor the victim's decision to be present **or** not be present.
- Prepare the victim in advance about how to address the court.
- Prepare the victim for any evidence or argument by the prosecution or defense that may be shocking or disturbing.
- If the victim chooses to attend, make a support plan with the victim.
- Ensure that the victim's request for a no contact order is honored at sentencing.

Prosecutor Wellbeing

Prosecutors should ensure that they have adequate support systems in place for their own physical, mental, and emotional wellbeing. The prosecution process can be physically and emotionally taxing. Prosecutors should set and enforce appropriate boundaries. Prosecutors should address their needs for nutrition, sleep, and physical and mental exercise. Prosecutors should keep an open line of communication with their supervisors and ask for help when needed.

Training and Resources

Prosecutor Resource Manual – COMING SOON

Discipline Specific Responses – Prison Rape Elimination Act (PREA)

The Prison Rape Elimination Act (PREA) was signed into federal law in September 2003 in response to the problem of sexual assault (referred to herein as abuse) of those in the custody of United States correctional agencies. This was the first federal law to address sexual abuse and sexual harassment in confinement.

The response procedures described below are relevant for the Wisconsin Department of Corrections. While the processes may be similar within other correctional agencies (i.e., county jails or community confinement facilities such as halfway houses), they may not mirror this protocol. Depending upon the circumstances, the collaborative response may deviate from the description.



IMPROVING THE RESPONSE TO
PEOPLE WHO ARE
INCARCERATED

PREA defines a confinement facility as an adult prison, jail, lockup, community confinement facility, or youth facility wherein most people are held pursuant to the justice system. Hospitals, mental health care facilities, and foster homes, for example, are not considered confinement facilities.

Sexual abuse and sexual harassment in confinement threatens the physical and emotional wellbeing of inmates, compromises facility safety and security, damages the credibility of correctional professionals, jeopardizes public health, and violates DOC policy, state law, and Constitutional protections. As such, the Wisconsin Department of Corrections (referred to herein as DOC or agency) has zero tolerance for all forms of sexual abuse, sexual harassment, and report-related retaliation. Under the guidance of the Prison Rape Elimination Act, DOC has policies and procedures in place to prevent, detect, and respond to such conduct.

While any person may experience sexual abuse, the agency works to ensure the safety of inmates who are especially vulnerable including those who have a mental illness, physical disability, or developmental disability; those who are small in stature or young; those who have limited English proficiency; sex offenders; those who identify as, or who are perceived as being, lesbian, gay, bisexual, transgender, or gender non-conforming; and those who have previously experienced sexual abuse or assault in confinement or the community.

The universal experience for survivors is that there is no universal experience. Inmates, as with all survivors, experience a wide-range physical and emotional responses following an experience of sexual abuse. Reactions to their victimization is compounded and complicated by their incarceration. Establishing and maintaining a robust community response of professionals, despite a victim's confined status, is critical to restoring health, ensuring justice, improving institutional security, and safeguarding the communities to which inmates will likely return.

Definitions

There are a host of definitions unique to sexual abuse and sexual harassment in confinement. As a point of reference and for shared understanding, below are key words and phrases as defined by PREA.

Sexual abuse:

1. Sexual abuse of an inmate by another inmate includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
 - a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - b. Contact between the mouth and the penis, vulva, or anus;
 - c. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

- d. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks, of another person, excluding contact incidental to a physical altercation.
2. Sexual abuse of an inmate by a staff member, contractor, or volunteer (referred to herein as staff or staff member) includes any of the following acts, with or without consent of the inmate:
 - a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - b. Contact between the mouth and the penis, vulva, or anus;
 - c. Contact between the mouth and any body part where the staff member has the intent to abuse, arouse, or gratify sexual desire;
 - d. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member has the intent to abuse, arouse, or gratify sexual desire;
 - e. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member has the intent to abuse, arouse, or gratify sexual desire;
 - f. Any attempt, threat, or request by a staff member to engage in the activities described in paragraphs (a)-(e) of this section;
 - g. Any display by a staff member of his or her uncovered genitalia, buttocks, or breast in the presence of the inmate; and
 - h. Voyeurism by a staff member.

Sexual harassment:

1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed towards another.
2. Repeated verbal comments or gestures of a sexual nature to an inmate by a staff member, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.



UNDERSTANDING THE ROLE OF CONSENT IN A CORRECTIONAL SETTING IS OF CRITICAL IMPORTANCE.

Substantiated allegation: an allegation that was investigated and determined to have occurred.

Unfounded allegation: an allegation that was investigated and determined not to have occurred.

Unsubstantiated allegation: an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether the event occurred.

Voyeurism: an invasion of privacy of an inmate by staff for reasons that are unrelated to official duties, such as peering at an inmate who is using the toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

While PREA does not define consent, DOC takes great care to educate staff and inmates regarding this construct. The agency describes consent as when someone is willing and able to freely agree to be part of an activity. If someone does not agree or is unable to agree because they are asleep, unconscious, drugged, afraid, feeling threatened, or do not understand what is going on, then they have not consented.

While inmates may consent to sexual activity with one another (i.e., consensual sexual activity between inmates is not considered sexual abuse), such conduct is a rule violation subject to disciplinary action. Lastly, inmates may never consent to sexual activity with a staff member. The inherent power and control dynamic prevents such agreement even if it appears the inmate is a willing participant.

Response Procedures

All staff members are required to report any knowledge, information, or suspicion of sexual abuse or sexual harassment. Inmates may report in any of the following ways: tell or write to any staff member, call either of the agency's sexual abuse reporting hotlines (#777 or #888), file a grievance, or contact local law enforcement. The agency must also accept reports from third parties, including from family members, friends, or support persons.

The following is an overview of the multi-disciplinary response process following a report of sexual abuse. Please note, the facility is responsible for taking immediate action to protect inmates from reported or known risks of imminent sexual abuse.

Security Director or Shift Supervisor

- Separate the victim and suspect(s).
- Obtain minimal information from the victim in a safe, comfortable, and confidential location. Determine immediate risk level.
- If the abuse occurred within a period that still allows for the collection of physical evidence, *request* that the victim and *ensure* that the suspect do not take any actions that may destroy physical evidence. Such actions include bathing, brushing teeth, changing clothing, using the toilet, drinking, or eating.

- If the abuse occurred within a period that still allows for the collection of physical evidence, secure the crime scene, preserve evidence (including on the victim's and suspect's bodies/clothes), and maintain custody of evidence until released to Security Director or law enforcement officials.
- Notify medical and/or mental health clinicians, if appropriate.
- If appropriate, facilitate the victim's transport to the designated medical facility for a SANE examination.
- Notify law enforcement. If youth-involved, notify parents/guardians and child protective services.
- Preserve evidence. Maintain custody until released to law enforcement.
- Notify Victim Services Coordinator.
- Assign investigators. At minimum, the lead investigator must have participated in specialized training for sexual abuse investigations.
- Review and compile all relevant documentation related to the incident for the Sexual Abuse Incident Review Team. Participate on the Sexual Abuse Incident Review Team.

Facility-Based Medical Staff

- Collect basic information from the victim and conduct a cursory exam to assess for injuries and suicide risk.
- Confer with the SANE to determine whether a SANE examination is medically/forensically necessary. Advise the victim of their right to a SANE examination at no cost. While a victim may not decline the transport to the medical facility, they may decline the examination (in part or full) upon arrival.
- If victim is being transported for a SANE examination, provide basic medical care for acute injuries; preserve forensic evidence to the extent possible. If the victim is not being transported for a SANE examination, provide further care and treatment without financial cost, which includes timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis.
- Examine and treat the suspect(s), if indicated.
- Coordinate with the SANE regarding follow-up instructions and care for the victim. Provide follow-up medical care consistent with the community level of care and without financial cost, as needed, which may include treatment and care for any injuries; testing for STDs, other communicable diseases, and pregnancy; and follow-up testing, prophylactic treatment and follow-up care for STDs and other communicable diseases.
- Participate on the Sexual Abuse Incident Review team, if requested.

Facility-Based Mental Health Staff

- Conduct a diagnostic evaluation or crisis assessment to determine the victim's mental health needs and any risk of suicide. Provide immediate crisis intervention and any needed emergency mental health care without financial cost, as appropriate.
- Provide ongoing care to victims consistent with the community level of care and without financial cost, which may include, as appropriate, follow-up services; treatment plans; and, when necessary, referrals for continued care following the victim's transfer to, or placement in, other facilities or their release from custody.
- Conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history. Offer treatment when appropriate.
- Participate on the Sexual Abuse Incident Review team, if requested.

Sexual Assault Nurse Examiner

- Provide SANE examination as outlined in SANE protocol.
- Turn over evidence to local law enforcement.
- Communicate with facility-based medical provider, as needed, to discuss follow-up care.

Facility-Based Victim Services Coordinator

- Accompany the victim during the SANE examination and investigatory interviews if a community sexual assault service provider (SASP)/advocate is unavailable and the victim requests such support.
- Meet with victim as soon as possible. Discuss internal (i.e., PSU, HSU, Chapel, Social Services) and external (i.e., SASP/advocate) service options. Differentiate role of victim services coordinator and advocate. Describe the investigative process. Discuss retaliation and monitoring. Review limits of confidentiality.
- If victim requests support from an advocate, coordinate meetings. Discuss the method (i.e., in-person, telephone) and frequency of contact with the advocate. Maintain ongoing communication with advocate during services to monitor for safety, appropriateness of services and length of care.
- Provide emotional support, crisis intervention, information, and referrals in the absence of a SASP/advocate.
- Monitor (i.e., periodic status checks) victim and inmate third-party reporters for retaliation for at least 90 days following the initial allegation of sexual abuse. Monitor beyond 90 days if there is a continuing need.

- Follow-up on victim wellness.
- Notify the victim whenever the inmate perpetrator(s) is indicted and/or convicted on a charge related to sexual abuse within the facility.
- If the victim transfers to another DOC- facility, connect with the receiving victim services coordinator to ensure continuity of care.
- Participate on the Sexual Abuse Incident Review team, if requested.

Community-Based Sexual Assault Service Provider

- Enter into a memorandum of agreement for the provision of services with the local correctional facility.
- Coordinate provision of advocacy services with the facility-based victim services coordinator.
- Accompany the victim during the SANE examination, investigatory interviews, and legal proceedings if the victim requests such support.
- Provide face-to-face or telephonic emotional support, crisis intervention, information, and referrals.

Facility-Based Investigator

- Upon being assigned the case, in a timely manner, gather and preserve any direct and circumstantial evidence; interview alleged victims, suspect(s), and witnesses; and review prior complaints and reports of sexual abuse involving the suspect.
- Work in collaboration with local law enforcement, if necessary and as appropriate.
- Submit completed investigation to Appointing Authority/Designee for recommended disposition.
- Participate on the Sexual Abuse Incident Review team, if requested.

Law Enforcement

- Collaborate with Security Director or assigned investigator(s) to obtain initial details, discuss investigation plan (explore whether DOC may conduct a parallel administrative investigation or wait until criminal investigation is complete), and schedule interviews.
- Process crime scene. Receive evidence from the facility.
- Report to hospital during a SANE examination to receive evidence.

- Conduct parallel interviews with facility-based investigator(s) and/or communicate investigation progress with facility-based investigator(s).
- Refer substantiated allegations involving criminal conduct to prosecutor. Confer with facility-based partners and prosecutor prior to a charging decision.

Prosecutor

- Meet with the victim prior to a charging decision.
- If charging, collaborate with victim witness representative to prepare victim for court proceedings.
- Meet and/or confer with the victim before any plea agreement is offered or accepted.

Victim Witness Program

- Coordinate with facility-based victim services coordinator and sexual assault service provider if case is charged.
- Work with prosecutor to prepare victim for court proceedings.

Facility-Based Sexual Abuse Incident Review Team

- Within 30 days of the conclusion of the investigation and at the direction of the compliance manager, review substantiated and unsubstantiated allegations of sexual abuse.
- The team shall:
 1. Consider whether staff neglect or violation of responsibilities contributed to the incident;
 2. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
 3. Consider whether the allegation was motivated by race; ethnicity; gender identity; LGBTI identification, status, or perceived status; gang affiliation; or another underlying group dynamic; and
 4. Examine any unsuitable or inadequate physical barriers, monitoring technology, or staffing levels that may have enabled the abuse; and
 5. Prepare a report of its findings, including recommendations for improvement. Submit report to the appointing authority, PREA Compliance Manager and PREA Office.

PREA Compliance Manager

- Coordinate and oversee the coordinated response process.
- Facilitate a memorandum of understanding with the local sexual assault service provider and facility.
- Following an investigation, if the suspect is a staff person, notify the victim if the staff person is no longer posted within the victim's unit; is no longer employed at the facility; and/or has been indicted/convicted on a charge related to sexual abuse within the facility.
- Convene Sexual Abuse Incident Review Team within 30 days of the conclusion of a sexual abuse investigation; all substantiated and unsubstantiated allegations shall be reviewed. Team shall include upper-level leadership, with input from supervisors, investigators and medical or mental health practitioners. Review the Sexual Abuse Incident Response Team's report of its findings.

PREA Director/PREA Office

- Coordinate agency-level efforts to prevent, detect, and respond to sexual abuse.
- Consult with facility-based leadership on a case-by-case basis.

Discipline Specific Responses – Wisconsin State Crime Laboratories

The Wisconsin Department of Justice Division of Forensic Sciences (DFS) State Crime Laboratories provides evidence analysis to assist with the SART response.

Evidence Submission Guidelines

Many sexual assault investigations will yield evidence collected by the SANE during the patient exam and/or by the investigating law enforcement agency. This evidence is then submitted to the Wisconsin State Crime Laboratory (WSCL) for forensic analysis. The WSCL employs [DNA Evidence Submission Guidelines](#) to assist with the submission of forensic evidence.

For sexual assault cases, the DNA evidence is prioritized for examination. The evidence deemed of highest investigative value being those items that are most closely associated with the crime scene (i.e. the victim and/or suspect's body). For example, samples collected from the victim's body during a SANE exam provide the potential to detect DNA from the subject. A linkage of the suspect's DNA directly to the victim's body would be considered of high investigative value. Other evidence may exist, and be subsequently examined, that provides potential for a less-direct connection to the victim (i.e. bedding or clothing).

With any drug or alcohol facilitated sexual assault, blood and/or urine samples may be

collected and submitted for analysis by the Toxicology Unit. [WSCL Toxicology Submission Guidelines](#) provide details regarding the submission of Toxicology evidence from law enforcement.

Evidence Submission by Health Care from Non Reporting Patients

Survivors/patients have the option to have evidence collected without reporting the assault to law enforcement at the time of the exam. With this option, the SANE will submit the sexual assault kit to the WSCL where it will be stored for ten years or until the victim chooses to report the assault to law enforcement. If the victim never reports the assault to law enforcement, the kit will be permanently destroyed after ten years.

Mailing packets for facilitating the submission of kits from a Non-Reporting Patient to the Crime are available for Health Care/SANE programs at no charge and upon request by emailing or calling at wicrimelabmadison@doj.state.wi.us or 608-266-2031. The mailing packets will include the following:

- A padded, manila envelope that is pre-addressed to the Crime Lab in Madison
- A Transmittal of Evidence Form – this completed form is required for submission of evidence to the Lab
- A “Medical Forensic Exam with Evidence Collection: Information and Options” Form which provides education on the options available to the patient regarding reporting the crime (or not) to law enforcement and serves as a patient consent form. This form also serves as a document that provides the patient with contacts for the local sexual assault advocacy agency, and local law enforcement agency. A copy of this form can be retained at the health care facility in the patient’s medical file, and a copy should be provided to the patient.

A Receipt of Physical Evidence form will be returned to the submitting health care facility by the WSCL, acknowledging the Lab’s receipt of the evidence submitted involving a Non-Reporting Patient.

Medical-Forensic Evidence Collection Kits Information

The WSCL has two kits available at no charge to health care facilities for use in the collection of forensic specimens during a sexual assault examination:

- The Medical-Forensic Sexual Assault Evidence Collection Kit (aka sexual assault kit)
- The Medical-Forensic Drug Facilitated Sexual Assault (DFSA) Kit Information on ordering these kits can be found at the following link: [Medical Forensic Kits-Information and Ordering](#)

The Wisconsin Crime Laboratories DNA Section

The DNA Analysis Section of the Wisconsin State Crime Laboratory is comprised of two Units: The DNA Analysis Unit, and the DNA Databank Unit. Information on each of these units can be found at the following links:

[DNA Analysis Unit](#)

[DNA Databank](#)

The Wisconsin Crime Laboratories Toxicology Unit

The Toxicology Unit of the Wisconsin State Crime Laboratory is housed within the Chemistry Section. Information on Toxicology can be found at the following link:

[Toxicology Unit](#)

Monitoring and Evaluation

Collecting information and monitoring your efforts will help your SART evaluate the effectiveness of your protocols, identify any gaps in system response, and recognize emerging trends that may inform training interests and needs. The goals set by the SART should be evaluated on an annual basis to determine what is working well and identify what areas need improvement.

According to the NSVRC⁴⁴, a SART's process for monitoring and evaluation, should address the following foundational components:

- Evaluation goals: Broad statements about what your SART expects to achieve as a result of your evaluation.
 - *Example: "To ensure the SART's victim-centered approach meets the immediate needs of the victims with crisis intervention and support services."*
- Evaluation objectives: Specific statements to be measured to achieve your evaluation goals.
 - *Example: "To assess the extent to which law enforcement responders provide information and referrals to victims."*
- Evaluation questions: Questions that answer what you would like to know about your SART program components, activities, and outcomes. Evaluation questions should reflect your stated goals and objectives and guide the rest of the evaluation planning.
 - *Example: "What percentage of law enforcement responders provide information and referrals to victims, even when the report does not meet the criteria of a crime?"*

⁴⁴ National Sexual Violence Resource Center. www.nsvrg.org/sarts/toolkit/4-2.

MONITORING & EVALUATION RESOURCE

The Wisconsin Department of Justice provides a free monitoring database for SARTs that are interested in tracking sexual assault and sexual assault response in their community.

The database can be used by law enforcement, prosecution, SANE, and advocacy to collect information relevant to the SART response while maintaining appropriate data separation between the disciplines.

This database is an excellent tool for SARTs to monitor their response without relying on anecdotal evidence.

For a demo of the database, click on [SART Database Demo](#)

For more information on the database or to request access for your team, contact the Office of Crime Victim Services at ocvs@doj.state.wi.us

It is up to your SART to determine what questions to ask and what information you think will be most useful to your team and your ability to meet your mission. Different types of evaluation require different timelines, both to collect data and to review results. Some evaluations, particularly those focused on sustainable systems change, may take years to ensure the goals have been met, while other evaluations, such as measuring a kit backlog, may take a few months.

When beginning any evaluation, it is important to ask, **“What is the question we want to answer?”** and develop a clear, specific question that may include a time range. Developing a clear, specific question may be difficult for teams that have varying perceptions of the work and that may value feedback on different aspects of the work. When teams sit down to discuss evaluation, the process of identifying the right question may take multiple meetings and require feedback from all agencies in addition to the SART members.

SART evaluations can focus on two areas:

- Process-focused
 - Assess the quality of the SART’s multidisciplinary team relationships.
 - Assess the team's infrastructure and its development of SART guidelines and protocols.
 - Assess the strengths and weaknesses of the team's administrative functions.
 - Document accomplishments to build on what is working well.
 - Identify ongoing issues and areas for improvement.
- Outcome-focused
 - Describe what is happening that was not expected.
 - Assess how service providers and victims interact.
 - Describe emerging issues and how they are being addressed.
 - Describe both short- and long-term outcomes associated with the team's activities.

- Assess the impact of multidisciplinary collaboration on victims' experiences and criminal and civil justice outcomes.

Systems Consultation & Survivor Input

Systems Consultation

A systems consultation is an effective monitoring tool to address and solve, as a team, issues that arise in response to a sexual assault⁴⁵. This process is not unlike case review; but to underscore the commitment to focus on the system's response **to** victims rather than **on** victims, this process is referred to as a "systems consultation." The focus, then, is on how systems implement protocols, how protocols address victim/case needs, and how or whether the protocols are appropriately written.

Information gathered from your monitoring and evaluation efforts can provide direction for areas or issues to address through systems consultation.

Additional guidance from the authors includes:

- Systems consultation should be a standing item for team meetings. Some teams ask those present at the outset of a meeting if there are issues for systems consultation, and then manage the meeting time to reserve sufficient time for these issues.
- Before beginning systems consultation, have a team discussion about the process, expectations, and other relevant issues the team identifies. Discuss and plan for how information should be presented to invite team members to hear and process the information without becoming defensive. It is likely that as problems arise, some members may feel put on the spot. It is important to remember that no one agency or person should be targeted. The question on the table should be either "What is missing from the protocol?" or "Why was the protocol not followed in this instance?"
- Establish rules that ensure victim privacy. If possible, ask victims for permission to bring questions relevant to their case to the team. If that is not possible, present issues to the team without identifying the victim. Understandably, others at the table may identify a victim by the details of the case. This is still no invitation to use the victim's name in the discussion about case issues.
- Establish a process for recording the discussion, the proposed solution, and the manner for updating the team on the results of the systems consultation. Maintain an accessible record for review if similar issues should arise in the future.

Examples of system consultation issues that teams have addressed include:

- *A majority of cases referred to the prosecutor are denied charges.* Is this related to the quality of investigation being done? The aggressiveness of the prosecutor's office?

⁴⁵ National Sexual Violence Resource Center. SART Toolkit Section 3.5. www.nsvrc.org/sarts/toolkit/3-5

Lack of second opinion processes in the prosecutor's office? Victim recantation? Jury pool? These issues can all be addressed constructively by the team.

- *Advocacy services are not being offered to victims.* If this is written into the protocol, why is it not being followed? Is it related to individual system personnel not "liking" advocates? Distrust of the advocacy agency? Questions about the professionalism of the advocates? A desire to not "complicate things" by calling the advocate? Concerns about violating victim privacy laws? Each of these can also be discussed within the agreed upon protocols.
- *Many initial reports from victims are not referred from law enforcement to the prosecutor for charges.* Are protocols being followed? Is there a process for second opinion? Are there similar characteristics about these reports that may indicate a barrier in the system?

Preparing for Systems Consultation

The background for systems consultation is to have a current and active interagency agreement (MOU) that makes it clear that all parties are committed to improving the systems response to sexual assault. The agreement uses the power of the entire collaborative team to prompt necessary change. The discussion should be organized to ensure that no one is personally "attacked" and that the desired victim-centered response is the intended outcome.

This can be accomplished by:

- Coming to the table with a degree of neutrality and listening with some amount of distance
- Ensuring the issue to be discussed is a system's response issue - not a victim issue.
- Being prepared for the discussion:
 - Organize thoughts about the nature of the system issue.
 - Address the issue prior to the meeting with the agency or supervisor of the source of the issue - no "gotchas."
 - Gather as many facts as possible.
 - Focus on the agency-level approach, not the individual.
 - Maintain confidentiality of the victim.
 - Stay focused to present the issue concisely and carefully. Avoid jargon, accusatory statements, falling back on history, etc. Present the issue and look

for resolution or steps toward resolution. The solution is not necessarily what will make this circumstance okay, but how this can be avoided with future cases/victims.

- Take notes. What is the system issue? What will be the follow-up? How does this affect the written protocols?

If an issue has just happened prior to the meeting and no discussion with the involved parties has happened, this is probably NOT the time to bring the issue to systems consultation. Take time to gather the facts and put emotions in perspective before bringing the discussion to the team.

When the issue is about an individual response to a victim rather than a process concern, the issue should be addressed with that person. If concerns persist, the issue should be brought to the attention of their supervisor. This could become a system's issue if the supervisor or agency refuses to intervene and deal with the performance issue. If/when that becomes clear, the overall issue should be brought to the team. This would indicate an unwillingness to abide by the interagency agreement.

Making and Documenting Decisions

- Clear notes should be taken that identify the person/agency bringing the issue to the table and the details of the discussion, as well as the next steps and solution, if any.
- The team may decide they need to talk with another agency that is not represented at the meeting.
- The team could decide that the issues are not in their purview and choose to not address them.
- The team may decide that the issue raised should have been addressed in written protocols but was not. Decisions must be made now about how to move forward incorporating this into the protocols.
- Often, a system issue may be resolved during the fact-finding time before presentation to the group. If a call to an agency to clarify a situation results in the agency changing their procedure or changing their training to ensure that all personnel are on the same page, there is no need to revisit the entire issue in a systems consultation. A summary of the problem and the solution, and the process taken to arrive at the solution, can be presented to the entire group. This should also be documented for future reference.
- Teams should keep a notebook, log, or some other organizing device to ensure that system consultation issues and their resolution are available for review if necessary.

The SART Facilitator's Role in Systems Consultation

- Make sure your team has talked about doing systems consultation. Do they understand the ground rules? The rules about privacy for victims? Have new team members been oriented to the process?
- Invite team members prior to or at the outset of a meeting to let you know if they have consultation to bring to the group. Determine how much time must be reserved to give proper attention to the issues at hand.
- Ask the person who is bringing the issue to frame the discussion for team members.
- The SART facilitator must hold the team accountable for not using victim-identifying information. It is always best if a victim will give you a release to talk about a system issue involving them, but without that release, a careful presentation is also appropriate. Make sure names or other identifying pieces of information are not used. The SART facilitator must monitor that this is followed and intervene if someone begins pressing to know who the victim is.
- The SART facilitator should monitor the tone of the discussion to ensure that specifics about the victim that are not germane to the issue at hand are not aired.
- The SART facilitator should assess the progress of the discussion and make sure it moves from framing the issue to problem solving. Listen for repetition. Are the same issues being hashed over repeatedly? Is no new information coming out? SART facilitator may ask, "Have we heard all we need to hear in order to move on to problem solving?" Help the group be specific about what course of action to follow, who is doing what, and how follow-up will look/occur.
- Summarize the decisions at the end of the discussion to ensure nothing has been misunderstood.

Other Review Models

In addition to systems consultation, [SVJI Resources](#) offers additional information on different review models, including:

- Active Case Management:
 - Proactive review (high level of case details)
 - Identifies case-specific practice changes
 - Limited resource investment
 - Immediate responders
- Case Presentations
 - Reactive review (highest level of detail from one case)
 - Identifies case-specific practice changes (may identify systems based)
 - Medium resource investment

- Varies in who is involved
- Case File Review
 - Reactive review (highest level of details from many cases)
 - Identifies specific systems-based changes
 - High resource investment
 - Core disciplines (allied members in some parts)

Survivor Input

Survivor input is an essential component of the SART's goal setting, strategic planning, and evaluation. Victim impact must be a priority when developing and implementing protocols. However, gathering survivor feedback can be challenging for a variety of reasons, including the survivor's:

- Privacy and confidentiality concerns
- Safety considerations
- Reluctance to engage with systems
- Limited opportunity to comfortably provide feedback

**Incorporating Survivor Voices
Into Your SART**

Nevertheless, it's important to have a framework in place for survivors to provide feedback on the SART response. This can be done in a variety of ways:

- Provide confidential surveys to victims through community-based sexual assault service providers to inquire about their experiences. Ensure that surveys are accessible, both in language preference and literacy level, and can be submitted anonymously and confidentially.
- Consider hosting forums or focus groups that provide survivors and community members a venue to provide feedback to system partners. In planning for such an event, teams should ensure that survivor safety needs are considered as well as on-site advocacy services should someone need to debrief or discuss resources.
- If there is access to a private consultant, allow them to conduct research and make recommendations for improvement based on survivor feedback.
 - Evaluate if there is a need for follow-up/aftercare through survivor input.
 - Are there concerns with safety planning and implementation?
 - How effective is victim advocacy?
 - What was their experience when engaging with law enforcement, prosecutors, victim advocates, and SANE nurses?
 - What was their experience navigating through the judicial system process (if they did)?
 - What was their experience in their case/resolution of their case?

Decision Making and Conflict Resolution

The SART Toolkit acknowledges that, “despite the best intentions of SART members to cooperate with one another, disagreement among disciplines is inevitable. Team members bring personal and professional experiences, agendas, beliefs, and perceptions into dialogues. If you cannot resolve conflicts or disagreements, you could diminish your SART's effectiveness.”⁴⁶

Several basic strategies are offered in the SART Toolkit to help teams resolve conflicts:

- **Be open:** Address problems openly rather than allowing them to go unresolved.
- **Stay focused:** Adhere to a decision-making philosophy grounded in what is best for the victim and what is in the best interest of the community.
- **Clarify interests:** Encourage team members to explore the interests of opposing viewpoints and attempt to find common ground, all the while keeping the victim as a priority concern.
- **Generate options:** If common ground does not seem apparent, brainstorm ways to think in new and creative directions. Instead of stopping at an impasse of opposing viewpoints, find opportunities for the team to work through issues proactively to ensure a victim-centered response.
- **Find the middle ground:** Encourage those with opposing opinions to identify the most attractive alternative recommendation while factoring in costs, time, outcomes, and compliance issues.
- **Be patient:** Recognize that some problems do not lend themselves to immediate resolution.



Reason for Disagreement	Potential Underlying Cause	Possible Solutions
Need more information	Repeated requests for additional detail could signal resistance rather than a need for more detail.	Find out what level of detail is needed to make a decision.
Too many details	During discussions, SART members may offer too many details that block discussions.	Ask individuals what the most important issue is to address and focus on that issue.
Not enough time	Some team members may resist reaching a consensus because it takes too much	Ask which topic should be given priority.

⁴⁶ National Sexual Violence Resource Center. Tips for Conflict Resolution. www.nsvrc.org/sarts/toolkit/4-2

	time. Although time is often a problem, a preoccupation with it can signal resistance.	
Not practical	Members may feel the process of reaching consensus never works because SART members have different roles and responsibilities that cannot be negotiated.	Ask if there are important issues that have been overlooked.
Confusion	An inability to understand an issue under discussion can be a way to block the process.	Clarify whether the confusion is about the issues or the process.
Silence	Silence among team members doesn't imply agreement; it can be a sign that the process isn't working and that members are refusing to participate.	Encourage everyone to share his or her ideas and opinions.
Moralizing	When discussing controversial topics, team members may start to lecture, which can offend and stifle others.	When members of the group are locked in an "either/or" conflict, calling for a "third way" that bridges and blends opposing viewpoints can be helpful.
Push for solutions	Some members may complain that the ideas being discussed are impossible or may demand solutions rather than ideas. This could be about what members are unwilling to do rather than what cannot be done.	Reframing, or providing another perspective, can often help individuals move forward.

Community Outreach

Community outreach efforts offer valuable opportunities to let survivors in the community know that SART members are trained and equipped to respond to reports of sexual in a trauma-informed, victim-centered manner. Sharing information about the SART and its response protocols may increase a survivor’s confidence that they will be treated with dignity and respect when interacting with the criminal justice system.

Public awareness benefits also include:

[Changing the Way We Talk About Sexual Assault](#)

- Sharing information about available intervention services
- Informing the community about the causes and effects of sexual violence
- Lending support to SART-specific services

- Educating community members who may be called to support victims after they disclose that they have been sexually assaulted or who may serve as jurors in such cases.

Examples of community outreach may include:

- a protocol signing ceremony
- a public observation of Sexual Assault Awareness Month
- media interviews or presentations on the purpose and work of the SART.

Resources

Online Resources

- [End Violence Against Women's Online Training Institute](#)
- [SANE Exam - ASL Video for Deaf, Deafblind, and Hard of Hearing Survivors](#)
- [Victim & Witness Rights](#)
- [Understanding the Criminal Justice System](#)
- [A Guide for Crime Victims and Witnesses](#)
- Roles, Resources, and Strategies: How to Investigate and Prosecute Crimes Involving Victims with Disabilities
 - [Understanding Disability](#)
 - [Disability in Wisconsin](#)
 - [Communicating & Engaging with Survivors](#)
 - [Pre-Charging & Charging](#)
 - [Working with Victims & Witnesses](#)
 - [Trial Considerations](#)

Vision and Mission Statement Resources

This [guide](#) by Cascade covers the process of developing a vision statement and includes examples.

Sample Mission Statements

California

To counter the experience of sexual assault with a sensitive and competent multidisciplinary response; to support efforts to restore the victim's well-being; and to bring responsible persons to justice.

Carver County, Minnesota

To ensure the coordination of a consistent, respectful, victim-centered response to sexual violence in Carver County.

Mahoning County, Ohio

To extend a healing and supportive attitude and approach to victims of sexual assault, their families, and, thereby, the community as a whole by making the crime of sexual assault a priority issue, by providing comprehensive and compassionate care to the victims, and by holding offenders accountable.

Minnesota Model Sexual Assault Response Protocol Project

To improve the response that sexual assault victims/survivors experience if and when they disclose the assault experience. It is possible to design a response that facilitates healing for a victim/survivor while also taking seriously the technical requirements of building a strong case. The project's mission has been to create a model protocol that communicates this vision and provides a process for customizing a response to meet the unique needs of any community.

New Mexico SANE Coordinators Task Force

The vision of the New Mexico SANE Coordinators Task Force is to have those affected by sexual violence receive consistent and quality medical treatment and forensic service from providers who meet the fundamental qualifications and training required in the state of New Mexico. It is our belief that the services provided by trained, experienced SANE practitioners help preserve the sexual assault victim's dignity, enhance medical evidence collection for improved prosecution, and promote community involvement and concern with the crime of sexual assault.

The mission of the Statewide SANE Task Force is to continue to recommend the minimal qualifications for forensic nursing practice and to establish the fundamental components of the SANE training that will encompass and serve the geographic and cultural diversity of New Mexico. These qualifications and guidelines adhere to the standards set forth by the New Mexico Board of Nurse Examiners, the International Association of Forensic Nursing, and the Office for Victims of Crime.

Among the SANE programs in New Mexico, we agree to collaborate and share resources, technical assistance, skilled knowledge, and consultation.

North Carolina Coalition Against Sexual Assault

The Sexual Assault Response Team (SART) is a statewide initiative seeking to build communication and collaboration between agencies serving sexual assault survivors. The SART initiative is a survivor-centered project designed to provide a collaborative, interdisciplinary team response to sexual assault. The mission of the SART project is to provide services that ensure a transition from victim to survivor for every individual whose life is affected by sexual violence.

Pennsylvania

To provide a consistent, competent, and comprehensive response to sexual assault and to each victim regardless of where the assault occurred or where the victim resides.

San Diego

To improve the provision of services to victims of sexual assault by providing sensitive, efficient, interdisciplinary services and to ensure accurate evidence collection to promote the apprehension and prosecution of perpetrators.

Tri-County SANE/SART Program, Ohio

A collaborative effort between Erie, Huron, and Ottawa County Victim Assistance programs; prosecutor's offices; law enforcement; and hospitals. The primary mission of the Tri-County SANE/SART Program is to meet the needs of sexual assault victims by providing quick, compassionate, culturally sensitive, and comprehensive forensic evaluation and treatment by trained, professional nurse experts within the parameters of Ohio State Law and the SANE standards of the International Association of Forensic Nurses (IAFN).

Wichita SANE/SART

The purpose of the Via Christi Regional Medical Center Wichita Vicinity SANE/SART Program is to facilitate a community-based collaborative response to all victims of sexual assault by providing immediate and follow-up medical, advocacy, and criminal justice services in an ethical and compassionate manner.

Sample Goals

Goal #1: The SART will ensure victims feel believed, heard, and supported throughout their interaction with the criminal justice system.

Goal #2: The SART will provide a consistent, collaborative response to all sexual assault cases to improve the justice system response to survivors by discussing processes and protocols.

Goal #3: The SART will collect and review data on the SART response to identify any gaps in the protocol or any training needs.

Sample Statement of Collaboration

Brooke Hancock Sexual Assault Response Team Statement of Collaboration

Mission Statement: The Brook Hancock Sexual Assault Response Team (SART) is a multidisciplinary team committed to working together to ensure a consistent, holistic, victim-centered response to victims/survivors of sexual violence. Through nurturing and sustaining opportunities for collaboration, we will ensure the rights and safety of victims and accurate evidence collections to promote the apprehension and prosecution of perpetrators.

The Brook Hancock Sexual Assault Response Team is committed to ongoing collaboration and participating agencies pledge to:

1. Identify multidisciplinary representation from each agency who are stakeholders in addressing sexual assault occurring within Brooke and Hancock.
2. Engaging in an ongoing dialogue through regularly established meetings with identified representatives to promote enhanced communication and increase understanding of the roles and responsibilities of all participants.
3. Make efforts to discuss and implement innovative, victim-centered practices established by the team and address service gaps as they are discovered.

Agency

Name

Signature

Sample Memorandum of Understanding

Sexual Assault Response Team Cooperative Working Agreement

The Sexual Assault Response Team is made up of local agencies responsible for responding to victims of sexual assault. This working agreement is recognized as a cooperative, collaborative commitment among the agencies to directly support a multi-disciplinary, coordinated response to adult victims of sexual assault; commitment is acknowledged by the signature of each agency’s representative.

For the purposes of this collaboration, “adult” is defined as a female who has experienced the onset of menses or a male who is approximately 18 years of age or older. “Acute sexual assault victim” is an adult who has reportedly been sexually assaulted within approximately 120 hours prior to the time that she requested services at an emergency room.

The District Attorney’s Office agrees to:

- Convene a meeting, at least annually, to discuss implementation of protocols and policies for the sexual assault response team;
- Establish guidelines in collaboration with team partners for the community’s response, including the collection, preservation, and secure storage of evidence from the GBI Sexual Assault Evidence Collection Kit;
- Ensure an annual review of established guidelines;
- Designate a liaison to participate actively on the Sexual Assault Response Team;
- Refer sexual assault victims, family members, and friends to the Sexual Assault Crisis Center for crisis intervention, advocacy, and counseling services, as appropriate;
- Refer sexual assault victims, family members, and friends to the Victim/Witness Program for information about victim’s rights, assistance with filing for victim’s compensation, and support navigating the criminal justice system, as appropriate;
- Allow the sexual assault victim advocate, unless refused by the victim, to be present during interviews;

- Promote policies and practice to increase arrest and prosecution rates for criminal sexual assault, including non-stranger sexual assault;
- Use Sexual Assault Nurse Examiners (SANEs) as witness during sexual assault trials, as appropriate;
- Provide reasonable notification of upcoming trials to the health care provider and/or SANE who will be called to testify;
- Contact the health care provider and/or SANE prior to testimony to review the case; and
- Participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

The Sexual Assault Crisis Center agrees to:

- Designate a liaison to participate actively on the Sexual Assault Response Team;
- Dispatch, upon request of the victim or someone calling on behalf of the victim, a trained sexual assault victim advocate to the hospital or law enforcement agency within a reasonable period of time (e.g., 30 minutes, not to exceed 1 hour);
- Provide trained sexual assault advocates to meet with victims, family members, and friends at the hospital;
- Provide crisis intervention, advocacy, counseling, criminal justice information and support, and court preparation and orientation for sexual assault victims, as appropriate;
- Coordinate the above victim assistance services for victims, family members, and friends with the local Victim/Witness Program, as appropriate;
- Refer sexual assault victims to the hospital, as appropriate;
- Follow established protocols for advocates in the examining room when requested by the victim;
- Support the development and annual review of the community's guidelines; and
- Participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

The local Law Enforcement Agency agrees to:

- Designate a liaison to participate actively on the Sexual Assault Response Team;
- Refer all acute adult sexual assault victims to the hospital and/or SANE program for medical treatment and/or a medical/forensic exam;
- Inform sexual assault victims that they are not required to make a report or talk to a law enforcement officer to have a medical/forensic exam;
- Transport or arrange for transport of sexual assault victims to the hospital and, once the medical/forensic exam is complete, transport or arrange transport of victims to a safe location;
- Follow established protocol to notify the hospital and/or SANE program that a sexual assault victim is being transported;
- Request the assistance of a Sexual Assault Crisis Center advocate, unless refused by the victim;

- Perform a suspect evidence collection kit or provide kit to SANE program to perform, as appropriate;
- Follow Department established protocol regarding evidence collection and storage;
- Maintain and revise, as appropriate, written agreements with the hospital and/or SANE program to delineate services to be provided;
- Coordinate interview processes and/or conduct joint interviews with the hospital and/or SANE, as local protocol and victim dictates appropriate;
- Allow the sexual assault victim advocate, unless refused by the victim, to be present during interviews and/or other communications with officers/investigators;
- Promote policies and practices that increase arrest and prosecution rates for criminal sexual assault, including non-stranger sexual assault;
- Support the development and annual review of the community's guidelines; and
- Participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

The SANE and/or Trained Health Care Provider agrees to:

- Designate a liaison to participate actively on the Sexual Assault Response Team;
- Promote a reasonable time (e.g., 60 minutes or less) from the time the call is received to the time the trained health care provider and/or SANE arrives at the hospital;
- Conduct medical/forensic examinations for adult sexual assault patients in accordance with all agreed-upon protocols and procedures;
- Assure that the Sexual Assault Crisis Center has been notified that a victim is being transported or has arrived;
- Encourage/support use of Sexual Assault Crisis Center advocates for sexual assault patients as appropriate and regardless of patient's decision regarding contact with law enforcement;
- Maintain chain of custody of forensic evidence and transfer to a law enforcement agency or officer;
- Work in collaboration with the local law enforcement agency(s) or the Sexual Assault Crisis Center to ensure adequate supply of GBI Sexual Assault Evidence Collection Kits;
- Be available to criminal justice professionals to review the case;
- Maintain contact and communication with criminal justice professionals;
- Support the development and annual review of the community's guidelines; and
- Participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

The Hospital agrees to:

- Designate a health care provider trained in conducting medical/forensic exams, preferably a SANE, to participate actively on the Sexual Assault Response Team;

- Provide trained health care providers and/or SANEs to conduct medical/forensic examinations for adult sexual assault victims in accordance with all agreed-upon protocols and procedures;
- Encourage and support nursing staff to obtain the education and clinical experience necessary to receive a certificate of completion of the SANE for adult examinations;
- Provide time and private space for sexual assault crisis center advocates to establish relationships with the victim, the victim's family/caregivers, and friends when appropriate and if the victims and family/caregivers agree;
- Provide private examination rooms and supplies, including sexual assault evidence collection kits, necessary for the completion of the medical/forensic examinations;
- Allow for SANE to educate hospital staff on procedures for caring for adult sexual assault patients;
- Ensure that billing procedures for medical/forensic exams are compliant with the policies and procedures developed by the Georgia Crime Victims' Compensation program;
- Support the development and annual review of the community's guidelines; and
- Participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

The Victim/Witness Program agrees to:

- Designate a liaison to participate actively on the Sexual Assault Response Team;
- Provide resource and referral to counseling and area resources, such as the Sexual Assault Crisis Center;
- Provide crisis intervention, criminal justice information and support, courtroom assistance, and court preparation and orientation, as appropriate;
- Coordinate the above services for victims, family members, and friends with the local Sexual Assault Crisis Center, as appropriate;
- Provide assistance in processing and filing of crime victims' compensation; in obtaining return of victim's property when used as evidence; in obtaining restitution for economic loss; and in facilitating reimbursement for mileage and lodging for out-of-town witnesses, as appropriate;
- Upon request of the victim, provide notifications of friends, relatives, and employers of the occurrence of the crime; intervention with employers to prevent loss of pay or other benefits resulting from the crime or participation in the criminal justice system; notices of court dates; and status of release of defendants or prisoners from custody;
- Assist victims in filing a victim impact statement, which affords the survivor the opportunity to tell the court, in writing, the impact of the crime;
- Ensure that victims have reasonable notification of upcoming hearing and/or trial dates;

- Ensure the victim meets with the prosecutor, as appropriate, prior to hearings and/or trial;
- Support the development and annual review of the community’s guidelines; and
- Participate, as appropriate, in cross training with allied professionals regarding response to sexual assault.

This agreement is effective on (insert month, day, and year) and shall remain in effect until any party terminates their commitment in writing. The agreement will be reviewed annually. Any modifications to the agreement must be mutually agreed upon by all parties, documented in writing, and acknowledged by a signature of each agency’s representative.

Sample Law Enforcement Response Protocol

BROWN COUNTY LAW ENFORCEMENT SEXUAL ASSAULT RESPONSE TEAM (SART) PROTOCOL

INITIAL OFFICER CONTACT:

- **INJURIES** - Provide aid to victim(s). Injuries of sexual assault may not always be visible;
- **JURISDICTION** – Determine correct jurisdiction.
- **VICTIM** - Attempt to build rapport and gain the victim’s trust by showing understanding and respect for dignity.
- **SEXUAL ASSAULT CENTER (SAC)** - Contact an advocate **ASAP** (###-###-####) to respond to **all sexual assaults** (felony and misdemeanor, children, and adults)
- Before introducing the advocate to the victim or sharing any identifying information, the officer must obtain consent.
 - *State law gives you the right to a victim advocate at no cost to you. They can help explain the legal process, provide emotional support, and get you connected with resources. ____ is an advocate with the Sexual Assault Center and s/he is outside. Would it be ok if I bring him/her in and introduce them to you?*
- Document whether the victim consented to or declined advocacy services and the release of their information to the SAC.

VICTIMS:

- **VICTIMS (CHILDREN AND ADULTS) WITH DISABILITIES**
 - Identify, accommodate, and communicate their needs to other SART members (physical, emotional, cognitive & cultural).
 - Connect to disability advocacy services to ensure expertise and accommodations are considered throughout investigation.
- **UNDER 18 YEARS OF AGE** – Follow mandated reporting statute 48.981 (2) and (3).

- Contact Brown County Human Services immediately if the suspect(s) is a primary or secondary caregiver and has immediate access to the victim.
- Information can be obtained from the parent/guardian if they present as protective. Coordinate minimal facts interview with child protection worker if necessary.
- A follow-up recorded forensic interview should be scheduled by the assigned detective/CPS worker to obtain further information for all cases involving children ages 3-11 and ages 12-15 if they meet criteria as outlined in the attachment “Is this a Willow Tree case?”
- **INITIAL STATEMENT**
 - Obtain statement from victim with Advocate present. Time constraints may require the officer to start the interview prior to the Advocates arrival.
 - When trafficking is suspected, refer to department policy and procedures if applicable or the DOJ resource guide for additional guidance in these situations.
- **VICTIM’S RIGHTS FORM**
 - Provide to victim as required.

EVIDENCE:

- **INVESTIGATION PROCEDURES** - Follow department policies for investigations and evidence collection. Special considerations for sexual assault are:
 - Protect and photograph the scene to validate details from the victim and witnesses;
 - Act to preserve electronic communication via computer, phone/text, email, social networking etc.
 - Identify and interview the person to whom the victim first disclosed the assault;
 - Identify and interview any person observing changes in victim behavior resulting from the assault;
 - Identify and interview other persons that may aid in the validation of victims/ suspects statements;
 - Victim and/ or suspect may have critical DNA on their person/ possessions;
 - Follow up should include buccal swab from any consensual partner within 5 days of the SANE exam;
 - If possible, do not allow the victim to bathe, smoke, eat, drink, or use the restroom prior to a SANE exam. Document in your report if the victim has already done any of these activities.

SEXUAL ASSAULT NURSE EXAMINER – SANE:

- **CRITERIA FOR EXAM**
 - Appropriate if exam is performed within **120 hours** after the assault.
 - If injuries are visible and it is past 120 hours, consult with SANE
 - Inform victim of SANE exam and gain verbal consent to contact SANE;
 - Victims who have attained the age of **12 CAN consent to SANE** without parent notification;

- Contact St Vincent Hospital Emergency Center – SANE (###-###-####).
- Contact Willow Tree M-F 8am-4:30pm if victim is under 15 – CAC (###-###-####).
- **TRANSPORTATION** – Facilitate transportation to St Vincent Hospital. Ensure victim has transportation upon completion of exam and/or interview. Refer to department policy and procedure if applicable.
- **INTERVIEW** - Coordinate with SANE/SAC/BCHS to reduce re-victimization where possible.
- **MEDICAL RELEASE** - Obtain from victim or legal guardian if not obtained by SANE. Persons' must be **18 to consent to release** of SANE documentation.
- **EVIDENCE KIT** - Coordinate with SANE for collection of the Sexual Assault evidence kit.

SUSPECT:

- **IDENTIFICATION**
 - Gather identifying information from victim and other witnesses;
 - Assess suspect's access to the victim and address appropriately.
- **DNA/EVIDENCE COLLECTION**
 - Preserve and collect evidence from the suspect;
 - Assault based DNA including hand and penile swabs can be acquired either with consent of the suspect or incident to arrest if exigent circumstances exist. Absent consent or exigent circumstances, a search warrant is required. Refer to department policy and procedures and/or the Physical Evidence Handbook if applicable.
 - Obtain search warrant to obtain evidence if necessary. (Suspect Buccal standard requires consent or a warrant).
- **INTERVIEW AND APPREHENSION**
 - In **all** sexual assault cases an attempt should be made to interview the suspect and take a **written statement**;
 - Determine if it is appropriate to interview the suspect during the initial response or during investigation follow up;
 - Determine if probable cause exists and if appropriate, take the suspect into custody.

EXAMPLES OF OFFENDER – FOCUSED QUESTIONS FOR VICTIM INTERVIEWS

History – Relationship to the Offender

- How did the suspect first contact you? Describe this. What was your initial response to this?
- Describe how the suspect acted. What did the suspect do and say when you initially met?
- Describe the suspect's demeanor- any emotion, etc. upon the initial meeting?
- How did the actions or words of the suspect make you feel?

- Describe how the contact/relationship progressed or changed.
- Has the suspect had prior consensual or non-consensual sexual contact with you in the past?
- How does the suspect describe or refer to your physical appearance, abilities, etc.? Any “put-downs”?
- Did the actions, words, or demeanor of the suspect change over time? If so, can you describe this?
- Who makes the decisions in the relationship? What is the suspect’s reaction if you disagree?
- Has the suspect ever acted in a way that made you feel fearful, unsafe, or threatened (including technology/social media, texts messages, phone calls, etc.)? If so, please describe.
- Have you ever seen the suspect angry or upset? If so, please describe.
- Do you know others that have seen the suspect angry? Have you seen the suspect react or respond to violence?
- How does the suspect treat you in front of others? How does the suspect treat you when you are alone?
- Describe the suspect’s demeanor if you spend time with others, such as friends, family, co-workers, etc.
- Does the suspect show up uninvited to social events, your place of work, residence, other?
- Do you have any knowledge of past relationships that the suspect has had? If so, describe these and how you know this.
- Has the suspect ever threatened to leave you, made or make threats of suicide /self-harm if you were to leave them?
- Is there anything else that you think I should know about the suspect?

Nature of the Abuse- Assault date(s)

- Describe how the suspect contacted you?
- Describe what happened prior to the assault.
- Describe any conversations had or actions the suspect did prior to the assault.
- Describe how the suspect was able to have time alone with you.
- Did the suspect ask for consent of any sexual activity? If so, what was your reaction? What was the suspect’s reaction?
- Describe the clothing that both the suspect and you were wearing. Describe the process of how clothing was removed.
- Describe what the suspect did to you. Describe the assault. What body parts of the suspect touched your body?
- Describe if the suspect asked, forced, or facilitated you to perform any sexual acts on the suspect. What body parts of yours touched the suspect’s body?
- Describe any sexual positions during the assault in as detail as possible.
- Did the suspect use any sexual aides (condoms, lubricants, ligatures, pornography)?
- Did the suspect use any audio or video recording devices during the assault? If yes, please explain how you know this.

- Did the suspect discuss (with you or anyone else) payment of money or goods in exchange for the sexual activity?
- Did the suspect ever force, trick or manipulate you to perform any sexual acts on anyone else?
- Describe where the assault took place. Do you remember seeing, hearing, feeling, tasting, touching, or smelling anything?
- Describe the suspect's demeanor, facial expressions, words and/or actions during the assault. How did this make you feel?
- Was the suspect aware that you may not be able to consent to sexual activity? If so, describe how you know this (age, disability, intoxicated, unable to walk, falling, vomiting, etc.)
- Did the suspect do anything to prevent you from leaving (shutting/locking the door, laying on top of you, pinning or holding you down, standing in front of the door)?
- What stopped the suspect's actions? What was said? What was done? Please describe.
- Were there any other who witnessed, facilitated, or engaged in the assault?
- At what point were you able to leave the suspect or the situation? Please describe.

Post-Assault Contact

- Immediately after the assault, what did the offender say or do to you or anyone else? How did this make you feel?
- Did the suspect have any further contact with you after the assault? If so, please describe.
- Who was the first person you told about the assault? Is the suspect aware that you disclosed the assault? If so, what was the suspect's reaction?
- Did the suspect ever make you feel like you should not talk about the assault (including the use of social media)?
- Did the suspect ever threaten to use the assault against you (telling others, sharing pictures/videos, punishing others for not complying)?
- Did anyone other than the suspect have contact with you regarding the assault? If so, please describe.
- Has the suspect talked to others about what happened? If so, how do you know this information?
- Has the suspect had any post assault contact with you after the assault? If so, is there documentation (phone calls, text messages, social media, etc.)?
- Is there anything else that you want to tell me about the assault or the suspect?

*** NOTE: These questions are not a requirement for the investigation of sensitive crimes. Please use as a tool or a guide.**

Sample SART Confidentiality Forms

Multidisciplinary Team Confidentiality Agreement

The mission of the Multidisciplinary Teams (MDT) Coordinated by *AGENCY NAME* is to conduct full reviews of sexual abuse, exploitation and/or neglect allegations and to develop effective and efficient responses.

As an MDT participant, other agencies may inform me of confidential client information. The purpose for the disclosure of this confidential client data is to ensure that appropriate social services, legal services, and medical care is obtained for sexual assault victims and that allegations of abuse are investigated, and alleged abusers are prosecuted.

I understand that information contained in other agencies records are designated as confidential pursuant to the laws and regulations of the State of Georgia, and its implementing regulations and shall not be disclosed by me to any person, organization, agency, or other entity except as authorized or as required for the purposes of a criminal investigation and/or prosecution or as otherwise required by law.

I agree that such information may not be used for any purpose other than the purposes stated in this agreement and that any other use or release to any party of such confidential information or records without prior written consent, will be presumed to be a breach of this Confidentiality Agreement. I further agree that any breach of confidentiality may result in the referral of the matter to an appropriate enforcing entity for potential sanctions.

**If I am a visitor coming into the meeting to observe the MDT, I agree to all the above-stated conditions in this Confidentiality Agreement. I also agree that I shall be treated in the same manner as the members of the MDT and will be subject to this Agreement in the same manner and to the same extent as the members of the MDT.

I the undersigned, as a representative of the agency listed below and member or visitor of the MDT, agree that all information discussed and/or obtained in these case review meetings will remain confidential other than for the reasons stated above. This Confidentiality Agreement will be renewed on an annual basis.

Print Name Print Agency Name

Sample Statement of Confidentiality

I agree to treat the identity of all identifying information about clients and other members of the *AGENCY NAME* as well as the location and other identifying information about the shelter, and transitional houses as confidential. Clients' names will not be mentioned outside the structure of the program. Cases will not be discussed with any person other than a *AGENCY NAME* staff, unless specifically authorized by the client.

Rationale for the Confidentiality Agreement: Each organization has an obligation to safeguard the confidentiality of personal information and shall not disclose the identity of an individual or information about a particular person without their consent. The policy of *AGENCY NAME* recognizes the rights of individuals to privacy and conforms to the general principles defined by the Federal Privacy Act of 1974, generally accepted social work practice and the guidelines of various professional associations. *AGENCY NAME* believes this to be important for each employee and volunteer is expected to read, understand, and sign a confidentiality agreement before starting to work or volunteer.

The Principle of Client Confidentiality: The principle of confidentiality limits the disclosure of personal information client served that is revealed (regarding clients) in a service (medical, counseling, legal) relationship. Clients expect their information to be safeguarded within the service relationship.

Employee Name:

Employee

Address:-----

Employee Signature:-----

Date:-----

Crime Victims' Rights in Wisconsin

- Victim Rights Notification Forms
- Victims of Crime Constitutional Amendment Rights

