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What can Campuses Learn From Community Sexual Assault Response Teams? Literature Review of Teams' Purpose, Activities, Membership, and Challenges

Juliana Carlson¹, Marcy Quiason¹, Alesha Doan¹, and Natabhona Mabachi²

Abstract

Sexual assault is a public health issue, with college-age students reporting high levels of victimization. Following an increase in national attention and federal initiatives, college and universities' sexual assault response efforts are being examined. The practice of community sexual assault response teams (SARTs) may provide campuses with a model strategy to coordinate campus and community service delivery and planning, still underdeveloped or missing at many institutions. This literature review summarizes in side-by-side fashion the most current empirical literature about community SARTs and campus team approaches (CTAs) in four domains: (1) defined purpose, (2) activities to achieve purpose, (3) membership, and (4) challenges to functioning. Two searches were conducted. The community SART inclusion criteria were (a) an empirical study focusing on community SARTs as the level of analysis, (b) located in the United States, (c) published between 2010 and 2017, and (d) written in English. The inclusion criteria for the CTA were (a) an empirical study on CTAs to sexual assault and/or intimate partner violence as the level of analysis and (b) written in English. Eight articles met the criteria for community SARTs, and six articles met the criteria for CTAs. Differences between community SARTs and CTAs included community SARTs shared and more discretely defined purpose and subsequent activities. Further directions offered for the conceptual and practical development of a CTA to address sexual assault include the need for clearer definition of a team's purpose leading to response-focused coordination of activities.

Keywords

sexual assault, campuses, sexual assault response teams, campus team approaches, purpose, membership, challenges

Sexual assault is a public health issue in the United States, affecting individuals across the life span; however, specific attention on the prevalence of college students' sexual assault experiences has recently grown. Although underreporting is still common, studies have shown that almost 20% (Krebs, Linnquist, Warner, Fisher, & Martin, 2009) to 25% (Ford & Soto-Marquez, 2016) of undergraduate heterosexual women either experienced attempted or completed sexual assault since beginning college. Recent studies show that gay and bisexual college men (Ford & Soto-Marquez, 2016), trans, and gender nonconforming college students (Cantor et al., 2015) have reported levels of victimization similar to heterosexual women, while bisexual women experienced the highest level at 37.8% (Ford & Soto-Marquez, 2016).

Despite the prevalence of sexual violence on college campuses, postsecondary institutions have historically and routinely misunderstood, downplayed, or ignored the severity of the problem, leading to several failures. For example, in 2014, a U.S. Senate report based on a survey of 440 four-year institutions of higher education, key stakeholder interviews, and roundtable discussions identified eight key

failures, ranging from lack of knowledge about the scope of the problem to lack of coordinated oversight (U.S. Senate Subcommittee on Financial & Contracting Oversight, 2014). Buttressing the findings of the Senate's report, a survey of 647 college presidents found that just 32% either strongly agreed or agreed that sexual assault was "prevalent at U.S. colleges and universities" (Jaschik & Lederman, 2015, p. 18) but only 6% either strongly agreed or agreed that sexual assault was "prevalent at [their] institution" (Jaschik & Lederman, 2015, p. 18). A mere 4% strongly disagreed or disagreed that their campuses were "doing a good job" protecting women from sexual assault on campus. These perceptions are in stark contrast to the empirical evidence of sexual

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assault victimization of college students. Moreover, considering the hierarchical nature of higher education institutions, leaders' lack of acknowledgment of the prevalence of the problem on their campuses is the first significant obstacle to addressing campus sexual violence.

During the early 2000s, several forces converged, bringing the issue of campus sexual assault to the forefront. National media outlets increased their coverage of the Office of Civil Rights' lawsuits based on postsecondary institutions' Title IX violations related to sexual assault cases, and social media and news stories of student survivors' activism. Pivotal federal initiatives, championed by President Obama's administration, sought to engage and increase the effectiveness of postsecondary institutions' response to and prevention of campus sexual assault. These federal initiatives included the 2011 Dear Colleague Letter written by the U.S. Department of Education, Office of Civil Rights and the 2013 Campus Sexual Assault Violence Elimination (SaVe) Act, and the creation of the White House Task Force to Protect Students from Sexual Assault (WHTFSA). In 2014, the WHTFSA released a final report challenging postsecondary institutions to examine the limitations and deficiencies in their prevention efforts, response/survivor support services, and policies (Office of the Vice President of the United States & White House Council on Women and Girls, 2015).

One response/survivor support approach proposed by federal agencies' funding grants (Office on Violence Against Women (OVW), 2017; Office on Women's Health, 2016) for postsecondary institutions has been a campus team approach (CTA). Defined here as a campus-based collaborative and multidisciplinary group focused on sexual assault that can include community partners, CTAs mirror community sexual assault response teams (SART) that have been implemented in local communities across the United States. An SART can be broadly defined as a group of sexual assault stakeholders and service providers that aims to increase service coordination and delivery for victim/survivors. However, the recent attention to CTAs as a sexual assault response has not translated into a clear understanding of CTA basics, let alone best practices postsecondary institutions could use to guide implementation and promote sustainability. Knowledge based on community SART literature could potentially increase postsecondary institutions' SART-building capacity. This study conducts a review of two areas: recent literature on (1) community SARTs and other team-based approaches to sexual assault and (2) CTAs to develop recommendations for postsecondary institutions and community partners.

Brief History of Coordinated Team Approaches to Sexual- and Gender-Based Violence

Understanding the evolution of a coordinated team approach to sexual assault requires a brief review of two fundamental points about the scope of gender-based violence (GBV) and the

divergent names used to describe coordinated team approaches to address sexual assault specifically and GBV generally. First, GBV, also conceptualized as violence against women, includes all types of violence perpetrated based on social norms about gender and sexuality that privilege hegemonic masculinity. Therefore, sexual assault is one type of GBV. Other examples include sexual harassment, intimate partner violence, and stalking. Second, an SART approach focuses specifically on the public health problem of sexual assault. For the purpose of this article, these two fundamental points are critical to contextualizing the often overlapping domains of sexual assault and GBV which will be evident in the forthcoming brief history of community response approaches and subsequent comprehensive literature review. This article examines coordinated community responses (CCRs) to sexual assault (most often called SARTs), which sometimes include campus representatives, and the implementation of CCRs in an exclusive way on college campuses, through a CTA.

Community SARTs

In the 1970s, driven by concerns about the prevalence of sexual assault, local communities began developing planning committees to study the issue; these efforts included forensic exam facilities, private sexual assault treatment centers, and advocacy teams (Office for Victims of Crime, 2011a). Practitioners, such as community victim advocates, nurses, counselors, and medical professionals, often initiated these early community planning committees, drawing motivation from their concerns that survivors were receiving inadequate services in emergency departments (Barry & Cell, 2016). The first "SART" like team began in the 1980s in San Luis Obispo County, CA, with law enforcement, sexual assault advocates, and physicians doing joint interviewing to minimize the number of times survivors had to discuss the incident to avoid retraumatization (Office for Victims of Crime, 2011b). The first formalized SART was established in 1985 in Santa Cruz County, CA, through the merger of a task force of law enforcement, sexual assault advocates, physicians, and a sexual assault nurse examiner (SANE) program (Office for Victims of Crime, 2011a). Over time, several key policy and funding mechanisms promoted an SART approach, although it was not always singled out as a clear designated form of a community response approach.

Community Response Approaches to GBV

Over the last several decades, federal funding initiatives through the OVW increased the attention and support of community response approaches to GBV, including SARTs (Danis, 2006). Overall, 1,701 OVW-funded grantees have engaged in CCR activities (OVW, 2016, p. 38). Specific grant requirements include that grantees "must work in meaningful ways with community partners to ensure an effective, CCR to domestic and sexual violence" (OVW, 2016, p. 38). Federal funding through the OVW STOP grants provides communities

the opportunity to “strengthen and revitalize CCR and multidisciplinary teams” (OVW, 2017, p. 8). STOP grants require grantees to develop collaborative bodies across disciplines when creating strategies for implementation; however, SARTs were not explicitly named as a required part of the grant (OVW, 2017). These funding mechanisms support the efforts of local communities’ responses to sexual assault, as one type of GBV.

Studies examining domestic/intimate partner violence coordinated response teams have shown some evidence of the approach’s overall effectiveness (Allen, 2005, 2006; Allen, Larsen, Javdani, & Lehrner, 2012). Several factors have been shown to be critical, including community context, internal factors (e.g., leadership, climate), and what kind of work they did (Allen, 2005, 2006; Allen, Javdani, Lehrner, & Walden, 2012). For example, the internal factor of strong leadership was correlated with better criminal justice system outcomes, and shared goals were correlated with better outcomes for other community-based work (i.e., noncriminal justice system outcomes; Allen, 2006). Overall, these studies found that domestic/intimate partner violence coordinated response teams have net positive effects, which support ongoing use of the approach and adoption of the approach to campuses.

Campus Coordinated Response Team Approaches to GBV

While community-focused coordinated response teams to GBV including SARTs have existed for over 40 years, coordinated response teams situated and driven within postsecondary institutions are a newer area of focus and less historical documentation exists. It is important to point out the key difference between a CTA, which would likely have community (i.e., noncampus staff) organization members, and a community SART, which may have campus representatives as members. In contrast to community SARTs, a CTA must grapple with the very unique university-based requirements, stemming from federal regulations such as those monitored by the Department of Education (e.g., Clery Act) and Office of Civil Rights (e.g., Title IX). One of the earliest reports written in 2000 discussed college campuses using “SART” groups and “collaborative” processes to address sexual assault (Karjane, Fisher, & Cullen, 2002). From the limited literature available, it appears that faculty have been instrumental in the development of organizing campus coordinated response teams (Danis, 2006; Lichty, Campbell, & Schuiteman, 2008), including social work faculty (Danis, 2006). In VAWA funding for Grants to Reduce Sexual Assault, Domestic Violence, Dating Violence, and Stalking on Campus Programs, grant recipients must have a CCR (OVW, 2017), which includes relevant local community members and campus units as team members. In addition to funding initiatives promoting college campuses to use a community response approach, during the early 2000s, key federal policy and national media attention to the issue of sexual assault also increased the implementation of CTAs. Campus SaVe Act of 2013 required campuses to have prevention programs that are multidisciplinary (D’Enbeau, 2017).

Aims and Scope

This review and analysis builds upon the 2013 review of community SART literature conducted by Greeson and Campbell. While a clearer understanding of community SARTs exists and grows, less is known about the application of a CTA or campus SART approach. Considering that funders, nonprofit organizations, and postsecondary institutions alike are all trying to develop coordinated responses on campuses to sexual assault prevention and response, increased knowledge about the realities, and complexities of a CTA is needed. The purpose of this literature review is to summarize the most current empirical literature about community SARTs and CTAs to sexual assault response in four domains: (1) defined purpose, (2) activities to achieve purpose, (3) membership, and (4) challenges to functioning.

Methods

Two literature searches were conducted. The first literature search was conducted on broader usages of the terms SART and CCRs, using the terms “sexual assault,” “CCR,” “coordinated community,” “coordinated response,” “multidisciplinary teams,” and “sexual assault response teams.” This search was conducted in Academic Search Complete, ProQuest, Web of Science, and Google Scholar. Since the focus of the analysis was on sexual assault responses, articles exclusively focused on intimate partner violence were eliminated from this review. The inclusion criteria were (1) empirical studies focused on community SARTs as the level of analysis, (2) located in the United States, (3) published between 2010 and 2017 to capture the recent literature,¹ and (4) written in English. Both large-scale quantitative and individual case studies are included in this review. The second search reviewed literature discussing campus sexual assault responses. Search terms included “campus,” “university,” “sexual assault,” “CCR,” and “sexual assault” in the same databases listed above. Since there are still few studies conducted about CTAs to sexual assault, literature discussing coordinated campus responses to intimate partner violence was included in this review. Peer-reviewed articles that did not have any substantive empirical or unique theoretical contribution to CTAs were eliminated (e.g., small citations of other literature, one line recommendations for collaborations). The inclusion criteria were (1) the article needed to be reporting on an empirical study on CTAs to sexual assault and/or intimate partner violence as the level of analysis and (2) written in English. Articles were included regardless of date and location of study; however, no articles were published before 1999, and all were located in the United States.

There is a great deal of variability in terminology used to describe an interagency or multidisciplinary team approach to addressing sexual assault at the community level. For example, not all community response teams identify the entity as an SART, but studies may use the term SART as a shortcut label for all interagency groups that coordinate sexual assault

response efforts. Collaborative groups have also used the terms Sexual Assault Task Forces and Sexual Assault Inter-agency Councils (Cole, 2011). Moreover, there are CCR teams that focus on many types of GBV, including sexual assault, but not exclusively. For the purposes of this article, the term SART will be used to describe formalized collaborative groups that coordinate efforts to address sexual assault within a specific geographical area. When referencing articles in the review that describe formalized collaborative groups with scopes that include other types of GBV, this distinction will be made.

Comprehensive Literature Review Findings

The findings are organized into two sections, community SART and CTA. To start, each section presents a brief description of the review process, concluding with the studies included in the review. Then each section presents the findings from the four domains that correspond to the study's aims: the purpose, activities to achieve purpose, membership, and challenges to functioning. The first three domains—purpose, activities to achieve the purpose, and membership—provide a snapshot of the internal structure of the collaborative group. The domain of challenges to functioning offers insight into the particular aspects of collaboration within a multidiscipline group working to address sexual assault within a community—geographic and campus.

Community SARTs

In the first search on community SARTs, between 2010 and 2017, 1,096 articles were initially identified. Based on a review of the abstract, and the article itself when necessary due to inadequate information, 31 articles were selected to read. Eight community SART articles met the inclusion criteria (Cole, 2011, 2016; Cole & Logan, 2010; Greeson & Campbell, 2015; Greeson, Campbell, Bybee, & Kennedy, 2016; Moylan & Lindhorst, 2015a, 2015b; Moylan, Lindhorst, & Tajima, 2017; see Table 1).

Across the articles there were three main parent studies, while each article described a unique analysis of the study data. Two articles used data from the same parent study, a sampling of representatives from 172 SARTs in the United States (Greeson & Campbell, 2015; Greeson et al., 2016). Three articles were from the same parent study that included qualitative interviews of 24 community SART members from 16 communities across 11 states (Moylan et al., 2017; Moylan & Lindhorst, 2015a, 2015b). The last batch of articles was from the same parent study of three active SARTs with formal memorandums of agreement, in one state (Cole, 2011, 2016; Cole & Logan, 2010).

Purpose of community SARTs. Across the eight articles reviewed, only one reported findings about the defined purpose of the community SART, although the others defined the purpose in

the literature review or embedded the purpose in the research questions. Six of the articles defined the purpose of the community SART vis-à-vis literature reviews as providing coordinated response services to survivors (Cole, 2011, 2016; Cole & Logan, 2010; Moylan et al., 2017; Moylan & Lindhorst, 2015a, 2015b), whereas Greeson, Campbell, Bybee, and Kennedy (2016) embedded the SART purpose into the research questions, measuring “improvements in victim help-seeking experience and improvements in the processing of cases in the criminal justice system” (p. 282). The one community SART article, that provided a definition of the purpose in the findings, reported it was to coordinate a community response to sexual assault (Greeson & Campbell, 2015). Ancillary goals were also identified in the study, including a focus on prevention of sexual assault through awareness campaigns and programs educating the public about resources to help sexual assault survivors (Greeson & Campbell, 2015).

Moreover, Greeson and Campbell (2015) found that while coordination of direct services for survivors and prosecution of offenders was identified as part of the community SARTs' principal focus, the amount of effort and attention paid to these objectives varied. Greeson and Campbell (2015) found that a majority of 172 SARTs reported that ameliorating survivors' experiences of services was a higher priority than increasing prosecution of perpetrators. The study also found that approximately 16% of community SARTs prioritized prosecution of perpetration and improving justice system outcomes over other goals. In contrast, prevention programs and other activities beyond coordination of direct responses and prosecution were less likely to be prioritized (Greeson & Campbell, 2015). Although limited by the number of articles that included reporting the SART purpose in their findings, the one large sampled study ($n = 172$) that did (Greeson & Campbell, 2015) suggest some community SARTs may share commonly held goals while holding ancillary goals that further define the specific team's approach.

Activities to achieve purpose. The activities community SARTs implement, highlighted in Table 1, to achieve their identified purposes also differs. Overall, four of the articles described community SART activities that encompass several key areas; they engage in coordination and reform of direct responses to sexual violence, which includes assisting sexual assault survivors at participating institutions, and protocols to coordinate services at a community level. The articles identified the following specific activities: case review (Cole, 2011; Greeson et al., 2016; Greeson & Campbell, 2015; Moylan & Lindhorst, 2015a), development and reform of SART protocols (Greeson et al., 2016; Greeson & Campbell, 2015; Moylan & Lindhorst, 2015b), evaluation (Greeson et al., 2016; Greeson & Campbell, 2015), and interdisciplinary cross-trainings (Greeson et al., 2016; Greeson & Campbell, 2015; Moylan & Lindhorst, 2015a).

In several studies, the community SART activities were the focus of study. In the study by Greeson et al. (2016), a measure

Table 1. Community Sexual Assault Response Team: Articles Reviewed.

Source	Study participants	Aims of study	Type of study	Activities	Membership	Challenges in functionality
Cole (2011)	Three active SARTs covering different communities, with formal MOUs, in one state.	How SART members navigate and understand victim confidentiality requirements.	Telephone surveys	Case review	SASA; SANE; JS	Confidentiality issues
Cole (2016)	Three active SARTs covering different communities, with formal MOUs, in one state.	Differences in individual perceptions of interprofessional collaboration by professional group. Structural, organizational, and interpersonal factors associated with ratings of interprofessional collaboration.	Case studies—interviews, surveys	^a	SASA; SANE; JS	Role confusion and conflict, confidentiality issues
Cole and Logan (2010)	Three active SARTs covering different communities, with formal MOUs, in one state.	Examine the role of victim alcohol use and partner-perpetrator on interprofessional collaboration on SART.	Telephone surveys	^a	SASA; SANE; JS	Role confusion and conflict
Greeson and Campbell (2015)	Sampling of 172 SARTs in the United States	Assess how U.S. SARTs are implemented in practice, specifically by membership, goals, structures, and resources.	Phone interviews	Case review, cross-training, evaluation, development/reform of SART protocols	SASA; SANE; JS; PO; other stakeholder groups	^a
Greeson et al. (2016)	Sampling of 172 SARTs in the United States.	Examine the relationship between SART structure and effectiveness—which SART model is perceived as most effective.	Phone interviews	Case review, evaluation, development/reform of SART protocols	SASA; SANE; JS; PO; RI; HE	^a
Moylan and Lindhorst (2015a)	24 SART members from 16 communities across 11 states.	How SARTs manage tensions across service delivery sectors.	Qualitative interviews	Case review	SASA; SANE; JS; PO; HC	Role confusion and conflict
Moylan and Lindhorst (2015b)	24 SART members from 16 communities across 11 states.	How professionals understand organizational dynamics that shape the SART models' service delivery.	Qualitative interviews	Development/reform of SART protocols	SASA; SANE; JS; PO; HC	Role confusion and conflict
Moylan et al. (2017)	24 Respondents from 16 communities across 11 states.	How SART members engage in interdisciplinary work to minimize differences and capitalize on benefits.	Qualitative interviews	^a	SASA; SANE; JS; PO; HC	Role confusion and conflict

Note. SASA = sexual assault survivor advocates; SANE = sexual assault nurse examiner or SANE program/"crime lab"; JS = justice system representative; PO = police officers/criminal justice workers; HC = non-SANE health-care workers; RI = religious institutions; HE = area colleges/higher education; SART = sexual assault response team.

^aNot included in findings.

of SARTs "use of collaborative processes" (p. 283) included institutionalization of case review, cross-training, policy/protocol review, and evaluation. The findings from this study

suggested that SART members perceived SARTs more favorably when more "formal structures and institutionalization" of collaborative processes (p. 288) were present.

Community SART membership. Table 1 reports the community SART membership identified in the studies' sample description. There were some commonalities of community SART membership such as representation of diverse organizations; however, across studies, there was evidence of the variability in community SART membership. The size of a community SART ranged although not all the studies reported size. Among those reporting size, on average, SARTs had representatives from 12 organizations (Greeson & Campbell, 2015). All eight studies reported membership of the following stakeholders: sexual assault survivor advocates, SANEs or SANE program, and/or justice system representatives. Identified membership of a community SART also included representatives from other stakeholder groups: police officers/criminal justice (Greeson & Campbell, 2015; Greeson et al., 2016; Moylan et al., 2017; Moylan & Lindhorst, 2015a, 2015b), health-care (non-SANE) workers (Moylan et al., 2017; Moylan & Lindhorst, 2015a, 2015b), religious institutions (Greeson et al., 2016), area colleges/higher education (Greeson et al., 2016), and other stakeholder groups (Greeson & Campbell, 2015).

Community SARTs: Challenges to functioning. Several barriers to collaboration in community SARTs were identified in the literature. Of the eight articles, five included data on challenges to community SART functioning (Cole, 2016; Cole & Logan, 2010; Moylan et al., 2017; Moylan & Lindhorst, 2015a, 2015b), four of these were empirical studies. Using the five categories of challenges faced by community SARTs defined in Greeson and Campbell's (2013) review of the empirical literature, Table 1 reports the findings from each study. Greeson and Campbell's (2013) five categories of challenges faced by community SARTs, described fully below, are (1) organizational barriers, (2) acquiring broad-based participation, (3) conflicting goals, (4) role confusion and conflict, and (5) confidentiality issues.

Greeson and Campbell (2013) described the first challenge—organizational barriers—as problems derived from specific conditions within each member organization that led to collaboration problems or implementation of community SART policies. Capacity and staff issues, uncoordinated departments within organizations, and lack of knowledgeable staff were examples of these barriers (Greeson & Campbell, 2013). The second challenge, acquiring broad-based participation from key constituencies, included issues such as low attendance rates at community SART meetings by member groups and lack of representation of hospitals and police departments on community SARTs. The third challenge, conflicting goals, was defined as problems stemming from multiple competing goals of a community SART, such as a lack of clarity around the primary objectives of a community SART and disagreement about the order of SART's priorities. Role confusion and conflict, the fourth challenge category, stemmed from problems caused by confusion or disagreements around the role of each member within the community SART. The fifth challenge category, confidentiality issues, described the phenomenon of varying levels of confidentiality requirements from

each member organization. For example, victim advocates who are restricted from sharing information about their clients and therefore do not share the same level of information with the community SART are perceived as difficult or “not team players” by other members, such as police officers who do not have the same confidentiality requirements.

The category of role confusion and conflict in community SARTs appeared as an aim of the study or as a finding most consistently across the literature reviewed (Cole, 2016; Cole & Logan, 2010; Moylan et al., 2017; Moylan & Lindhorst, 2015a, 2015b). The most recent literature examining community SARTs further expands and strengthens Greeson and Campbell's categorization of conflict stemming from interdisciplinary roles by studying the processes that construct differences between members' disciplines in community SARTs (Cole, 2016; Moylan et al., 2017). Cole's (2016) study of the organizational, structural, and interpersonal factors contributing to collaboration in SARTs found that 74.7% of participants reported that community SARTs' disagreements were due to professional differences rather than interpersonal conflict, and most believed that these conflicts were part of interdisciplinary SART collaboration. Moreover, differing goals of SART members' professions emerged as one of the highest rated reasons for conflict. Additionally, respondents who believed their teammates had a strong affinity to their disciplinary role had a greater propensity to rate the strength of their interpersonal collaboration lower (Cole, 2016).

In several studies, a specific form of conflict related to professional roles within a community SART surfaced in the unique experience of the victim advocate and highlighted the impact of perceived and manifest power within SARTs. In Cole's (2016) study, victim advocates overall were more likely to rate their community SARTs more harshly than their fellow members on indicators of group innovation, group interdependence, and shared buy-in of SART goals. Another study that included interviews with 24 community SART members examining the negotiation of credibility of SART members found that victim advocates' credibility and power were questioned by law enforcement (Moylan et al., 2017). Moylan, Lindhorst, and Tajima (2017) suggest that victim advocates have less power in community SARTs because they frequently were the youngest members of the SART, and they are dependent on other actors to access survivors. Cole (2016) agreed that survivor advocates are seen as dependent on the other disciplines for access; therefore, their role is at the behest of medical workers and law enforcement, causing a perception of dependency on the other members.

In addition to the specific concerns related to victim advocates' roles, studies examining the challenge of role confusion and conflict also described how power differentials generally were a source of tension within community SARTs (Cole, 2016; Moylan et al., 2017; Moylan & Lindhorst, 2015b). Cole (2016) found that power differentials among SART members created problems for collaborative groups. Although only 38.5% of respondents believed that there was a hierarchy of disciplines on their SART, when a hierarchy was reported,

victim advocates were perceived to be of lesser status or less empowered than other participants (Cole, 2016). Another study found that SART members had unequal access to power within the SART; however, the reason was unclear; participants suggested possibilities such as social position of their discipline and each member's social identity (Moylan et al., 2017). Moylan et al. (2017) suggested that SART members used discourses of authority, expertise, and credibility to reduce power differentials or to further assert their own position of power.

Evidence demonstrating the challenge category of confidentiality standards in SART conflicts also emerged in the literature review. Building on previous scholarship included in Greeson and Campbell's (2013) review found that one-third of participants expressed concerns about differing confidentiality levels among the SART members (Cole, 2011), and a recent study by the same author reported these concerns continue (Cole, 2016). SART members who believed confidentiality was a barrier to collaboration in SARTs were more likely to rate their SART lower on the interprofessional collaboration index (Cole, 2016, p. 12). The most commonly cited concern was that information sharing was limited by confidentiality standards (Cole, 2016).

Overall, the recent literature on community SARTs demonstrates the sophistication of the sexual assault field led to an evolution from focusing on the fundamental basics, such as purpose and activities, to more nuanced explorations of collaboration and role perception.

CTAs to Address Sexual Violence: Within Larger Context of Violence

For the second search on CTAs to respond to campus sexual assault, including intimate partner violence, 310 articles were found on the initial search. From the review of the abstracts, 12 articles were read. Six articles met the two inclusion criteria and were included in the review (Amar, Strout, Simpson, Cardillo, & Beckford, 2014; Danis, 2006; D'Enbeau, 2017; Holtfreter & Boyd, 2006; Lichty et al., 2008; Mikhailovich & Colbran, 1999; see Table 2). Five of the articles were case studies of one CTA (Danis, 2006; D'Enbeau, 2017; Holtfreter & Boyd, 2006; Mikhailovich & Colbran, 1999; see Table 2). One of the articles that sampled more than one college population did not exclusively focus on a campus sexual assault CTA (Amar et al., 2014) although the study included team approaches. Although the aims of our article did not include outcome data, it is noteworthy that none of the articles provided any individual-level student or university faculty/staff outcome data other than one study that reported sexual assault victimization data as part of the study (Mikhailovich & Colbran, 1999). This is in contrast to the community SART literature, in which three of the articles contain outcome data.

As noted above, due to the lack of published writing on campus SARTs or CTAs, our review inclusion criteria for campus SARTs widened to include studies regarding any CTA used by a postsecondary institution that included addressing sexual violence as one stated purpose. To reflect the disparate

terminology used in the literature, we use the term "CTA" when generally describing the collaborative response team approach used by postsecondary institutions that include addressing sexual violence. In Amar, Strout, Simpson, Cardillo, and Beckford's (2014) large-scale study of over 1,000 campus administrators, 66% reported that a team approach was used, which included campus and community representatives. Of the six articles that met these criteria (Amar et al., 2014; Danis, 2006; D'Enbeau, 2017; Holtfreter & Boyd, 2006; Lichty et al., 2008; Mikhailovich & Colbran, 1999), two used the term SART, which were also the most recent publications (Amar et al., 2014; D'Enbeau, 2017). One of these SART-specific studies used the term campus SART but also used team approach (Amar et al., 2014), while the other article included campus SARTs as part of the larger study on CCR teams (D'Enbeau, 2017). In the other four articles reviewed, sexual violence was one of several types of GBV addressed with the team approach; these articles did not use the term campus SART or community SART.

Purpose of CTA to respond to sexual assault. Five of the six articles included in the search defined the purpose of the CTA in the findings and one article in the literature review (Amar et al., 2014). The scope of the violence addressed, such as sexual assault versus GBV, appeared to actively shape the reported purpose of the CTA. Campus teams that held a more expansive scope that included sexual and relationship violence (Danis, 2006; Holtfreter & Boyd, 2006; Lichty et al., 2008) defined their purpose to respond to (Holtfreter & Boyd, 2006; Lichty et al., 2008) or even more broadly to end violence (Danis, 2006; D'Enbeau, 2017), such as "eliminating sexual violence among college students" (D'Enbeau, 2017, p. 4). Teams' scopes focused on sexual assault and/or sexual violence similarly narrowed down their purposes to responding to those types of violence. When defining the purpose of the CTA, all campus teams used gender-neutral language to describe victim/survivors, with the exception of one case study of a CTA, which stated that its purpose was "ending violence and abuse of women" (Danis, 2006, p. 37). In contrast, a case study from Australia defined the CTA as "the prevention of sexual assault" (Mikhailovich & Colbran, 1999, p. 73). Amar et al. (2014) used the *California Campus Blueprint to Address Sexual Assault* model to define a CTA, described as "coordinated victim services delivery systems using campus and community-based resources" (p. 581). These purposes informed the subsequent activities used to achieve them.

Activities to achieve purposes. As summarized in Table 2 across the literature, the breadth of activities to achieve the purposes of the team approach to respond to and end sexual violence paralleled the large scope and reflected the nuances of the multileveled strategies required to create both individual and campus community-level change at several fronts. Several studies identified activities related to campus-wide policy related to sexual misconduct and the response to it (Amar et al., 2014; Danis, 2006; D'Enbeau, 2017; Lichty et al.,

Table 2. CTA: Articles Reviewed.

Source	Study participants	Aims of study	Type of study	Activities	Membership	Challenges in functionality
Amar et Al. (2014)	1,000 participants from universities in United States	Describe institutional factors that may influence victims' decisions to report their sexual assault experiences.	Electronic surveys with mail follow-up	Reviewing sexual assault protocols	Campus LE; CMHH; students; campus religious ministries; CSAA; community health center representatives	^a
Danis (2006)	University of Missouri–Columbia campus	How social work programs can contribute to building campus community.	Case study	Recommendations about sexual misconduct policies; organizing and conducting of events, outreach, and training for students; prevention-related activities	Faculty	Role confusion and conflict; organizational barriers
D'Enbeau (2017)	13 Advisory Council members and 9 SART members from CCRT at a large Midwestern university	How do members understand and respond to tensions of sexual violence response and prevention.	Interviews, observations	Recommendations about sexual misconduct policies	Title IX; campus LE; student services; CMHH; student conduct; CSAA; community LE	Role confusion and conflict; organizational barriers; federal campus-specific mandates
Holtfreter and Boyd (2006)	15 members of CCR in medium-sized Midwestern city	Soliciting service providers' opinions after CCR implementation.	Interviews	Collaboration and communication across units	CMHH; Ombudsmen's office; Panhellenic organization; CSAA; community LE	^a
Lichty et al. (2008)	Michigan State University	Present a case study for developing a university response to sexual assault and relationship violence.	Single case study	Recommendations about sexual misconduct policies; reviewing sexual assault protocols; collaboration and communication across units; Needs assessment and environmental scan; Prevention related activities	CMHH; Ombudsmen's office; Panhellenic organization; Students	Role confusion and conflict; allocating resources for interventions versus prevention
Mikhailovich and Colbran (1999)	One university campus in Australia.	To investigate SA prevention initiatives on college campuses in Australia.	Case study	Developed a procedure for monitoring sexual assaults; prevention-related activities	CMHH; students; faculty; CSAA; community LE	Role confusion and conflict; organizational barriers

Note. LE = law enforcement; CMHH = campus mental health and health; CSAA = community survivor advocacy agencies; SART = sexual assault response team; CTA = campus team approach.

^aNot included in findings.

2008). These policy-related activities included making recommendations about sexual misconduct, student misconduct, and/or employee conduct policies (Danis, 2006; D'Enbeau, 2017;

Lichty et al., 2008) and reviewing sexual assault protocols (Amar et al., 2014; Lichty et al., 2008). Providing the opportunity to facilitate collaboration and communication across

units within the campus and larger community was one common activity identified in the literature (Holtfreter & Boyd, 2006; Lichty et al., 2008), although the activity could also be described as the approach to achieving the purpose. One case study (Lichty et al., 2008) described two key initial assessment activities, a needs assessment to identify what gaps exist and an environmental scan to identify what was currently being done in five key areas identified in the 2004 *California Campus Blueprint to Address Sexual Assault*. Additional activities identified also included the actual organizing and conducting of events, outreach, and training for students and across the university system (Danis, 2006). One campus team developed a procedure for monitoring sexual assaults (Mikhailovich & Colbrun, 1999).

Prevention-related activities were also reported (Danis, 2006; Lichty et al., 2008; Mikhailovich & Colbrun, 1999). These prevention activities included choosing other large-scale awareness events and prevention programming for student populations (Danis, 2006), prevention initiatives generally (Mikhailovich & Colbrun, 1999), education (Mikhailovich & Colbrun, 1999), and safety issues at student residences (Mikhailovich & Colbrun, 1999).

CTA membership. A CTA uses a multidisciplinary group structure to address and respond to sexual assault on college campuses. The term multidisciplinary refers to the variety of campus stakeholders across different academic and student service units and organizations and agencies from the community outside the campus. Identified membership included representatives from the Title IX office (D'Enbeau, 2017), campus law enforcement (Amar et al., 2014; D'Enbeau, 2017), student services (D'Enbeau, 2017; Lichty et al., 2008; Mikhailovich & Colbrun, 1999), campus mental health and health services (Amar et al., 2014; D'Enbeau, 2017; Holtfreter & Boyd, 2006; Lichty et al., 2008; Mikhailovich & Colbrun, 1999), student conduct (D'Enbeau, 2017), Ombud's office (Holtfreter & Boyd, 2006; Lichty et al., 2008), Panhellenic organizations (Holtfreter & Boyd, 2006; Lichty et al., 2008), students (Amar et al., 2014; Lichty et al., 2008; Mikhailovich & Colbrun, 1999), faculty (Danis, 2006 (with GBV expertise); Mikhailovich & Colbrun, 1999), campus religious ministries (Amar et al., 2014), community survivor advocacy agencies (Amar et al., 2014; D'Enbeau, 2017; Holtfreter & Boyd, 2006; Mikhailovich & Colbrun, 1999), community health center representatives (Amar et al., 2014), and community law enforcement (D'Enbeau, 2017; Holtfreter & Boyd, 2006; Mikhailovich & Colbrun, 1999). Some articles were specific about the type of student groups included in the campus team. For example, the case study from Lichty, Campbell, and Schuiteman (2008) identified six specific groups such as clubs representing marginalized students, Greek life, and student government.

The size of a CTA to sexual assault ranges, however, not all the studies reported size. In the case study of the University of Missouri's sexual assault task force, 41 individuals representing various academic units, student groups, administrative departments, and university resource centers were identified as members (Lichty et al., 2008). The case study example of

a smaller sized but still diversely representative campus team suggests that collaborative interdisciplinary groups are still likely to have representatives from multiple stakeholders across campus (D'Enbeau, 2017).

Challenges to functioning: Unique barriers to collaboration and tensions in a CTA. Several barriers to collaboration with a CTA to address sexual assault were identified in the literature. Tracking with the findings reported in the community SART articles, the challenge of role confusion and conflict and organizational barriers (Greeson & Campbell, 2013) were identified most often in the literature (Danis, 2006; D'Enbeau, 2017; Lichty et al., 2008; Mikhailovich & Colbrun, 1999). Role confusion and conflict took the form of preexisting factions among departments and political fights that create barriers to collaboration (Danis, 2006), whereas the diversity of members also creates "complications" in developing recommendations (Lichty et al., 2008). Organizational barriers were also identified in the articles as a challenge (Danis, 2006; D'Enbeau, 2017; Mikhailovich & Colbrun, 1999), examples such as navigating the tension between advocacy and compliance (D'Enbeau, 2017) and lack of clear policies and protocols for student conduct (Danis, 2006).

In addition to role confusion and conflict and organizational barriers, additional challenges for a CTA emerged, as outlined in Table 2. One case study reported that a main challenge was the tension between allocating resources for interventions for victims and perpetrators versus prevention (Lichty et al., 2008). Another challenge focused on federal campus-specific mandates; for instance, D'Enbeau (2017) found that federal mandates shifted CTA members' viewpoints on response and prevention efforts toward compliance rather than innovation, which also played out as an organizational barrier.

Overall, the challenges described were reflective of some of the challenge categories described in Greeson and Campbell (2013), specifically, role confusion and conflict and organizational barriers. However, campus-specific challenges were also found in the literature reviews. These challenges surfaced due to the unique aspects of campus-specific contexts and concerns, for instance, one of the key challenges stemmed from the campuses' need to comply with federal mandates.

Discussion

Reviewing the recent literature on community SARTs and CTAs elucidates several points of departure between these two groups that can be used to provide direction for burgeoning campus SARTs regarding the four domains of defined purpose, activities to achieve the purpose, membership, and common organizational challenges. Table 3 presents summary comparing community SARTs and CTAs across these four domains. Compared to CTAs, community SARTs more clearly and uniformly define their main purpose as coordinating direct services for survivors (Greeson & Campbell, 2015). However, community SARTs differed in how they operationalized their purpose, for example, some SARTs reported dedicating more

Table 3. Summary of Core Findings: Comparisons Between and Within Community SART and CTA Articles.

	Defined Purpose	Activities	Membership	Challenges in Functionality
Community SARTs	More clearly and uniformly defined purpose as coordinating direct services for survivors. <i>Within articles:</i> Operationalization of purpose differed.	Narrower purview of activities they pursue to improve the coordination and delivery of services to survivors.	Smaller scope: Core organizations representing survivor advocates, law enforcement, health-care professionals and the justice system.	Role confusion and conflict. SART members' different standards for maintaining confidentiality posed a unique challenge.
CTAs	Main purpose often defined by the scope of the violence being addressed, which varied. <i>Within articles difference:</i> CTAs with sexual assault and DV focus more broadly defined purpose, in contrast to sexual assault only.	Multilevel strategies that include capacity-building activities like developing within organization collaboration and communication. Wide-range of activities, spanning from assessing campus needs and policy to engaging in prevention programming and awareness.	Larger membership that includes representation from broad number of campus units and community representatives.	More frequently cited organizational barriers as key challenge. Also role confusion and conflict.

Note. SART = sexual assault response team; CTA = campus team approach.

time and attention toward improving the coordination of direct services provided to survivors, whereas other SARTs prioritized the prosecution of perpetrator (Greeson & Campbell, 2015). Overall consistency of community SARTs in primary purpose is not matched by CTAs, where the main purpose of CTAs is often defined by the scope of the violence being addressed (Danis, 2006; Holtfreter & Boyd, 2006; Lichty et al., 2008). Compared to CTAs that more narrowly hone in on sexual assault, CTAs that address both sexual and domestic violence tend to define their purpose in more expansive and aspirational language (Danis, 2006; D'Enbeau, 2017), such as "eliminating sexual violence among college students" (D'Enbeau, 2017, p. 4).

The contrast between community SARTs and CTAs defined purpose is further pronounced in their reported activities and membership. The longer history, and clearly defined purpose of community SARTs, compared to CTAs, is reflected in the narrower purview of activities they pursue to improve the coordination and delivery of services to survivors, such as reviewing cases (Cole, 2011; Greeson & Campbell, 2015; Greeson et al., 2016; Moylan & Lindhorst, 2015a), drafting and refining protocols (Greeson & Campbell, 2015; Greeson et al., 2016; Moylan & Lindhorst, 2015b), evaluating SART policies and practices (Greeson & Campbell, 2015; Greeson et al., 2016), and participating in interdisciplinary cross-trainings (Greeson & Campbell, 2015; Greeson et al., 2016; Moylan & Lindhorst, 2015a). Conversely, the activities of CTAs, which most commonly focus on multilevel strategies that include capacity-building activities like developing within organization collaboration and communication, mirror the newness and paucity of them across the United States (Holtfreter & Boyd, 2006; Lichty et al., 2008). CTAs larger defined purpose of responding to, and ending, sexual violence has led them to undertake a widerange of activities, spanning from assessing

campus needs and policy (Amar et al., 2014; Danis, 2006; D'Enbeau, 2017; Lichty et al., 2008) to engaging in prevention programming and awareness events (Danis, 2006; Lichty et al., 2008; Mikhailovich & Colbrun, 1999).

Relative to community SARTs, CTAs broader focus on policy and prevention translates into a larger membership that includes representation from multiple academic units, public safety, student groups, administrative departments, and campus resource centers to just name a few (Amar et al., 2014; Danis, 2006; D'Enbeau, 2017; Holtfreter & Boyd, 2006; Lichty et al., 2008). Community SART membership, on the other hand, tends to coalesce around core organizations representing survivor advocates, law enforcement, health-care professionals, and the justice system (Cole, 2011; Cole & Logan, 2010; Greeson & Campbell, 2015; Moylan et al., 2017; Moylan & Lindhorst, 2015a, 2015b).

Membership on both SARTs and CTAs heavily factor into the challenges in functionality they experience. By far, the most robust finding across the literature review pertains to the common organizational challenges confronted by community SARTs and CTAs alike, which limits the efficacy of their collaboration and policy implementation efforts (Cole, 2016; Cole & Logan, 2010; Danis, 2006; D'Enbeau, 2017; Mikhailovich & Colbrun, 1999; Moylan et al., 2017; Moylan & Lindhorst, 2015a, 2015b). Within this domain, all of the studies on SARTs and CTAs documented at least one significant obstacle pertaining to organizational barriers, broad-based participation, conflicting goals, role confusion and conflict, and confidentiality issues (Greeson & Campbell, 2013). However, the prevalence of these challenges varied between SARTs and CTAs. Compared to CTAs, SART members' different standards for maintaining confidentiality posed a unique challenge, often limiting the SART's ability to share information (Cole, 2011, 2016). For CTAs, organizational barriers were more frequently

Table 4. Implications of the Review for Practice, Policy, and Research.

- Campuses might look to community SARTs' experience of effective collaboration and challenges in functioning to anticipate and develop strategies to address potential organizational challenges.
- More definition of purpose by campus teams responding to sexual assault from the onset may hone the activities and also clarify the need for a separate campus team that focuses on prevention. Purpose could also be linked to campus institutional mission.
- Systemic research and evaluation of CTAs would help increase the evidence on the organizational level efforts to respond to sexual assault.
- Rigorous research design comparing the outcomes of sexual assault only and a GBV inclusive CTAs could test effectiveness.
- Campus administrative units need to formalize partnerships and harness the expertise of campus based and other researchers to build evidence regarding best practices to CTAs to sexual assault response, including studying the benefits and limitations of a distinct team for sexual assault or an inclusive gender-based violence model.
- Policymakers could mandate all campuses create and evaluate campus-specific SARTs.
- Policy focused federal funding initiatives like OWH's College Sexual Assault Policy and Prevention Initiative could provide needed understanding of campus SARTs.

Note. SART = sexual assault response team; CTA = campus team approach; GBV = gender-based violence.

cited as a challenge to their functionality (Danis, 2006; D'Enbeau, 2017; Mikhailovich & Colbran, 1999).

Aside from these differences, the research findings for both SARTs and CTAs point to role confusion and conflict as the most prevalent obstacle confronting them (Cole, 2016; Cole & Logan, 2010; Danis, 2006; Mikhailovich & Colbran, 1999; Moylan & Lindhorst, 2015a, 2015b). Although community SARTs compared to CTAs have a more clearly defined purpose, both experience conflicting goals that arise from members' disagreement over defining primary objectives and establishing priorities, which are linked to role confusion and conflict. SART and CTA members may represent organizations or units that have (true or perceived) overlapping jurisdiction, similar goals, or greater manifest power that can muddy the boundaries of a person's professional role on the SART or CTA (Cole, 2016; Cole & Logan, 2010; Danis, 2006; Lichty et al., 2008; Mikhailovich & Colbran, 1999; Moylan et al., 2017; Moylan & Lindhorst, 2015a, 2015b).

Recommendations and Future Direction for CTAs

The issue of sexual assault is not a new problem on college campuses; however, higher education's awareness and willingness to confront it is novel. Based on the findings of this review, Table 4 provides clear actionable implications for practice, policy, and research. As college campuses across the country continue to wrangle with how to address and respond

to the needs of sexual assault survivors, with the encouragement of federally funded initiatives (Office on Women's Health, 2016), some universities have embarked on new efforts to form campus SARTs to improve their response to sexual assault survivors (e.g., see Heartland Project, 2018).

While there is limited research on CTAs that can directly guide the development and implementation of them, the more robust body of research on community SARTs contains several lessons that can help inform positive practice outcomes for CTAs. As campus efforts get underway, they may glean several insights from the research on community SARTs to help structure a more effective collaboration and mitigate the organizational challenges that have impeded the functioning of community SARTs.

Based on the current literature, the structure of a community SART shapes its functionality (Greeson et al., 2016). Specifically, the research on community SARTs points to the utility of establishing a clearly defined purpose and having clear objectives to achieve the defined purpose. As stated in Table 4, CTAs have used more expansive definitions of purpose compared to community SARTs, which tends to dilute a CTA's shared purpose. The greater clarity in community SARTs' purpose and activities, compared to CTAs, has important spillover effects. Namely, community SARTs' focus on activities such as establishing protocols is directly salient to improving the delivery of response services for survivors. Conversely, CTAs tend to have less singularity in their defined purpose that leads them to engage in a multitude of activities that create a tension between focusing on prevention or response. Clarifying the purpose of a CTA to specifically hone in on response, while decoupling prevention, could lead to a more comprehensive and effective organizational response to campus sexual assault.

Moreover, unlike community SARTs, CTAs can use their shared student-centered institutional vision and mission to help mitigate role conflict and confusion. While university personnel are not immune to interpersonal conflict or distrust, they are employed by the same institution that has a unifying mission. This is not the case for community SARTs, where members represent different organizations that often have competing goals such as victim advocacy versus criminal justice that can lead to prioritizing different outcomes (Cole, 2016; Cole & Logan, 2010; Moylan et al., 2017; Moylan & Lindhorst, 2015a, 2015b).

Although CTAs can potentially unify around their shared organizational values, there is room to improve their functionality. Formalizing partnerships among the various campus administrative units that are tasked with responding to sexual assault will create an institutional structure for a CTA, which will help ensure a more sustainable model. In addition, campuses often have faculty and researchers who study sexual assault or GBV. This in-house source of expertise can be leveraged to begin to develop a more robust research agenda that examines best practices including, for example, the benefits and limitations of using a distinct team for sexual assault response compared to using a more inclusive GBV model.

Many of the recent efforts to improve campuses' response to sexual assault have been animated by several key federal initiatives beginning in earnest in 2011 with the Dear Colleague Letter,

indicating that policy makers can have a positive and motivating impact on postsecondary institutions. Although the current administration has taken a different tact to campus sexual assault, it has not foreclosed the possibility of future action or eliminated current action taking place under federal funding initiatives like OWH's College Sexual Assault Policy and Prevention Initiative. Through this policy-focused initiative, grantees have been working with dozens of campuses across the country to develop, implement, and evaluate CTAs. The potential success of these CTAs may help lay the groundwork for policy makers to mandate the creation and evaluation of campus-specific SARTs.

Sexual assault is not a new issue, but campuses have only recently begun to address sexual assault vis-à-vis establishing a CTA to respond to it. Although the lessons tilled from the literature review of SARTs and CTAs point to several recommendations and areas of improvement for CTAs, they come with caveats that underscore the importance of continued research in this area. Namely, the breadth of empirical research on SARTs and more acutely, CTAs is limited. This limitation surfaced in the inclusion criteria of this study, in that to increase the number of CTA articles, the location of the study was unlimited, while the SART articles was limited to only the United States. The dearth of empirical studies examining CTAs is a critical gap. Consequently, in this burgeoning field, there is a dearth of empirical studies examining CTAs. While the research on SARTs is more developed and provides some concrete directions for CTAs, systemic research and evaluation of CTAs would help increase the evidence on the organizational level efforts to respond to sexual assault, as described in Table 4. Additional research is necessary to move the field closer to establishing best practices on college campuses and determining the robustness of current research findings.

Conclusion

Sexual assault during college is a sadly common and devastating experience for too many students. The role of postsecondary institutions in sexual assault response may change due to political forces; however, until societal norms and individual behavior changes, institutions face the reality that *their* students—particularly bisexual and heterosexual women and all lesbian, gay, bisexual, transgender, and queer (LGBTQ) students—will experience sexual assault. Learning from the practice and grounded in the evidence of the effectiveness of community SARTs, colleges and universities use of a CTA to sexual assault response planning and coordination could construct a more robust support and accountability mechanism that would benefit all students and the institution as well.

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Note

1. Greeson and Campbell (2013) examined pre-2010 community SART literature, and there was new literature to warrant an updated review.

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Author Biographies

Juliana Carlson is an assistant professor at the University of Kansas School of Social Welfare. Dr. Carlson's research focuses on gender-based violence (GBV) prevention, including system-level responses to engage men in GBV prevention efforts. As a practitioner for over 15 years, she worked as an advocate in domestic violence shelters, and a community organizer with families and communities.

Marcy Quison is a PhD student in the Women, Gender and Sexuality Studies Department with a concentration in political science at the University of Kansas. Her research interests include state and nongovernmental organization responses to gender-based violence. Her dissertation research studies how these two groups collaborate to address human trafficking in the Philippines.

Alesha Doan is an associate professor at the University of Kansas and has academic expertise in gender, public policy and organizational theories, and leadership experience as a principal investigator and academic administrator. She has held several leadership positions including chairing the Women, Gender and Sexuality Studies Department and co-chair of KU's Chancellor's Task Force on Sexual Assault in 2014–15.

Natabhona Mabachi is an assistant research professor at University of Kansas Medical Center and is involved in several community/society-level prevention/intervention programs both locally and internationally. She is currently in her third year, as the evaluator for a community-level sexual violence prevention program developed by the Metropolitan Organization to Counter Sexual Assault, which is CDC funded through the Kansas Department of Health and Environment.