

South Carolina Sexual Assault Response Team Manual

*A Tool for SART Coordinators to Improve their
Community's Multidisciplinary Response to Sexual Assault*

South Carolina Coalition Against Domestic Violence and Sexual Assault

2017

ACKNOWLEDGMENTS

SCCADVASA would like to acknowledge and thank the following organizations for granting permission to use their resource material in the creation of this manual:

- Florida Council Against Sexual Violence - <http://www.fcasv.org>
- North Carolina Coalition Against Sexual Assault – <http://www.nccasa.org>
- Oregon Sexual Assault Task Force - <http://oregonsatf.org>
- Sexual Violence Justice Institute at Minnesota Coalition Against Sexual Assault – <http://www.mncasa.org>
- Vera Institute of Justice – <http://vera.org>
- Victim Rights Law Center - <https://www.victimrights.org>
- Virginia Department of Criminal Justice Services – <http://www.dcjs.virginia.gov>

A special thanks, also, for the following individuals for their editing skills and other assistance in creation of this manual:

- Gina Carbino, South Carolina Victim Assistance Network – <http://scvan.org>
- Lisa Kuklinski, Pickens County Advocacy Center - <http://www.pickenscountyadvocacycenter.com>
- Jamika Nedwards, Julie Valentine Center - <http://www.julievalentinecenter.org>
- Shannon Palm, South Carolina Attorney General's Office, VAWA Division
<http://www.scag.gov/criminal-domestic-violence-in-south-carolina>

The creation of this manual was supported by Federal Formula Grant #2015-MU-AX-0016, awarded by the Office on Violence Against Women, US Department of Justice. Points of view or opinions contained within this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department Justice.

SCCADVASA is the federally-recognized coalition of 22 organizations in South Carolina providing direct services to victims and survivors of domestic and sexual violence. We are the collective voice promoting the prevention of domestic violence and sexual assault in the state.



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INTRODUCTION

Education. Collaboration. Advocacy.

These are the three pillars of SCCADVASA's work. We believe that when victim service professionals embrace life-long education, multidisciplinary collaboration, and survivor advocacy, we will become a state where survivors find healing and justice and where offenders are held accountable. SCCADVASA's vision is a South Carolina free from domestic violence and sexual assault.

This SART Manual was compiled to assist SART Coordinators, response team members, and victim serving professionals in South Carolina to help achieve successful multidisciplinary collaboration. This is the first manual of its kind in the state and its intent is to be a guide, rather than a "rulebook." As long as everyone is working together to help survivors heal and hold offenders accountable, there are many ways to approach SART coordination. This manual should be used in collaboration with other tools, most notably the *South Carolina Sexual Assault Protocol*, published by the Attorney General's Office.

This manual will use both terms "victim" and "survivor" to refer to people who have been victimized by sexual violence. "Victim" is a term more commonly used by criminal justice and law enforcement professionals to indicate that the person is a victim of a crime. "Survivor" is a term more commonly used by community-based professionals and victim advocates to indicate that the person is on a journey of healing and recovery. Since SARTs are made up of professionals from a variety of disciplines and this manual switches back and forth talking about those different disciplines, various wording may be used at different times throughout this document. It is understood that people are sensitive to different words. When working with survivors of sexual and intimate partner violence in the community, it is always preferable when possible to ask a survivor what is their preferred terminology.

WHAT IS A SART AND WHY SHOULD COMMUNITIES HAVE ONE?

THE NEED FOR A COMMUNITY APPROACH

Nearly one in five women and one in 71 men report being raped during their lifetime¹. During one week in September 2016, over 900 primary and secondary survivors of sexual assault accessed services at one of 15 rape crisis centers in South Carolina². Despite its prevalence, sexual assault is a crime that often goes unreported to police, and investigation and prosecution of the crime is challenging. In addition, survivors often have complex short- and long-term trauma-related needs. A coordinated, multidisciplinary community response provides **a seamless system of services that helps survivors heal, holds offenders accountable, and prevents further harm** to the survivor or to the rest of the community. When the response process is not coordinated, it is confusing and potentially retraumatizing for survivors who are attempting to access help. This confusion can leave survivors feeling lost and overwhelmed and it gives perpetrators more opportunity to escape with no consequences for their violent actions. In addition to helping survivors heal, coordinated community responses help service providers by creating opportunities for cross-training, ongoing cross-discipline consultation, and the development of protocols for collaboration.

WHAT IS A SART?

A Sexual Assault Response Team (SART) is a multi-agency, coordinated effort that continually evaluates and improves the community response to sexual assault survivors. SARTs are a best-practice approach to ensuring that strategies and procedures between partners such as law enforcement, prosecutors, community-based advocates, and medical providers is streamlined and survivor-centered.

The goals of a SART include³:

- Ensuring competent, coordinated, and effective intervention;
- Providing a victim-centered and trauma-informed response by all disciplines that is sensitive and caring to survivors of sexual assault;
- Ensuring that all disciplines are working with survivors of sexual assault with humility, understanding, and cultural sensitivity;
- Ensuring complete, consistent, accurate case investigations and prosecutions;
- Providing high-quality and consistent forensic sexual assault physical examinations;
- Ensuring the provision of medical and forensic follow-up care;
- Providing crisis intervention and counseling follow-up referrals; and
- Effectively supporting the missions of all coordinating agencies and systems involved in working with sexual assault survivors and offenders.

¹ National Intimate Partner and Sexual Violence Survey, National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention, 2010.

² Sexual Violence Counts, SCCADVASA, 2016.

³ Adapted with permission from Sexual Assault Response Teams: A Model Protocol for Virginia. Virginia Department of Criminal Justice Services, May 2010, p. 9.

Every community in South Carolina is unique and different. Each county has its own strengths and barriers, as well as different resources that are available to survivors. Therefore, a SART in one jurisdiction might look different from a team in another area of the same state. However, one guiding document that all teams can use to support and help formalize their SART process is the *South Carolina Attorney General's Sexual Assault Protocol*, which is a statewide guide on how survivors should be treated, how investigations should be handled, and how evidence should be collected. The *Sexual Assault Protocol* provides communities with the structure of how a sexual assault response should be handled in the state, but it is up to SARTs and service-provider communities to flesh out what that looks like in their area and to put the plan into action.

SARTs and other community collaborations are a **strategic tool** to help individual professionals, agencies, and systems all continually assess and improve services. Teams should keep in mind that **the team itself is not a measure of success**. This means that simply because a SART holds regular meetings does not mean that the system is successfully collaborating, nor does it mean that services are being provided to all survivors in the community. Teams should constantly ask themselves and each other:

Simply because a SART holds regular meetings does not mean that the system is successfully collaborating.

- What is our reality right now? What are we doing well? What are we not doing well?
- What is our vision for the future? Where do we go from here and how do we get there?
- How will we know when we get there and how will we know if the planned changes worked?

Success is when a team works together to identify a needed improvement, makes a change, and evaluates its effectiveness. This process, called continual quality improvement, will be further discussed in this manual.

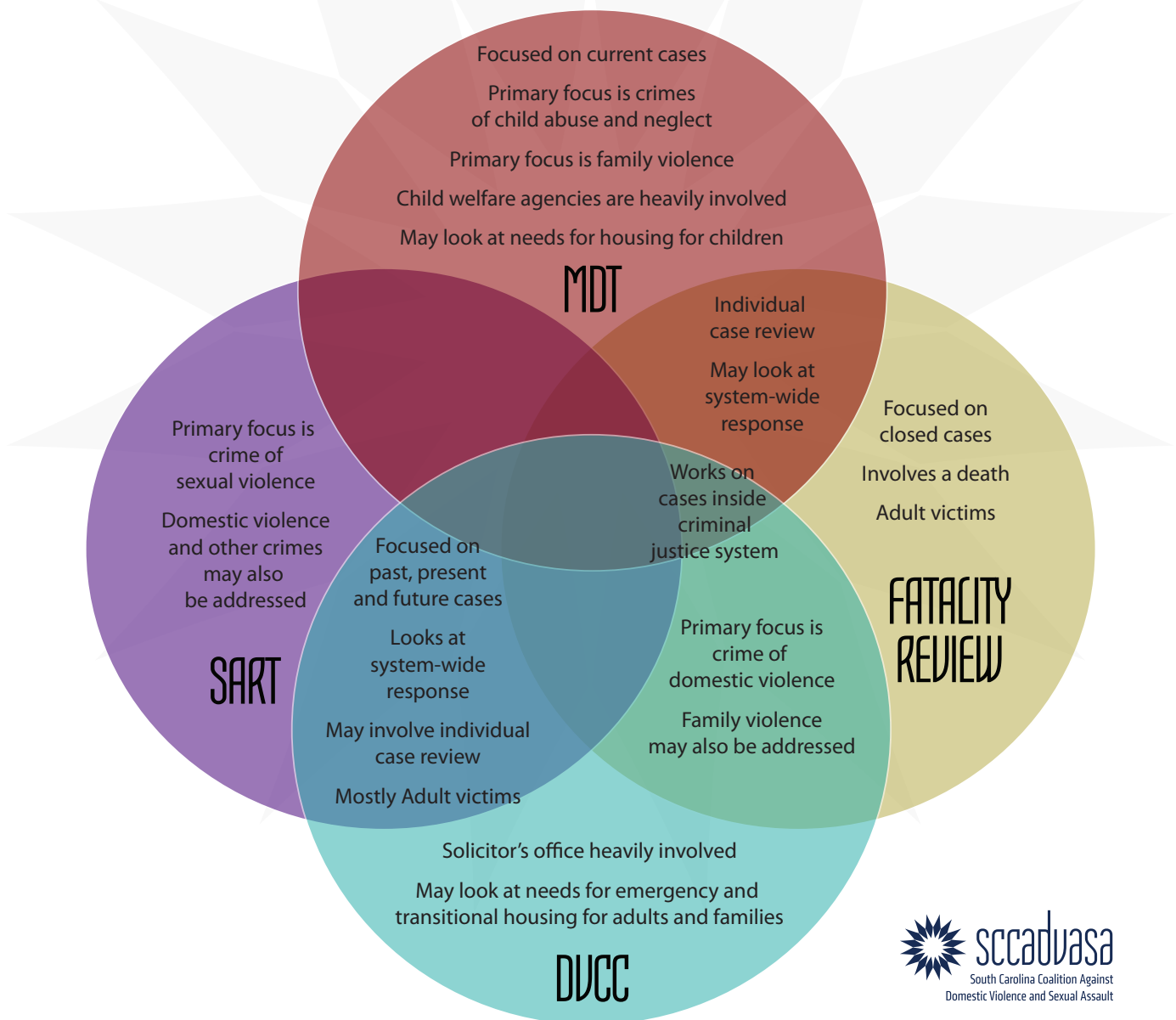
SART PROTOCOLS

Every community needs a thorough understanding of how the victim service system works and what resources are available. For that reason, teams should work towards the creation and continual improvement of a community/jurisdiction-wide SART protocol. A protocol is more than just a memorandum of agreement (MOA/MOU) between two or more entities. It is not enough for agencies/organizations to sign a document agreeing to collaboration because such a document does not specify the details of how each partner and all their staff will put into practice the agreed-upon procedure. A response protocol is a step-by-step process of how each partner agency plans to provide services. This could be a written manual, a flowchart, or a tip-sheet. Either way, the protocol should be based on best practice and a thorough evaluation of what works and does not work in the community. Protocols form the backbone of a community response and contribute to transparency of services, without which, it is difficult for teams to reach the necessary level of trust. **All teams in South Carolina should work toward creating a community protocol that is continually evaluated and improved.**

The process of creating a protocol is explained in more detail later in this manual. Contact SCCADVSA to see sample copies of team protocols and for assistance with ongoing support as your team creates, evaluates, or updates their team protocol.

HOW IS A SART DIFFERENT FROM OTHER COMMUNITY COLLABORATIONS?

All victim service professionals are stretched thin, whether they work in the criminal justice system, the medical system, or the non-profit system. Everyone provides services with not enough staff, too large of a service area/jurisdiction, and way too many meetings. One of the common missteps that can be made, however, is to skip sexual assault response meetings because they are seen as redundant with other collaborative efforts, such as multidisciplinary team (MDT) meetings or domestic violence coordinating council (DVCC) meetings. SARTs, DVCCs, MDTs and other collaborative meetings are very important and may involve some of the same professionals; yet they serve distinct and different purposes. Without having a space set aside specifically for continual improvement of the response to sexual assault survivors (particularly the response to adult victims), a coordinated response to this population can easily become disjointed, while efforts and resources can accidentally be shifted to other populations.



Similarities and Differences Between Interagency Meetings

Multidisciplinary Team Meetings (MDTs)

In South Carolina, an MDT usually refers to a collaborative group that regularly meets to coordinate the care for children when there is an active investigation of child abuse/neglect. MDTs are a place to staff cases, make recommendations about the case, and collaboratively develop treatment and safety plans. Law enforcement and the criminal justice system are often heavily involved in MDTs, as well as the Department of Social Security (DSS) or guardians ad litem, and the child advocacy center. Even though the cases that are staffed at MDT meetings involve individual child abuse or neglect, there is often an element of family violence or domestic violence, which may have caused or contributed to the child abuse/neglect.

Domestic Violence Coordinating Councils (DVCCs)

South Carolina's Domestic Violence law⁴ requires that all circuit solicitors facilitate the development of community domestic violence coordinating councils in each county or judicial circuit based on a public-private sector collaboration. The purpose of the DVCC is to increase the awareness and understanding of domestic violence and its consequences, reduce the incidents of domestic violence in the county or area served, and enhance and ensure the safety of battered individuals and their children. Unlike MDTs, which heavily involve case coordination and staffing, DVCCs (much like SARTs) work more on a system-level approach. Among other things, teams must establish interdisciplinary and interagency protocols for intervention with survivors of domestic violence; facilitate communication and cooperation among agencies; monitor, evaluate, and improve the quality and effectiveness of services; and provide public education. Crimes of domestic violence are often committed when children live or are present in the home; therefore, these councils might address correlating issues of family violence or child abuse.

Fatality Review Committees

Fatality Review Committees (sometimes referred to as Fatality Review Teams) are also established under South Carolina's domestic violence law⁵. Just like DVCCs, Fatality Review Teams are created by each circuit solicitor. The team conducts case reviews of homicides or suicides to assist local agencies in identifying and reviewing domestic violence-related deaths and in facilitating communication among the agencies involved in domestic violence response. Only closed cases are reviewed and there cannot be any pending prosecution. The purpose is to identify gaps in response to these cases so that future deaths can be avoided.

SARTs

Many of the differences between the above-mentioned collaborations and SARTs have to do with the uniqueness of the crime of sexual violence and the historically-identified needs of survivors. One of the largest potential difference between these teams is the role of the criminal justice system. **Criminal justice involvement in all of these groups is crucial. In order to be effective, every SART, DVCC, MDT, and Fatality Review team must have meaningful involvement by local law enforcement and the prosecutor's offices.** MDTs and Fatality Review Teams almost always involve criminal investigations; therefore, team meetings, individual case conversations, and system-wide response protocols will often center on meeting the needs of survivors during the investigation and criminal justice response. This is not always the case with SARTs. Most victims of sexual assault do not wish to report the crime to law enforcement, although they often seek other medical, mental health, or social services. SART meetings are a place for conversations between service providers to help keep survivors' needs at the center of the response, even if a criminal justice response is not an option. Like other community collaborations, SARTs may conduct individual case review/coordination. Although not commonly done in our state, individual case review can be an effective way to achieve seamless coordination of services for a survivor. Case review can also be a very helpful way to assess and identify system-level issues or gaps in services. However, before SARTs attempt to discuss individual cases (both closed and open), the team must first have established a high level of trust and transparency within its membership and all team members must fully understand their own and their partners' confidentiality statutes. Confidentiality will be discussed in more detail later in this manual. If your team wishes to begin case review or consultation, contact SCCADV for technical assistance and consult MNCASA's resource *What Do Sexual Assault Cases Look Like in Our Community? A SART Coordinator's Guidebook for Case File Review*.

⁴ South Carolina Code of Laws, Section 16-25-510 to 550.

⁵ South Carolina Code of Laws, Section 16-25-710 to 750.

CENTERING SURVIVOR'S NEEDS

Adapted with permission from the Sexual Assault Response Team Handbook from the Oregon Attorney General's Task Force, Version III 2009

Survivors of sexual violence have very complex needs, which may include things such as: the need for safe and secure housing, access to medical care, help with lost wages due to missed work, and legal representation. In addition, each individual has their own unique sense of identity that intersects and impacts not only how they access care, but also how they make sense of the world around them. For example, an immigrant survivor who speaks limited English may face barriers to accessing services due to language access, but they also come from a unique culture that might impact how they respond after an assault and the types of care they feel safe requesting. The complex needs of individuals must be at the center of any community or agency response.

SARTs work to promote the development and implementation of a victim-centered response to sexual assault. A victim-centered response acknowledges that a person's feeling of "justice" might be something other than a successful prosecution of a case. It is important that survivors of sexual assault feel a sense of healing, regardless of the legal outcome of their case. For some people, justice exists when they are listened to, taken seriously, and when they have autonomy over decisions in their life. It is the role of the SART to create response protocols that mitigate the harm and reduce further trauma. This allows survivors to experience healing regardless of the legal outcome of their case.

The survivor is central to the response system. When a survivor of sexual violence chooses to pursue options through the criminal justice system, a victim-centered response recognizes that the one person to whom all service providers and law enforcement are responsible is the victim. It is critical that the survivor believes that reporting is a safe and viable option. If they do not believe this is the case, they will not come forward, they will not report, and they will not (willingly) participate in the criminal justice system response. Each survivor who chooses to report the crime provides the SART with an opportunity to increase individual and community safety.

VICTIM BLAMING

Two of the more challenging responsibilities of SART members are interrupting victim blaming and educating the community and other SART members about the myths and misconceptions that are often associated with sexual assault. Victim blaming refers to holding victims responsible, even in part, for being sexually assaulted. Victim blaming typically utilizes the argument that if the victim had not made a particular choice, engaged in a particular activity, or acted in a particular way, they would not have been sexually assaulted. This argument is erroneous for several reasons: 1) there is no particular activity, choice, or behavior for which sexual assault is a natural (and usual) consequence; 2) victims exist who do not necessarily engage in activities, choices, or behaviors that are widely viewed as risky; and 3) the only common denominator for incidents of sexual assault is the presence of someone who chooses to sexually offend. It is not the behavior of the victim that leads to or results in sexual assault; rather it is the conscious choice of the offender.

Team members should discuss how they will handle incidences of victim-blaming statements in team meetings. SARTs can be a safe place where members can vent about the difficulties of working on these difficult types of cases, but victim-blaming statements should never be part of the venting. Decide ahead of time how members can address victim-blaming statements from other team members or from guests at the meetings so that the team demonstrates and practices zero tolerance for these statements without alienating or making team members and guests feel unwelcome.

OFFENDER-FOCUSED

In the same way that “victim-centered” refers to providing a thorough, professional, and compassionate response to survivors, “offender-focused” refers to the investigative and prosecutorial efforts made to hold offenders accountable for their decisions, actions, and behaviors. An offender-focused response recognizes that offenders purposefully and intentionally select victims with whom they can successfully commit a sexual assault – victims who are perceived by offenders as vulnerable, accessible, and lacking in credibility. An offender-focused response will therefore focus on the actions, behaviors, history, character, lifestyle, and values of the offender. An offender-focused approach also recognizes what we know to be true about adult sex offenders:

- Adult sex offenders are often repeat sex offenders;
- Adult sex offenders most often target individuals known to them, whether it is through a brief encounter or a close relationship;
- Adult sex offenders often commit other crimes including stalking, domestic violence, child abuse, and child sexual abuse;
- Adult sex offenders usually use instrumental violence or the “con” attack, rather than a weapon or more apparent forms of violence;
- Adult sex offenders are practiced liars and often have a history of evading detection through deception and manipulation.

A SART is the living commitment to creating a new system. This commitment requires the team members to be dedicated to educating themselves, to changing the way they approach their jobs and how they interact with the victims they serve, and to making sure that those changes are always serving the overall goal of empowering sexual assault survivors, the agencies and individuals that serve them, and the entire community. **In putting aside old models and habits in favor of a coordinated, multidisciplinary approach, SART members build a stronger response to sexual assault cases with more effective outcomes for survivors, communities, and the criminal justice system.**

ANTICIPATING AND AVOIDING COMMON STUMBLING BLOCKS TO COLLABORATION

Collaborating across disciplines can be challenging. People from different agencies have different perspectives and some systems have very different organizational cultures. Sometimes simple misunderstandings can lead to big conflicts. **Do not let differences get in the way of collaboration. Differences of perspective should serve as a benefit to the team, rather than a hindrance because they give the team a broader perspective of the issue and help prevent having too small a scope!** Most conflicts can be avoided or overcome with careful planning and building of trust among team members. It is wise for teams to build a preventative approach to anticipate and avoid the following areas of frequent conflict.

CONFIDENTIALITY

One of the biggest challenges to collaboration is misunderstandings about confidentiality. Different team members can have very different obligations on mandated reporting, privacy, and confidentiality. All team members must have a thorough understanding of their own and their partners' statutory obligations; otherwise, misunderstandings and conflict will occur. For example, an advocate at a rape crisis center that is funded by VAWA, VOCA, or FVPSA⁶ must follow a strong federal confidentiality statute that **limits their ability to disclose identifying information about the survivor**. On the other hand, a law enforcement advocate (or LEVA) is statutorily **required to report** anything that might be relevant to a current investigation. You can see how this can be confusing, not only to the survivor, but also to others on a response team. One professional cannot disclose any information, while another professional must disclose information. Misunderstandings of these requirements have caused major conflicts on teams when each person does not thoroughly understand the requirements of the other. To avoid conflict and to protect survivors' information, discuss your confidentiality requirements and limitations upfront, when there is not an active crisis situation. Consider holding in-service trainings hosted by experts in the field to help your team thoroughly understand mandated reporting law, laws on duty to warn of self-harm and injury to others, and other federal and local statutes. Some teams will color-code name badges according to reporting requirements to help all team members easily identify who is legally required to report information and which information must be reported. This will help minimize conflict when a survivor is present or when cases are being discussed at team meetings because all professionals will know exactly what their counterparts are and are not capable of discussing.

Here are a few important points about confidentiality and privacy:

- **Brady obligations:** Brady v. Maryland, 373 U.S. 83 (1963) established a prosecutor's obligation to share information in the prosecutor's possession with the defense if the information is material and exculpatory for the defense. Exculpatory information is "material" if there is a reasonable probability that a defendant's conviction or sentence would have been different had the information been disclosed. That is, it includes evidence that might demonstrate the defendant's innocence, conflicts with a prosecutor's witnesses, could be used to impeach a state witness, or it could reduce a defendant's sentence.⁷

⁶ VAWA is Violence Against Women Act. VOCA is Victims of Crime Act. FVPSA is Family Violence Prevention and Services Act. All of these are federal funding streams dedicated to supporting services to domestic violence and sexual assault services.

⁷ Definition excerpted from the Victim Rights Law Center's Coordinated Community Response toolkit and used with permission.

- **VAWA/VOCA/FVPSA confidentiality:** The Violence Against Women Act (VAWA), Victim of Crime Act (VOCA), and Family Violence Prevention and Services Act (FVPSA) are federal laws that govern much of the available funding for rape crisis and domestic violence services. All of these statutes, and their corresponding regulations, require grantees to provide confidential services and to protect survivor privacy. Grantees are not able to release personally identifying information without a release of information, a court mandate, e.g., case law or a subpoena, or a statutory mandate (such as mandated reporting). VAWA defines personally identifying information as information that is “likely to disclose the location of a victim...including a victim’s first name and last name, a home or other physical address, contact information (including postal address, email address, telephone or fax number), social security number, or any other information, including date of birth, racial or ethnic background, or religious affiliation, that, in combination with any of the above information, would serve to identify any individual.”⁸
- **Release of information:** A release of information gives a person or agency permission to share documents or have a conversation with a third party. Under VAWA, VOCA, and FVPSA, personally identifying information may be released only with the informed, written, and reasonably time-limited consent of the victim unless required by a statutory or court mandate. VAWA grantees and subgrantees may also share certain information generated by the court, law enforcement, or the prosecution. Releases of information are best used on an as-needed basis, not in anticipation of a non-specific, general expectation that information will need to be shared at some point in the future.⁹
- **Privilege:** Privilege is a rule of evidence created by statute or court decisions to protect the privacy of conversations and documents. Privilege exists to promote trust and confidentiality between two people. For example, in the state of South Carolina conversations between attorneys and clients are protected so that clients feel free to tell their attorney about their circumstances. Privileged information must be kept private as a matter of law and cannot be released, even under court order and, in some cases, even after the client has died. In addition to attorneys, South Carolina law also gives privilege communication to mental health providers (who are licensed and who enter the relationship to provide diagnoses, counseling, or treatment of a mental illness or emotional condition), physicians, and clergy, although some of the privileges may not be “absolute,” which means that there may be exceptions, such as for mandated reporting.¹⁰
- **HIPAA:** The Health Insurance Portability and Accountability Act, or HIPAA, is a federal law that includes specific protections of patients’ private health information. HIPAA applies to healthcare providers who are “covered entities.” Covered entities may include doctors, clinics, psychologists, and others if they transmit information in an electronic form for which HHS has adopted a standard. This usually applies to entities that charge a fee for service and/or bill insurance providers.¹¹

⁸ Definition adapted with permission from the Victim Rights Law Center.

⁹ Definition adapted with permission from the Victim Rights Law Center.

¹⁰ Definition adapted with permission from the Victim Rights Law Center.

¹¹ The Department of Health and Human Services, www.hhs.gov, Covered Entities and Business Associates, accessed June 2017.

Regardless of the parameters for sharing information, all team members should *always work to protect survivor confidentiality*. Whenever information is requested or shared, team members should ask themselves not only if it is statutorily allowed to share victim information, but is it also necessary. A survivor's security and safety are at stake. The best practice is to minimize the amount of information that circulates about a sexual assault survivor, especially in smaller rural communities.

Teams should also discuss ahead of time how they will handle accidental disclosure at team meetings. We are all human beings and prone to make mistakes. No matter how hard we try, we still may slip and accidentally say a victim's name or some other identifying information. What happens in those circumstances? Have conversations with your team about how this will be handled. Are there circumstances where team members can let go of this accidental information? Does it always have to be reported? Perhaps all team members would be willing to sign a group confidentiality agreement agreeing to hold secret any information shared in team meetings. This would not change statutory obligations, but is rather a good-faith agreement that information shared (by accident or on purpose) will not leave the room.

AVOIDING A "GOTCHA" RESPONSE

Sometimes community collaboration is approached from a lopsided perspective, although it may not necessarily be readily apparent. An agency or service provider who only brings together partners in order to criticize or point out fault in the response of those partners may be unintentionally setting themselves up for failure. It may be true that one or more agencies are providing more holistic, trauma-informed, victim centered

services than others; however, it is never helpful to approach collaboration with any other agenda in mind. Partners must recognize that we are stronger together and that we must work together to improve the entire system. **We must approach this work with humility and mindfulness of the fact that we all have areas in need of improvement.** Avoid trying to pull someone onto a team when you have a hidden agenda of calling out their mistakes, which may embarrass them or put them on the defensive. That paternalistic approach usually only ends in failure. Besides, who wants to join a group if they suspect that everything they do or say is going to be criticized? Establish trust first and then engage in a system-wide evaluation, as outlined in this manual, which will help teams improve across systems while also engaging all players in the process of continual improvement.

We must approach this work with humility and mindfulness of the fact that we all have areas in need of improvement.

The Soccer-Basketball Analogy

Even if you are not a huge fan of basketball, you might recognize legendary names such as Michael Jordan or LaBron James. Powerhouse players like these dominate the court, bringing in major victories for their teams. Soccer greats, like David Beckham or Fernando Torres are also powerhouses in their sport. But according to Malcolm Gladwell in his podcast *Revisionist History*, what it takes for a team to win at a sport like soccer is very different from a sport like basketball.

In basketball, the team's strongest players are going to win the game for the team, even if their weakest players are quite poor. Therefore, a basketball team that wants to win should invest money, time, and energy in strengthening the strongest players, not in improving their weakest players. Basketball is a sport where the strongest player will have opportunities to dominate the court and almost singlehandedly bring home the win.

This is not the case, however, in a sport like soccer. **The interconnectedness and collaboration of the entire team wins** the game of soccer. According to Gladwell, the strength of the **weakest soccer player** is more important than the strength of the strongest player. In other words, because team members rely heavily on their teammates, soccer teams would be more likely to win if they invested in their weak players, rather than putting it toward an all-star like David Beckham or Fernando Torres.

Gladwell says that you have to know which theory will bring home success for your team so that you use the winning strategy. Translate this analogy to victim advocacy. We know that "success" is providing holistic, trauma-informed services to all survivors; but which strategy should we use in order for "our team" to see success? **Victim advocacy is like a soccer team, where the interconnectedness and collaboration is of paramount importance.** If there is just one weak partner in a victim advocacy community, it will not be possible for survivors to receive the appropriate care when they need it. For example, if a community has very well-trained law enforcement investigators, but a crumbling advocacy center, survivors are not going to get the care they need and deserve. Or, if a community has a stellar advocacy center, but no emergency department in the area, again the continuum of care is disconnected. No one can do this work alone!

Which agency is the strongest in your victim-serving community? Which is the weakest? How does your community invest in supporting "your weakest link?" If your organization is strong, how do you help bring that strength to the aid of your weaker teammates?

THE ROLE OF TEAM PARTNERS

Adapted with permission from the Sexual Assault Response Team Handbook from the Oregon Attorney General's Task Force, Version III 2009

MEDICAL PROVIDERS/SEXUAL ASSAULT NURSE EXAMINERS

The role of medical personnel in the response to sexual assault is to provide for the acute medical care of patients, collect and document forensic evidence, provide appropriate referrals, and provide testimony in the small percentage of cases that go to trial. It is best practice that sexual assault examinations be performed by a healthcare professional who has received sexual assault forensic training, although any healthcare provider is able to conduct the examinations. Sexual Assault Nurse Examiners (SANEs) or Forensic Nurse Examiners (FNEs) are the preferred choice when a community has the resources to provide them. Unfortunately, most hospitals in South Carolina do not have healthcare providers who are specifically trained in sexual assault forensic collection. In fact, there are jurisdictions in the state that do not even have an emergency department. This makes it challenging for survivors to easily access medical forensic evidence collection and emergency care in a timely manner after an assault.

The South Carolina Attorney General's *Sexual Assault Protocol* spells out the recommended guidelines and timeline for collecting evidence from adults and children following a sexual assault. This includes the distribution of post exposure prophylaxis for sexual transmitted infections, including HIV, and medication to prevent pregnancy. A victim-centered medical response recognizes that it is best for the patient (and for the criminal justice system) that healthcare personnel/SANEs avoid formulating opinions about whether the sexual assault occurred. Rather, healthcare personnel have an opportunity to conduct an exam that documents the patient's assault history as reported by the patient and notes when the physical and forensic components could be consistent with the patient's history. Healthcare personnel may be asked by law enforcement whether the victim is credible or, more directly, whether the assault occurred. This can be used by the healthcare provider as an opportunity to share general (de-identified) information about what is known about a sexual assault medical examination, that absence of injury or forensic findings is not indicative of whether a patient was assaulted or neither is a patient's demeanor during the assault history or exam. Under HIPPA, healthcare providers are obligated to keep patient information confidential unless given consent by the patient or where mandated by law in circumstances of abuse and neglect, gunshot wounds, or abuse of an elder or vulnerable adult.

Healthcare providers are part of the evidentiary chain of custody and play a key role on SARTs to help ensure that forensic medical evidence is collected, transported, stored, and processed in a timely, medically-accurate, and trauma-informed manner. They can provide training to the team on sexual assault medical procedures. And, finally, since healthcare providers are often the first point of contact for survivors, they must keep abreast of the community resources so that they can make accurate referrals and develop relationships with key community partners like law enforcement and victim advocates.

Focus of Community-based and System-based Advocates

<i>Community-based Advocate</i>	<i>System-based Advocate</i>
<i>Focus on survivor safety</i>	<i>Focus on survivor safety</i>
<i>Education of victim rights in criminal investigations</i>	<i>In-depth knowledge of the system</i>
<i>Survivor empowerment</i>	<i>Access to justice system information</i>
<i>Education of the community on survivor needs</i>	<i>Access to case information</i>
<i>Services to survivors who report crime as well as those who don't.</i>	<i>Provide services to survivors whose cases are processed through the criminal justice system</i>
<i>Usually offer free services to direct victims and secondary victims (non-offending family/friends)</i>	<i>Services specific to direct victim</i>
<i>Comprehensive advocacy (24-hour support, support groups, education, counseling, advocacy)</i>	<i>Advocacy may be specific to moving through the system (information on court dates, case status, disposition and prosecutor goals)</i>
<i>No limitation on services. Victim decides when services end.</i>	<i>Services are limited to the length of the criminal justice process.</i>

ADVOCATES

The role of an advocate is to provide crisis intervention services, support, information, referrals, and ancillary services, including assistance with transportation, safety-planning, housing, and/or childcare. Best practice utilizes trained advocates to accompany survivors through the healthcare, social service, and criminal justice systems in a way that is culturally and linguistically appropriate to the best extent possible. More difficult to define, but of great importance, is the role advocates play in bearing witness to the experiences of the survivor; they do this by listening, believing, empowering, serving as a buffer, interrupting victim blaming, and honoring the choices that a survivor makes.

South Carolina is home to two different types of advocates – community-based and systems-based advocates. **Community-based advocates** are located outside of criminal justice or prosecutor systems (often located at a non-profit, such as a rape crisis or domestic violence center) and are uniquely positioned to offer survivors an array of options regardless of the survivor's station in life, whether they are a student, in the military, or whether there is a criminal investigation. On the other hand, **system-based advocates** work with a survivor when they are part of a particular "system," such as a school, university or military installation, or if there is an investigation, prosecution, or corrections response. System-based advocates are champions for survivors within systems that can sometimes be complex and confusing. It is crucial that survivors and SART members understand the different roles of advocates, as well as their confidentiality differences, and the criteria or qualifications that make someone eligible for their services. Furthermore, whenever multiple advocates are working with the same survivor, they must be unified in their support so that everyone is moving forward together.

Do not let territoriality creep into your advocacy. This will only hurt the survivor and will make it harder to collaborate in the future.

South Carolina has 15 rape crisis centers with community-based advocates who serve every county of the state. Community-based advocacy services should be initiated automatically when a survivor presents to an emergency department or law enforcement office, rather than first asking the survivor if they would like an advocate or waiting for them to request one. Survivors should be given the option to decline advocacy services after the advocate is already on-site. The choice to have an advocate should always rest with the survivor, but it is important to call the advocate on-site first so that survivors do not feel as if they are “burdening” someone by calling them to the hospital or law enforcement office. Advocates may also bring resources (such as clothing) with them that can be shared with the survivor, even if their advocacy services are not accepted.

Creating a seamless system of advocacy for a sexual assault survivor should be an early goal of a SART. Survivors should receive the very best response available following a sexual assault, regardless of whether they choose to report the assault. When survivors believe that the response is about their wellbeing – and not about the report of the crime – they are more likely to want to report the crime and work with law enforcement and medical responders. Advocates continually bring the voice of the survivor to the forefront of team discussions. They sometimes have to refocus the team to champion the survivor’s needs or redirect away from victim-blaming statements. Talking about survivor needs can sometimes pose a challenge for advocates due to their strict confidentiality requirements. However, advocates bring a lot to the table, even by stating generalities about victim experiences, trauma responses, and/or common needs of survivors. Furthermore, advocates are often aware of community and social service resources that are outside of the normal scope of the knowledge of law enforcement officers, medical personnel, and others.

PROSECUTORS

The role of the prosecutor in a sexual assault response is to provide for the safety of the community and the victim by holding offenders accountable by prosecuting criminal cases. Prosecutors are responsible for evaluating reports of sexual assault to determine if sufficient evidence exists, or could be obtained, to file criminal charges. In cases where survivors choose to participate in the criminal justice system, prosecutors have the challenge of identifying a response that meets the needs of the survivor in order to achieve a truly victim-centered response and successful litigation.

The prosecutor’s role in maintaining a victim-centered response involves giving serious consideration to the prosecution of each sexual assault case, upholding the South Carolina Victims’ Bill of Rights, and collaborating with other members of the team so that an increasing number of cases might ultimately be able to be filed. In addition, prosecutors must be well-trained on the effects of sexual assault and how to work with survivors to avoid retraumatization, which not only impacts the survivor, but can also make the case harder to prosecute. With respect to reported sexual assault, prosecutors are the final decision-makers for a criminal justice intervention – prosecutors determine whether a case will be prosecuted, pled to a lesser charge, or not charged at all.

When teams are in the process of developing protocols, prosecutors must be at the table to guide and inform the criminal justice response process. Prosecutors can provide training on legal procedures and evidence preservation. Prosecutors also play a vital role in case review and case coordination for those cases that involve a criminal justice response and can also provide feedback to SANEs and other healthcare providers about what evidence to collect to support the prosecution of a case. Finally, prosecutors benefit from receiving ongoing training by their partners and keeping abreast of changes in community services and current trends.

LAW ENFORCEMENT

The role of law enforcement is to protect and to serve the public. In cases of sexual assault, this role translates into ensuring the safety of the victim and the community by investigating reports of the crime. The primary responsibility of law enforcement is to determine whether the report of sexual assault meets the elements of a crime as defined by South Carolina statute. The responding officer may or may not be the sole person making determinations about the case. They may enlist other investigators to assist with this process, which involves piecing together a factual history of the assault by collecting statements by the victim, witnesses, and suspect(s) as well as physical and corroborative evidence. In cases where law enforcement determines that the report of sexual assault does not meet the elements of a crime, law enforcement has a continuing obligation to assist the victim with information and referrals.

Law enforcement's role in maintaining a victim-centered response is to treat each victim with consideration, professionalism, and compassion and to keep personal values, opinions, and judgments out of the investigation. Because victims are often selected by offenders for their perceived accessibility, vulnerability, and/or lack of credibility, they may also be perceived by responders as individuals who are more likely to be deceptive and lie about the assault. **A victim-centered law enforcement response recognizes that victims of sexual assault are actually most often consciously selected by perpetrators because they are perceived as lacking in credibility.**

It is crucial for law enforcement responders to gain a detailed understanding of the difficulties that sexual assault victims face when making the decision to report to law enforcement, and the potential barriers to continuing in the legal response. Only by understanding these concerns- as well as the broader issues of sexual assault dynamics and social myths and misconceptions- will law enforcement officers be able to provide a truly victim-centered response. It is a responsibility of the SART to facilitate sexual assault-specific training for law enforcement to ensure that their efforts are grounded in the victim-centered approach. Law enforcement officers, especially investigators, also play a crucial role in SART protocol development and case review.

They collaborate on formalizing and developing protocols for collection, transport, and storage of anonymous sexual assault kits. Officers contribute information and training to the team on the criminal justice response and local ordinances. Finally, by participating in SARTs, law enforcement officers will gain information on how to respond to anonymous reports, where to refer victims for further services, and how to work alongside advocates and other providers to achieve more successful outcomes for the case.

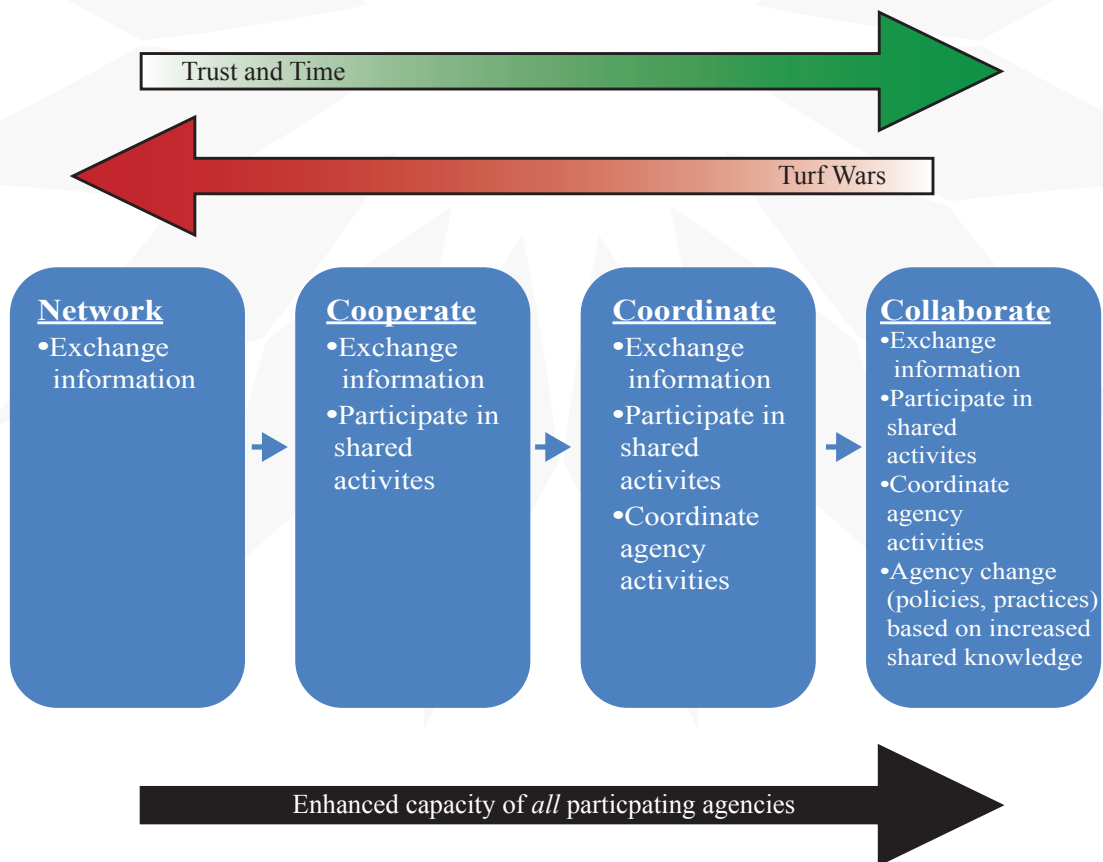
HOW TO FORM AND IMPROVE A TEAM RESPONSE

Adapted with permission from Sexual Violence Justice Institute at Minnesota Coalition Against Sexual Assault, Protocol Development Cycle: Enhancing Collaborative Responses to Sexual Assault.

Do the Groundwork.



Starting any community collaboration takes time. **If you are just starting a new team, expect that it will take approximately 6-8 months for the team to be fully established.** Even after that, it can be years before trust is achieved enough for the team to do more advanced things like case coordination or review. Many teams collapse because they have not taken the time to build a strong foundation. The higher the level of trust and transparency between team members, the more your team will be able to accomplish! Within victim-serving communities there often exists at least a mild level of mistrust.



From NCCASA's "Enhancing Local Collaboration in the Criminal Justice Response to Domestic Violence and Sexual Assault."

Trust and transparency takes time to build, but once it is established, your team will be able to create more lasting change in victim service practice across systems. End Violence Against Women International (www.evawintl.org) has a great article, *Advocate and Law Enforcement: Oil and Water?*, by Kimberly Longsway, Ph.D. and Sgt. Joanne Archambault, which talks about collaboration between these two fields.

Doing the groundwork involves bringing the right people to the team, learning about what each team member does, taking tours of each other's facilities, and building common principles and beliefs. Each of these will be described below.

1. Bring people to the table. SARTs usually involve the following core agencies:

- Law Enforcement Officers
- Forensic/sexual assault nurse examiners or other emergency room personnel
- Community-based advocates from the local sexual assault center
- Prosecutors or Paralegals from the Prosecutor's Office

Teams may also include other representatives such as:

- Survivors
- Crime Lab personnel
- Corrections/Probation Officers
- Legal Aid staff
- 911 Dispatch staff
- Representatives from Victim Compensation
- Title IX Coordinators from schools and Universities
- Social Workers
- Interpreters
- Representatives from culturally specific organizations
- Mental Health workers
- Child Welfare advocates

Careful consideration should be paid not only to which agencies participate, but also who within that agency attends meetings. Members must be knowledgeable about their agency's current response to sexual assault and should be respected professionals in their agencies and their disciplines. Additionally, participating agencies' leadership must be fully informed of the team's goals and requirements, and members should have the ability to make decisions and commitments on behalf of their agency. Members must commit the time and resources necessary for the project to be successful in order to avoid continual turnover on the team. All members should be engaged and active in the SART in order to avoid tokenization of any member or discipline. Investments must be made in resource sharing such things as meeting space and supplies.

2. Learn about each other. Spend time getting to know the agencies that are planning to participate. Even if your agencies have been collaborating for many years, you could still benefit from taking a step back and looking at each other with fresh eyes. Consider asking each agency to answer the following questions¹²:
 - Describe the different ways that a sexual assault victim might access your services or assistance. What is the most common way?
 - Describe your agency's role when responding to a disclosure of sexual assault. What steps would your agency take in response to the disclosure of such an assault?
 - How does your agency respond similarly/differently when the victim is a juvenile or child?
 - Do you ever NOT provide services or assistance to a victim? If so, how do you screen to determine whether to provide services?
 - What do you think are your biggest challenges in serving victims of sexual assault? How have you overcome those challenges? Or: What would help you to overcome the challenges?
 - For a sexual assault nurse examiner or healthcare provider: If a sexual assault victim goes to the hospital for a medical forensic exam, how is the examiner notified? Who notifies you? What is the timeframe for notification and response? What kind of training does someone in your position receive to perform exams?
 - For the victim advocate: If a sexual assault victim goes to the hospital for a medical forensic exam, how is the rape crisis center notified to provide advocacy there? Who notifies you? What is the timeframe for notification and response? Who goes (paid versus volunteer staff)? What kind of training do the rape crisis center staff and volunteers receive?
 - For law enforcement representative: If a victim wishes to make a criminal report, at what point is crime scene evidence collected and a preliminary victim interview conducted? If a survivor wants to report anonymously, how is that handled with your agency? If a medical forensic exam is done but the victim is undecided about reporting, does your agency have provisions for secure storage of evidence? Do investigations receive specialized sexual assault training? If yes, please describe.
3. Take time to tour each other's facilities. See what a victim interview room looks like at the law enforcement office, a forensic examination room at the hospital, and a counseling room at the community-based advocacy/rape crisis center. If you are working with incarcerated survivors in your community, take a tour of the corrections facility to see where phones and confidential meeting spaces are located. What about your military partners? Can you visit their sites and see their facilities? Continue to drop by each other's office from time-to-time so that they know you are still there and so they continue to recognize your face.

¹²Adapted with permission from the Vera Institute for Justice Center on Sentencing and Corrections, Partnering with Community Sexual Assault Response Teams: A guide for local community confinement and juvenile detention facilities. December 2015.

4. Build Foundational Principles. You do not need to have all the answers when you first bring partners to the table to start a SART. It's actually better to collectively hash out some of the initial questions such as: Why do we want a team? What do we hope to accomplish? Who do we think should participate in the team?

Different agencies have different approaches to this work, yet we can all agree on a common goal of making communities safer. Build a common framework from which you can center your work so that when conflicts arise, as they inevitably will, you can pull back to your group's principles to bring the group together again.

What are the things that you can all agree on? How do you think survivors should be treated? What role do you think survivors should play in this process? What are the fundamental concepts that the group must agree on in order to achieve lasting and permanent positive change? These are the things you want as your foundational philosophies. The Sexual Violence Justice Institute at the Minnesota Coalition Against Sexual Assault created five Core Intervention Principles¹³ that might be a good starting place to help teams formulate your own principles:

- a. **Victim/survivors are not to blame for being sexually assaulted.** They did not 'provoke' the abuse or assault. Interventions should focus on changing the offender's behavior and/or improving the system and community response, not changing the victim/survivor. When they DO report, cases should be vigorously investigated.
- b. **Victim/survivors best know what decisions are right for themselves in the context of the unique circumstances of their lives.** Assistance should be geared to providing information and support to help in decision-making relative to the victim/survivor's own goals of establishing safety, healing, and seeking justice. Informed decision-making means the victim/survivor knows what could be gained or lost in the options available to him or her. While all responders should facilitate victim agency, victim/survivors should have repeated access to free and confidential advocacy services to help guarantee it.
- c. **Recognize that sexual violence affects each individual differently.** Responders should be especially aware of the differential impact that sexual violence has on non-majority community members. Responders should consider specific ways to increase safety and accessibility that account for these differences.
- d. **Each responder has a unique role to play in the response.** A coordinated interdisciplinary response that supports and recognizes these roles—including that of victim advocates—is good for victim/survivors AND for community and public safety. Victim/survivors are best served when responders fulfill their roles with high degrees of skill, compassion, and coordination/collaboration with other responders.
- e. **Interdisciplinary teams need to learn about the current response, design interventions, and monitor and evaluate their interventions together.** The overall process must involve times when the team solicits information and insight from those outside the team—including victim/survivors themselves and the people they most often turn to in a community.

See Appendix I for a sample agenda for a first-time SART meeting.

¹³SVJI Core Intervention Principles, Sexual Violence Justice Institute at the Minnesota Coalition Against Sexual Assault, February 2008.

Capture a Snapshot of Current Services



One of the first tasks a team should accomplish is to learn about the victim service resources within and outside of their community. How do you know if survivors are getting their needs met if you don't know what services are available? What if you know the available services but you don't have a clear understanding of the processes of intake, referral, collaboration, etc.? Teams must first assess current services and the delivery processes so that they have a "snapshot" of how agencies work individually and collectively. There are many ways to do this, a few of which are described below. As part of your team's assessment of services, you might consider soliciting feedback from survivors. Obtaining survivor input is going to give the team a first-person account of their needs, as well as feedback on current services available in the community. Obtaining survivor feedback can be tricky because you do not want to cause retraumatization; but if handled well, it will provide valuable feedback that you will not be able to get anywhere else.

1. Inventory existing services in your community. Utilizing the people on your team, develop a list of referral agencies and organizations that provide services to sexual assault survivors. A great place to start may be South Carolina 211, the United Way's database for information and referral. Contact the agencies to which 211 refers to learn more about the types of services offered and the criteria to receive their services. Also, ask them who they partner with so that you can continue to expand your team's referral list. Don't forget to include prisons, military installations, schools and colleges, and culturally specific organizations that serve people who come from varying backgrounds, such as those with physical and mental disabilities, people who speak languages other than English, people from different religious or ethnic cultures, and individuals who identify as lesbian, gay, bisexual, and transgender. Eventually you will have an all-inclusive directory that all your team members can use for referrals. This process might also identify new team members for the SART!
2. Conduct a victim-experience survey. Surveys can be conducted of survivors who are currently accessing services or survivors who are no longer receiving services. There are pros and cons to either decision. Survivors who are still accessing services are in the midst of taking a lot of difficult steps. The last thing they need is another piece of paperwork to fill out. In addition, despite your best efforts, a survivor could feel that there is a risk to giving feedback, for fear that a negative response on the survey will impact their case or the services they receive. On the other hand, survivors who already have closed cases or are no longer accessing services may not want to be reminded of that difficult time in their lives. They may be moving forward in their lives and may not want to rehash what happened to them in the past. The pros and cons of each way can be discussed and weighed by the team and steps should be taken to minimize harm to the survivor and to ensure that their feedback is fully appreciated and respected.

It should also be noted that survivors are commonly are interested in giving their input. Soliciting their feedback allows them to be an active partner in the process and gives them an opportunity to help improve the experience for the next survivor. Here are some questions a team should consider before conducting a victim experience survey:

- If the vast majority of victims do not report the assault to law enforcement, how can you conduct a survey that captures the experience of those working inside and outside the criminal justice system?
- How do you obtain permission to survey a survivor without cold-calling them or sending a letter without their consent?
- Do you want to do individual surveys or group interviews? If so, how will they be conducted and who will conduct them?
- How will you be able to ensure the respondents' information is kept confidential? If you're using online surveys, take into consideration the security of computers, office systems, and servers.
- How will you assure that survivors will feel empowered by giving their feedback, rather than feeling further disenfranchised if their feedback isn't heard?

See Appendix II for a sample victim experience survey.

Determine Best Practice



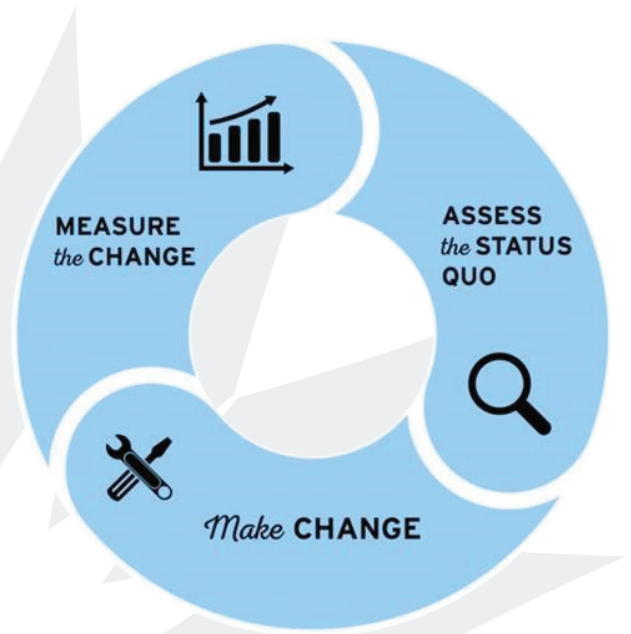
Once your team has a thorough understanding of how services are currently being provided in your community, discuss with your team whether it lives up to what is considered best-practice. Are the services truly multidisciplinary and victim-centered? Does the community-wide system reflect the South Carolina Attorney General's *Sexual Assault Protocol*? Does it accurately reflect your team's philosophy or foundational principles? Based on the surveys from survivors, does it live up to the quality of services you set out to provide? If not, adjustments need to be made. Remember that sometimes you don't have to completely overhaul the whole system. Maybe a few small things need to be adjusted.

1. Develop a consensus of how the system should operate. The team should brainstorm what response patterns they are trying to encourage and what they are trying to change. Keep in mind that responses should reflect your foundational principles. They should be victim-focused, offender accountable, and should reflect a multidisciplinary response where all service providers are treated equally and respectfully.
2. Identify how and where the best-practice response differs from your current response. If your community's response pattern is not flowing exactly how your team has identified as best practice, something needs to change. The whole team should discuss where the system isn't working and brainstorm together what needs to happen in order to make it work the best way. Remember that if your team is suggesting that an organization or agency change, that agency must be an active member of the SART. It's not going to be helpful for your team to identify the need for an agency to change if it is simply demanded of them and they have not been an active participant throughout the process.
3. Write your SART community protocol. Assign a committee to develop guidelines for agencies working with sexual assault victims, describing how the agencies will work with each other and with victims. The whole team can review and approve the draft. Contact SCCADVSA for assistance in developing a protocol or to see copies from other teams.
4. Sign Memoranda of Understanding (MOUs). Your team can formally implement their protocol by signing interagency agreements such as MOUs or MOAs (Memorandum of Agreement). These agreements might be different from agreements that are signed to participate in the SART. If you already have these agreements, make sure that they accurately reflect your team's new procedures. If they have not already done so, team members should inform leadership at their agencies so that they know what has been happening and what types of changes have been made. See Appendix III for a sample Memorandum of Understanding.
5. Assess for Training Needs. In order for communities and victim-serving agencies to offer services that are multi-disciplinary, collaborative, and victim-centered, staff at those agencies will need initial and ongoing training. A committee can be assigned to look at how to prepare staff at these agencies to best-execute the adjusted response protocol. Does a training curriculum need to be developed? What kinds of ongoing conversations need to happen for all service professionals to stay victim-centered? Should your team members do cross-training for all SART agencies? There are also many other state-wide and local victim service professionals, such as SCCADVSA and SCVAN (South Carolina Victim Assistance Network) who can conduct trainings on best-practice and other topics.

Implement the Protocol



The implementation of your protocol-improvement plan should be a cyclical process rather than a terminal one. Creating a best-practice response is one thing, sustaining it is yet another. Keep in mind how the team plans to check back later to evaluate if the protocol is being implemented in the way that was originally planned. Evaluation will be further discussed in the next step, but begin the process of implementation by keeping an eye on how you will measure success. The process of continually improving a process is sometimes called *continual quality improvement*. Consider adopting a model such as the CQI Model (Continuous Quality Improvement) or PDSA (Plan Do Study Act.) Another example is to use the Continual Quality Improvement Wheel, developed by the Sexual Violence Justice Institute at the Minnesota Coalition Against Sexual Assault, seen here.



MNCASA's Continual Quality Improvement Wheel

1. Plan ahead for continual quality improvement.
We want to aim for perfection, but be easy on yourselves and your team if you make a mistake, especially at the beginning. The important thing is to identify when mistakes are made and rectify them as quickly as possible. Have a plan in place to review your protocol from time-to-time (and for agencies to review their part of implementing the protocol). How will you identify when there are issues in the response? How will it be addressed and fixed? How often will you review the protocol as a team?
2. How will you support and sustain the team? Teams can become stagnant, especially after they have worked so hard and for so long on a big goal. The high that a team feels after succeeding in such a large task is often followed by a low feeling of "what next?" Prepare for this ahead of time by thinking about how you will continue to sustain and evaluate the implementation of your community response protocol.
3. How will you collect data? We have a large data gap in South Carolina, where it can be difficult to find accurate statistics about sexual assault. As your team continues to assess your community protocol, make a plan for how data will be collected. Can your team report statistics to each other on a quarterly basis? Information such as number of sexual assault arrests, number of cases brought to prosecution and the results of the cases, number of victims served at the hospital, number of anonymous kits collected and converted, number of victims served by counseling and advocacy can all be compared to see if there are significant differences from one agency to another. Consider giving your numbers to SCCADVASA to help us obtain a state-wide count of services and needs.

Evaluate the Protocol



What difference is your SART protocol making in the lives of survivors? To what extent are the individuals, agencies, and systems holding offenders accountable in the way you originally intended? Evaluation of your protocol should be something you have thought about all along the way. Now it is time to do it! Consider establishing an evaluation committee to design and implement evaluations and determine how findings will be reported back to the team.

1. Adapt to changing times. Remember that trends change over time- technology changes, the population demographics change, and laws change. The continual evaluation and improvement of your sexual assault response team will ensure that you are staying cutting-edge and that your responses to the crime of sexual violence adapts and change with the times.
2. Use benchmarks. Another way to identify effective strategies and to demonstrate progress toward local SART objectives is to establish benchmarks. Benchmarks are different from objectives, because they provide a standard by which something can be measured or judged. For example, if you had a low conviction rate prior to implementing your protocol, consider giving yourselves a benchmark of increasing convictions by 20% a year for five years. Another benchmark could be ensuring that all responders have specialized training in sexual assault response within three years. Or, dispatching an advocate to the hospital in 100% of the cases where survivors seek or consent to a medical forensic response.¹⁴
3. Case Review. Looking at a few closed cases can help you determine if your protocol was delivered as your team had planned. This method can sometimes be difficult because sexual assault cases can move very slowly through the criminal justice system. If you are looking for a quick answer on whether your protocol is working as planned, you might not have a closed case ready for review in a timely manner. Case review will be discussed in more depth later.

¹⁴The Sexual Assault Response Team Handbook from the Oregon Attorney General's Task Force, Version III 2009.

HOW TO SUPPORT AND SUSTAIN A TEAM

Adapted with permission from the Sexual Assault Response Team Handbook from the Oregon Attorney General's Task Force, Version III 2009 and the Sexual Violence Justice Institute at MNCASA What Can We Talk About? A Guidebook for How Sexual Assault Response Teams Discuss Sexual Assault Cases 2012, and What Do Sexual Assault Cases Look Like in Our Community? A SART Coordinator's Guidebook for Case File Review.

In order to maintain consistent participation by members, SART meetings must be considered “time well spent.” The meetings need to show effective organization and convey a sense of forward-movement and accomplishment even when impediments and disagreements arise. Effective SARTs must identify a skilled meeting facilitator, identify a meeting note taker, use a meeting agenda, provide members with meeting minutes, provide opportunities for all members to speak, and arrange meeting dates and times well in advance.

One of the biggest stumbling blocks to sustaining a team can be finding a good meeting time. If possible, schedule meeting dates well in advance so that everyone has sufficient notice. If possible, keep the meeting dates and times consistent. Emergency departments often schedule their on-call rotation at least a month in advance. Prosecutors and attorneys may have certain days each week blocked-off for court attendance. Meet with core team members to find out what days and times work best for them.

New teams should work to create the following:

- A roster of members with their contact information;
- A purpose statement for the team;
- Goals, objectives, and benchmarks for the team and for the SART protocol;
- Policies, procedures, and inter-agency agreements;
- A SART protocol;
- A list of community resources and resource materials;
- Identified procedures for conflict resolution;
- Identified method for SART evaluation.

Once a team is well-established, meetings may be used to address ongoing issues as well as to identify emerging developments and goals for future development. This can include:

- Legislative updates that affect sexual assault response;
- Training and information sharing;
- Protocol revisions and modifications;
- Identification of concerns and issues related to response;
- Conducting case reviews;
- Identification and incorporation of new “best practices” in the sexual assault field.

EVALUATION OR ASSESSMENT OF CASES

Some SARTs discuss the individual response to sexual assault cases in their meetings. Prior to any discussion or assessment of case specifics, it is of critical importance that teams adopt a confidentiality policy. A victim-centered response recognizes the importance of evaluating what and how information is shared so that the privacy and safety of the survivor remain paramount. **It is recommended that teams do not approach case review nor case coordination until the team is well-established, has created a protocol for response, and has achieved trust and transparency among all team members.** It is also recommended that the team form a separate case review committee made up of first responders and advocates, since SART meetings can include individuals who do not necessarily respond to sexual assault themselves. This smaller group can review cases, including a constructive critique of the responder's actions, to determine how well the coordinated, multidisciplinary response functioned in each case. Any proposed policy or protocol change that arises from these reviews can be disseminated to the entire SART and discussed in the general meetings without including specific survivor information.

There are many different ways to conduct case reviews. Each type requires various levels of preparation and has its own set of pros and cons. To describe each one in detail is outside of the scope of this document; however, a brief listing of a few types will be defined below. All of the following types of case evaluation require advanced knowledge of the confidentiality requirements of each member of the team and a plan for how confidentiality breaches will be avoided.

If your team is considering any type of case evaluation or assessment, advanced technical assistance is recommended. Contact SCCADVASA for tools, resources, and ongoing assistance. In addition, the Sexual Violence Justice Institute at the Minnesota Coalition Against Sexual Assault provides technical assistance for teams conducting case evaluations and also has a wealth of information about case review, which can be found at www.mncasa.org/casereview/.

Sample Types of Case Examination:

- Case File Review: The systematic process of examining all the documents or other records of a group of closed sexual assault cases that have gone through the criminal justice response in order to identify trends that demonstrate compliance with or deviance from established policies and protocols. Case file review can also include a determination of gaps and barriers to an effective response to sexual assault.

Case file review is used to evaluate a system-wide response or a particular agency's response to survivors, not to evaluate any individual person or particular agency.

- Case Coordination/Conversation: Refers to the formal or informal process used to discuss what is happening with open and active individual sexual assault cases or with the system in general. Teams most typically hold case conversations to evaluate how response protocols may or may not be making a difference in those cases, to talk about or work out issues with response in a particular case, or to help facilitate the process of a particular case.

Case conversations can increase individual and team capacity to become more victim-centered and to self-correct.

- When teams conduct case coordination there is the possibility that teams can improve a system response for not only the case being discussed, but also for other cases in the future.
- System Consultation: Rather than being a "case review", this process is used when emerging issues are identified, need to be discussed, and protocols either created or adjusted. For example, an advocacy agency notices that law enforcement is requesting polygraphs of several victims, or a forensic nurse examiner realizes that sexual assault kits are being left unattended at the hospital.
 - Many teams are already conducting these types of consultations. All team members can be present for system consultations since no identifying information will be shared.
- Hypothetical Case Conversations: Many teams use stories from the news media or hypothetical scenarios to help teams discuss how they would respond in such situations.

Hypothetical case conversations can be helpful especially for teams who are just beginning to create team protocols or for teams that are contemplating closed or active case coordination.

APPENDICES:

TOOLS AND SAMPLES

The following appendices contain samples and templates that may be helpful for teams to adapt and use for their own purposes. For more resources, visit the links below.

SART Tools and Resources:

- National Institute of Justice National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach: <https://www.nij.gov/topics/law-enforcement/investigations/sexual-assault/Pages/national-best-practices-for-sexual-assault-kits.aspx>
- National SART List Serve through the National Sexual Violence Resource Center: <https://www.nsvrc.org/projects/national-sart-email-group>
- SART Toolkit at Office for Victims of Crime: <https://ovc.ncjrs.gov/sartkit/index.html>
- SART Protocol Samples: <https://www.nsvrc.org/projects/sart-protocols>

South Carolina Resources:

- South Carolina Attorney General's Sexual Assault Protocol: www.scag.gov/criminal-domestic-violence-in-south-carolina (Password required. Contact the VAWA division to obtain the password.)
- South Carolina Rape Crisis Centers: www.sccadvsa.org/get-help
- South Carolina SART Coordinator List Serve: Contact SCCADVSA at 803-256-2900
- South Carolina Victim Assistance Network: www.scvan.org
- South Carolina Division of Victim Services, Department of Crime Victim Compensation, 1205 Pendleton Street, Columbia, SC 29201

Training Resources for Teams:

- End Violence Against Women International: www.evawintl.org
- National Center on Domestic Violence, Trauma, & Mental Health: <http://www.nationalcenterdvtraumamh.org/>
- Office for Victims of Crime, Training and Technical Assistance Center: <https://www.ovcttac.gov/>

Appendix I: Sample agenda for 1st meeting

Appendix II: Sample victim experience survey for evaluation of protocol

Appendix III: Sample Memorandum of Agreement

Appendix IV: Sample Team confidentiality agreement

Appendix V: Team Readiness Assessment Survey

Appendix VI: Entry Point Flow chart

Sample Agenda SART Organizational Meeting

- ☐ **Welcome**

- ☐ **Participant introductions**
 - Give your name, title, and agency.
 - Identify a current sexual assault issue.
 - Describe your goal in participating with the SART.

- ☐ **Sexual assault statistics** (based on Planning for a SART tool)

- ☐ **Brief introduction of the SART model**

- ☐ **SART public awareness/training video**

- ☐ **Multidisciplinary and interagency participation** (signed commitments)

- ☐ **Meeting arrangements**
 - When and where we will meet
 - Who will coordinate the team
 - Agenda items for next meeting
 - Scheduling of next meeting

- ☐ **Multidisciplinary confidentiality parameters—Overview**

- ☐ **Interagency memorandum of understanding—Overview**

- ☐ **Agenda items for next meeting**

- ☐ **Adjourn**

Downloaded from the Office for Victims of Crime (OVC) SART Toolkit at <https://ovc.ncjrs.gov/sartkit/tools/team-plann.html>.

Victim Experience Survey

- Please check the box that applies to you: ☐ a. You were the victim of a sexual assault.
☐ b. Someone you know was the victim of a sexual assault.

If you checked "b", what is your relationship to the victim?

- What month and year did the sexual battery occur in? _____
- What city did the sexual assault occur in? _____
- What language are you most comfortable speaking? _____
- What was the first agency (i.e. police, hospital, crisis hotline, clergy, etc.) you contacted for help after the sexual battery? _____ How soon after the sexual battery did you seek help? () within an hour () within 4 hours () within 12 hours () within a week
() within 30 days () Other : _____

Law Enforcement

- Did you report the sexual assault to the police? ☐ YES ☐ NO (Please skip to #11)

If **NO**, please check if any of the reasons below were true for you:

- ☐ I reported it to a friend or family member
- ☐ I did not want the person arrested
- ☐ I did not want the police or court involved
- ☐ I handled it myself
- ☐ The perpetrator was my husband, family member, or friend
- ☐ I did not think the police would believe me, or I thought they would blame me for the rape
- ☐ I was too ashamed or embarrassed to report
- ☐ I was afraid of what the rapist would do if I reported the rape.
- ☐ Other reason: _____

Indicate the extent to which you agree with each item by placing a check in the appropriate box:

	Strongly Agree	Agree	Disagree	Strongly Disagree
• I understood the information that the police gave me.				
• The police treated me with respect.				
9. The police provided me with resources and referrals for victim assistance and follow up.				

Was the option of appropriate culturally specific resources and referrals offered to you?

- ☐ YES ☐ NO

Medical

- Were you seen for a medical evaluation? ☐ YES ☐ NO (Please skip to #16)
If YES, what is the hospital you were treated at: _____
If NO, what were the reasons?

	Strongly Agree	Agree	Disagree	Strongly Disagree
• I understood the information that the medical staff gave me.				
• The medical staff treated me with respect.				
• I was satisfied with the resources and referrals provided by the medical staff.				

- Was the option of appropriate culturally specific resources and referrals offered to you?
☐ YES ☐ NO

Advocacy

- Were you seen by a Victim's advocate? ☐ YES ☐ NO (Please skip to #21)
If NO, what were the reasons?

	Strongly Agree	Agree	Disagree	Strongly Disagree
• I understood the information that the advocate gave me.				
• The advocate treated me with respect.				
• I was satisfied with the services and referrals provided by the advocate.				

- Was the option of appropriate culturally specific resources and referrals offered to you?
☐ YES ☐ NO

Victim Witness Program

- Were you assisted by a staff from a victim/witness service program? ☐ YES ☐ NO (Please skip to #25)
If NO, what were the reasons?

	Strongly Agree	Agree	Disagree	Strongly Disagree
• I understood the information that the victim/witness staff gave me.				
• The victim/witness staff treated me with respect.				
• I was satisfied with the resources and referrals provided by the victim/witness staff.				

State Attorneys Office

- Did you meet with a prosecutor from the State Attorneys Office? ☐ YES ☐ NO (Please skip to #29)
If NO, what were the reasons?

	Strongly Agree	Agree	Disagree	Strongly Disagree
• I understood the information that the prosecutor/attorney gave me.				
• The prosecutor/attorney treated me with respect.				
• I was satisfied with the resources and referrals provided by the prosecutor/attorney.				

Corrections/Probation Office

- Were you seen by a corrections/probation officer? ☐ YES ☐ NO (Please skip to #33)
If NO, what were the reasons?

	Strongly Agree	Agree	Disagree	Strongly Disagree
• I understood the information that the officer gave me.				
• The officer treated me with respect.				
• I was satisfied with the resources and referrals provided by the officer.				

- Is there anything else you'd like to share about the people or organizations you encountered?

If you would like to talk more about your concerns or issues this survey may have raised for you, I can have an advocate follow-up with you. Would you like an advocate contact you?

- ☐ YES
☐ NO

If YES, please complete the following contact information:

Name: _____

Phone Number where you can be reached: _____

Alternate number: _____

Is it safe to leave a message at the above number? ☐ YES ☐ NO

That completes the survey. Thank you so much for your time and your feedback! It will be used to further improve services provided to victims of sexual battery.

Would you be willing to be contacted by the Alachua County Coalition Against Sexual Violence Team to participate in a Focus Group to discuss the needs of sexual assault victims? *(You are not obligated to do this.)*

☐ YES If yes, then please also provide us with a phone number we can contact you at:
(____)_____.

☐ NO

Thank you for your time and feedback.

Memorandum of Understanding (SAMPLE)

From: *Building Stronger Sexual Assault Survivor Services Through Collaboration: A Manual for Rape Crisis Programs and Communities in Texas for Developing Sexual Assault Coalitions*. Developed by the Texas Association Against Sexual Assault, pages 25–27.

The Task Force is agreeing to take a proactive response toward sexual assault. The vision of the Task Force is to develop a coordinated response that is designed to enhance safety and justice for victims, hold perpetrators accountable, and provide education to the community that will encourage social change.

The Task Force has four primary objectives:

- Protect the victim by providing crisis intervention, medical advocacy, education, and legal advocacy.
- Coordinate the interagency flow of information that will enhance communication and evaluate policies and procedures.
- Protect the victim by bringing the assailant into the criminal justice system through enhancing investigation, filing criminal charges, and prosecuting the defendant.
- Protect the victim by imposing and enforcing legal sanctions on the assailant that will deter him or her from committing further acts of violence.

The following entities have agreed to participate in the Task Force:

Law Enforcement

Will:

- Record all 911 calls and retain sexual assault calls for prosecution.
- Coordinate crisis intervention and referrals with victim advocates.
- Coordinate investigation with appropriate agencies.
- If probable cause exists, arrest.
- Ensure that victims are advised of rights and services.
- Train officers regarding sexual assault.

Magistrates

Will:

- Assess danger to the victim when considering bail amount.
- Assess danger to the victim when considering jail time.
- Use Magistrate Order for Protection when necessary.

District/County Attorneys

Will:

- Coordinate victim advocacy and support services during investigation and court proceedings with victims and their families.
- Inform victims and advocates of court proceedings.
- Provide training for grand jury and jury members.
- Obtain convictions.

Criminal Court*Will:*

- Provide swift incarceration if evidence is beyond a reasonable doubt.
- Ensure swift action including incarceration without possibility of bail if a violation occurs while the offender is on probation.

Probation*Will:*

- Provide specialized officers for sexual assault offenders.
- Ensure that the defendant abides by the terms of probation.
- Ensure swift filing of motion to revoke with arrest warrant if the offender violates probation.
- Recommend probation to sex offender treatment.

Child Protective Services*Will:*

- Initiate joint CPS/law enforcement investigations within 24 hours of the report.
- Protect victims from further abuse.
- Coordinate services through the Children's Advocacy Center of Bastrop County.

Hospital*Will:*

- Provide a SANE to perform sexual assault exams.
- Allow victim advocates to support the victim in the exam room.

SANE*Will:*

- Provide 24-hour, 365-day local (tri-county) availability of a highly trained SANE.
- Provide trained registered nurses (SANEs) to collect the forensic evidence and appropriately transfer custody to the law enforcement officer.
- Coordinate with the Family Crisis Center for crisis intervention, support, or advocacy.
- Appear before the grand jury and at criminal proceedings to confirm evidence collection.

Children's Advocacy Center*Will:*

- Provide a safe, non-threatening environment in which child abuse victims can be interviewed/videotaped.
- Review cases of child abuse with staff and the multidisciplinary team (law enforcement, District Attorney, and Child Protective Services).
- Provide crisis intervention for child victims and their non-offending family members.
- Provide professional skill-enhancing training for members of the multidisciplinary team, law enforcement, and community programs working with child abuse victims.

CASA

Will:

- Provide independent investigations of cases and submit a report of findings to the court.
- Testify on a child's behalf.
- Make recommendations regarding placement—removal from natural home, foster placement, reunification, adoption, or emancipation and future plans.
- Work alongside attorneys, social workers, therapists, and other professionals to ensure that the best interests of the child are observed.
- Monitor the case to ensure that court orders are followed and the needs of the child are met.
- Provide education and information to the public regarding child abuse and neglect.
- Recruit and train volunteer advocates.

_____ Chief of Police	_____ Date
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_____ District Attorney	_____ Date
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_____ Sheriff	_____ Date
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_____ Executive Director, Rape Crisis Center	_____ Date
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_____ Executive Director, CASA Program	_____ Date
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_____ Program Coordinator, SANE Team Medical Director	_____ Date
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_____ Executive Director, Children's Advocacy Center	_____ Date
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_____ Program Coordinator, CPS	_____ Date
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Sexual Assault Response Team (SART)
Monthly Multidisciplinary Case Review

The participants in this case review understand that the purpose of the review is to evaluate the system response on a case-by-case basis so that services can be improved for sexual assault survivors. The participants agree that in order to preserve the survivor's privacy and the integrity of the investigation, all discussions will be confidential among the participating agencies unless disclosure is required by law.

Date: _____

I understand and agree:

NAME	ORGANIZATION
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____

**This form should be signed by all individuals attending the
SART Case Review meeting.**

Readiness Assessment Survey

Date: _____

Team Name: _____

Name of Person Completing this Form: _____

Agency Title: _____

As you respond to the questions below, please provide an accurate assessment of your team. This will help the training planning committee and the Sexual Violence Justice Institute know best how to serve your community and team as we plan for the upcoming training. There is no expectation that any team would be fully ‘engaged’ in each of these areas, so please make sure your responses reflect your current feeling rather than where you hope to be in the future. The information will be used to guide training goals and content.

Please complete the following questions about your team and this process:

Team composition

To what extent does the composition of your team reflect community and project need?

Our existing or proposed team has:	Very True	Somewhat True	Don’t know	Somewhat untrue	Not True
• Active membership from each of the core agencies (law enforcement, medical, prosecution, victim advocacy, corrections).					
• The needed representation from both criminal justice and community based agencies that will help to improve services to <u>all</u> victims in our communities.					
• Members who are knowledgeable about their agency’s current response to sexual assault.					
• Members who are respected professionals in their agency and discipline.					
• Participating agencies whose leadership is fully informed of the project’s goals and requirements.					
• Potential or current members who have the ability to make decisions and commitments on behalf of their agency.					

Readiness Assessment Survey

Commitment of Participating Agencies/Team Members:

Please rate the extent to which proposed and/or existing participating agencies have demonstrated their commitment to the project in the following areas:

Each participating agency will:	Very True	Somewhat True	Don't know	Somewhat untrue	Not True
<ul style="list-style-type: none"> Commit to enable consistent representation on the team (e.g. has the same person attend as much as possible). 					
<ul style="list-style-type: none"> Support their team representative's regular attendance at monthly team meetings. 					
<ul style="list-style-type: none"> Support their team representative's use of time to be actively involved in the team's projects. 					
<ul style="list-style-type: none"> Facilitate their team representative's participation for the full three days of the initial team training. 					
<ul style="list-style-type: none"> Support the design, review, training, monitoring and evaluation of interagency protocol for responding to sexual violence and commit to having all of their staff use it. 					
<ul style="list-style-type: none"> Invest in-kind resources such as meeting space, mileage reimbursements, and additional staff time for project related activities. 					
<ul style="list-style-type: none"> Work with the Sexual Violence Justice Institute @ MNCASA and the New Mexico Coalition of Sexual Assault Programs to complete project goals. 					
<ul style="list-style-type: none"> Work with the identified team coordinator as needed to complete project goals. 					
<ul style="list-style-type: none"> Look for additional ways to make the project successful in improving the local response to sexual assault victims/survivors. 					

Readiness Assessment Survey

Current Understanding of Sexual Assault:

How knowledgeable are current and/or proposed team members about sexual violence?

Our team members are knowledgeable about:	Very True	Somewhat True	Don't know	Somewhat untrue	Not True
• Common reactions victims/survivors of sexual violence experience.					
• The criminal justice response to sexual assault.					
• Who are the victims and perpetrators of sexual violence.					
• How to professionally, respectfully, and comfortably interact with victims/survivors.					
• How a victim-centered response differs from a system-centered response.					
• The common misconceptions surrounding sexual violence.					
• The 'best practices' for their own field/discipline/agency for responding to sexual violence.					
• The roles of other team members' and their agencies in the response to sexual violence.					

Project fit with existing efforts and community goals

To what extent could project participation fit into and/or further existing goals of the team and participating agencies?

Project participation is a good fit with our team because:	Very True	Somewhat True	Don't know	Somewhat untrue	Not True
• Each participating agency knows how it furthers their agency goals.					
• Each participating agency has the resources it needs to actively participate.					
• The time is right for this collaborative project.					
• There is general support for this project within the communities served by our participating agencies.					
• Political leadership in our community would generally agree that this project is a good move for the agencies involved.					

Readiness Assessment Survey

Project participation is a good fit with our team because:	Very True	Somewhat True	Don't know	Somewhat untrue	Not True
<ul style="list-style-type: none"> Participating agencies and assigned team members know what the project entails (i.e. have seen project description and team expectations). 					
<ul style="list-style-type: none"> This project furthers one or more of our current funded grant objectives. 					

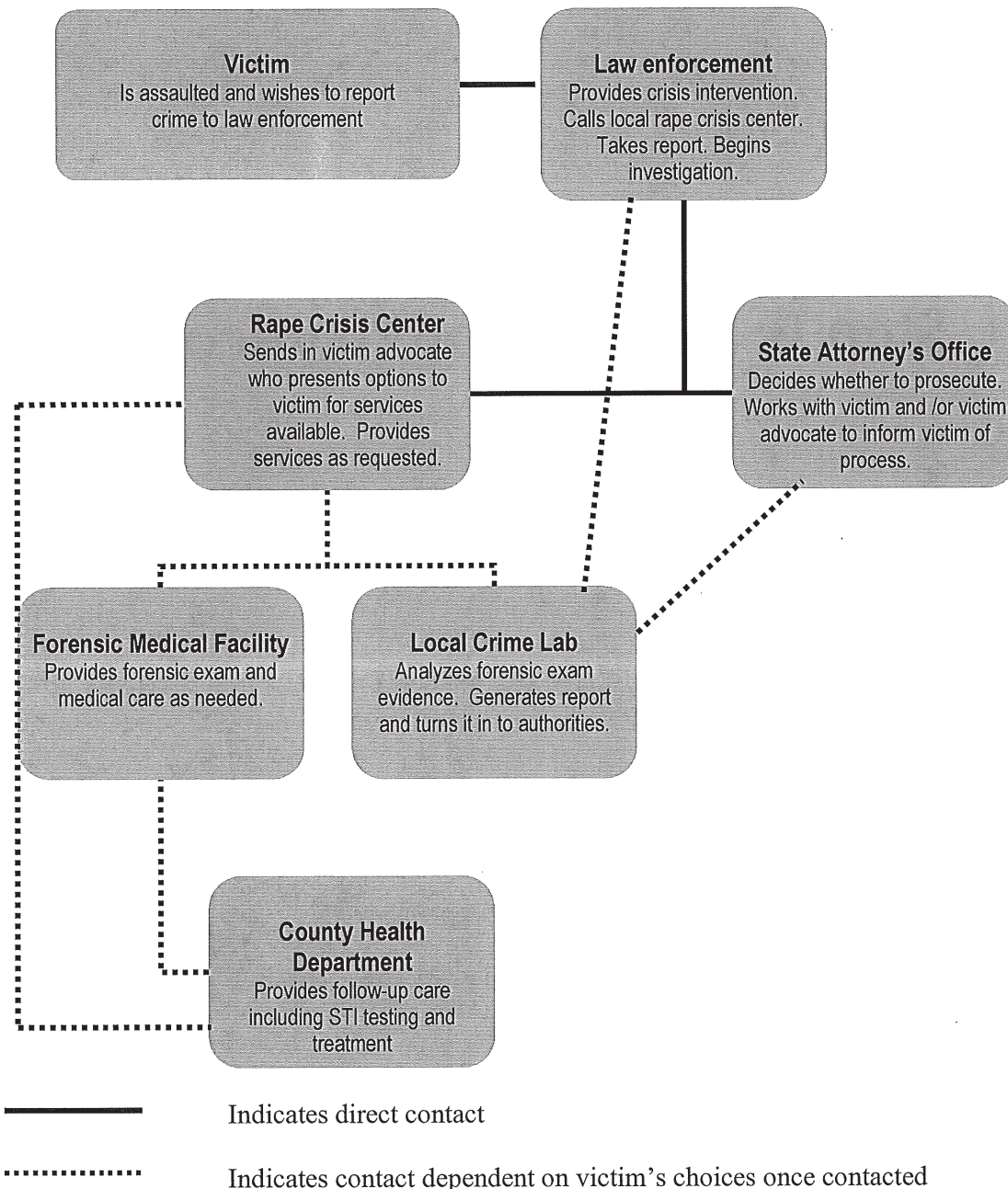
General Team Preparation:

To what extent is the team ready to begin this project?

Our team has:	Very True	Somewhat True	Don't know	Somewhat untrue	Not True
<ul style="list-style-type: none"> Identified a lead to work with the New Mexico Coalition of Sexual Assault Programs, SVJI and member agency programs. 					
<ul style="list-style-type: none"> Identified a team coordinator that will have the time and skills required to lead the project. 					
<ul style="list-style-type: none"> Members who recognize a need for an improved, more coordinated response to sexual assault cases. 					
<ul style="list-style-type: none"> Members who are generally flexible and open to exploring different ways to achieve team goals. 					
<ul style="list-style-type: none"> Participating agencies that encourage communication among staff in both formal meetings and informal ways. 					
<ul style="list-style-type: none"> Existing memorandums of understanding or other signed agreements between the core agencies that support our team's mission. 					
<ul style="list-style-type: none"> Members willing to engage in in-depth discussions and make compromises in an effort to better serve victims/survivors of sexual assault. 					
<ul style="list-style-type: none"> Members who are dedicated to the idea that we can make this project happen. 					
<ul style="list-style-type: none"> Members who believe that what the team will accomplish would be difficult for any one agency to do independently. 					

Point of Entry Flowchart

Scenario: Jennifer, 21, was attending a party at an acquaintance's home when she met a man who introduced himself simply as "Matt." After socializing with Matt for about two hours, Jennifer agreed to go with Matt to his apartment to watch a video. While Jennifer was at Matt's apartment he forced her to have sex. The next morning, Jennifer went to her local police department to report that she had been raped.





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Domestic Violence and Sexual Assault

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