

Assessment Tool

For AI/AN Communities Drafting/Revising a Sexual Assault Medical Forensic Examination (SAFE) Protocol for Adults/Adolescent Victims

Adapted with permission from K. Littel, J. Archambault and K. Lonsway, *SARRT Assessment Tool For Rural and Remote Communities/Regions*. In *SARRT: A Guide for Rural and Remote Communities* by the same authors, EVAW International, 2008.¹

Directions: Answer the following questions by gathering information and interviewing professionals in your community. There are many questions to ask; the task is less formidable if an “assessment committee” undertakes it. The committee can start by deciding who should be responsible for answering each section of questions. Professionals from specific disciplines can answer some questions; anyone involved might be able to answer other questions and the committee rather than individuals might find answers to other questions.

PART 1: INITIAL INFORMATION GATHERING TO DEMONSTRATE NEED

Identify characteristics of your community.

- What are community characteristics—geography, population, cultural/ethnic breakdown, language preferences, socio-economic levels, education levels, prevalent industries, transportation systems, crime rates, etc.?
- Is there a central place in your community where residents go to access services/resources?
- If your community is located in a rural or remote area, what is its proximity to more urban areas that offer additional services/resources?

Who has criminal jurisdiction over sex crimes committed in your community?

- What are the parameters of criminal jurisdiction within your community—tribal courts and federal courts or state courts?
- In what instances is concurrent prosecution of sex crime cases permitted (e.g., federal and tribal prosecution)?
- What is the community’s proximity to the location(s) where federal cases are adjudicated? In PL280 states, what is the community’s proximity to the location(s) where cases are adjudicated by the county/state?

Which agencies are involved in the SAFE process?

- What law enforcement agencies and prosecution offices respond to sex crimes occurring in your community (tribal and federal/state)?

- Are there local or nearby organizations that offer support to heal and advocacy for sexual assault victims? Are they Native or non-Native operated?
- What health care facilities/services exist within or near-by your community: Indian Health Service facilities, tribal facilities, and/or non-Native health care facilities? In the aftermath of a sexual assault, do victims tend to go to these facilities or other regional facilities for medical care and forensic evidence collection?
- Are sexual assault forensic examiner programs available?
- What crime labs analyze biological and toxicology evidence collected in sexual assault cases (in tribal and federal/state cases)? Do law enforcement agencies that have jurisdiction in your community use the same labs?
- Are there other professionals who are/should be included in your community's SAFE process (spiritual healers, tribal elders, emergency medical service personnel, mental health providers, other medical providers, substance abuse treatment providers, school personnel, social service workers, child/adult protective service workers, youth organization staff, representatives from faith-based organizations, etc.)?

What is the incidence of sexual assault within your community?

Note that agencies typically have different methods to collect statistics on sexual victimization. This assessment can help your community identify any discrepancies in collection methods that might lead to an inaccurate picture of sexual victimization.

- How many sexual assaults occurring within your community were reported to law enforcement agencies in the last three years? What was the breakdown for adult victims, adolescent victims and child victims, respectively? What was the breakdown for stranger versus non-stranger assaults and brief encounter cases? How many were delayed reports?
- How many sexual assault victims presented at local health facilities in the last three years? How many SAFE examinations did these facilities perform in the same period? What was the breakdown for adult victims, adolescent victims and child victims, respectively? What was the breakdown for stranger versus non-stranger assaults and brief encounter cases? *If victims went to a regional facility, obtain this data for victims served from your community.*
- How many sex crimes from your community did prosecution offices review in the last three years? In how many cases did they file/issue charges? What was the breakdown of case dispositions? Was the breakdown similar for adult, adolescent and child victims? Was it similar for stranger versus non-stranger and brief encounter cases? Was it similar for cases involving alcohol or drugs? Was it similar for recent versus delayed reports?
- How do the above numbers compare with numbers of sexual assault victims seen by the local sexual assault victim advocacy program, if one exists, or a more generalized victim services agency?
- Identify other professionals who may interact with sexual assault victims. How many individuals disclosed a sexual assault to them in the last month/year?

Are community members aware of what to do if a sexual assault occurs?

- Do residents know what to do to seek help if they or their loved ones experience a sexual assault? Do they know what to do if they have concerns about their safety? Are residents who experience sexual assault encouraged to seek medical care and support? Are they encouraged to report sexual assault to law enforcement? How do they get this information?

What are the barriers to getting and providing immediate help?

- What barriers do residents face when seeking health care, emotional support and advocacy, and criminal justice assistance in the aftermath of a sexual assault?
 - What might cause victims in your community to be reluctant to report to law enforcement or to be involved in the prosecution of their assailant?
 - What might cause victims to be reluctant to seek out health care, support and advocacy?
 - What challenges do first responders face in providing prompt, confidential and culturally appropriate/sensitive help to victims?
 - Are there other challenges, problems or concerns specific to your community that might negatively influence the effectiveness of immediate response to sexual assault victims?
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PART 2: AGENCY AND DISCIPLINE SPECIFIC AND COORDINATION INFORMATION

Note that questions for criminal justice agencies apply to response during the SAFE process, rather than their comprehensive role in sexual assault cases.

How does each discipline/agency respond during the SAFE process?

If more than one agency within a discipline responds, consider each agency's response.

Victim Advocacy

- Are advocates typically involved in immediate response to sexual assault victims? *If yes, answer the rest of the questions in this section. If not, explain why and then go to the last three questions in this section.*
- How do advocates assist victims during the SAFE process? Do they offer victims:
 - Accompaniment (e.g., at the crime scene/during the SAFE exam)?
 - Crisis intervention, support and information? Available 24-hours a day/365 days a year?
 - Assistance in identifying and articulating their needs?
 - Advocacy with other professionals to ensure that their self-articulated choices are respected and needs addressed in a prompt and culturally appropriate/sensitive way?
 - Assistance in accessing both traditional and Western approaches to healing and justice?

- Written information related to sexual assault and referrals to other agencies?
- Support and information for victims' family members and friends?
- Assistance in planning for victim safety and well being?
- Other assistance during the SAFE process? Please describe.
- What follow-up contact do advocates typically offer victims whom they assist during the SAFE process? What additional services does the advocacy program offer victims?
- Do advocates play a role in addressing the civil legal needs of victims (e.g., protective orders, housing, employment, disability, financial compensation or civil tort issues)?
- Is communication between advocates and victims confidential? Are there any applicable privileged communications laws that address confidential victim-advocate communications?
 - Do policies of the advocacy program speak to victim confidentiality?
 - Do advocates operate independent of government requirements to share victim information?
 - Are there impediments to maintaining confidentiality of victim-advocate communications in your community? Explain.
- Are there policies on how advocates should respond to a call from another first responder for assistance with a victim? Please describe.
- What is the relationship of advocacy programs with law enforcement personnel, health care providers and prosecutors? Are there existing written policies or memoranda of understanding (MOUs) among these agencies that speak to their coordinating roles in responding to sexual assault?
 - Do law enforcement officers request assistance of an advocate to provide support for victims (e.g., at the crime scene or at the victim's home)? If not, why? What are advocacy procedures for providing crisis services to victims in remote areas?
 - Do health facilities have procedures for contacting advocates when a sexual assault patient presents to them? Explain procedures. Do facility personnel comply with these procedures? If not, why?
 - If health care providers or law enforcement officers explain advocacy services offered and then ask victims if they would like to speak with an on-site advocate, do these first responders understand and convey the benefits to victims of the advocacy services?
 - Are there any obstacles to advocates accompanying victims during the SAFE exam and during interviews with law enforcement personnel and prosecutors?
 - Do advocates coordinate with health facilities to provide replacement clothing to victims if their clothing is retained for evidence?
 - Do advocates coordinate with health facilities and law enforcement to ensure that evidence collection kits are available as needed?
 - Do advocates coordinate with health providers and law enforcement officers to assess victims' needs for safety and address their concerns? Please explain.

- Are advocates paid staff and/or volunteers? What kind of training and supervision do they receive to support their work? How does the program ensure advocate capacity to provide culturally appropriate/sensitive advocacy?
 - Are there other general victim services available to residents in your community? If so, what is the scope and limitations of services they offer?
 - If both advocates and victim-witness specialist are available in your community, how do they coordinate their services?
- What other services, if any, are available for victims from specific populations, such as victims sexually assaulted by a spouse or intimate partner, male victims, older victims, adolescent victims, victims with disabilities, non-English speaking victims, or gay, lesbian, bisexual or transgendered victims?

Health Care

- Do health facilities in your community conduct SAFE exams? If victims go to a regional facility for this exam, how far do they need to travel to get to the facility?
- Are SAFE exams conducted in an emergency room setting, a special location designated for sexual assault exams, or another setting? Explain.
 - *Do specially trained nurses or doctors conduct the medical forensic examinations? If so, what kind of training and clinical preparation do they receive?*
 - *Does your community have a sexual assault forensic examiner (SANE) program? Describe the program, including: when it was established; how it is administered and financially supported; how many trained examiners are involved and whether this number is sufficient to address local needs; how examiners are recruited and retained; how program staff manage records, and what challenges it has faced.*
- Are on-call health providers with training in SAFE procedures available to respond to sexual assault patients or are health providers assigned to do SAFE exams only because they are on staff at the facility? If there are trained on-call health providers, are they available on a 24-hour-a-day basis throughout the year?
- Are health providers mandated to report to law enforcement if a victim seeks medical services because of a sexual assault? Is the mandate report a result of tribal/federal/state law and/or facility policies? What type of disclosure triggers this type of mandated report? What is the protocol for who reports to whom, how and within what timeframe?
- Do facilities/programs conducting SAFE exams have policies on how personnel should respond to a patient who discloses sexual assault or who is brought in by law enforcement after a report of sexual assault? Describe. Are policies consistent across facilities/programs in your community?
 - *Do these patients have priority as emergency cases?*
 - *What is the protocol for contacting/activating a forensic examiner to perform SAFE exam? Is the examiner supposed to respond to a request to perform an exam in any particular period of time?*

- *What is the protocol for evaluation/care of acute injuries before evidence collection?*
- *What health care practices help protect sexual assault patients' privacy and safety?*
- *What health care practices support victim's cultural traditions and beliefs related to healing and justice?*
- *What is the protocol for contacting an advocate to provide support to the victim during the exam process?*
- *What is the protocol for contacting law enforcement if they are not already involved (in cases in which the victim wishes to report or a mandatory report is required)? How does the responding health provider decide which agency to contact?*
- Are there written guidelines regarding how long after a sexual assault a forensic exam will generally be conducted? Does it include flexibility so a forensic exam can be conducted outside the standard time cut-off anytime the victim is complaining of pain, discomfort or bleeding?
- Do exam facilities have ready access to sexual assault evidence collection kits? If not, why not? If not, do they have detailed instruction related to all aspects of forensic evidence evaluation, collection, documentation and preservation?
 - *How and from whom do exam facilities get the kits? Are there any related challenges? Are there criteria as to when a kit can be used and if/how do these criteria vary across jurisdictions?*
 - *What process do health providers/facility administrators use to determine if the case meets the criteria?*
 - *What happens in cases that do not meet the criteria? Will the exam be refused, the victim sent to another facility, or the exam be conducted only if the victim requests it and accepts financial responsibility for it?*
- Do examiners have policies related to addressing victims' non-acute medical concerns, such as risk of STIs/HIV and pregnancy?
 - *Is pregnancy prophylaxis offered to victims during the exam? Can victims readily access pregnancy prophylaxis in the community if they cannot at the health facility? If not offered at the health facility, are victims told about local resources during the exam?*
- Do examiners have/use: digital cameras, colposcopes, anosscopes, toluidine blue dye, prophylaxis for STI's and pregnancy, or other equipment or medications to assist them in conducting/documenting the examination?
- Has telemedicine strategies been used to allow examiners off-site consultation with medical experts? If yes, please describe.
- Who pays for the costs of the exam? What problems, if any, are associated with exam payment?
 - *Are health facilities compensated by criminal justice systems when a SAFE examination is conducted in their facility? Are examiners compensated when they performed an exam? What are criteria for obtaining authorization for health facility/provider compensation? If exams in*

federal cases are done at an IHS facility in your community, does IHS use a federal evidence collection kit and then cover the exam costs themselves?

- *What costs are covered through criminal justice system compensation to facilities/health care providers? What are potential additional costs to victims?*
- *Is there financial assistance available to victims to help cover these costs? What are requirements for each type of assistance and how do victims apply?*
- *How is victim confidentiality protected during any facility billing procedures?*
- When a sexual assault is reported to law enforcement and forensic evidence collected, what are the procedures for the transfer of evidence to law enforcement and protecting the chain of custody? If evidence is stored at the examination site, is the storage locked and secured?
- If forensic evidence is collected in cases where the victim has not decided whether to report to law enforcement, then:
 - *What are the policies of the facility regarding who stores the evidence and for how long? How is it stored and archived? How is chain of custody maintained?*
 - *Are there policies and procedures in place about whether the evidence can be held but not processed by the crime lab without the victim's signed consent?*
 - *Do examiners clearly describe to victims the potential consequences having an exam without a corresponding report to law enforcement?*
 - *What follow-up contact do victims who are unsure about reporting receive and from whom?*
 - *Are statistics tracked regarding the percentage of victims who obtain a forensic exam, but are initially unsure about reporting who later report to law enforcement?*
- Are forensic examiners supported by their agencies in providing testimony at trial in a sexual assault case, if requested? Describe.
- Do health care providers who perform SAFE exams participate in interdisciplinary training with other professionals involved in sexual assault response? Do they network with other forensic examiners either formally or informally? Describe.
- What quality assurance measures promote the effectiveness of forensic examiners (supervision, peer reviews, periodic performance evaluations, etc.)?
- How are community professionals and residents educated on the availability and location of facilities conducting SAFEs?
- How do you think forensic examiners/health care personnel that serve your community would benefit from improved coordination with other responders in sexual assault cases?

Law Enforcement

- Do law enforcement officers who handle sex crimes that occur within the community receive training to investigate sexual assault? If yes, please describe.

- Do responding law enforcement agencies have written policies on how to respond to a report of sexual assault? Describe.
- What are law enforcement practices in your community during the SAFE process:
 - *Responding to victims in remote/hard to reach areas?*
 - *Working with multiple jurisdictions?*
 - *Helping victims get immediate medical care and emotional support to heal?*
 - *Facilitating the prompt collection of forensic evidence from the victim?*
 - *Meeting victim needs (e.g., for safety, interpreters and assistive devices for physical disabilities)?*
 - *Transferring, documenting, storing, evaluating and analyzing evidence from a forensic examination with victims?*
 - *Maintaining confidentiality of victim's identity/communications?*
 - *Protecting victim's rights with regard to media coverage of the sexual assault?*
 - *Investigating cases of non-stranger sexual assault? Cases involving alcohol or drugs? Delayed reports?*
 - *Processing mandated, third party, anonymous and informational reports?*
 - *Following up with victims to provide information and offer resources?*
- Are officers directed to document every report of a sexual assault, with a written report and an incident number assigned? Or are they allowed to clear from a sexual assault call without writing a report? Are they given a clear directive that all sexual assault cases are assumed to be valid unless the investigative findings establish otherwise?
- Are officers given the clear directive not to ask victims about whether or not they want to participate in prosecution until after a thorough, evidence-based investigation is conducted?
- Are officers discouraged from making an immediate arrest, in order to better facilitate the investigation, unless exigent circumstances dictate otherwise?
- Do you have investigators who investigate sexual assault reports, or will your first responding officer/deputy conduct the follow-up investigation?
 - *Do law enforcement agencies have policies and practices that prevent unnecessary "handoffs" of a sexual assault victim due to a shift change?*
 - *Are officers provided sufficient resources to conduct a thorough investigation and follow up with victims of sexual assault? Or are they pressured to return to service?*
- Are victim advocates/victim service providers involved in the investigation as early as possible, whether or not a forensic exam is conducted? Explain.
- Is crisis intervention provided to victims in field situations (e.g., at the crime scene or the victim's home)? If advocates cannot respond to field situations, how is crisis intervention provided?

- Is a comfortable and neutral location available for conducting initial interviews with victims (e.g., advocacy program or health facility)?
- Who evaluates evidence before submitting it to the crime lab, to determine what the probative value might be, and what type of analysis is needed (e.g., toxicology, DNA, or trace analysis), and what purpose the evidence might serve in the investigation (e.g., to corroborate the statement of the victim or suspect)?
- What are law enforcement procedures for transferring evidence to designated laboratories for analysis or other law enforcement designated storage site?
- Can a forensic examination be conducted even if the victim does not want to file a report with law enforcement or is unsure about whether or not to report? If so:
 - *Who stores the evidence that is collected and for how long? How is it transferred, stored and identified for archival purposes? How is chain of custody maintained?*
 - *Under what conditions can such evidence be analyzed, and if a DNA profile is obtained, when can it be submitted to CODIS? How is victim consent obtained?*
- Are victims asked to submit to a polygraph examination during the process of investigation? If so, what measures are being taken to stop this practice, to comply with the 2006 provision of the federal legislation known as the Violence Against Women Act III?
- Are release waivers presented to victims only when the victim asks to have the investigation of their case suspended, and never presented to victims without such a proactive request? If release waivers are used, are victims reassured that they can contact the investigating law enforcement agency anytime they decide that they are able to participate in an investigation?
- Is information regularly provided to victim advocacy programs regarding the total number of sexual assault reports and their case dispositions?
- How do you think law enforcement officers that serve your community could benefit from improved coordination with other responders in sexual assault cases?

Prosecution

- Do prosecution offices (tribal and federal/state) that serve your community have policies regarding the role of prosecutors in the immediate response to sexual assault cases? Is it one of consultation, a more active role or no involvement?
 - *In general, when do prosecutors get involved in a sexual assault case?*
 - *Do prosecutors communicate with forensic examiners about the type and quality of evidence needed in sexual assault cases?*
 - *Are prosecutors available to forensic examiners and law enforcement officers if they have related questions during the SAFE process?*
- Do prosecutors use forensic examiners as expert witnesses to provide testimony at trial? Do expert witnesses receive sufficient preparation from prosecutors to testify at trial?

- Do prosecutors participate in opportunities for training on sexual assault cases as well as interdisciplinary training with other professionals involved in responding to sexual assault?
- Are there problems or concerns with these cases at the prosecution level that could potentially be resolved through better coordination during the immediate response or enhanced communication among responders? Please describe.

Forensic Crime Labs

- Do the crime labs used to analyze evidence in sexual assault cases have policies in place regarding their role in the immediate response to sexual assault cases? Is it one of consultation, a more active role, or no involvement? Please describe.
- In general, at what point does the crime lab get involved in a sexual assault case?
- Do crime lab personnel participate in opportunities for discipline-specific and interdisciplinary training on sexual assault cases?
- Do crime labs to provide feedback to forensic examiners and law enforcement personnel on the quality and value of evidence collected in sexual assault cases? If yes, please describe.
- Are there problems or concerns regarding evidence collection and analysis that could potentially be resolved through better coordination during the immediate response or enhanced communication among responders? Please describe.

What formal coordination occurs during the SAFE process?

- Are there procedures agreed upon among agencies regarding coordinated response during the SAFE process? Are these procedures documented in policies for individual agencies, in interagency agreements, and in a community-wide protocol? If yes, describe.
- Do those individuals who typically provide immediate response in sexual assault cases in your community receive multidisciplinary training? If yes, describe.
- Is there an individual who facilitates the coordination? If yes, is this person(s) a paid administrator hired for this purpose or employed by one of the participating agencies and takes on coordination as part of her/his existing work? Describe.
- Are there efforts in your community to coordinate interventions across agencies for other crimes (child sexual abuse, domestic violence, youth violence, etc.)? If so, is it possible to build upon these efforts to address sex crimes? Explain. Are there lessons to learn from these attempts at coordinated response that would apply to dealing with sex crimes?
- Are there existing flow charts of discipline-specific/community response to sexual assault?

PART 3: STRENGTHS AND AREAS FOR IMPROVEMENT IDENTIFIED

Define and evaluate the success of current response during the SAFE process.

- Has there been a local effort to solicit feedback from victims about their experiences with response by law enforcement, advocates, health providers or other professionals during the SAFE process? If yes, summarize findings related to strengths and weaknesses of response.
- Based on the information you gathered through this assessment, and results from related victim surveys:
 - *What are the strengths of your community's immediate response to sexual assault, specifically during the SAFE process?*
 - *What are the areas needing improvement? What are the agency and discipline-specific barriers and coordination barriers?*

ⁱ Some of the material in the original *Needs Assessment Tool* was adapted from: J. Archambault, *Community SART Assessment Tool for Universities and Colleges*. Addy, WA: Sexual Assault Training and Investigations (SATI), Inc.; *A National Protocol for Sexual Assault Medical Forensic Examination (Adults/Adolescents)*. Washington, DC: U.S. Department of Justice, Office on Violence Against Women, 2004; and *Developing a SART: A Resource Guide for Kentucky Communities*, Frankfort, KY: KY Association of Sexual Assault Programs, 2002.