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Alaska's Council on
Domestic Violence
& Sexual Assault

Guidelines for Sexual Assault Response Teams in Alaska

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I. PURPOSE

These guidelines were created to provide a framework for developing, training, and implementing sexual assault response in Alaska. Communities are encouraged to use these guidelines as they establish their Sexual Assault Response Teams (SARTs) to fit each community's unique circumstances, resources, and needs.¹

II. COMMUNITY RESPONSE TO SEXUAL ASSAULT

The Sexual Assault Response Team includes victim advocates, law enforcement officers and health care providers. The prosecution team (prosecutors and victim witness paralegals) are part of the SART, but do not respond directly to the initial call out. These team members provide a coordinated, efficient, and supportive response to persons who have been sexually assaulted. The Sexual Assault Response Team is designed to reduce the trauma of a sexual assault by providing victim-centered advocacy, care and service. This is done by focusing on a victim's needs and choices.

III. TEAM STRUCTURE

A. Roles of Team Members

Each team member has a distinct role. However, circumstances may require flexibility in serving the needs of a victim.

VICTIM ADVOCATE (hereafter referred to as "advocate")

Advocates provide immediate and ongoing support to the victim such as:

- listening to the victim
- informing the victim of their rights and resources
- ensuring confidential communication between advocate and victim
- ensuring informed consent
- answering questions about the SART process, including costs
- being present for the victim

¹ These guidelines are not intended to apply to Children's Advocacy Centers or child abuse cases.

- identifying resources and options for immediate needs, long-term support, and payment. (i.e., childcare, food, transportation, safe shelter, and medical and court accompaniment, etc.)
- assisting with creating a safety plan
- assisting with all other duties normally associated with victim advocacy

Advocates do not:

- participate in the gathering of evidence, fact-finding, or investigating of the assault
- provide an opinion on the merits of the case
- conduct the medical-forensic or law enforcement interviews
- testify in court (generally)

LAW ENFORCEMENT

Law enforcement officers generally perform the following functions:

- being responsible for the immediate safety needs of the victim
- interviewing the victim
- investigating the crime
- conducting or arranging for a forensic exam of the suspect when necessary
- collecting and preserving evidence
- identifying, arresting and/or referring charges on the suspect
- writing a report
- providing updates on case status to victim
- participating in court proceedings

Law enforcement officers do not:

- conduct a complete victim medical-forensic exam
- actively advocate on behalf of the victim

HEALTH CARE PROVIDER

Health care providers generally perform the following services:

- assessing, diagnosing, and treating injuries and conditions related to the assault
- offering health care information and referrals as needed
- identifying, documenting, collecting, and preserving forensic evidence during the medical-forensic exam in a way to ensure the chain of custody
- testifying in court as needed

Health care providers do not:

- investigate the crime
- provide victim advocacy services

PROSECUTORS AND VICTIM WITNESS PARALEGALS

Prosecutors generally perform the following services:

- review investigation
- work with investigators
- screen case to determine appropriate charges
- prosecution of case including arraignment, grand jury, motion practice, trial, sentencing and appeal
- witness preparation

Victim Witness paralegals generally perform the following services:

- ensure victim rights including notification of hearings
- case coordination with victim and witnesses
- provide resources for victim
- provided trial support

Prosecutors and Victim Witness Paralegals do not:

- participate in initial SART call out
- act as advocate on behalf of victims

B. Training Recommendations

Each team member is expected to have training in their respective field. This training includes:

Advocates: Familiarity with Alaska sexual assault statutes and civil legal options, support groups, long-term follow up and support, crisis intervention, special populations, and ways of providing services without re-victimization.

Law enforcement officers: Familiarity with Alaska sexual assault statutes, sexual assault evidence collection, interview/interrogation techniques specific to sexual assault, and pre-planned recorded conversations (*Glass warrants*).

Health care providers: Completion of accredited 40 hour SANE/SAFE program and completion of clinical preceptorship.

Each team member should attend at least one CDVSA sponsored SART training (preferably with other team members). SART training includes:

- confidentiality as it applies to each team member
- victim-centered advocacy
- use of the Sexual Assault Evidence Collection Kit (see description below)
- the trauma informed forensic interview
- investigation by law enforcement
- evidence collection
- the medical-forensic exam
- the criminal/civil legal process
- neurobiology of trauma
- responses to impact of trauma on victim
- diversity and cultural awareness
- self-care for team members

Additional training on the following is recommended:

- disabilities
- LGBTQ

- substance abuse
- mental health
- sexually transmitted infections and pregnancy prophylaxis

For further information about training or assistance in creating your community's Sexual Assault Response Team, contact the Council on Domestic Violence and Sexual Assault (CDVSA) at (907) 465-4356.

C. Sexual Assault Response Team Location

The following are considerations for choosing and preparing a safe and secure location where the team members can come together to assist a victim:

Safety

Safety of the victim and team members is most important. Some things to consider are limiting public access and having a plan for potentially dangerous situations (for example, if a suspect shows up, or if a victim attempts to harm themselves). A location that can be secured is best.

Physical location

The physical location should meet the needs of the victim, community and the team. Privacy for the victim is a high priority. Some things to consider are providing for a private entrance, a private interview area, and a private exam room with a limited-access bathroom and shower. A separate waiting area for other individuals supporting the victim should be considered.

The victim should have priority in receiving services. The location should maintain all necessary supplies and equipment for the exam and for the comfort of the victim. The location should have a plan for responding to medical emergencies. It should also have a secure area for the temporary storage of evidence.

Confidential recordkeeping

The medical-forensic records must be maintained and secured separately from the victim's other medical records. For examples and questions regarding forensic-medical record storage policies contact CDVSA.

D. Sexual Assault Response Team Advisory Group

The purpose of the SART advisory group is to create a structure that provides for initial and ongoing management of the response team, which includes

designating a coordinator. This group is responsible for the development and implementation of policies, procedures, and protocols. This group serves as the structure for addressing any concerns that may arise as the team develops and progresses.

Members of the group should include local representative(s) from victim advocacy, health care, law enforcement, the District Attorney's office, and other entities from the community who contribute to a coordinated response to sexual assault cases.

The advisory group should develop a memorandum of agreement that outlines specific duties, expectations, and shared goals. The agreement should contain a method of quality control that includes team meetings, conflict resolution, and other problem-solving process(es).

This advisory group is also responsible for developing tools for case review and debriefing and should meet regularly to discuss trainings, administrative issues, and resources related to access such as disabilities, language issues and regional concerns.

The Advisory group does not conduct case review; however this group collects and reviews aggregate statistics and provides annually to CDVSA.

E. Multidisciplinary Team (MDT)

The MDT consists of the main members of the Sexual Assault Response Team (Law Enforcement, Advocacy, Prosecutors and Medical Providers). The MDT actively participates in the following:

Case review - Each MDT member provides updates from their agency on the status of cases and any issues or concerns regarding victim participation or coordination.

Debriefing - The MDT provides a venue and opportunity to process significant incidents if they arise and/or system failures and concerns.

The MDT reports to the advisory group any recommendations or concerns regarding training and amendments to policies and procedures.

F. Confidentiality²

Both Advisory group and MDT members have restrictions that prevent them from sharing specific confidential information even with other members of the team. Some of these restrictions are required by law. The team must address how confidentiality affects sharing information:

- Within the team such as status updates, follow up, service coordination and case review
- Outside the team such as providing reports to government agencies and facilitating access to other resources
- Each team member must also adhere to their own discipline's guidelines for confidentiality and disclosures

G. Privilege

Victim's private communications with advocates are privileged and will not be shared except in certain limited circumstances. Victim's communications with law enforcement or health care providers at the time of the medical-forensic exam are not privileged.

IV. THE SEXUAL ASSAULT RESPONSE TEAM PROCESS

A. Timeline for Medical-Forensic Examinations

It is strongly recommended that the medical-forensic exam be completed as soon as possible. For the collection of DNA, the exam should be completed within 7 days of the incident. Suitability for a medical-forensic exam beyond 7 days should be decided on a case-by-case basis with input from all team members.

B. SART Activation (Call-out)

Law enforcement screens and authorizes the forensic portion of the exam (evidence collection). If an exam is authorized, the team is activated. All three components of the team (law enforcement, advocacy, and medical) must be contacted. This is referred to as a "call-out." The confidentiality issues discussed above do not prevent all team members from being contacted for the call-out. Procedures must be created to ensure an immediate and coordinated call-out response. These include:

- contact information for each on-call team member

² The issues of confidentiality and privilege are very complicated. Teams are encouraged to contact the Council on Domestic Violence and Sexual Assault (907) 465-4356 as questions arise.

- an appropriate response time for call-out
- language that addresses the presence of all team members at the beginning of the call out
- procedures when all team members are not able to respond

C. Sexual Assault Evidence Collection Kit

The State of Alaska Crime Lab has, in consultation with law enforcement and medical providers, put together a kit which contains many of the basic materials needed to collect forensic evidence in a sexual assault investigation and document medical care. This kit contains:

- Instructions on how to use the kit, including how to collect various types of evidence during a medical-forensic exam
- A standardized consent form for the victim to sign in both anonymous reports and reports to law enforcement
- A standardized outline of all the essential and necessary information to be gathered from the victim by both law enforcement and medical providers during the interview process
- Anatomical diagrams to document and describe any and all injuries to the victim
- Guidelines for taking photos
- A standardized evidence collection log
- Standardized materials needed for collecting forensic evidence
- Instructions and paperwork for kit, which can also be found at:
<https://dps.alaska.gov/getmedia/be7fc79d-80a5-4a25-93b0-244b3d3c993d/SAK-Fillable-08-15-2018.pdf>

Items not included in the kit, but are strongly recommended to have and use include:

- Digital camera with media card
- Ruler for measuring injuries as documented in the photos
- Digital recorder for the victim interview (law enforcement only)
- Vaginal speculum

- Anoscope

Items not included in the kit, but are recommend include:

- A colposcope
- A color chart for use in the photos
- Toluidine Blue Dye

D. Consent Forms and Notification of Rights

Sexual Assault Evidence Collection Kits are provided by the State of Alaska through the Crime Lab to local law enforcement. These kits contain an evidence collection consent form which must be used for victims.

In addition, the health care provider shall obtain informed consent for assessment, diagnosis, and treatment in accordance with their employer's policies. Additional agency requirements may include notification of Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, release of information, and the rights and responsibilities of the patient.

E. Trauma Informed Interview Process

The interview consists of two parts: a forensic history and a medical history. The forensic history is taken by the law enforcement officer in conjunction with the medical provider. The victim chooses who may be present for the medical history.

Prior to the start of the interview, the victim is given the opportunity to speak with a victim advocate who will answer any questions and ensure the victim understands:

- informed consent
- their rights regarding the interview and exam
- the process and structure of the interview and the exam
- the use of digital recordings and photography

F. Exam

It is recommended that health care providers have the following:

- specific guidelines outlining the steps for the medical-forensic exam
- guidelines for follow-up care and referral

G. Before Victim Leaves

Before the victim leaves the SART call-out location, each member of the team has the following responsibilities:

Victim advocate: Ensure the victim has the contact information for call-out members or agencies, offers safety planning options and resources for advocacy follow up, and discusses release of information for continued information sharing.

Law enforcement officer: Provide the victim with case number and other investigative information, i.e. notification of victim rights, how best to contact victim for case information.

Health care provider: Provide discharge instructions, schedule follow-up medical-forensic exam, and provide health care referrals as needed.

H. Chain of Evidence

It is necessary to establish a procedure for forensic examiners and law enforcement to ensure that the chain of evidence is maintained. All kits should be picked up from the medical provider/entity **within 5-7 days** of the exam and sent to the State Crime Lab within 30 days. Questions regarding proper chain of custody should be directed to law enforcement or the local district attorney's office.

I. Payment of Services

In accordance with Alaska law (AS 18.68.040), victims 16 years of age or older must not be charged either directly or indirectly, through health insurance or any other means, for the forensic portion of the exams. To help the victim make informed decisions about health care, the team should make the victim aware of costs of medical services beyond the medical-forensic exam and resources for payment.

J. Violent Crimes Compensation Board

The Violent Crimes Compensation Board (VCCB) may be able to help with medical and other expenses resulting from the sexual assault. All team members should provide the victims with Violent Crimes Compensation Board information. Advocates can assist with completing the forms and serve as victim contacts for the reimbursement process.

For more information, contact VCCB at (800) 764-3040,
<http://doa.alaska.gov/vccb/>

V. ANONYMOUS VICTIM REPORTING

An adult victim (non-vulnerable) is entitled to a medical forensic exam regardless of their cooperation or participation with law enforcement and or the criminal justice system.

- All forensic exams must still be screened and authorized by law enforcement. Medical providers should contact law enforcement for authorization but should not provide any identifying information such as the name and date of birth of the victim.
- In no case, should a medical-forensic exam be denied based solely on a victim's initial decision not to report to law enforcement.
- Once a case is authorized, law enforcement should provide a case number to the hospital.
- The medical provider should provide the law enforcement case number to the victim along with a unique hospital/provider case number. If and when the victim decides to report to law enforcement, the victim will need to work directly with the hospital/provider to release their identity to law enforcement. (Contact CDVSA for examples of release of information for patients that decide to report.)
- Once the exam is complete law enforcement should collect the evidence collection kit and submit to the crime lab for storage only. Kits will not be opened, reviewed, or processed without the consent of the victim.
- In anonymous cases ONLY, photos should be placed in the actual kit.

VI. ADDITIONAL CONSIDERATIONS

Maintain an open dialogue with all members of the response team to ensure victims have a voice at the table. Immediate medical needs of the victim take precedence over evidence collection.

VII. RESOURCES

For more information, such as examples of MOUs, protocols, medical record storage policies, etc. contact CDVSA.