



Developing a Sexual Assault Response Team (SART) in a Rural Community



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Problem

- ❖ Uncoordinated community responses to sexual assault can contribute to adverse consequences for victims seeking help which perpetuates the problem of low reporting and prosecution rates (Henninger et al., 2019; Rich, 2019; Moylan et al., 2017)

Purpose

- ❖ To explore the development of a sexual assault response team (SART) in a rural community with a further goal of developing a team in a Central North Carolina region
- ❖ Sexual assault (SA) is prevalent in the United States & is the most underreported crime with an estimated 23% report rate (CDC, 2019; Henninger et al., 2019; Miyamoto et al., 2021)
- ❖ Victim blaming, fragmented systems, and dismissive treatment by police contribute to under-reporting (Moylan et al., 2017)
- ❖ Communities throughout the world have adopted sexual assault response teams (SARTs) to respond to SA's (Greeson, 2021)
- ❖ SARTs can improve a victim's help-seeking experience, equip service providers to adequately respond to SA, and create safer environments (NSVRC, 2018; Greeson, 2021)

Potential Outcomes

- ❖ Increased reporting & criminal investigations
- ❖ Increased arrests
- ❖ Increased convictions
- ❖ Safer environments
- ❖ Improved forensic exams and collection of quality evidence (i.e., increase in trained forensic nurses)
- ❖ Improve victims' help-seeking experiences
- ❖ Improve accessibility to adequate care
- ❖ Equip service providers with adequate training and skills to effectively respond to SA

Background

- ❖ SA remains a public health and medical crisis with an estimated \$1.2 trillion dollars associated with direct medical costs and \$3.1 trillion dollars associated with indirect costs (i.e., lost productivity) (Murugan et al., 2021)
- ❖ Estimated 20% of women and 2% of men will experience rape at some point in their lives (Murugan et al., 2021)
- ❖ Victims experience a range of consequences, acute and chronic, contributing to an estimated lifetime cost of \$122,461 per victim (CDC, 2021; Murugan et al., 2021)
- ❖ The prevalence of SA was first studied in the early 1970's and the first SART was developed in the early 1980's to respond to SA (Carlson et al., 2018)
- ❖ The passage of the Violence Against Women Act (VAWA) supported the natural progression of SARTs and continues to do so through reauthorizations (Moylan et al., 2017)
- ❖ SARTs are best practice and 800+ have been identified (Greeson et al., 2016; Greeson, 2021)

Conclusions

- ❖ Literature supports the adoption of SARTs to improve a community's response to SA
- ❖ SARTs are widespread and their structure, organization, and interpersonal factors influence their effectiveness (Cole, 2018)
- ❖ Formalized SARTs that engage in evaluations are associated with increased effectiveness (Cole, 2018)
- ❖ In addition to improving victims' help-seeking experiences, offenders are held accountable, which creates safer environments

Methods

- ❖ SART Guidelines, Capital Area Sexual Assault Response Team (CASART), and Victim Empowerment, Safety, and Perpetrator Accountability through Collaboration (VESPAC) conceptual frameworks were utilized to address the further goal of developing a team in Central North Carolina to effectively respond to sexual assault
- ❖ **Targeted Population:** sexual assault service providers
- ❖ **Criterion for inclusion:** consenting, adult victims of SA who disclose their abuse
- ❖ **Criteria for exclusion:** adults unable to consent, adults who haven't disclosed, and children
- ❖ **Stakeholders:** victim advocates, law enforcement, prosecutors, medical/forensic personnel, victims, and any other service provider or community member who buys into the SART development
- ❖ IRB approval highly suggested due to dealing with vulnerable populations

Relevance to Nursing

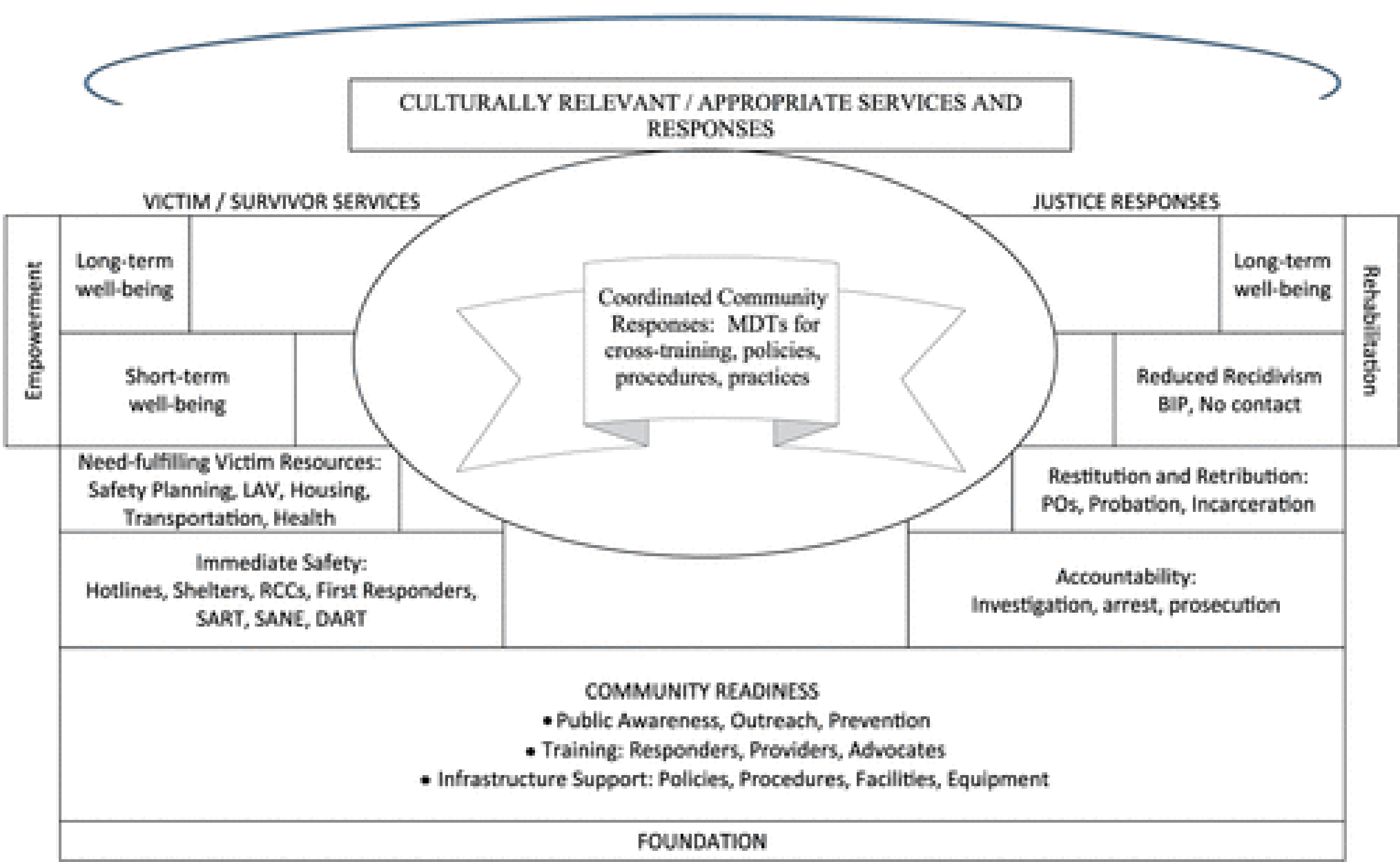
- ❖ Sexual assault nurse examiners (SANEs) are integral stakeholders in SARTs and have been since their initial development
- ❖ SANE programs developed to address the inequalities of care that SA victims were receiving in emergency departments & have shown to be effective in equipping nurses with training, skills, and knowledge to effectively respond to SA (i.e., increased investigations and prosecutions)
- ❖ The availability and coverage of SANEs vary across communities but the reauthorization of VAWA has provided readily available federal funding to increase SANE programs

Conceptual Frameworks

SART Coordinated Response to Sexual Assault



Adapted from Capital Area Sexual Assault Response Team: SART Coordinated Response to Sexual Assault, by End Violent Encounters, n.d. (<https://www.eveinc.org/casart>)



From "Envisioning Future Directions: Conversations with Leaders In Domestic And Sexual Assault Advocacy, Policy, Service, And Research," by J. W. White, H. C. Sienkiewicz, and P. H. Smith, 2019, VIOLENCE AGAINST WOMEN, 25(1), p. 105–127 (<https://doi.org/10.1177/1077801218815771>)

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