

# Tools for Evaluating & Assessing Your SART/SANE Program



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## **Acknowledgements**

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**In an effort to facilitate a smooth transition for implementation, this manual includes a CD with all documents included for personalization. A data collection template is also included in order to make recording and tracking results easier.**

**In order to ensure all programs are afforded the benefits of results collected, please share any data with the Education & Resource Coordinator at the Pennsylvania Coalition Against Rape (PCAR) at 717-728-9740 ext. 115 or by mailing copies to:**

**Pennsylvania Coalition Against Rape  
125 N. Enola Drive  
Enola, PA 17025  
Attn: Education & Resource Coordinator/SART Follow-up**

## Background

### *Franklin County: Women in Need and Sexual Assault Response Team (SART) Development*

The Franklin County Sexual Assault Response Team (SART) was formed in the Fall of 2002, with a meeting of several key stakeholders in the community. These collaborative partners included: Women in Need(WIN), the county's sexual assault and domestic violence center, local and state law enforcement officers, and Summit Health as represented by Chambersburg and Waynesboro Hospital emergency room staff. Throughout the planning and development process, many voices were missing and appropriate agencies were added to the planning group, including Children and Youth officials, Office of Aging, and the District Attorney's office, represented by the Franklin County STOP ADA.

The program's start-up costs were funded through a \$55,000 grant from Summit Endowment, whose mission is to fund programs that benefit the health and welfare of the residents of Franklin County. The grant was used to send nurses to sexual assault forensic examiner trainings, purchase beepers, forensic equipment, computers, software and the basic supplies needed to start the program.

Seventeen nurses were trained by Kathleen Brown, PhD from University of Pennsylvania in August 2004. Full operation of the program began in late October 2004, after a series of serial rapes occurred in the Franklin County area.

Summit Health, the parent company of Chambersburg and Waynesboro Hospitals, finances the day to day costs of the program in a biennial contract with WIN. The contract with Summit pays for services and supplies such as nurses' on-call time, sexual assault forensic exam kits and case management meetings. Summit Health has also paid for additional nurses to be trained since the initial training.

The Assistant Director of WIN acts as coordinator for the program, with nurses considered subcontractors with the agency. Medical direction is provided through Dr. Tom Anderson, of Summit Health, who has been with the program since its inception.

By 2007, the Franklin County SART team members had met with and served more than 80 victims and performed forensic exams on most of these victims in two local hospitals.

### *Special Initiatives: The Need for Follow-up Protocol*

The primary goals of the SART program is improved physical and mental health for the victim, more complete and accurate evidence collection, and an increased rate of successful legal prosecution of sexual assault offenders. An additional goal is informing neighborhood and community residents on how to access SART services in the event of a rape or sexual assault. **Victims benefit from having an immediate supportive response to a life-changing event and the assistance of a team that works together to assure safety and high quality service to meet their medical, legal and personal needs.**

One aspect of the program that has remained elusive is in regards to effective and efficient follow-up services to victims, nurses and others involved in the process. Although the Assistant Director received a brief report following each exam from an advocate and she met with nurses monthly to discuss cases and issues of concern, these standard practices needed to be more consistent and provide support for all parties involved.

In addition, of the 80 exams that have been performed in the two and a half years of service, less than 15 percent of the victims pursued ongoing counseling services. Advocates have worked with approximately 27 victims on a very limited basis, beyond the immediate crisis intervention at the hospital. This represents about 33 percent of those served by the program.

Statistically, victims of sexual assault have low follow-up rates with providers in the aftermath of a rape or assault. A review of literature shows that follow-up rates among rape victims across the nation are low and range between 30-35 percent (Ackerman, Sugar, Fine, & Eckert, 2006; Holmes, Resnick, & Frampton, 1998), with some even noting lower rates. Holmes, et al. also conclude that efforts to reach sexual assault victims require various innovative strategies due to the fact rape and sexual assault survivors have complex and multi-faceted needs following an assault.

It was with these factors in mind that the SART follow-up effort was developed and planned using Special Initiative funds through Pennsylvania Coalition Against Rape (PCAR). The goals of the proposed project were: **1) improving and increasing follow-up services to victims after SART services; 2) improving coordination and follow-up services to nurses, law enforcement, and advocates following SART experience; 3) development of an instructional manual for follow-up to be used by interested programs.**

The project hoped to produce materials that would enable SART programs to engage in more consistent and useful follow-up with all individuals (victims, nurses, advocates, law enforcement) involved in the SART process and to make the follow-up experience beneficial to each victim's specific needs.

WIN's Assistant Director began working on the Special Initiatives grant in July 2007, starting with the development of draft surveys to be used for follow-up with victims, SART nurses, advocates and law enforcement personnel. These surveys were in final draft form by September 2007; agency staff then began using the surveys in mid-September with a range of results (see Responses section).

Of the four groups that were interviewed in the initial period following the activation of the SART team, the advocates and nurses were the most accessible and available to complete surveys.

## Initial Survey Protocol and Process

- A. Following a SART call and/or forensic exam, the advocate will explain to the victim and/or significant other(s) that an agency staff member will be contacting them in a day or two to discuss their perceptions and reflections on their experience.
- B. The advocate who responded to the call will complete the SART log (see Appendix) and pass on to the Assistant Director. The SART log contains the date, hospital of service, patient's name, SANE nurse, advocate name, Officer/trooper name and notes about the exam. This log will be used, in conjunction with any software or maintained database (e.g. R/Client) to contact the victim, initially and in the future.
- C. Within 48-72 hours a staff member who was not the responding advocate will be in touch with the victim and explain the survey and later follow-up process with them (see Initial Victim Survey). If the advocate is given permission, the survey will be completed at that time. In the event that the victim does not wish to participate in the survey or cannot be contacted, the advocate will thank her/him for her/his time and document any communications.
- D. Within 48-72 hours attempts will also be made to contact and complete surveys for the SART nurse in charge of the case, the advocate who presented to the hospital and the law enforcement official(s) who worked on the case. Every attempt will be made to contact all the parties involved (see Nurse, Advocate, and Law Enforcement surveys)

*At no time will a victim be forced to participate in the survey or subsequent follow-up processes. In addition, the victim is able to end the survey at any time.*



## Initial Victim Survey

### Purpose:

We are trying to gather feedback on the services provided by the nurse and others you may have come in contact with throughout this process. This feedback is important to the program and will be used to improve our services and address any areas for growth. Your assistance will help us make our services more effective and more efficient for other victims.

I am going to ask you some questions about your experience with the SART and your satisfaction with the care you received. As we talk, I will be taking some brief notes. It should only take about 2-3 minutes. If you would like to stop at any time, just let me know.

### Confidentiality:

Your feedback will remain confidential and no one will be able to identify you through the information. Any reports completed will not include names or identifying information.

### Rights:

Before we begin, I want to let you know that you may choose not to respond to any of the questions and you may end the survey at any time. Your decision whether or not to participate in the survey will not affect services provided to you or impact your case in any way.

Do you have any questions before we proceed?

Do I have your permission to continue with the survey? \_\_\_ Yes \_\_\_ No

---

### Survey Questions:

Was the exam \_\_\_\_\_ too long \_\_\_\_\_ too brief

The following questions are related to the **nurse** who provided care:

Did the nurse discuss the exam process with you?	Yes No Somewhat
Did the nurse explain what was happening throughout the exam?	Yes No Not Sure
Did the nurse ask if you had questions about the exam/process?	Yes No Not Sure
Did you feel the nurse had time to take care of you?	Yes No
Was a break offered during the exam?	Yes No

Did the nurse explain why each part of the exam was important?	Yes No Not Sure
Did the nurse discuss birth control, pregnancy protection, and/or medications to prevent sexually transmitted infections (STI)?	Yes No Not Sure

The following questions are related to the **advocate** who provided additional services:

Did the advocate discuss the exam process with you?	Yes No Somewhat
Do you feel as though the advocate listened to you and took your concerns seriously?	Yes No Somewhat
Do you feel as though the advocate was supportive and caring?	Yes No Somewhat
Are you familiar with the services offered by our agency?	Yes No Somewhat

The following questions are related to **police officer/investigator** present:

Did the officer listen to you?	Yes No
Did the officer offer any referrals?	Yes No Not Sure
Did the officer explain the investigation process to you?	Yes No Somewhat
Did you feel that the officer was supportive and understanding?	Yes No Somewhat

Were you referred to any other services following the exam?

Was there anything you felt you needed but did not receive?

What information or service did you find the most helpful, if any?

Is there anything else you would like to share about this experience?

**We are also hoping to follow-up with you in a few months. Would you be comfortable with this? The follow-up survey information would also be confidential.**

Yes \_\_\_\_\_  
No \_\_\_\_\_  
Unsure \_\_\_\_\_

**Law Enforcement Survey**  
**Officer's name** \_\_\_\_\_

*Questions related to the exam*

Did you have the information you needed in order to respond?

Did the nurse responding to the call:

Display respect for the victim	Y	N	NA
Communicate clearly with the victim	Y	N	NA
Display compassion for the victim	Y	N	NA
Display an understanding of the victim's experience	Y	N	NA
Provide information to the victim on health issues/follow-up	Y	N	NA
Explain information concerning Victims Compensation Assistance	Y	N	NA

Comments/Concerns:

Did the advocate who responded to the call:

Display respect for the victim	Y	N	NA
Communicate clearly with the victim	Y	N	NA
Display compassion for the victim	Y	N	NA
Display an understanding of the victim's experience	Y	N	NA
Provide information to the victim on next steps/services	Y	N	NA
Explain information concerning Victims Compensation Assistance	Y	N	NA

Comments/Concerns:

Did you have any concerns about the ER staff and/or SART members during the exam and interview process?

Is there anything else you would like to share about this particular case?

*Questions related to your experience in law enforcement*

1. How long have you been in law enforcement?
  - a. 0-5 years
  - b. 6-15 years
  - c. 16-20 years
  - d. 20+ years

How many years in this county?

- a. 0-5 years
  - b. 6-15 years
  - c. 16-20 years
  - d. 20+ years
2. How many sexual assault cases have you been responded to in this county?
    - a. 0-5
    - b. 6-15
    - c. 16-20
    - d. 20+

*Questions related to your role on the SART*

1. What is your greatest challenge with SART cases?
2. What is your greatest need as a SART member?
3. Are there any areas for growth or possible changes that could be made to the program to address effectiveness or efficiency?

Initials of Interviewer \_\_\_\_\_

## SART Nurse Survey

Nurse's Name \_\_\_\_\_

*Questions related to the current exam*

Did you have everything that you needed to perform the exam (cart stocked, supplies available)? \_\_\_ Yes \_\_\_ No

I am going to state **various services that are often offered to victims**, please tell me if you provided them, did not provide them or they were not applicable. Also note if the service was provided by someone else (i.e. ER doctor)

Information about genital injury care	Y	N	NA
Information on sexually transmitted infections (STIs)	Y	N	NA
Information on HIV/AIDS	Y	N	NA
Prophylaxis for STIs	Y	N	NA
Prophylaxis for HIV/AIDS	Y	N	NA
Discuss risk of pregnancy	Y	N	NA
Conducted a pregnancy test	Y	N	NA
Prophylaxis for pregnancy (Emergency Contraception)	Y	N	NA
Post exam instructions; including injury care, medications and care	Y	N	NA
Explain information concerning Victims Compensation Assistance	Y	N	NA

Comments:

Did the **officer or investigator** who responded to the call:

Display respect for the victim	Y	N
Communicate clearly with the victim	Y	N
Display an understanding of the victim's experience	Y	N
Provide information on the investigative process/ next steps	Y	N
Explain information concerning Victims Compensation Assistance	Y	N

Comments:

Did the **advocate** who responded to the call:

Display respect for the victim	Y	N
Communicate clearly with the victim	Y	N
Display compassion for the victim	Y	N
Display an understanding of the victim's story	Y	N
Provide information to the victim on next steps/services available	Y	N

Explain information concerning Victims Compensation Assistance

Y N

Comments:

What problems (if any) presented during this exam (process)

With victim

With Law Enforcement

With Advocates

With ER staff

Family member/friends

Other

Did you provide referrals to the patient/victim? If yes, to what services?

*Questions related to your experience as a sexual assault forensic examiner (SAFE)*

1. How long have you been a SAFE?

2. Where were you trained?  
When?

3. How many exams do you estimate you have completed as a SAFE?

4. Rate your experience/comfort with the exam process from 1-3 (scale)

<b>1</b>	<b>2</b>	<b>3</b>
Somewhat Experienced	Experienced	Very Experienced

5. Rate your level of comfort with the contents of the forensic exam kit. 1-3 (scale)

<b>1</b>	<b>2</b>	<b>3</b>
Somewhat Comfortable	Comfortable	Very Comfortable

6. Rate your comfort level with using the Med scope 1-3, (scale)

<b>1</b>	<b>2</b>	<b>3</b>	<b>Do Not Use</b>
Somewhat Comfortable	Comfortable	Very Comfortable	

7. Rate your comfort level with using the digital camera 1-3, (scale)

<b>1</b>	<b>2</b>	<b>3</b>	<b>Do Not Use</b>
Somewhat Comfortable	Comfortable	Very Comfortable	

*Questions related to your role on the SART team*

1. What is your greatest challenge as a SART nurse?
2. What is your greatest need as a SART member?
3. What changes would you suggest to the program?

Is there anything else you would like to share about this exam/experience?

Initials of interviewer \_\_\_\_\_

**Advocate Survey**  
**Advocate's Name** \_\_\_\_\_

*Questions related to the exam:*

1. Did the nurse have everything that was needed to perform the exam (cart stocked, supplies available)? \_\_\_ Yes \_\_\_ No; explain \_\_\_\_\_
2. Did you have everything you needed to respond to the exam?  
 \_\_\_ Yes \_\_\_ No: explain \_\_\_\_\_
3. How long was the victim at the hospital prior to your arrival? \_\_\_\_\_
4. How long did the entire process last? \_\_\_\_\_

What services did you provide to the victim:

Information about WIN	Y	N	NA
Supportive counseling	Y	N	NA
Information about follow-up process	Y	N	NA
Support for family and friends of victim	Y	N	NA
Explain information concerning Victims Compensation Assistance	Y	N	NA

Comments:

Did the nurse who responded to the call:

Respond to the call in a timely fashion (within a hour)	Y	N	NA
Display respect for the victim	Y	N	NA
Communicate clearly with the victim	Y	N	NA
Display compassion for the victim	Y	N	NA
Display an understanding of the victim's experience	Y	N	NA
Provide information to the victim on health issues/follow-up	Y	N	NA

Comments:

Did the officer who responded to the call display:

Display respect for the victim	Y	N	NA
Communicate clearly with the victim	Y	N	NA
Display an understanding of the victim's experience	Y	N	NA
Provide information on the investigative process/ next steps	Y	N	NA

Comments:



What concerns (if any) presented during this exam (process)

With victim

With Law Enforcement

With SART nurse

With ER staff

Family members/friends

Is there anything else you would like to share about this exam/experience?

*Questions related to your experience as an advocate*

1. How long have you been an advocate?
2. How many exams have you been involved in (approximately)?
3. Rate your level of comfort with SART cases: 1-3 (scale)  

<b>1</b>	<b>2</b>	<b>3</b>
Somewhat Comfortable	Comfortable	Very Comfortable

*Questions related to your role on the SART team*

1. What is your greatest challenge in the SART advocate role?
2. What is your greatest need as a SART team member?
3. How would you describe the program/team as a whole:
4. What changes to the process/ program would you suggest?

Initials of Interviewer \_\_\_\_\_

## Follow-Up Protocol and Process

### **I. Purpose:**

The principle purpose of this protocol is to establish guidelines and procedures to be followed by interviewers/researchers and other persons involved in the follow-up process after a forensic exam or SART services have been accessed. **Follow-ups provide a unique look at programming, victim response to service and can assess on-going needs.**

Other purposes and goals of the protocol are:

- To establish a routine follow-up process with SA victims, SART nurses, advocates and law enforcement officials during the initial phases of a SART exam/contact.
- To establish a longitudinal look at the needs and responses of the victims at four and eight months; in order to determine their needs and use of services in the long term following the trauma of a sexual assault.
- To increase the utilization of support and counseling services to victims following a sexual assault.
- To ensure that any concerns or overriding issues that might affect the operations of the program are addressed and corrected as needed, within the various systems and operation of the program.

### **II. Policy:**

Interviewer will provide a timely follow-up response of all cases that are referred for SART services.

Victims, law enforcement personnel, nurses, and advocates will be encouraged to participate as fully as possible, with the understanding that the process and results are confidential and to be used only to enhance response to victims using the SART services.

While the follow-up process will allow for enhancement of services to all systems involved, it's primary purpose is to make the experience following a sexual assault less traumatic for the victim and to facilitate the healing process.

### **III. Process**

- A. Four months, and preferably eight months, after a SART call and/or exam, a follow up survey will be conducted with the victim. A staff member that was not the responding advocate will attempt at least two contacts with a victim that has given permission for follow-up contact. In the event that the victim does not wish to participate in the survey or cannot be contacted, the advocate will thank her/him for her/his time and declare the follow-up unable to be made. (See

four- and eight-month surveys). Staff conducting follow-up contacts is encouraged to document any and all attempts and communications.

- B. At no time will a victim be forced to participate in the follow-up process. In addition, the victim is able to end the survey at any time.*
- C. Reports summarizing data collected from the follow-up process will be shared with the various stakeholders involved. The SART nurses will receive updates during the bi-monthly meetings and WIN advocates will receive information during staffing or case management meetings. The STOP coordinating committee will also be provided with an analysis of the follow-up findings. Law Enforcement officials will receive any updates during Roll Call trainings that are scheduled.
- D. Follow-ups will be used for the purpose of enhancing the program and providing support to those persons who need additional services or contact. Support to the nurses, advocates and law enforcement officials will be made available, as needed. In addition, follow-ups may be used to make revisions to the overall SART process or operation of the program, as it is applicable.

**SART program follow-up  
4-and 8-month victim survey**

\_\_\_\_ Four months \_\_\_\_\_

Date

\_\_\_\_ Eight months \_\_\_\_\_

Date

**Purpose:**

We are trying to gather feedback on the services provided by the nurse and others you may have come in contact with. This feedback is important to the program and is used to improve our services and make the process for effective and efficient for future victims.

**Procedure:**

I am going to ask you some questions about your experience with the SART team and your satisfaction for the care you received. As we talk, I will be taking some brief notes. It should only take about 2-5 minutes. If you would like to stop at any time, just let me know.

Are you willing to provide some feedback on the program?

(If no, ask if an advocate can contact the victim tomorrow? If, yes, proceed...)

**Confidentiality:**

Your feedback will remain confidential and no one will be able to identify you through the information. Any reports completed about the feedback the program receives will not include names or identifying information.

**Rights:**

Before we begin, I want to let you know that you may say no to any of the questions or end the survey at any time. Your decision whether to do the survey will not affect your relationship our agency, the services you receive from us, or impact your case in any way.

Do you have any questions before we proceed?

Do I have your permission to continue with the survey? \_\_\_\_ Yes \_\_\_\_ No

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Notes:

Are you familiar with the services offered by this agency? \_\_\_\_\_

Are you utilizing any of the services offered by this agency?

If yes, which services have you utilized/are you utilizing?

How would you rate your ongoing experience working with your current advocate ?

\_\_\_positive \_\_\_negative \_\_\_neutral \_\_\_not applicable

Has your case progressed in the criminal justice system?

What has been your experience with the criminal justice system with regard to your case?

How would you rate your ongoing experience with the police officer(s)/law enforcement?

\_\_\_positive \_\_\_negative \_\_\_neutral \_\_\_not applicable

Have you seen a healthcare provider for follow-up since the SART exam?

Are you currently visiting counseling or therapy services not provided through this agency?

Are you involved in any support groups related to sexual assault?

**Please respond to the following statements regarding your support networks and emotional well-being:**

My family has been very supportive and understanding

**1**

**2**

**3**

Not at all True

Somewhat True

Very True

**I'd Rather  
Not  
Answer**

My friends have been very supportive and understanding

**1**

**2**

**3**

Not at all True

Somewhat True

Very True

**I'd Rather  
Not  
Answer**

I still experience the following (circle all that apply):

Anger	Cry Easily	Distracted	Fear
Anxiety	Depression	Guilt	Nightmares
Inability to Focus	Insomnia	Physical Pain/Discomfort	Other (please explain):

Was there anything you felt you needed but did not receive after the exam? If yes, explain

What was the most helpful about the service you received?

Is there anything else you would like to share about this experience?

## Recommendations

### General Program Recommendations

1. Vicarious trauma and the impact of work with sexual assault victims by caregivers is another area of importance for nurses and advocates. The coordinator or director of the SART/SANE program should be aware of the signs and symptoms of trauma and burnout and assist nurses and advocates who seem to be struggling with these issues.
2. Team meetings should be mandatory and with a frequency that best fits the schedules of the team members. Law enforcement, nurses, and advocates should meet together regularly to discuss cases, difficulties, successes and areas they and the system need to work on in making the process run at its highest potential.

### Survey Recommendations

1. Survey tools for this project were attempted with victims 24-48 hours following a SART experience. In many cases, contact information was inaccurate, while in another several cases, the victims did not wish to complete the surveys. This was demonstrated by direct refusal to participate or by not returning phone messages.

- ✓ With this in mind, it might be helpful if program staff present the surveys directly following an exam and SART experience, while the victim is still available in the hospital. While there will still be victims who directly refuse to participate, there will be a greater percentage of completed surveys directly following an exam.
- ✓ Surveys took approximately 5-10 minutes to complete, and this could easily be done while the victim was waiting for discharge instructions.
- ✓ It is also possible to provide the survey to the victim after the exam along with a self-addressed stamped envelope that could be returned to the victim service center after being completed by the victim at their convenience.
- ✓ Surveys could also be done through a confidential service such as Survey Monkey or PollDaddy in order to increase response rate and time.

### Advocate Recommendations

1. Advocates are advised to keep extra clothes, brochures and various materials regarding services together in an easy to access place. Advocates should be aware of where these items are kept, and take a few moments to gather the necessary items prior to leaving for the exam.

2. Of the few victims who continued to receive services through WIN (33 percent), did so with the advocate present for the exam. This indicates that a relationship may have developed during the exam phase and the victim felt comfortable in continuing to work with the advocate whom they first met.

- ✓ While it is difficult to predict which advocate may be called to a SART exam, a direct contact name (for follow-up with counseling services) can be provided to the victim following the exam. It is also recommended to have an advocate provide phone contact with the victim within the first 12-24 hours, outlining general services and offering counseling and ongoing services.

### **SANE Recommendations**

1. Medical follow-up care with victims who did complete four month surveys, was limited to less than 40 percent reporting that they had contacted a provider for additional care. This remains a public health concern – advocates and nurses may want to encourage and remind victims to receive follow-up care after the initial exam.
2. Several of the nurses interviewed noted a need for ongoing training with the equipment, as well as performing the exams. There may be several weeks or months that pass between calls for exams, and nurses may have difficulty recalling each step.

- ✓ It is recommended that regular training, during meetings or throughout the year, be offered so nurses can re-familiarize themselves with procedures and equipment. **In addition there is a recently released DVD, called the "Sexual Assault Forensic and Clinical Management" that goes through SART training step-by-step.** This DVD is available through the International Association of Forensic Nurses ([www.iafn.org](http://www.iafn.org)) for a minimal fee, and it includes a virtual practicum that is based on the National Protocol for Sexual Assault Medical Forensic Examinations. Nurses can use this educational tool at their own pace to re-familiarize themselves with the exam process and procedures.
- ✓ SART nurses are also encouraged to join International Association of Forensic Nurses (IAFN) and the Keystone Chapter of IAFN in order to keep up to date with research materials, training and relevant changes to the field. For more information go to [www.iafn.org](http://www.iafn.org) or [www.kiafn.org](http://www.kiafn.org).

3. Length of time of the exam and process seemed to remain an issue. While there is no way to tell how long an exam might take, or what complications may arise, the victim

should be told that the process of evidence collection can take time, and frequent breaks should be offered, as long as they do not compromise the evidence

### **Law Enforcement Recommendations**

1. Although the response from victims, advocates and nurses was mostly positive in regards to Law Enforcement response, it would be helpful to provide on-going training to local and state policing departments. This could be done through roll call training, half day trainings, widespread distribution of PCAR's booklet "Police Response to Crimes of Sexual Violence," or a combination of the above.
2. Work with Law Enforcement officials to ensure timely response to follow-up surveys. Police were more than happy to comply with the surveys, but due to busy schedules, they were often unable to get in contact with project staff until days or weeks following an exam. This led to officers having trouble recalling details of the particular SART experience. If advocates were able to arrange immediate access to officials, the response rate of law enforcement might increase. This may be an excellent opportunity to format an online or mail-in survey to distribute to police officers and investigators.

### **Reflections and Plans for the Future**

Following the conclusion of the Special Initiatives project, WIN plans to continue using the initial survey materials to more effectively communicate with victims, nurses, advocates and law enforcement personnel. The materials provided a useful assessment of challenges, concerns and areas for growth.

Nursing staff and advocates will continue to receive regular updates regarding the results of the follow-up surveys. In the event that issues need to be addressed they will be brought to the various system(s) involved and possible solutions will be developed.

Information received from the surveys will also be used to develop ongoing training materials and programming for emergency room staff, law enforcement professionals and other agency partners. Trainings and programs will apply a multi-systems approach in order to better develop relationships and improve service delivery.

Information from the surveys will also be presented to the local STOP Coordinating Committee, where members can use the information to continue planning for ongoing services to sexual assault victims.

Discussion will continue in case management meetings with the goal of increasing contact with victims following SART services. Strategies will be employed to have advocates make personal contact with victims as soon as possible following an exam and experience.





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