

**Queensland Centre for Domestic and Family Violence Research**

*Insights from Literature*

**Sexual Assault Response Team**

**October 2018**



## **Sexual Assault Response Team (SART) Evaluation**

Queensland Centre for Domestic and Family Violence Research is currently undertaking an evaluation of a Sexual Assault Response Team (SART) in Townsville, Queensland. Specifically, the evaluation is exploring the role of the specialist sexual assault service within the SART model. The evaluation will support findings regarding implications of the specific SART in the trial location, and broader responses to sexual assault in Queensland over a two year period (July 1, 2017 to June 30, 2019). It will include lessons to inform best practice for responding to people who experience sexual assault. This segment offers a summary of findings from literature relating to best practice responses to sexual assault, of which establishing a SART response is one.

### **About SARTs**

SARTs were first established in the USA during the 1970's, to improve the care of sexual assault victims, and increase reporting and prosecution rates for sexual crimes (Campbell, Patterson, & Bybee, 2012; Greeson & Campbell, 2012). SARTs provide victims with coordinated, inter-agency, holistic responses from the health system, sexual assault advocates, and the criminal justice system (Adams & Hulton, 2016; Cole, 2011). SARTs eliminate the need for sexual assault victims to approach different agencies individually to access the range of assistance and services they require (Bramsen, Elklit, & Nielsen, 2009).

There are currently hundreds of SARTs operating within the USA and Canada (Greeson & Campbell, 2015), and a small number in Australia. SART teams typically include sexual assault/forensic nurse examiners, police, medical examiners, prosecutors and victim advocates (Adams & Hulton, 2016; Calgary Communities Against Sexual Abuse, 2012; Cole, 2011; Greeson & Campbell, 2015; Victoria Sexual Assault Centre, 2014). They may also include social services, health care and mental health workers, educational organisations and forensic laboratories (Adams & Hulton, 2016; Greeson & Campbell, 2015). Coordination of these services has a significant impact on the immediate experience of sexual assault victims and enables careful, thorough collection of evidence to build a solid case against the perpetrator (North Carolina Coalition against Sexual Assault, 2018).

## **Best Practice Elements**

Elements of best practice for responding to victims of sexual assault identified in literature include:

### **Integrated, multi-agency responses:**

- adequate and securely resourced whole-of-government approach, including prevention and criminal justice responses,
- multi-agency, collaborative and coordinated responses that comprise specialised sexual assault services, including community-based services,
- clearly defined practice standards, roles, protocols and communication processes across all relevant agencies, and
- professional development across agencies, including education and prevention strategies developed by specialist and community-based sexual assault services.

### **Victim-centred response:**

- driven by, and focused on the rights and needs of victims, including their safety, physical and psychological needs, for both recent and historical assaults,
- respecting the victim's right to privacy and confidentiality, security and informed decision making/choice,
- flexible and responsive system with customised service-delivery models, and holistic, individualised services that respond to the multifaceted needs of victims,
- victim-focused and trauma- and violence-informed,
- supporting victims' safety and wellbeing,
- ensuring victims understand their rights, and
- providing victims with control and choice in the options they take.

**Inclusive services:**

- responding to victims in a non-judgemental, sensitive way, considerate of their language, culture, age, disability, gender, sexuality and location,
- specialised services for populations who experience particularly high rates of sexual assault, and
- supporting women and other vulnerable groups including Indigenous women, women with disability, people who have witnessed partner violence or experienced abuse as a child.

**Evidence-based practice:**

- responses must be driven by internationally recognised public health principles, and
- use a variety of collaborative, evidence-based approaches to service delivery.

For further information on best practice elements, please refer to the following sources:

(Hegarty, et al., 2017; KPMG, 2009; Macy, Martin, Ogbonnaya, & Rizo, 2018; Queensland Government, 2014; Queensland Sexual Assault Services, 2010; Wilson & Klein, 2005).

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