



Sexual Assault Protocol Guide for Pennsylvania STOP Grantees

This project was supported by Subgrant Numbers: 2020-WF-AX0038, 15JOVW-21-GG-00547-MUMU and 15JOVW-22-GG00447-MUMU awarded to PCCD by the Federal Office on Violence Against Women, U.S. Department of Justice's STOP Formula Grant Program. The opinions, findings, conclusions and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the reviews of the Commonwealth of Pennsylvania or the U.S. Department of Justice.

Introduction and Guidelines for Use

The following tool is a guide to assist counties receiving funding under the STOP Formula Grant Program in developing the required Sexual Assault Response Protocol. Pennsylvania Commission on Crime and Delinquency (“PCCD”) realizes that the implementation of response will vary by county depending on the resources, processes and staffing available. To meet the needs of all Pennsylvania communities, this intentionally detailed guide and linked resources can be used to create a new protocol, or can supplement or replace portions of existing protocols. This document can be used by jurisdictions with or without current STOP funding.

Why does PCCD require a protocol for sexual assault response?

Pennsylvania uses its STOP Formula Grant Funding to promote a holistic, coordinated and multidisciplinary response to sexual assault. The collaboration required of stakeholders in the justice system and allied systems, including prosecution, law enforcement, victim services, human services, healthcare and other allies, demands that there be an agreement among these groups about the roles and responsibilities of each one as part of a county’s response to victims of sexual assault.

The creation of a response protocol is a valuable opportunity for diverse responders in a community to unite under a common goal of **keeping victims safe and holding offenders accountable for their abusive behaviors**. Response protocols are dynamic documents that should be refined as STOP Collaborative Teams gain experience through implementation and as best practices are identified.

How to use this tool for your jurisdiction

Protocols are tools to build upon and improve your jurisdiction’s response to sexual assault through collaboration and conversation among relevant stakeholders. This guide will serve as a template to help your jurisdiction in drafting its own sexual assault protocol. PCCD recognizes that Teams are at various levels of protocol development. **Therefore, it is not mandatory for your jurisdiction to adopt this template verbatim; however, all STOP Teams must refer to this document to ensure a wholistic response to sexual assault is reflected in their protocols.**

Dual teams (teams addressing both sexual assault and domestic violence) should choose which set of protocols they want to develop first. Although many of the responders addressing domestic and sexual violence are similar, the procedures, evidence, and court processes are very different. Even the needs of victims can vary significantly between a sexual assault case and a domestic violence case.

Throughout the document, there are sections in [brackets and highlighted with a blue background] intended to be addressed by individual STOP teams. These sections include examples and/or prompts, as well as *links to resources* (links are italicized and underlined) to encourage conversation and assist in drafting. Applicable example language may be adopted verbatim. Once highlighted sections are edited or discussed by the Team, **remove the blue background**. Completed protocols should have no blue sections remaining.

The protocol guide uses size 12 Ariel font. Any acronyms should be spelled out in their entirety and explained upon first use. The terms “survivor” and “victim” are used together and interchangeably throughout the document, depending on context. To update the table of contents after you have made substantive changes to the document, highlight the table, right click, and choose “update field”.

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Section 1: Basic Components

A. Purpose of Sexual Assault Response Protocols

This protocol serves as a collaborative tool for multidisciplinary STOP Teams (referred to as “Team” throughout) to improve the experiences of victims and survivors they serve, while also holding offenders accountable. [\[Review Effective Collaboration for SART / STOP Teams – Using Mission and Goals to Cultivate Meaningful Change\]](#). All sexual assault protocols should have a purpose section that succinctly expresses the mission and goals of the STOP Team in creating a coordinated, community response to sexual violence crimes. Mission statements should be a memorable one to two sentences that describe, “*who, what we do and how, for whom*”. Team goals should be narrowly tailored, measurable, and achievable. General information about drafting your own sexual assault protocol is available through the [National Sexual Violence Resource Center](#) (“NSVRC”). Review [Best Practices in the Criminal Justice Response to Domestic Violence and Sexual Assault: Guidance for CCR/SART Response Protocols](#).

B. Partners Involved in the Response

A collaborative response to sexual assault requires that stakeholders from the justice system, social services, healthcare, protective services, and victim services work together in a trauma-informed, survivor-centered manner to increase victim safety and hold perpetrators accountable. This process involves identifying appropriate partner responders, making sure each partner understands the mission of the organizations represented on the team, identifying when the responders may become involved in the sexual assault response, and outlining the response steps that each partner will take.

1. STOP Collaborative Team Required Membership

It is recommended that those participating on this team have the appropriate subject matter expertise and decision-making authority necessary to fully participate on the STOP Team.

[Jurisdiction/ county] STOP Sexual Assault Team

The Director or designee of [the local sexual assault program]	[Insert name]
The Director or designee of [the local domestic violence program]	[Insert name]
The District Attorney of [county name]	[Insert name]
The Chief Adult Probation Officer or designee of [jurisdiction]	[Insert name]
The Chief Juvenile Probation Officer or designee of [jurisdiction]	[Insert name]

The Pennsylvania State Police Station Commander or designee	[Insert name]
The Chief of Police or designee of the major police department(s) in [county name]	[Insert name]
Healthcare Representative from [facility that provides forensic exams in community]	[Insert name]
Sheriff or designee of [jurisdiction]	[Insert name]
[Add additional members, as needed]	

2. STOP Collaborative Team Suggested Membership

It is encouraged for STOP Teams to include additional stakeholders in their collaborative community response. [Directions: Reflect with your STOP team about which types of organizations and stakeholders you would like to see become a part of the Team and why their participation would benefit victims and survivors of sexual assault in your community. For example, if there is a migrant farm worker population in your community, having the participation of an organization that has already earned the trust of that population would be beneficial in connecting their clients with the other STOP Team organizations. This section can also help identify where there are gaps in available services and where victims fall through the cracks.]

Child Advocacy Center Representative	Public Defender
Dispatch Representative	Medical Advocate
Healthcare Administrator	Judicial / Court Staff
County or municipal official	Area Agency on Aging (“AAA”)
Child/Adult Protective Services	Victim/Witness Coordinator
Sexual Assault Nurse Examiner	State Parole Agent
Civil Legal Attorney	Mental Health Services
Community Social Services	Survivor-leaders
Disabilities Organizations	Community agencies serving underserved populations
Culturally-specific organizations	Coroner or Medical Examiner with specialty in sexual assault
Representative from community schools, colleges, and/or universities	Representative from each hospital in the community (ideally, a sexual assault nurse examiner or emergency department provider)
Representatives from local faith communities	[This list is not exhaustive. Add additional representatives per your jurisdiction’s needs.]

C. Guiding Principles

The following set of philosophies and principals should guide your work as sexual violence responders. This information should reflect how to best serve victims and survivors.

1. Trauma-Informed Approach

Adults and minors who have experienced sexual violence are survivors of trauma. Experiencing trauma can have long-lasting mental, behavioral, and physical health implications. The trauma survivors have experienced may hamper their ability to fully engage in certain triggering activities, such as interacting with the court system. According to the Center for Mental Health Services, a trauma-informed approach is based on the recognition that many behaviors and responses expressed by survivors are directly related to traumatic experiences. Therefore, all members of the organization or system should have a basic understanding about trauma and its effect on families, groups, organizations, and communities as well as individuals.¹

[Stop Teams may explain concrete ways which your STOP Team incorporates a trauma-informed approach when responding to sexual violence. A trauma-informed approach requires adjusting practices to decrease the likelihood of survivor re-traumatization. One example is ensuring that law enforcement partners always allow an advocate into the interview space with a survivor who requests one. This short video about trauma may be helpful in drafting the remainder of this section. Pennsylvania Coalition Against Domestic Violence (“PCADV”) has created a two-part webinar that provides advocates with information about trauma-responses and the impacts of secondary trauma. Pennsylvania Coalition Against Rape (“PCAR”) has an online learning campus, with modules such as, “The Brain, the Body, and Trauma”. The Substance Abuse and Mental Health Services Administration (“SAMHSA”) has also published resources about trauma-informed practices.]

2. Survivor-Centered Approach

A survivor-centered approach seeks to empower victims and survivors by prioritizing their rights and needs. The foundation of this approach is trusting the survivor, honoring their experiences and respecting their decisions. This is accomplished by ensuring victims and survivors are connected to appropriate, accessible, and quality services.

¹ Substance Abuse and Mental Health Services Administration (2014). *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services Administration; see also, Nicole C. McKenna & Kristy Holtfreter (2021) *Trauma-Informed Courts: A Review and Integration of Justice Perspectives and Gender Responsiveness*, Journal of Aggression, Maltreatment & Trauma, 30:4, 450-470, DOI: [10.1080/10926771.2020.1747128](https://doi.org/10.1080/10926771.2020.1747128).

[Stop Teams may provide concrete examples of how your STOP Team has or plans on implementing a survivor-centered approach. The Center for Justice Innovation has published several related resources that may be helpful in drafting this section.]

3. Victim Safety and Offender Accountability

[Stop Teams may explain the importance of victim safety and offender accountability in sexual assault cases. Explore reasons for underreporting, various victim responses and the importance of first contact with the victim. Explore reasons for lack of offender accountability, resources available for offender accountability, and the importance of first contact with offender. Describe how your protocol ensures that these needs are met.]

4. Coordinated Community Response

A Coordinated Community Response (“CCR”) to sexual assault engages a network of community services and systems to provide comprehensive support for victims and survivors. The goal of a CCR is to help victims and survivors access multiple vital resources without adding further stress or complication to the process.² Collaboration can reduce repeated and unnecessary questioning of the victim, help ensure the physical and psychological well-being of the victim, and can increase effective collection, documentation, and preservation of evidence.

[Review PCAR’s virtual training series Effective Collaboration for SART/ STOP Teams. Teams may respond by differentiating how the response to sexual assault differs from other crimes; explain how sexual assault impacts the community; and how each stakeholder can play a vital role in protecting victims and their families and holding offenders accountable. Elaborate on any special situations in your jurisdiction where setting-specific CCRs exist or may be appropriate. This may mean a university campus-based CCR or as a specialized subgroup of an existing STOP Team.]

4a. Managing Team Conflicts

Members of the Team are intended represent a variety of organizations and backgrounds. While diversity is an asset for any STOP Sexual Assault Response Team, it can also create friction and pose conflicts. Despite the Team sharing interdependent goals, a particular proposal or policy may be perceived to work against the interest of one or more Team agencies. Situations may also arise where a member of the Team or colleague of a Team member agency is involved in a sexual violence case. Failing to plan for, address, and adequately resolve conflicts will diminish the Team’s overall effectiveness.

Tips for overcoming conflict

² Shorey, R. C., Tirone, V., & Stuart, G. L. (2014). Coordinated Community Response Components for Victims of Intimate Partner Violence: A Review of the Literature. *Aggression and violent behavior*, 19(4), 363–371. <https://doi.org/10.1016/j.avb.2014.06.001>

Be open: Address problems openly instead of letting them fester and go unresolved.

Stay Focused: Adhere to a decision-making philosophy that is grounded in ensuring the best interest of the survivor and community at-large.

Clarify interests: Team members should explore opposing viewpoints and attempt to find common ground, all the while maintaining the best interests of the survivor. Engaging conflicts in this manner can help build a sense of team identity and overcome historic tensions between disciplines.

Generate options: If the Team is unable to find common ground on an issue, consider developing evidence-based protocols based on exceptional cases.

Find the middle ground: Encourage those with opposing opinions to identify their best alternative recommendation while factoring in costs, time, outcomes, compliance issues, and the best interests of the survivor.

Be patient: Recognize that not all issues lend themselves to an immediate resolution.

(Adapted from the Office for Victims of Crime)

[Directions: Teams should review Effective Collaboration for STOP/SART Teams – *Influence and Intention: Positively Using Power in SART/STOP Teams*. Teams should discuss and consider formalizing their own personnel conflict protocol in order to preserve survivor confidentiality and ensure prompt service of protection orders.]

D. STOP Certification Guidelines and Victim Protections

The following information includes essential statutory protections for victims and survivors of sexual assault that STOP Grantees must adhere to, as well as related state programs designed to assist victims of crime. STOP funds should be used serve adult and youth (age 11-24) who are victims of domestic violence, dating violence, sexual assault, or stalking. STOP funds can also be used to assist victims of domestic violence, dating violence, sexual assault, or stalking who are also victims of severe forms of trafficking in persons; adult survivors of child sexual abuse; and victims of domestic violence, dating violence, sexual assault, or stalking who are also victims of female genital mutilation or cutting, or forced marriage. 34 U.S.C. §12291 (b)(14).

1. Prohibition Against Polygraphing

The 2005 reauthorization of VAWA (“Violence Against Women”) prohibited jurisdictions that receive STOP Violence Against Women Formula Grant Program (“STOP Grant”) funds from asking or requiring adult, youth or child victims of sexual assault to submit to a polygraph examination or other truth telling device as a condition for proceeding with an investigation into the crime. 34 U.S.C. § 10451. Additionally, a victim’s refusal to

submit to such an examination must not prevent the investigation of the crime. 28 CFR § 90.16. PCAR outlines the harms of using polygraphing testing on sexual assault survivors in a position statement.

2. Victim Rights Related to Forensic Evidence

STOP dictates that victims cannot be required to participate in the criminal justice process in order to be provided with a forensic rape exam. 42 U.S.C. § 10607. Pennsylvania affords victims a set of protections under the Sexual Assault Testing and Evidence Collection Act of 2019 (“SATEC”) that satisfy this requirement and provide additional safeguards.

In part, the SATEC allows victims to report their sexual assault anonymously and have a forensic evidence kit collected and tested anonymously. Victims can consent to be notified by law enforcement when their evidence kit is submitted to the lab for testing, when the lab receives a request to compare the evidence against an existing profile, if a match is found, and of intended destruction of the evidence kit. Law enforcement in custody of the evidence kit must collaborate with a sexual assault counselor to employ best practices when notifying victims about the status of evidence. Additional related protections include:

- victims cannot be prevented from having evidence collected;
- victims have the right for their evidence kit to be preserved at no cost for the duration of applicable statute of limitations; and
- victims must be informed in writing about policies governing the collection and preservation of the evidence kit. To learn about the SATEC, review PCAR’s SATEC fact sheet. The SATEC is also covered in **appendix 1**.

<u><i>The Sexual Assault Testing & Evidence Collection Act: Anonymous Reporting Updates</i></u>
This PCAR virtual learning module provides an overview of how to explain anonymous reporting and testing options to a victim and how to accurately complete the form and carry out the anonymous testing and reporting process.

3. Forensic Medical Exam Costs, Victim Compensation

Under STOP, victims cannot be billed for their rape exams – either directly or through insurance. Victims cannot be required to participate in the criminal justice system or cooperate with law enforcement as a condition of receiving a forensic rape exam. States must coordinate with healthcare providers to notify victims of the availability of rape exams at no cost to the victim.

In Pennsylvania, the SATEC dictates that victims are not charged for forensic rape exams or are required to report the crime in order to obtain one. The exam includes treatment for possible exposure to sexually transmitted infections, emergency contraception, and information about accessing follow-up care.

As a payor of last resort, Pennsylvania's Victims Compensation Assistance Program ("VCAP") can reimburse insurance co-pays, out-of-network expenses, and other out-of-pocket costs of at least \$50. The crime must have occurred in Pennsylvania and be reported to proper authorities, or filed as a protection order. The victim must cooperate with law enforcement and VCAP, and file their claim within five years of the crime. To learn more about VCAP, review resources created by PCCD and PCAR.

4. Prohibition against fees for serving protection orders, filing criminal charges

Victims of domestic violence, dating violence, **sexual assault** or stalking are not charged certain costs associated with criminal prosecution or protection orders. 42 U.S.C. § 10450.

5. Additional Prohibited Practices

- STOP grantees cannot offer pre-trial diversion to offenders or require mediation or couples counseling in DV/SA cases;
- place batterers in "anger management programs" instead of Batterer Treatment Programs;
- penalize or impose sanctions on victims for failure to testify against their abuser/perpetrator;
- employ procedures that compromise the confidentiality of information or safety of people receiving STOP-funded services; or
- employ procedures or policies that exclude victims from receiving safe shelter, services based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children.

6. Evidence-based Prosecution

In order for a prosecutor's office to be eligible to receive STOP grant funds, the head of the office shall certify, to the State, Indian Tribal government, or territorial government receiving the grant funding, that the office will, during the 3-year period beginning on the date on which the grant is awarded, engage in planning, developing and implementing—

- training developed by experts in the field regarding victim-centered approaches in domestic violence, sexual assault, dating violence, and stalking cases;
- policies that support a victim-centered approach, informed by such training; and
- a protocol outlining alternative practices and procedures for material witness petitions and bench warrants, consistent with best practices, that shall be exhausted before employing material witness petitions and bench warrants to obtain victim-witness testimony in the investigation, prosecution, and trial of a

crime related to domestic violence, sexual assault, dating violence, and stalking of the victim in order to prevent further victimization and trauma to the victim. 34 U.S.C. § 10454

*Additional information on victim protections and STOP certification guidelines is available in **appendix 1**.

Offender Release Notification
PA SAVIN is <u>Pennsylvania's automated victim notification system</u> . As a victim of crime, this service provides victims with free, confidential notification regarding an offender's release, transfer or escape. The PA SAVIN service includes offenders under the supervision of county jails, state prisons, and state parole.
For offenders in county jail, victims can apply <u>online</u> to receive notifications when the offender is released, if the offender escapes, or if the offender is transferred to another location.
For offenders in state prison or on state parole, victims can receive notifications from the Victim Advocate regarding transfers, release, escape and other types of custody changes. Victims can also express concerns about the release of the offender. To register, contact the <u>Office of the Victim Advocate</u> at (800) 322-4472, (800) 563-6399, or (877) 349-1064 (TDD) during regular business hours.

E. Confidentiality

1. Why is confidentiality important?

Confidentiality of information is essential to victim and survivor safety. It is important to provide victims and survivors with a reasonable expectation of confidentiality and take best efforts to maintain confidentiality on their behalf. When victims and survivors are assured their confidentiality will be respected, they will be empowered to disclose the details necessary to allow for effective safety planning and advocacy.

Each representative on the team operates within different parameters regarding the information they may share with the team, as well as their obligations as mandated reporters. Some of these parameters are defined in law and others by policy. Each team must define the parameters for confidentiality among its members. Victim and survivor safety must be the keystone of team confidentiality discussions.

Confidentiality Resources
<u>Parameters of Privilege and Confidentiality when Collaborating with Community Partners</u> (Pennsylvania Coalition Against Rape) <u>Strengthening Sexual Assault Victims' Right to Privacy</u> (The Office for Victims of Crime)

- [Confidentiality Toolkit](#) (The Danu Center for Strategic Advocacy's Confidentiality Institute)

2. What does confidentiality look like in practice?

Under Pennsylvania Law, sexual assault programs and their advocates have a legally privileged relationship with the victims and survivors they serve, meaning a counselor advocate cannot breach confidentiality and be required to reveal confidential communications with a victim or survivor without their prior, written consent. Survivors may share any information they want with whomever they want.

Protecting confidentiality is essential to ensuring a survivor's safety. In addition to programs that fall within the scope of legal privilege, programs that receive funding pursuant to the VAWA, the Family Violence Prevention Services Act ("FVSPA") or the Victims of Crime Act ("VOCA") must *adhere* to additional federal confidentiality requirements that further protect the information exchanged between a sexual assault program counselor or advocate and the victim from disclosure. Team members must be cautious about what information they share and with whom, so the survivor's right to confidentiality is protected. ***To be clear, confidentiality policies are intended to protect the rights of victims and survivors, not the stakeholders they interact with.***

Finally, Pennsylvania has additional laws that extend similar protections to domestic violence and human trafficking counselors/advocates that establish further protections for victims of crime.

*Confidentiality statutes are available in **appendix 1**.

[Address Confidentiality Program](#)

The Pennsylvania Office of the Victim Advocate's Address Confidentiality Program provides victims of kidnapping, domestic violence, sexual assault, human trafficking and stalking with an alternate mailing address to keep their actual home address out of public records where their perpetrator may find their location.

2A. Essential Elements of Confidentiality

- 1. Confidentiality:** Sexual assault counselor/advocates, as well as other members of the Team, have a duty of confidentiality to not share any communications or observations made while providing services to a victim of sexual assault. A victim of sexual assault has the choice as to whether a counselor/advocate can disclose confidential information to another individual/agency. Each partner should make their confidentiality policy clear to other members of the team.
- 2. Legal Privilege:** In addition to a duty of confidentiality, sexual assault counselor advocates' communications with a victim is information subject to an absolute legal privilege that prohibits in-court testimony regarding these communications. Only the victim can waive their legal privilege in writing prior to any testimony being provided regarding these communications. The legally privileged relationship that exists

between counselor/advocates and victims is one of the six legally privileged relationships under PA law that include the attorney-client, psychotherapist-patient, and clergy/congregant privileges.

3. **Subpoenas:** Sexual assault programs will not respond to any subpoena requesting the communications and observations made while providing services to a survivor 42 PA C.S.A. § 5945.1 and will file a motion to quash unless the victim waives her/his legal privilege in a signed writing prior to their testimony.
4. **Parameters of Confidentiality Waivers/Releases:** The victim's consent to release information must be in writing and come from the sexual assault program – the source of the victim's privilege. The release must also include the following:
 - o the specific information to be released,
 - o to whom it will be released,
 - o dates of effect (this time is not to exceed thirty days from the date the release is signed),
 - o date of victim's signature
 - o and the purpose to be served through release of the information.*Blank forms should not be signed by victim or service provider.
5. **Outside Agency Collaboration:** STOP grantees and subgrantees may collaborate with or provide information to Federal, State, local, tribal, and territorial public officials and agencies to develop and implement policies and develop and promote State, local, or tribal legislation or model codes designed to reduce or eliminate domestic violence, dating violence, sexual assault, and stalking if:
 - o the confidentiality and privacy requirements of the STOP Grant program are maintained; and
 - o personally identifying information about adult, youth, and child victims of domestic violence, dating violence, sexual assault, and stalking is not requested or included in any such collaboration or information-sharing. 34 U.S.C. is §12291 (b)(3)
6. **Team Confidentiality Statement:** [Review Effective Collaboration for STOP/SART Teams – Information Sharing and Confidentiality in Collaborations. Draft a short statement about how your Team can/should manage sensitive information shared in meetings. Section 3 – Roles in the Coordinated Community Response includes role-specific confidentiality considerations.]

<u>Confidentiality: Sexual Assault Counselor Training</u>
Appropriate for all members of the Team, this PCAR virtual learning module provides a pertinent overview of the history and practice of confidentiality in Pennsylvania.

3. Selected Reporting Regulations in Pennsylvania

3A. The Child Protective Services Law

The Child Protective Services Law ("CPSL") requires a person who is a designated mandatory reporter under the law to make a report of suspected child abuse, if the person has reasonable cause to suspect that a child is a victim of abuse. 23 Pa. C.S. §§

6311 – 6320. Employees and volunteers of a sexual assault program who have contact with children in the course of their employment are mandated reporters who are required to make such a report, and therefore do not breach a victim's confidentiality by doing so. This exception to their duty of confidentiality and the legal privilege is only for purposes of making an initial report of child abuse/neglect. Only information relevant to the report should be shared. Making a report does not waive the victim's legal privilege regarding any other information provided outside the initial Childline report. Partners either need victim consent or a court order mandating disclosure to require a sexual assault counselor/advocate to reveal any protected information.

It is important that victims and sexual assault counselor/advocates understand the requirements of this law and what happens if they violate it. It is equally important that all members of the Team understand the requirements of this law and the parameters of sexual assault counselor/advocates ability to cooperate with partners and other agencies on certain investigations absent client consent. Pennsylvania Coalition Against Rape ("PCAR") provides training and technical assistance for sexual assault advocates and others on the issue of mandated child abuse reporting.

3B. Adult Protective Services Act

The Adult Protective Services Act ("APSA") provides protection for abused, neglected, exploited, or abandoned adults, aged 18-59, who have physical or mental impairments that substantially limit one or more major life activities. The APSA, in part, applies to facilities that use public funds to provide care and support to adults. The Pennsylvania Department of Human Services ("DHS") interprets "public funds" broadly to include any organization or group that uses any public funds from the federal, state, or county governments, or any other public funding sources. Some, but not all, members of the team may be mandatory reporters under the APSA. To read more about the APSA and how to report, visit PCAR's website.

3C. Older Adults Protective Services Act

The Older Adult Protective Services Act ("OAPSA") provides mandatory reporting procedures for "employees" that work at a "facility" as defined in the act. A voluntary reporting provision for those who have reasonable cause to believe an older adult (60 +) needs protective services is also included in the act. Sexual assault counselors and advocates have an absolute privilege pertaining to communications between the victim/survivor and the advocate. PCAR offers an online resource about the OAPSA.

Section 2: Background Information and Special Considerations

A. Sexual Assault Basics

1. Definitions

[Your Team should research, discuss, and agree upon a plain-language definition of sexual assault. EXAMPLE: *Sexual assault / sexual violence occurs when someone forces, manipulates, or coerces another person into sexual activity without their consent. This includes any type of unwanted sexual contact, harassment, exposure, or abuse, as well as attempts to commit sexual violence.*]

Pennsylvania law contains several criminal offenses that fall under the umbrella of sexual assault including:

- Rape (18 Pa. Cons. Stat. § 3121)
- Statutory sexual assault (18 Pa. Cons. Stat. § 3122.1)
- [The team should continue to list and hyperlink to the various sexual violence offenses codified in the Pennsylvania crimes code. **Appendix 1** includes citations, definitions, and links to Pennsylvania's sexual violence crimes.]

2. Legal Protections

In Pennsylvania, certain protections exist for survivors and victims of sexual assault, including:

- Pennsylvania Crime Victims Act: [All victims of crime in Pennsylvania are guaranteed a certain set of protections under this act. Briefly describe relevant portions here.]
- Protection from Sexual Violence or Intimidation Orders
 - **Sexual Violence:** [Draft short description, including who qualifies and what constitutes sexual violence under this law. More information is available in **appendix 1 and 2**.]
 - **Intimidation:** [Draft short description, including who qualifies and what constitutes sexual violence under this law. More information is available in **appendix 1 and 2**.]
- Protection from Abuse Orders: [Draft short description, including who qualifies and what constitutes abuse. More information is available in **appendix 1 and 2**.]

For victims with protection orders from other states, Pennsylvania courts will recognize and enforce valid protection orders from a foreign court under the full faith and credit portion of the PFA law 23 Pa.C.S. § 6104(a).

In [your jurisdiction], victims can obtain a protective order by [list all options available in your jurisdiction, along with known cut-off times and/or any other helpful jurisdiction-specific information].

The [person(s)/ office(s) that serve protective orders in your jurisdiction] typically serves the order. If there is a conflict, [alternative option] will serve the respondent a timely manner.

For protocol purposes, instances where the “respondent” / “defendant” or “petitioner” / “plaintiff” has ties to law enforcement, the court, or another related

public office are considered conflicts. Members of the Team should discuss how conflicts will be handled and identify alternative means of service ahead of time.

* A Pennsylvania protection order chart is available as **appendix 2**.

3. Sexual Assault Victimization

[Provide examples and information about sexual assault victimization, including information about the power and control dynamics involved. Teams may also discuss the overlap with other crimes, such as domestic violence. EXAMPLE: *Although sexual assault can be committed by a stranger, a person is more likely to be sexually assaulted by someone they know, such as a relative, partner, ex-partner, friend, co-worker, classmate, or date. Further, there is no stereotypical perpetrator and offenders come from all backgrounds. In the context of interpersonal violence, sexual violence is rarely an isolated incident, often occurring alongside other forms of abuse. In fact, the majority of women who are physically assaulted by an intimate partner have been sexually assaulted by that same partner.³ Additionally, there is a history of clergy-members, coaches, teachers, employers, and other trusted persons using their positions of authority to commit acts of sexual violence. The power imbalance and trauma unique to this type of abuse can make it especially difficult for victims and survivors to seek and receive the specialized help they need. It is vital sexual violence survivors are connected early with properly trained stakeholders, such as sexual assault advocates and sexual assault nurse examiners.*]

The Duluth Power and Control Wheel

The Duluth Power and Control Wheel has been adapted to fit different contexts, including sexual violence. These tools can be used to help explain the dynamics at play in abusive situations to stakeholders and survivors.

4. Confronting Bias

[Provide information about any implicit bias in sexual assault exhibited in your jurisdiction. Conclude with information about how your STOP Team can address this bias. The Start by Believing campaign may be beneficial in drafting this section. EXAMPLE: *Implicit bias has historically hampered criminal justice systems' response to sexual assault. This bias not only affects prosecution efforts, but can impact the community-at-large's perception of sexual assault. Sexual assault reports are often doubted and victims are blamed, or even shamed, for the abuse they have endured. In turn, victims blame themselves, contributing to the fact that a majority of sexual assaults are not reported to the police...*]

³ Taylor, L., & Gaskin-Laniyan, N. (2007). Sexual Assault in Abusive Relationships. *NIJ Journal*, (256). Retrieved from <http://nij.gov/journals/256/Pages/sexual-assault.aspx>.

The Intersection of Substances and Sexual Assault

Alcohol has long been used to help facilitate sexual assault. However, according to the United States Drug Enforcement Administration, drugs, such as flunitrazepam (Rohypnol) and other benzodiazepines, gamma-hydroxybutyrate (“GHB”), ketamine, cocaine, and methamphetamine have all been implicated in an increasing number of sexual assaults. Alcohol and drug use not only increase victim vulnerability, but can make it more difficult for a victim’s accusations to be taken seriously.

- *Aequitas: Alcohol-Facilitated Sexual Assault Who Needs Force When You Have Alcohol (Part 1)*
- *Aequitas: Alcohol-Facilitated Sexual Assault Who Needs Force When You Have Alcohol (Part 2)*
- *Aequitas: Alcohol- and Drug-Facilitated Sexual Assault: A Survey of the Law*

5. On the Ground Efforts

[Provide a general background on your jurisdiction’s criminal justice response to sexual assault including any relevant trends or statistics. Include relevant information on community demographics, and populations. If possible, include case statistics from the Team’s jurisdiction(s). Information from PCAR’s website may be helpful to assist in drafting this section.]

B. Strangulation

Strangulation is defined in Pennsylvania Law as when a person knowingly or intentionally impedes the breathing or blood circulation of another person by applying pressure to the throat or neck or blocking their nose and mouth. It includes suffocation and smothering. Despite often not having external signs of injury, strangulation is seriously dangerous. Studies show that strangulation co-occurs with sexual violence in 5 to 25% of cases but often goes undetected. The common factor is that abusers are able to exert power and control over their victim by controlling their breathing.

Strangulation is a serious and potentially lethal offense that should be addressed through a multidisciplinary approach. All members of the STOP Team must be aware of the signs and symptoms of strangulation, as well as the associated serious health risks. In their individual capacities, STOP Team members can help detect and address strangulation in sexual assault cases.

Connections Between Strangulation & Sexual Violence

This PCAR webinar explores the intersection of strangulation and sexual violence.

1. Pennsylvania Law

[Refer to 18 PA. Cons. Stat. Ann. § 2718 and provide a breakdown of Pennsylvania's strangulation law and affirmative defenses (statutes are also located in **appendix 1**. Your Team needs to clearly determine *when* such defenses when be considered. More information on Pennsylvania's strangulation law can be found on PCADV's website.]

2. Signs and Symptoms

1. Identifying physical symptoms of strangulation: [Your STOP Team should research and discuss the physical symptoms of strangulation including those that show external signs of injury and those that do not. Helpful resources can be found on PCAR's website, as well as through The Training Institute on Strangulation Prevention. *EXAMPLE: Red eyes or spots (petechiae), neck swelling...*]

2. Identifying victims' language around strangulation: [Your STOP Team should research and discuss how victims and survivors talk about strangulation, the common terms they use, and the physical and mental symptoms they report experiencing.]

3. The need for immediate medical response and evaluation, even when physical signs are not visible: Victims may look fine and say they are fine, but just underneath the skin there may be internal injury and/or delayed complications. Internal injury may take a few hours to be appreciated and is why an immediate medical response and evaluation is so important. The victim may develop serious bodily injuries from the strangulation, and these can even result in the victim's death hours or days after the initial incident.⁵ It is important that survivors are seen by SANEs whenever possible, as they have received specific training in strangulation assessment. SANE members of the Team can help train other members about strangulation.

<i>Strangulation & Sexual Violence – Serious Crimes, Serious Consequences</i>
This PCAR factsheet provides a primer on the signs of strangulation, Pennsylvania law, plus additional information on the intersection of strangulation and sexual violence.

C. Special Considerations

For a coordinated community response to sexual violence to be successful, the Team must ensure they are addressing the diverse needs of all victims and survivors in their communities. The following set of populations is not exhaustive and listed in no particular order. It is intended to highlight the ways in which your STOP Team can become more inclusive and responsive to the unique and intersecting challenges victims and survivors face. Collaborating with community-specific, culturally-specific organizations is essential for a successful response to sexual violence.

1. Human Trafficking Considerations

[Your STOP Team should summarize the information most relevant to victims and survivors in your community, including information about resources for human trafficking

victims available in or near your jurisdiction. Read about human trafficking on the Administrative Office of Pennsylvania Courts ("AOPC") website. *EXAMPLE: Sex and labor trafficking victims experience multiple layers of abuse, sometimes enduring sexual assault by multiple perpetrators over a prolonged period of time. STOP Sexual Assault Teams are in an excellent position to identify and support trafficking victims either directly or through thoughtful community referrals.*

Community Resources: *[EXAMPLE: The New Day Drop-In Center provides services to female-identifying survivors in Philadelphia. For referrals, call (267) 838-5866.]*

*For Teams who want a more detailed section on human trafficking, there is a supplemental basic human trafficking protocol guide included as **appendix 3**.

2. Older Adult Victim and Survivor Considerations

[Review resources pertaining to sexual abuse later in life, including PCAR's website, the National Clearinghouse on Abuse Later in Life, and the National Sexual Violence Resource Center. Your STOP Team should summarize the information most relevant to victims and survivors in your community. Your Team should also add any relevant laws and special programs available in your community that specialize in serving this population.]

EXAMPLE: Caretakers may sexually assault older adults. Older adults may be dependent on their abuser for emotional or financial support or housing...]

Community Resources:

3. Immigrant Victim and Survivor Considerations, Including Language Access

[Review resources pertaining to providing culturally responsive support for immigrant victims and survivors of sexual assault, such as those on PCAR's website. Your STOP Team should summarize the information most relevant to victims and survivors in your community. Your Team should also add any special programs available in your community that specialize in serving this population, as well as language access considerations. Read about language access on the AOPC's website. Additional resources that can help your CCR better serve this population can be located through the Nationalities Service Center.]

EXAMPLE: All sexual assault victims should be provided information regarding U-Visa relief, in the event that this information would be helpful. Even if this information is not helpful to them directly, the information is often passed on to others by word of mouth and can benefit others in the future. Persons with limited English proficiency ("LEP") and/or those who are deaf or hard of hearing have a right to be provided with proper accommodations by the court. Named parties in cases, witnesses, victims, or persons in loco parentis must be provided with an interpreter for free. The court must also provide translated materials at no cost...]

Community Resources:

4. LGBTQ+ Victim and Survivor Considerations

[Review resources pertaining to LGBTQ+ victims and survivors of sexual assault, such as *The Impact on Individuals and Communities - Sexual Violence and Those who Identify as LGBTQ* and others on PCAR's website. Your STOP Team should summarize the information most relevant to victims and survivors in your community. Your Team should also add any relevant laws and special programs available in your community that specialize in serving this population.]

EXAMPLE: *Always refer to victims and survivors by their preferred name and pronoun, even when speaking to others...*

Community Resources: [EXAMPLE: *The Bradbury-Sullivan LGBTQ+ Community Center provides direct services in Allentown. All referral inquiries should be sent to Referrals@BradburySullivanCenter.org.*]

5. Male Victim and Survivor Considerations

[Review resources pertaining to male victims and survivors of sexual abuse, including those found on RAINN's website and through NSVRC. Your STOP Team should summarize the information most relevant to victims and survivors in your community, making sure to mention any special programs available in your community that specialize in serving this population.]

EXAMPLE: *Many male victims focus on the sexual aspect of the assault and overlook other elements such as coercion, power differences, and emotional abuse. Broadening their understanding of sexual assault may help reduce their self-blame...*

Community Resources:

6. Considerations for Victims and Survivors with Disabilities, Including Physical, Developmental, and Intellectual Disabilities

[Review resources pertaining to the intersection of sexual abuse and disabilities, such as PCAR's online curriculum, *SAFE – A Personal Training Safety Training Guide for Adults with Disabilities* and information from NSVRC. Your STOP Team should summarize the information most relevant to victims and survivors in your community. Your Team should also add any relevant laws and special programs available in your community that specialize in serving those with disabilities, as well as information related to court and resource access.]

Community Resources:

7. Considerations for Victims and Survivors of Color

[Review resources pertaining to victims and survivors of sexual abuse of color, such as those offered through *Black Women's Blueprint*, *National Black Women's Justice Institute*, *Esperanza United*, *API-GBY*, and the *US Department of Justice*. Your STOP Team should summarize the information most relevant to victims and survivors in your community.]

Community Resources:

8. Considerations for Incarcerated Victims and Survivors

[Review resources pertaining to sexual assault in jails and prisons, such as those on [PCAR's website](#) and through [NSVRC](#). Teams should make sure to include information about [the Prison Rape Elimination Act](#) ("PREA"). PCAR's [Understanding Rape in Prison](#) and information from [The National PREA Resource Center](#) may be helpful in drafting this section. Your STOP Team should summarize the information most relevant to victims and survivors in your community.]

Community Resources:

9. Considerations for Victims and Survivors Living in Rural Areas

[If there are rural areas in your jurisdiction, review resources pertaining to victims and survivors of domestic abuse living in rural areas, such as those on [Rural Health Information Hub](#) and [The National Center on Domestic & Sexual Violence](#). Your STOP Team should summarize the information most relevant to victims and survivors in your community, including information about situations where Pennsylvania State Police has jurisdiction.]

Community Resources:

10. Considerations for Victims and Survivors on College Campuses

[If there is a college or university campus in your jurisdiction, review resources pertaining to sexual assault on college campuses, such as those on [PCAR's website](#). Your STOP Team should summarize the information most relevant to victims and survivors in your community, making sure to address any additional laws, such as [Title IX](#).]

Community Resources:

[Additional special populations and/or access concerns in your jurisdiction.] Consider intersections with mental health and substance use, sexual assault on [military bases](#), and those [experiencing homelessness](#).]

Anti-Oppression Framework
An anti-oppression framework seeks to recognize power imbalances and develop strategies to curtail them. Sexual violence does not occur in isolation. Victims and survivors of sexual violence are affected by many forms of oppression , including racism , sexism, classism, heterosexism, ageism, ableism and others. These forms of oppression often compound the effects of sexual victimization, exacerbating the trauma and isolation victims and survivors experience.

Section 3: Roles in the Coordinated Community Response

Collaboration between members of the coordinated community response can facilitate the relationship-building necessary to make victims and survivors feel safe, while also holding abusers accountable. Each member of the CCR should be able to articulate the roles of other members to victims and survivors. [Directions: Review Effective Collaboration for SART/STOP Teams – Making the Most of Meetings and Retention and Engagement. PCCD understands that not all STOP Teams have the same stakeholder participation and that some of the key roles identified fall outside of Pennsylvania STOP Collaborative Team required membership. We encourage each member of the Team to complete their respective section and to work through relevant remaining sections together. Not all jurisdictions operate identically, irrelevant information may be changed or deleted.]

A. Dispatch

A1. Role in the Coordinated Community Response

Dispatch may be the initial point of contact for a survivor of sexual violence. [Briefly explain why information related to the role of dispatch is essential for your STOP protocol. It must address special considerations unique to your county. Please address how this serves and further contributes to an effective coordinated community response.]

A2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Provide a brief breakdown of at least two to four essential elements for a dispatcher communicating with a victim of sexual violence through a trauma-informed and victim-centered approach. Essential elements must include day-to-day examples of how persons in this field can apply a trauma-informed and victim-centered approach when interacting with victims and survivors. Please include any relevant statutes or local rules and/or procedures that may be involved.]

A3. Dispatcher Responsibilities

1. **Dispatcher Training Standards:** [Please address how dispatchers are maintaining training standards for sexual assault calls for service.]
2. **Victim's Rights:** [What standards are in place to ensure dispatchers understand Victims' Rights? Review the Pennsylvania Crime Victims Act (18 P.S. §11.101).]
3. **Confidentiality:** [Briefly describe the confidentiality restraints of dispatchers as they pertain to sharing sensitive information with the Team. Review Effective

Collaboration for SART/STOP Teams – *Information Sharing and Confidentiality in Collaborations.*]

4. **Dispatcher Contingencies for Delayed Responses:** [If your jurisdiction includes rural areas where immediate police/ambulance response is delayed, or when manpower is extremely limited, what contingencies are in place to address these shortcomings? How can dispatchers offer Safety Planning with victims of sexual assault during this crucial time?]
5. **Dispatcher's Checklist for Sexual Assault Calls for Service:** [Please ensure your protocol addresses information required for a dispatcher to obtain. Most dispatch centers have a *Dispatcher's Checklist* – please copy verbatim into your protocol. A sample dispatcher checklist is available on page 25 of this *PCAR resource*. EXAMPLE: A) *Dispatchers should first Identify special language access or needs, then confirm the victim's safety and medical needs; activate Emergency Medical Services as needed.*
B) *The dispatcher should ask if the victim has bathed, changed clothes, combed hair, brushed teeth, smoked, etc. If not, encourage them to wait until after the medical forensic exam has been completed, if possible...*]
6. **Language-Access Requirements:** Law enforcement communication systems should have procedures for receiving emergency calls from non-English speaking persons or those who are deaf or hard of hearing.⁴ [Please elaborate further on how dispatch addresses language-access concerns.]
7. **Additional Community-Specific Considerations:** [Please elaborate on the challenges experienced dispatching emergency personnel to incidents of sexual assault and how your STOP Team can collaboratively address and minimize these challenges?]

B. Law Enforcement

B1. Role in the Coordinated Community Response

Members of law enforcement promote safety for victims and survivors of sexual assault through trauma-informed, victim-centered investigations and case follow-up.

[Briefly explain why information related to the role of law enforcement is essential for your STOP protocol. It must address special considerations unique to your community. Please address how this serves and further contributes to an effective coordinated community response. The International Association of Chiefs of Police ("IACP") has many resources on its *website* to assist your STOP Team in drafting this section. EXAMPLE: *The best way to ensure an effective response in your community is to have a strong working relationship with a wide variety of agencies that can provide the various necessary services for victims and survivors of sexual assault...*]

⁴ The American Disabilities Act ("ADA") requires that law *enforcement communications systems* be equipped with a teletypewriter ("TTY") to accommodate emergency calls from deaf persons or persons who are hard of hearing.

B2. Essential Elements: Trauma-Informed and Victim-Centered Practice

Prioritizing a trauma-informed approach when interacting with victims and survivors of sexual assault is critical for members of law enforcement.

- [Provide a brief breakdown of at least two to four essential best practices for interacting with victims or survivors of sexual violence through a trauma-informed and victim-centered approach. Essential elements must include day-to-day best practice examples.]
- *EXAMPLE: All interactions should be handled in a trauma-informed manner in order to reduce chances of re-victimization, improve the quality of statements generated, and increase victim and survivor motivation to participate in the criminal justice process. Aspects of this approach include positive attitudes towards victims and survivors, a broad knowledge of interpersonal violence dynamics, and effective interview skills.*⁵
- *Ensure the victim's basic needs are addressed before we begin any interview questioning. This can include making sure they get something to eat, a coffee, water, aspirin, or even blanket or jacket to stay warm in a cold station.*
- *All interviewing officers implement trauma-informed interview skills. This generally means reframing questions that start with "why"; directives such as "explain to me..."; and requests for a chronological account with prompts such as "and then what happened?" (the IACP has a resource dedicated to trauma-informed interviewing techniques).]*

B3. Law Enforcement Responsibilities

1. **Law Enforcement Training Standards:** [Please address how law enforcement is maintaining training standards for handling sexual violence cases. Due to high rates of turn-over in the field, training on sexual violence issues must take priority and be on-going. Trainings should inform officers who they can turn to for assistance and guidance during the investigation of a sexual violence incident.]
2. **Victim Rights:** [What standards are in place to ensure members of law enforcement understand Victims' Rights? Review the Pennsylvania Crime Victims Act (18 P.S. §11.101).]
3. **Confidentiality:** [Review Effective Collaboration for SART/STOP Teams – Information Sharing and Confidentiality in Collaborations. Briefly describe the confidentiality restraints of law enforcement as they pertain to sharing sensitive information with the Team. Confidentiality during referrals is covered in part 7 below.]
4. **Safety of victim:** [Describe best practices for ensuring the safety of the victim when the offender is present and into the future.]
5. **Body-Worn Cameras:** [Please elaborate on the proper use of body-worn cameras when interacting with victims and survivors of sexual violence. Does

⁵ Karen Rich (2019) Trauma-Informed Police Responses to Rape Victims, *Journal of Aggression, Maltreatment & Trauma*, 28:4, 463-480, DOI: [10.1080/10926771.2018.1540448](https://doi.org/10.1080/10926771.2018.1540448).

your jurisdiction have a policy or protocol that addresses this? If so, provide it here. PCAR has published a resource on the use of body-worn cameras with victims of sexual violence. PCCD's statement on the use of body-worn cameras is available online.]

6. **Evidence Collection:** [Describe best practices for collecting evidence related to sexual assault, including what type of evidence to collect. EXAMPLE: *Officers should collect and preserve the following evidence that may be relative to the investigation or prosecution: a. Victim body: If the assault has occurred within 120 hours, encourage the victim to get a forensic medical exam. If the victim declines, request permission to collect all clothing the victim was wearing at the time of assault...*]
7. **Collaboration and Referrals**
 - a. [Explain the relationship between law enforcement and other members of the coordinated community response.
 - i. How can this be improved upon?
 - ii. What are barriers?]
 - b. Explain how referrals are made to other Team agencies and services.
 - i. Include information on Memorandums of Understanding ("MOU") with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.
 - ii. Include information about how confidentiality is maintained when making referrals and collaborating between Team agencies.]
 8. **Additional Community-Specific Considerations:** [Please elaborate on the challenges experienced by members of law enforcement who respond to sexual assault and how your STOP Team can collaboratively address and minimize these challenges?]

B4. Initiating Arrest in Sexual Assault Cases

[...]

B5. Trauma-Informed Evidence-Based Investigation

[Please review the supplemental law enforcement protocol guides addressing evidence-based investigations and initiating arrest in **appendix 4**. Your final protocol must include considerations for initiating arrest and evidence-based investigations in sexual assault cases – add this in sections B4 and B5 above. Under section 2017 of the 2022 VAWA Reauthorization, prosecutor's offices receiving STOP funding are required to engage in evidence-based practices when prosecuting sexual assault crimes.]

C. Healthcare Professionals

C1. Role in the Coordinated Community Response

Healthcare professionals, especially nurses and sexual assault forensic nurses (“SANE”), play an essential role in providing victims with access to vital medical services and may also be involved in collecting evidence.

[Briefly explain the role of healthcare professionals in the CCR and why information related to their role is essential for your STOP protocol. It must address special considerations unique to your community. The Department of Justice’s National Protocol for Sexual Assault Forensic Examinations may be helpful in drafting this section.]

Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings

The CDC has created this compilation of existing tools for assessing intimate partner violence and sexual violence victimization in clinical /healthcare settings.

C2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- Provide a brief breakdown of at least two to four essential elements for a healthcare professional treating and/or interacting with a victim or survivor of sexual violence through a trauma-informed and victim-centered approach. Essential elements must include day-to-day best-practice examples. The Trauma-Informed Implementation Resource Center lists several healthcare-related resources that may be helpful in drafting this section, as well as this toolkit published by the Health & Medicine Policy Research Group. STOP Teams may also find it useful to invite local medical advocates to assist in drafting this section. Please contact your local program for more information.]

C3. Role of Sexual Assault Nurse Examiner (“SANE”)

1. **Qualifications:** [Explain the Qualifications / Special Training required to be a SANE. Refer to the Pennsylvania Chapter of the International Chapter of Forensic Nurses (“IAFN”). Be sure to touch on the fact that SANEs do NOT need to be certified by the IAFN to perform the exam and that Pennsylvania does not have a SANE certification process.]
2. **Special skills:** [Explain differences between SANE trained nurses and other hospital staff.]
3. **Training requirements:** [Explain what additional standards are in place to ensure SANEs are receiving the most up-to date training opportunities.]
4. **Notification obligations:** [Explain the obligation of SANE/Hospital staff to notify police and Victim Service Providers. How does Act 71 of 2022, which creates an exception to reporting identifying information in sexual assault cases where the victim wishes to remain anonymous, factor in? Is there a Memorandum of Understanding (“MOU”) involved?]

C4. Healthcare Professional Responsibilities

1. Healthcare Professionals Training Standards: [Please address the specialized *sexual violence* training programs and/or initiatives implemented by medical professionals in your community.]

2. Priority of Assignments: [Describe the standards in place for when a sexual assault victim enters the hospital.]

a. **EXAMPLE:** *Timeliness: sexual assault should always be treated as an emergency.*

b. *All staff trained in trauma-informed response.*

c. *Survivors are immediately placed in a private room.*

d. *Community-based advocates are called upon arrival so they can explain their services in-person to the survivor.*

e. *Consent to treatment and exam.*

f. *Contingency plan for when a SANE is not available. This may mean using telehealth or reverting to care by an untrained provider.]*

3. Confidentiality: [Review Effective Collaboration for SART/STOP Teams – Information Sharing and Confidentiality in Collaborations. Briefly describe the confidentiality restraints of healthcare professionals as they pertain to sharing sensitive information with the Team. HIPAA may be referenced here. Confidentiality during referrals is covered in part 9 below.]

4. Mandated Reporting: [Briefly describe your mandated reporting procedure. Address the need to report child abuse when it is disclosed.]

5. Safety

a. **Safety of victim if offender is present:** [Describe best practices for ensuring the safety of the victim when the offender is present.]

b. **Safety planning with Victim:** [Describe best practices for a medical professional safety planning with a victim.]

6. Informed Consent

a. [Explain how informed consent is handled in your healthcare facility. What forms and consent processes exist?]

b. [Explain informed consent as it relates to evidence collection. **EXAMPLE:** *It is important for victims to understand the full scope of their consent to each exam procedure.*

i. *Victims may consent or withdraw consent for any portion of an exam at any time.*

ii. *Victims should be provided with all relevant information about the exam and what it will entail, in a language they fully understand, so they can make an informed decision about whether to accept or decline a procedure.*

iii. *The information provided to victims should help them weigh the possible implications of undergoing the exam, or portions of the exam, versus opting to forgo portions of the exam, or the entire exam, all together.*

1. *For example, positive implications for undergoing the exam may include improved quality of care (testing and prophylaxis for HIV, STIs, and pregnancy) and an*

enhanced ability for evidence collection to bolster a potential criminal case.

2. *Negative implications for undergoing the exam may include re-traumatization.*
3. *Negative implications for forgoing the exam may include losing possible forensic evidence...*

7. Sexual Assault Evidence Collection: [Refer to the [Pennsylvania Department of Health](#) to provide a short breakdown of best practices to comply with the minimum standards for sexual assault evidence collection. Include hyperlinks to specific forms, etc.]

- a. **Timeframe:** [include the [recommended timeframe](#) for a victim to receive an exam. Does your jurisdiction offer a longer window? If so, include that here. Include additional circumstances that may factor into this timeframe, as well.]
- b. **If no SANE available:** [Explain your healthcare facility's contingency plan for when no SANE is available. Perhaps this includes using telehealth services or reverting to an untrained healthcare provider?]
- c. **Medical Concerns Related to Sexual Assault:** [Example: STI, Pregnancy, etc. The CDC has published [resources on sexual assault, abuse and STIs](#).]
- d. **Payment for Sexual Assault Forensic Exam:** [Explain the options for paying for a SANE exam, including private insurance and [VCAP](#) eligibility.]
- e. **Payment for Post Assault Medication:** [Who pays for post-assault medication? This should be discussed with community healthcare facilities and articulated here. VCAP should also be discussed.]

8. Next Steps / Medical Staff Checklist: [Describe the next steps after the exam is completed]

- a. *EXAMPLE: Storage / collection of evidence*
- b. *Clothing collection*
- c. *Explain follow up to victim.*
- d. *Additional Information, as needed.*

9. Collaboration and Referrals

- a. [Explain the current relationship between healthcare professionals and other members of the team?]
 - i. [How can this be improved upon?]
 - ii. [What are barriers?]
- b. [Explain how referrals are made to other Team agencies and services.]
 - i. [Include information on [Memorandums of Understanding \("MOU"\)](#) with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.]
 - ii. [Include information about how confidentiality is maintained when making referrals and collaborating with other members of the CCR.]

10. Additional Community-Specific Considerations: [Please elaborate on the challenges related to the healthcare needs of the victims in your jurisdiction and how your STOP Team can collaborate to address such challenges. Cultural concerns related

to sexual assault and sexual assault forensic exams should be discussed here. This can also include the challenges survivors face coming forward for forensic exams and how the STOP team can eliminate the fear, discrimination, and biases that prevent survivors from seeking assistance from healthcare professionals.]

D. Community-Based Advocate (local sexual assault program)

D1. Role in the Coordinated Community Response

Community-based advocates serve victims and survivors regardless of whether they report their abuse to the criminal justice system. This includes advocates who work for sexual assault and/or domestic violence programs and nonprofit organizations. The primary mission of victim service providers is to support and advocate for victims and survivors. They play a vital role in connecting victims and survivors to community resources, as well as helping them navigate the various facets of the civil and criminal justice systems. Community-based advocates are well positioned to provide confidential and comprehensive support.

[Briefly explain why information related to the role of community-based advocates is essential for your STOP protocol. It must address special considerations unique to your county. Please address how this serves and further contributes to an effective coordinated community response.]

D2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Briefly address at least two to four trauma-informed and victim-centered essential elements for supporting victims and survivors of sexual violence as they navigate judicial systems, access vital services, and plan for a safer future. Essential elements must include day-to-day best-practice examples.]
- *EXAMPLE: Our organization adheres to the Empowerment Model. Empowerment means helping the survivor reestablish a sense of control and agency. This may happen by allowing the survivor to recognize their own strengths and capabilities (instead of insisting that they are strong for having gone through something so horrific), helping them find the information necessary to make their own decisions (instead of making decisions without consulting them or against their wishes), and allowing them to take actions they feel comfortable with (instead of pressuring them to do things they don't want to do)...]*

D3. Community-Based Advocate Responsibilities

1. **Community-Based Advocate training standards:** [Explain the special training and qualifications community-based advocates hold.]

2. **Victim Rights:** [What standards are in place to ensure victim service providers understand Victims' Rights? Review the Pennsylvania Crime Victims Act (18 P.S. §11.101).]
3. **Victim Safety:** [What standards are in place to help ensure the safety of victims and survivors?]
4. **Access to Services:** [Provide a breakdown of how and when community-based advocates are notified and called in to provide supportive services.]
5. **Important Services Provided**
 - a. [EXAMPLE: *Always available – nights, weekends, holidays*
 - b. *Accompaniment*
 - c. *Notification Services*
 - d. *Protection Orders Offered*
 - e. *Safety Planning*
 - f. Add any additional services, as needed.]
6. **Confidentiality:** [Review Effective Collaboration for SART/STOP Teams – Information Sharing and Confidentiality in Collaborations. Briefly describe the confidentiality restraints of community-based advocates as they pertain to sharing sensitive information with the Team. Confidentiality during referrals is covered in part 7 below.]
7. **Collaboration and Referrals**
 - a. [Explain the current relationship between community-based advocates and other members of the team?
 - i. How can this be improved upon?
 - ii. What are barriers?
 - b. [Explain how referrals are made to other Team agencies and services.
 - i. Include information on Memorandums of Understanding ("MOU") with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.]
 - ii. Include information about how confidentiality is maintained when making referrals and collaborating with other members of the Team. PCAR has written a position statement on confidentiality that may be helpful in drafting this section.]
8. **Next Steps / Advocate Checklist**
 - a. [EXAMPLE: *Discuss options for reporting with client*
 - b. *Forensic rape exam ("FRE") and medical care*
 - c. *Counseling*
 - d. *Advocacy*
 - e. *Shelter*
 - f. *Protection Acts / Legal Aid*
 - g. *Referrals.*
9. **Additional Community-Specific Considerations:** [Please elaborate on the challenges experienced by victim service providers who assist victims and survivors of sexual violence and how your STOP Team can collaboratively address and minimize these challenges?]

E. Systems-Based Advocate (court victim/witness program)

E1. Role in the Coordinated Community Response

Systems-based advocates generally serve victims and survivors whose cases are in the criminal justice system. The primary mission of systems-based advocates is to provide informational and practical support to victims and survivors. They are often the primary point of contact for victims and survivors involved in court proceedings and/or other governmental systems. [Briefly explain why information related to the role of systems-based advocates is essential for your STOP protocol. It must address special considerations unique to your community. Please address how this serves and further contributes to an effective coordinated community response.]

E2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Briefly address at least two to four trauma-informed and victim-centered essential elements for supporting victims and survivors of sexual violence as they navigate judicial systems, access vital services, and plan for a safer future. Essential elements must include day-to-day best-practice examples.]

E3. Systems-Based Advocate Responsibilities

1. **Systems-Based Advocate Training Standards:** [Explain the special training and qualifications systems-based advocates hold.]
2. **Victim Rights:** [What standards are in place to ensure systems-based advocates understand Victims' Rights? Review the Pennsylvania Crime Victims Act (18 P.S. §11.101).]
3. **Victim Safety:** [What standards in place to help ensure victim and survivor safety?]
4. **Access to Services:** [Provide a breakdown of how and when systems-based advocates are notified and called in to provide supportive services.]
5. **Important Services Provided**
 - a. Provide informational and practical support to victims.
 - b. Increase victims' opportunities to participate in the justice process by working to ensure their voices are heard.
 - c. Assist victims with their safety concerns.
 - d. [EXAMPLE: Assist with referrals for emergency financial assistance.
 - e. Notify victims of court hearings and changes in court schedules.
 - f. Inform victims about the detention status of defendants and inform them about any automated victim notification systems, if applicable.
 - g. Provide court support by attending interviews, hearings, or trials with victims.
 - h. Work to ensure victims' rights are maintained throughout the justice process.

- i. *Provide systems advocacy through thorough knowledge of criminal justice system and working relationships with stakeholders...*
- j. Add additional services, as needed. The Federal Office of Victims of Crime has published a Systems-Based Advocate SART Toolkit that may be helpful in drafting this section.]

6. Confidentiality

- a. Unlike community-based advocates, systems-based advocates are bound by prosecutor's discovery obligations, which restrict their ability to serve as a confidential resource for victims. Thus, systems-based advocates should not offer to accompany victims during forensic medical exams or respond to communications from the hospital.
- b. [Review Effective Collaboration for SART/STOP Teams – Information Sharing and Confidentiality in Collaborations. Briefly describe the confidentiality restraints of systems-based advocates as they pertain to sharing sensitive information with the Team. Confidentiality during referrals is covered in part 7 below.]

7. Collaboration and Referrals

- a. [Explain the current relationship between systems-based advocates and other members of the team?
 - i. How can this be improved upon?
 - ii. What are barriers?
- b. [Explain how referrals are made to other Team agencies and services.
 - i. Include information on Memorandums of Understanding ("MOU") with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.]
 - ii. Include information about how confidentiality is maintained when making referrals and collaborating with other Team agencies.]

8. Next Steps / Advocate Checklist: [Draft or insert existing checklist that covers basic next steps for systems-based advocates working with survivors of sexual assault, including safety considerations for victims.]

9. Additional Community-Specific Considerations: [Please elaborate on the challenges experienced by systems-based advocates in your county and how your STOP Team can collaborate to address such challenges.]

F. Child Advocacy Center ("CAC")

F1. Role in the Coordinated Community Response

The STOP Grant dictates that funds are only be used to serve sexual assault victims who are age 11 or older. In certain jurisdictions CACs may be responsible for performing forensic medical exams on older adults with dementia and/or adult victims with intellectual disabilities. CACs should ensure they are using appropriate procedures to treat adult victims, as their needs differ from the adolescent and teen victims CACs regularly serve. This may also include designating a separate space for adult victims. [Briefly explain why this information is essential for your STOP protocol. It must

address special considerations unique to your county. Please address how this serves and further contributes to an effective response.]

F2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Briefly address at least two to four trauma-informed and victim-centered essential elements for supporting victims and survivors of sexual violence. Essential elements should include day-to-day examples of how persons in this field can apply a trauma-informed and victim-centered approach when interacting with victims and survivors.]
- *EXAMPLE: We use an empowerment-based response model. An empowerment-based response ensures that we let the survivor tell their story and make their own decisions. Survivors often have their power stripped away during abuse, and giving the power back to the survivor allows them to rebuild their strength and confidence in order to move forward. For example, an advocate may listen to a survivor's story and then let the survivor know a strength they heard in their story, like perhaps how the survivor was able to report the abuse. This reminds the survivor that they have the capacity to make a good decision for safety, something a survivor of abuse can learn to doubt after being in an abusive situation.]*

F3. General Child Advocacy Center Responsibilities

1. **Children's Advocacy Center Training Standards:** [Please address how CAC employees are maintaining training standards for interacting with victims and survivors of sexual violence.]
2. **Victim Rights:** [What standards are in place to ensure CAC employees understand Victims' Rights? Review the Pennsylvania Crime Victims Act (18 P.S. §11.101).]
3. **Victim Safety:** [What is the procedure for interacting with a victim when the offender is present? Continue to elaborate on any additional relevant safety procedures].
4. **Access to Services:** [Provide a breakdown of how and when the CAC is notified and called in to provide supportive services to this population.]
5. **Important Services Provided**
 - a. **Emergency Appointments:** [Describe how emergency appointments are handled.]
 - b. **Forensic Examinations:** [Explain how forensic examinations are handled.]
 - c. **Children and Adults with Disabilities:** [Explain any additional considerations taken when working with those with disabilities.]
 - d. [Add any additional information necessary.]
6. **Confidentiality:** [Review Effective Collaboration for SART/STOP Teams – Information Sharing and Confidentiality in Collaborations. Briefly describe the confidentiality restraints of CAC employees as they pertain to sharing sensitive

information with the Team. Confidentiality during referrals is covered in part 7 below.]

7. Collaboration and Referrals

- a. [Explain the current relationship between CACs and other members of the team?
 - i. How can this be improved upon?
 - ii. What are barriers?
- b. [Explain how referrals are made to other Team agencies and services.
 - i. Include information on Memorandums of Understanding (“MOU”) with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.]
 - ii. Include information about how confidentiality is maintained when making referrals and collaborating with other Team agencies.]

8. Next Steps / CAC Checklist

- a. **Mandated Reporting:** [Explain when reporting is triggered and how it is handled. *EXAMPLE: A mandated reporter is required by PA law to report any suspected child abuse of an identifiable child (person under the age of 18). If a forensic interviewer, family advocate, or other mandated reporters at the CAC discover suspected abuse, the reporter will notify Childline as soon as possible and make a report online or by phone. All members of the CAC investigative team will be made aware of the report, including law enforcement, CYS, and victim services, in order to properly ensure the safety of all involved and to best plan for next steps in care provision.*]
- b. **Referrals:** CACs are available to provide initial crisis response and examination to qualifying populations. Ongoing services for the victim and non-offending family members should be referred to the local sexual assault center.
- c. [Explain any additional relevant procedures or checklists used by the CAC.]

9. **Additional Community-Specific Considerations:** [Please elaborate on the challenges experienced by advocates in your county and how your STOP Team can collaborate to address such challenges.]

G. Prosecution / District Attorney’s Office

G1. Role in the Coordinated Community Response

Prosecutors / District Attorneys make the ultimate decision as to whether charges will be initiated in a criminal case. They may also explain charging and other decisions made about a case to a victim or survivor of sexual violence.

[Briefly explain why information related to the role of prosecution is essential for your STOP protocol. It must address special considerations unique to your community. Please address how this serves and further contributes to an effective coordinated community response. The Victim Centered Responsibilities Matrix may be helpful in drafting this section. *EXAMPLE: For an effective coordinated community response,*

there must be a strong working relationship between victim service agencies, law enforcement, and the district attorney's office. This collaboration enables prosecutors to identify high risk cases so they can allocate resources accordingly and exercise appropriate discretion. Thoughtful coordination with victim services can mitigate re-traumatizing a survivor and empower them to work together with law enforcement and prosecution. Victims and survivors are more likely to feel supported and fully informed about their case when they have a victim advocate by their side.]

G2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Provide brief examples of at least two to four trauma-informed and victim-centered essential elements for prosecuting crimes of sexual violence and interacting with survivors. Essential elements should prioritize victim and survivor safety, while also ensuring abuser accountability. There are resources available through Aequitas to assist in crafting this section.]

G3. Prosecutor/ District Attorney Responsibilities

1. **Prosecutor Training:** [Explain any specialized training required for prosecutors who work with sex crimes cases.]
2. **Victim Rights:** [What standards are in place to ensure prosecutors understand and convey victims their rights? Review the Pennsylvania Crime Victims Act (18 P.S. §11.101).]
3. **Victim Safety:** [What standards are in place in help ensure the safety of the victims and survivors.]
4. **Confidentiality:** [Review Effective Collaboration for SART/STOP Teams – Information Sharing and Confidentiality in Collaborations. Briefly describe the confidentiality restraints of prosecutors as they pertain to sharing sensitive information with the Team. Confidentiality during referrals is covered in part 9 below.]
5. **Statute of limitations:** [Explain how prosecutors should navigate cases that are near or past the statute of limitations in a trauma-informed manner.]
6. **Evidence-based prosecution**
 - a. **Policy:** [Explain your office's policy about engaging in evidence-based practices in sexual assault cases. Under section 2017 of the 2022 VAWA Reauthorization, prosecutor's offices receiving STOP funding are required to engage in evidence-based practices when prosecuting sexual assault crimes. This **must** be addressed in your final protocol. See **appendix 1** for more details.]
 - b. **Procedure if victim does not want to participate:** [Explain your jurisdiction's procedure for working with victims who do not want to participate in the case, this procedure must take the victim's trauma into consideration. EXAMPLE: Prosecutors should be prepared to respectfully encourage charges without victim cooperation on a strictly case by case basis. Prosecutors should thoughtfully consider the safety of the victim and community, offender accountability, and independent corroborative

evidence when deciding to charge a perpetrator. The decision to continue prosecution without victim cooperation should hinge on the strength of independent corroborative evidence in proving the elements of the crime beyond a reasonable doubt and whether prosecution is in the interest of safety and justice.]

7. Guidelines for plea agreements

- a. Consider continuity: [Briefly explain.]
- b. Victim notification: [Briefly explain.]

8. Trial considerations

- a. Educating the victim on case continuances, sentencing, and post-conviction expectations.
- b. [Add additional trial considerations, keeping trauma-informed practices in mind.]

9. Collaboration and Referrals

- a. [Explain the current relationship between the district attorney's office and other members of the team?
 - i. How can this be improved upon?
 - ii. What are barriers?
- b. [Explain how referrals are made to other Team agencies and services.
 - i. Include information on Memorandums of Understanding ("MOU") with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.]
 - ii. Include information about how confidentiality is maintained when making referrals.]

10. Additional Community-Specific Considerations: [Please elaborate on the challenges experienced prosecuting sexual violence crimes in your county and how your STOP Team can collaborate to address such challenges.]

G4. Expert Witnesses

Sometimes, survivor behavior can be counterintuitive and confusing to those unfamiliar with the complexities of sexual assault. In Pennsylvania, qualified expert witnesses may testify about certain victim responses and behavior, dynamics of sexual and/or domestic violence, and the impact of sexual and/or domestic violence during and after an assault. For a witness to be qualified as an expert by the court, they must have specialized knowledge beyond that possessed by the average layperson, based on experience with, or specialized training or education in, criminal justice, behavioral sciences, or victim services issues, related to sexual violence or domestic violence. 42 Pa. Cons. Stat. § 5920.

Applicable Criminal Proceedings

Ch. 30 (relating to human trafficking), if the offense involved sexual servitude.	Ch.18 - Section 6301 (a) (1) (i) (relating to corruption of minors), if
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• Ch. 31 (relating to sexual offenses). • Ch. 18 - Section 4302 (relating to incest). • Ch. 18 – Section 4304 (relating to endangering welfare of children), if the offense involved sexual contact with the victim. • Ch. 18 - Section 5902(b) or (b.1) (relating to prostitution and related offenses).	the offense involved sexual contact with the victim. • Ch. 18 - Section 6301 (a) (1) (ii). • Ch. 18 - Section 6312 (relating to sexual abuse of children). • Ch. 18 - Section 6318 (relating to unlawful contact with minor). • Ch. 18 - Section 6320 (relating to sexual exploitation of children).
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*For a list of recommended expert witnesses, directly contact PCADV, PCAR or The Pennsylvania District Attorney's Association ("PDAA").

H. The Courts

H1. Role in the Coordinated Community Response

Those who work in the court, such as judges, administration, tipstaff, and others, have an important role and opportunity to address sexual violence. [Briefly explain what the role of the court is in addressing sexual violence and why information related to the role of the court is essential for your STOP protocol. It must address special considerations unique to your community. Please address how this serves and further contributes to an effective coordinated community response.]

H2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Provide a brief breakdown of at least two to four trauma-informed and victim-centered essential elements for those who work in the court and interact with victims and survivors of sexual violence. Essential elements must include day-to-day best practice examples. The Office for Victims of Crime – Training and Technical Assistance Center ("OVCTAC") has published several resources on how to implement trauma-informed practices into the courtroom. The Substance Abuse and Mental Health Services Administration ("SAMHSA") has also published Essential Components of Trauma-Informed Judicial Practice.]

H3. Responsibilities of the Court

1. **Court Staff & Court Official Training Standards:** [Please address how the court, including judges, are maintaining training standards for interacting with and assisting victims and survivors of sexual violence, as well as trainings about medical examinations and findings.]

2. **Victim Rights:** [What standards are in place to ensure those who work for the court understand victims' rights? Review the Pennsylvania Crime Victims Act (18 P.S. §11.101).]
3. **Victim Safety:** [What standards are in place to ensure the safety of all parties during court appearances?]
4. **Confidentiality:** [Review Effective Collaboration for SART/STOP Teams – Information Sharing and Confidentiality in Collaborations. Briefly describe the confidentiality restraints of court personnel as they pertain to sharing sensitive information with the Team. Confidentiality during referrals is covered in part 5 below.]
5. **Collaboration and Referrals**
 - a. [Explain the current relationship between the district attorney's office and other members of the team?
 - i. How can this be improved upon?
 - ii. What are barriers?
 - b. Explain how referrals are made to other Team agencies and services.
 - i. Include information on Memorandums of Understanding ("MOU") with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.
 - ii. Include information about how confidentiality is maintained when making referrals and collaborating with other Team agencies.]
6. **Additional Community-Specific Considerations:** [Please elaborate on the challenges experienced by those who work for the court and interact with victims and survivors of sexual violence and how your STOP Team can collaboratively address and minimize these challenges?]

I. Probation / Parole

I1. Role in the Coordinated Community Response

Probation and parole officials have a central role in responding to and preventing sex offenses. Their role is not only to supervise offenders, but also includes performing activities designed to prevent sex offenses in the community. [Briefly explain what the role of probation / parole is in addressing sexual violence and why information related to the role of probation / parole is essential for your STOP protocol. It must address special considerations unique to your community. Please address how this serves and further contributes to an effective coordinated community response.]

I2. Essential Elements: Trauma-Informed and Victim-Centered Practice

- [Provide a brief breakdown of at least two to four trauma-informed and victim-centered essential elements for probation / parole officers who supervise sexual offenders. Essential elements must include day-to-day best practice examples.]

I3. Probation / Parole Responsibilities

1. **Probation / Parole Training Standards:** [Please address how probation / parole officers are maintaining training standards for supervising sexual offenders.]
2. **Victim Rights:** [What standards are in place to ensure probation / parole officers who supervise sexual offenders understand and maintain victims' rights? Review the Pennsylvania Crime Victims Act (18 P.S. §11.101).]
3. **Victim Safety:** [What standards are in place to ensure victim safety during supervision?]
4. **Confidentiality:** [Review Effective Collaboration for SART/STOP Teams – Information Sharing and Confidentiality in Collaborations. Briefly describe the confidentiality restraints of probation/parole as they pertain to sharing sensitive information with the Team. Confidentiality during referrals is covered in in part 5 below.]
5. **Collaboration and Referrals**
 - a. [Explain the current relationship between probation / parole officers and other members of the team?
 - iii. How can this be improved upon?
 - iv. What are barriers?
 - b. Explain how referrals are made to other Team agencies and services.
 - iii. Include information on Memorandums of Understanding (“MOU”) with other Team agencies and/or the point person for facilitating referrals and maintaining consistent communication between agencies.
 - iv. Include information about how confidentiality is maintained when making referrals and collaborating with other Team agencies.]
6. **Additional Community-Specific Considerations:** [Please elaborate on the challenges experienced by probation / parole officers who supervise sexual offenders and how your STOP Team can collaboratively address and minimize these challenges?]

J. Additional Representatives

[Use this optional section to elaborate on the role additional disciplines represented in your STOP team have in the coordinated community response.]

J1. Role in the Coordinated Community Response

J2. Essential Elements: Trauma-Informed and Victim-Centered Practice

J3. Responsibilities

Appendices

1. STOP Grantee Protocol Statute Compilation
2. Pennsylvania Protective Order Chart
3. Supplemental Optional Basic Human Trafficking Protocol Guide
4. Supplemental Law Enforcement Trauma-Informed Evidence-Based Investigation and Initiating Arrest Protocol Guides