Sexual Assault Response Teams (SARTs): An Empirical Review of Their Effectiveness and Challenges to Successful Implementation

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Abstract

Historically, the response of the legal, medical, and mental health/advocacy systems to sexual assault has been inadequate and uncoordinated. To address this problem, communities have developed coordinated sexual assault response teams (SARTs) to address these problems. SARTs are community-level interventions that seek to build positive relationships and increase collaboration among sexual assault responders. SARTs hope to improve both the community response to sexual assault victims and the processing of sexual assault cases through the criminal justice system. This article has three aims: to summarize the historical development of SARTs in the United States, to review the empirical literature on SARTs' effectiveness at improving multidisciplinary relationships, legal outcomes, and victims' help-seeking experiences; and to review the empirical literature on the challenges SARTs face, which may hamper their effectiveness. Findings suggest that SARTs are a promising practice, but face many challenges; further methodologically rigorous research is needed to more fully understand these interventions. Implications for policy, practice, and future research are discussed.

Sexual assault and rape[1] are widespread throughout the United States. A recent study concluded that 1.3 million adult women in the United States are raped annually (Black et al., 2011). Of these victims/survivors,[2] a substantial portion will seek help from the legal, medical, and mental health/advocacy systems in order to meet their physical and mental health needs and pursue legal action against the offender. Unfortunately, the success of these systems in responding to rape cases and the needs of rape survivors is limited. Many victims do not seek formal help postassault because they are not aware of services, believe services are inaccessible, or fear that systems will either fail to be helpful or will actually be hurtful to their well-being (Logan, Evans, Stevenson, & Jordan, 2005; Patterson, Greeson, & Campbell, 2009; Ullman, 2010). Survivors who do seek help are often denied services, treated negatively, and inadequately supported by systems personnel (see Campbell, 2008 for review; Konradi, 2007). Furthermore, the majority of rapists are not held accountable for their crimes, as convictions rates are low, with 7–16% of reported cases resulting in incarceration of the offender (Campbell, 2008; Seidman & Pokorak, 2011).

Poor relationships among the legal, medical, and mental health/advocacy systems in responding to rape may contribute to these problems. In many communities, relationships between systems are nonexistent or even negative. In such communities, the response to rape is uncoordinated, with systems responding

to survivors in isolation from one another. Responders from one system lack knowledge of how other systems respond to survivors (Campbell & Ahrens, 1998). Role confusion and/or conflicts across systems regarding who should do what when responding to rape are common (Martin, DiNitto, Byington, & Maxwell, 1992). Negative relationships may even result in interference with one another's work. For example, Martin (2005) described instances in which nurses and prosecutors, who devalued the role of victim advocates, excluded advocates from medical forensic exams and prosecutors' pretrial interviews of victims—preventing the advocates from providing comprehensive advocacy services to survivors.

These problems between systems may contribute to the other problems as well; when relationships between systems are poor, opportunities to work together and create improvements are missed. In an uncoordinated community, rather than reaching out for help once to an interconnected web of community responders, survivors must identify all resources and seek out help multiple times from each system individually

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(Campbell & Ahrens, 1998). In a coordinated service system, one system takes responsibility for helping survivors access the other systems. In the uncoordinated model, victims who must reach out for assistance repeatedly may fatigue and give up; in turn, this may contribute to the low reporting and help-seeking rates found in the literature.

In uncoordinated communities there is also a fundamental lack of opportunities for the responders to "get to know each other, learn from each other, and support each other" (Campbell & Ahrens, 1998, p. 562). This prevents systems from assisting one another by sharing expertise or contributing resources to one another's work. For example, if police are not aware that medical/forensic personnel can conduct examinations of suspects for DNA evidence, they will not include this type of evidence collection in their investigations. If prosecutors lack an understanding of evidence collection techniques employed by medical/forensic personnel they are limited in their utilization of forensic findings. If medical and legal system personnel resist the presence of rape advocates, they lose an opportunity to facilitate survivors' emotional recovery, and potentially their long-term participation in the legal system. While coordination allows systems to benefit from one another's efforts, such opportunities to improve the response to victims and their cases—and thereby improve help-seeking rates, legal outcomes, and victims' help-seeking experiences—are missed in an uncoordinated response to sexual assault.

In recognition of these problems, sexual assault response teams (SARTs) first developed in the 1970s through localized, grassroots efforts to improve the community response to sexual assault by targeting the relationships between systems (Zajac, 2006). Fundamentally, SARTs are community-level interventions that work to increase collaboration and build positive relationships among the systems that respond to sexual assault, particularly the legal, medical, and mental health/advocacy systems. Since their inception, SARTs have diffused widely and rapidly such that currently there are hundreds of SARTs in the United States (International Association of Forensic Nurses, 2010). In light of the substantial commitment of resources to these interventions, the current article has three aims: (1) to summarize the historical development of SARTs in the United States; (2) to review the literature on SARTs' effectiveness at achieving their goals; and (3) to examine the literature on the challenges faced by SARTs, which may compromise their effectiveness. The review will conclude with a critical assessment of the empirical literature on SARTs and a discussion of its implications for policy, practice, and future research. It is hoped that this first review of the empirical literature on SARTs may help communities, funders, and policy makers evaluate the utility of these interventions at achieving their goals and consider strategies for supporting SARTs and facilitating their success.

The Implementation of SARTs in the United States

Ultimately, SARTs promote multidisciplinary collaboration in order to improve the response to sexual assault. SARTs seek to improve victims' help-seeking experiences, for example, by addressing barriers to help-seeking, improving how systems' personnel treat survivors, and ensuring comprehensive service delivery. Another goal is to increase offender accountability by increasing reporting and conviction rates. Some SARTs also educate the general public in order to create awareness about sexual assault and services for sexual assault victims and prevent perpetration of sexual assault (National Sexual Violence Resource Center [NSVRC], 2011). While SARTs may differ in the extent to which they prioritize each of these goals, many SARTs adopt a "victim-centered" philosophy in their work, meaning, their fundamental priorities are to ensure victims' choices regarding their participation in these systems are respected, and all victims are treated with sensitivity and consideration by all systems (Oregon Attorney General's Sexual Assault Task Force, 2009).

In order to achieve these goals, SARTs bring together a variety of groups that have a vested interest in the response to sexual assault. Typically, SARTs' core members are the primary responders to sexual assault: police, prosecutors, rape victim advocates, and medical/forensic examiners (NSVRC, 2011; Zajac, 2009). Other groups that process rape cases or work with offenders may be involved, such as crime lab personnel, dispatchers, and victim witness advocates from within the local prosecutor's office (Peterson, Green, & Allison, 2009; Zajac, 2009). Additionally, representatives from educational institutions, social service agencies, religious groups, mental health providers, public health agencies, and organizations that serve marginalized groups (e.g., people with disabilities) may participate in SARTs, as they may encounter rape survivors in the course of their work (Zajac, 2006, 2009).

While all SARTs bring diverse stakeholders groups together, how exactly these groups work varies. Some teams rely primarily on informal information sharing and relationship building; others are highly formalized collaborative groups (NSVRC, 2011). Most SARTs engage in regular collaborative meetings; a SART's meetings may be used to discuss issues with their community's response to sexual assault, delineate the desired response, create ways to implement and institutionalize the desired response (e.g., training responders, adopting policies, and protocols), and create accountability to the desired response (e.g., through reviewing the response to individual cases; NSVRC, 2011; Peterson et al., 2009; Zajac, 2009). In addition, many SARTs facilitate cross-disciplinary trainings to foster understanding of one another's roles and share specialized knowledge (NSVRC, 2011; Peterson et al., 2009; Zajac, 2006). In order to monitor their efforts systematically, some SARTs engage in quality assurance and/or formal evaluation (Zajac, 2009). Some SARTs may target their efforts toward specific subgroups of sexual assault victims. The SART may choose to focus on a particular age-group of victims (e.g., children, adolescents, and/or adults) or a population associated with a unique jurisdiction such as a military base or campus population (NSVRC, 2011; Zajac, 2006).

SARTs also vary in their organizational structure. Most teams have a formal leader who coordinates and facilitates

meetings; however, this is not always the case (Zajac, 2009). The majority of SARTs also have funding allocated directly to their collaborative efforts (Zajac, 2009). Some SARTs may utilize formal collaborative structures, such as committees, mission statements, and bylaws to provide an organizational backbone to their teamwork. In short, SARTs are not a "one size fits all" intervention; their operations vary.[3] The collaborative multidisciplinary effort to improve the community response to sexual assault is their fundamental commonality.

Empirical Review of SARTs' Effectiveness and Challenges

The goal of SARTs is to improve the multidisciplinary response to sexual assault; however, are these interventions effective in achieving their aims? Many have recommended that communities form SARTs (Department of Justice, 2004; Ledray, 2001a; Malefyt, Littel, & Walker, 1998; Pennsylvania Coalition Against Rape, 2002), and SARTs are widely implemented throughout the United States. As such, it is important to review findings from empirical studies in order to shed further light on the utility of these interventions.[4] To identify literature on SARTs' effectiveness and the challenges they face to successful implementation, we searched academic databases in the social and health sciences (e.g., Academic One File, Article First, CINAHL, PubMed, ProQuest, Wiley Interscience, and Wilson Select Plus), Google Scholar, and peer-reviewed violence journals (*Journal of Interpersonal Violence, Trauma Violence & Abuse, Violence Against Women, Violence & Victims*). In order to identify published evaluation reports (that may not have been printed in academic journals), websites of organizations that provide resources for sexual assault responders (e.g., End Violence Against Women International, Minnesota Center Against Violence and Abuse Electronic Clearinghouse, National Sexual Violence Resource Center, National Center on Domestic and Sexual Violence, SANE-SART.com, Sexual Assault Forensic Examiner Technical Assistance, Sexual Assault Trainings and Investigations, VAWnet) were searched, and a Google search was also conducted. The search term was "Sexual Assault Response Team."

This focus of this review was limited to evaluation reports and peer-reviewed publications that (1) reported on systematic data collection and (2) examined SARTs' effectiveness and/or challenges faced. Therefore, the following types of publications were excluded: theoretical discussions of the SART model (Ferguson, 2006; Girardin, 2005; Ledray, 1999; Taylor, 2002; Voekler, 1996; five studies), descriptive studies or discussion of individual SARTs (e.g., Botello, King, & Ratner, 2003; Dandino-Abbott, 1999; Fulginiti et al., 1996; Hatmaker, Pinholster, & Saye, 2002; Johnston, 2005; Peterson et al., 2009; Smith, Holmseth, MacGregor, & Letourneau, 1998; Zajac 2006, 2009; nine studies), and articles that sought to provide information about sexual assault to SARTs (Archambault & Faugno, 2001; Ledray, 2001b; Nakajima, 2005; three studies). Additionally, articles that described what a SART is, how it should be structured or function and/or its potential benefits, but did not report on systematic data collection or evaluation were excluded.

Ultimately, eight articles met inclusion criteria for the review of the literature on SARTs' effectiveness and challenges.

SARTs' Effectiveness Across Multiple Domains

Studies of SARTs have focused on their effectiveness across three domains: improving multidisciplinary relationships among responders, legal outcomes, and victims' help-seeking experiences. No studies were identified that examined SARTs' effectiveness at preventing sexual assault, promoting public awareness, or increasing reporting and help-seeking rates.

Improvements to relationships among responders (see Table 1). One hallmark of a successful SART is positive relationships among sexual assault responders. An evaluation of SARTs assessed a policy initiative that spurred the implementation of both sexual assault nurse examiner (SANE) programs and SART meetings in three pilot sites in Illinois. Open-ended phone interviews were conducted with 16 total stakeholders across the three sites, specifically, SANEs, rape victim advocates, and prosecutors, to assess their perceptions of the implementation of the SANEs and SARTs. Interview data were examined for themes. Nine of the 16 participants attended their SART meetings regularly, and each of these nine participants believed SART meetings were beneficial. Three themes pertaining to why SART meetings contributed to multidisciplinary relationships were identified; each theme was discussed by all nine participants. First, SART meetings improved members' understanding of one another's perspectives regarding the response to rape. Second, meetings created information exchange between systems. This included sharing information about outreach efforts, organizational policy changes, and individual cases; several participants noted they received information at meetings that they would not have gotten otherwise. Third, meetings enabled teams to make decisions regarding how to respond to sexual assault in their community collectively; as such, key decisions were influenced by multidisciplinary perspectives (Illinois Criminal Justice Information Authority [ICJIA], 2003).

A second state evaluation also identified improved relationships as a benefit of SARTs. This evaluation assessed a funding initiative that provided grants to 23 rape crisis centers in California in order to support and/or create SARTs; at each site, funding was allocated to a rape victim advocate position to increase the rape crisis center's involvement in SARTs (Noble, Patel, & Tysoe, 2001). The evaluators conducted open-ended telephone interviews with these advocates to assess their perceptions of the benefits and challenges associated with SARTs. Analysis of the interview data for themes revealed that many participants believed their SART was beneficial because it increased contact among members, which in turn improved cross-system relationships (theme identified in 11/22 interviews). In particular, these SART grantees identified marked improvements in relationships between advocacy and law enforcement (identified in 8/22 interviews; Noble et al., 2001). Another study also found that rape victim advocates perceived SART to be beneficial to

Table 1. Effectiveness at Improving Multidisciplinary Relationships.

Citation	Study Overview	Method	Findings
Campbell and Ahrens 1998	National multiple case study of 22 highly coordinated communities and 12 uncoordinated communities to understand how coordination improves service delivery for victims	Open-ended phone interviews were conducted with rape crisis center victim advocates from each of the highly coordinated and uncoordinated communities	Many advocates in the coordinated communities reported that their SART improved communication among stakeholders
ICJIA 2003	Evaluation of three pilot SANE–SARTs in Illinois	Open-ended phone interviews were conducted with 16 multidisciplinary stakeholders across the three sites (specifically SANEs, prosecutors, and victim advocates)	Participants who also attended SART meetings believed SART meetings were beneficial because they improved members' understanding of one another's perspectives, promoted information exchange between systems, and enabled them to make collective decisions regarding how to respond to sexual assault in their community
Noble, Patel, and Tysoe 2001	Evaluation of a funding initiative in California to support SARTs in 23 sites	Open-ended interviews were conducted with 22 SART grantees (all rape crisis center staff)	One benefit of SART identified by participants was increased contact among members, which led to improved multidisciplinary relationships. In particular, improvements in relationships between advocacy and law enforcement were noted as a benefit of SART

Note. SANE = sexual assault nurse examiner; SART = sexual assault response team.

cross-disciplinary relationships. Specifically, a national study was conducted with rape victim advocates from 22 communities with high levels of cross-system coordination (21 of which had SARTs). During qualitative phone interviews, many advocates reported that their SART improved communication among stakeholders (Campbell & Ahrens, 1998). One advocate described that improved communication was important because it gave responders a better idea of what each system needs; this in turn, helped them contribute to the work of other systems.

The research on SARTs' impact on multidisciplinary relationship is generally positive, but because this literature is limited in size and methodological rigor, such conclusions must be drawn with caution (see Table 1). The studies by Noble, Patel, and Tysoe (2001) and Campbell and Ahrens (1998) are limited in that they relied upon the perceptions of one stakeholder group, rape crisis center personnel, to report on their beliefs regarding SARTs' effectiveness. A key limitation throughout the literature is that the studies relied upon the perceptions of SART members, who already have a demonstrable engagement in SARTs (given that they participate in a SART). Sexual assault responders who choose not to participate in SARTs may have different (possibly more negative) perceptions of SARTs. In addition, there are no studies of the impact of SARTs on more quantifiable measures of cross-disciplinary relationships, such as frequency of communication. Despite these limitations, the pattern of findings across studies is that SARTs improve the overall quality of multidisciplinary relationships in many communities; specific benefits included increased cross-system contact and information exchange, better understanding of one

another's roles, and improved communication and collective decision making.

Improvements to legal outcomes. Studies that have assessed the impact of SART on legal outcomes have examined both case outcomes (e.g., proportion of cases resulting in arrest of a suspect, proportion of cases that were warranted by a prosecutor, proportion of cases resulting in conviction), as well as factors that may lead to better case outcomes, such as amount of forensic evidence collected and victim participation in the criminal justice system. Across studies, findings have shown that some SARTs have improved some legal outcomes, but as of yet, no studies have demonstrated an impact on conviction rates and sentence lengths (see Tables 2).

In the only quasi-experimental study of SARTs' legal effectiveness, Nugent-Borakove and colleagues (2006) randomly selected sexual assault cases that were reported to the police in three different counties before and after the implementation of a SANE (one community) or SANE–SART intervention (two communities). A case was classified according to whether or not a SANE/SART exam was conducted (i.e., a coordinated response to survivors that included a SANE medical/forensic exam, resulting in 268 no-SANE/no-SART, 106 SANE-only, and 156 SANE–SART cases total, across the three communities. Data were extracted from SANE–SART, police, and prosecutorial records.

Results indicated statistically significant relationships between SANE–SART condition (no-SANE/no-SART, SANE-only, or SANE–SART) and victim participation in the

Table 2. Effectiveness at Improving Legal Outcomes.

Citation	Study Overview	Method	Findings
Nugent-Borakove et al. 2006	Quasi-experimental study comparing sexual assault cases in three different communities before and after the implementation of a SANE or a SANE/SART intervention	Cases reported to the police were included in the sample (268 no-SANE/no-SART, 106 SANE-only, and 156 SANE–SART cases). Data were obtained from archival medical and legal records	After controlling for differences in victim and case characteristics, the relationships between SANE–SART condition (SANE–SART vs. no-SANE/no-SART) and conviction rates and sentence length were not statistically significant. However, SANE–SART cases were significantly more likely to result in arrest and charges being filed SANE–SART condition (SANE–SART vs. SANE-only vs. no-SANE/no-SART) was significantly associated with amount of time between assault and report, number of types of forensic evidence collection, and amount of victim participation in the criminal justice process and likelihood of charges being filed On average, SANE–SART cases exhibited the shortest delays in reporting, greatest number of types of evidence collection, and highest victim participation
Wilson and Klein 2005	Evaluation of the Rhode Island state SART program (comparing cases in which the victim did/did not chose the coordinated SART process)	Archival analysis of legal system and SART center records for 200 sexual assault cases that occurred after the implementation of the SART (47 SART and 153 non-SART)	Analyses revealed no statistically significant differences between cases in which the victim did or did not choose to utilize the SART (coordinated) process on likelihood of case being charged in court, likelihood of cases that are charged being dismissed, or likelihood of cases being filed in Superior versus District Court

Note. SANE = sexual assault nurse examiner; SART = sexual assault response team.

criminal justice system, length of time between the assault and reporting to the police, and number of types of forensic evidence collected. Specifically, of the three groups, SANE–SART cases had the highest victim participation, shortest delays in reporting, and most types of forensic evidence collected. These are important differences, as they may be associated with better case outcomes in the criminal justice system. Analyses also examined whether SANE–SART cases were more likely to result in arrest, prosecution, and guilty pleas/convictions. In order to account for differences in SANE–SART cases other than the SANE–SART exam itself, the analyses accounted for differences in victim and case characteristics, such as victim and suspect race, victim–offender relationship, use of physical force, victim participation, time between the incident and the police report, and number of services offered to the victim. When compared to no-SANE/no-SART cases, SANE–SART cases were significantly more likely to result in arrest and charges being filed by the prosecutor. After controlling for differences in victim and case characteristics, differences in conviction rates and sentence lengths

between SANE/SART and no-SANE/no-SART cases were not statistically significant. It should be noted that statistical analyses tested differences between no-SANE/no-SART cases and SANE–SART cases. Thus, it remains unclear whether the differences between SANE–SART and SANE-only cases represent statistically significant improvements.

Wilson and Klein (2005) also conducted a comparative study to examine the impact of SART on legal outcomes. Their study evaluated the Rhode Island SART program, a unique SART in which victims in the state chose whether or not to utilize SART (a coordinated process initiated through the state sexual assault treatment center) versus the traditional uncoordinated process. Data were obtained from archival criminal justice and SART records to conduct several tests comparing SART versus non-SART cases' legal outcomes. Specifically, they conducted a global test of whether SART cases were more likely to result in charges being filed than non-SART cases. Then, they conducted a series of tests based on certain subgroups of cases (specifically, cases in which probable cause was initially found, cases in which probable cause was not initially found, nonintimate partner

cases, and cases in which a forensic exam was conducted) to see if SART cases were more likely to be charged than non-SART cases within these subgroups. They also tested whether SART cases were more likely to be filed in Superior versus District court when compared to non-SART cases. Finally, all cases that resulted in charges being filed to examine were examined to test whether SART cases were less likely to be dismissed than non-SART cases. No victim or case characteristics were accounted for during analyses. There were no statistically significant findings, meaning that there was no evidence to support the hypotheses that SART would increase the likelihood of cases being filed, affect which court cases were filed in, or decrease the likelihood that a case that is charged will later be dismissed.

In short, the Wilson and Klein (2005) study was unable to identify differences between the legal outcomes of cases in which the victim did or did not choose to utilize the SART process. However, the study is hampered by methodological limitations. Their study revealed that there were differences among SART and non-SART cases in regard to victim and case characteristics; however, their analysis of the relationship between SART condition and legal outcomes did not take into account these differences. This is problematic because SART cases may have had characteristics that made them *more* difficult to prosecute than non-SART cases; for example, researchers found that SART cases were significantly less likely to involve physical injury to the victim than non-SART cases. Such differences in the cases could have masked the effects of the SART intervention. In addition, the authors acknowledge that their statistical analyses were severely restricted by low statistical power (the total number of SART cases included in the sample was 47); as such, their analyses may have been unable to identify an effect of SART condition on legal outcomes even if it had existed simply due to the amount of cases included in the study.

Taken together, these studies suggest that SARTs may be able to improve some legal factors (i.e., victim participation, delays in reporting, amount of forensic evidence collection), as well as some case outcomes, specifically arrest and charging rates (see Table 2).

Improvements to victims' help-seeking experiences. The efforts of most SARTs are twofold; in addition to improving legal outcomes, SARTs strive to create a victim-centered community response. This means that they seek to create a system that both respects and facilitates victims' choices and is responsive to their needs. Although few studies have examined this topic, extant research suggests that at least some SARTs may create improvements in victims' help-seeking experiences (see Table 3). In the quasi-experimental study conducted by Nugent-Borakove et al. (2006), there was a statistically significant relationship between SART condition (no-SANE/no-SART vs. SANE only vs. SANE-SART cases) and service provision: analysis of data from archival records revealed that, of the three groups, on average, victims in SANE–SART cases were offered the most services (such as transportation to the hospital, clothing, and rape crisis counseling). While these

findings come from archival records, self-report data show many SART members perceive SART to be beneficial to their response victims. In the open-ended phone interviews conducted with rape victim advocates, SANEs, and prosecutors, in the Illinois evaluation of three pilot SANE–SARTs, several SART members reported that SART meetings helped them improve their own response to victims (due to an increased understanding of other SART members' perspectives; ICJIA, 2003). In the national study of rape victim advocates sampled from highly coordinated communities, Campbell and Ahrens (1998) concluded from qualitative phone interview data that many rape victim advocates believed SART improved communication between victims and sexual assault responders. Finally, improvements for victims were also identified by SART grantees (all of whom were rape crisis center advocates) in the evaluation of the funding initiative to support SARTs in California (Noble et al., 2001). In phone interviews with evaluators, approximately one third of participants (7/22) reported that SART led to a less traumatic process for victims. For example, advocates described how survivors told their stories fewer times under the SART model and waited less time to receive a forensic exam.

In sum, these studies suggest that SART can increase victims' referrals to services, and SART stakeholders believe SART can improve system personnel interactions with victims, and reduce secondary trauma to victims (see Table 3). As of yet, there are no studies examining the impact of SART on survivors' help-seeking experiences from the perspectives of the survivors themselves. This is of course problematic because survivors themselves are best placed to report on their satisfaction with their interactions with system personnel, and the impact this may have on their well-being. Sexual assault responders may overestimate the effectiveness of their response to victims.

SARTs' Challenges

The extant literature on SARTs' effectiveness is generally quite promising, with many SARTs able to achieve improvements in their communities. However, some SARTs do not report such improvements. Why might some SARTs be more or less effective at achieving their goals? Collaboration within a SART is a complex process which requires bringing together responders with different philosophies, goals, and limitations to work together collectively. Identifying challenges associated with the collaborative process can inform practice by identifying problem areas where resources for supporting SARTs could be targeted. In the following section, we will review the burgeoning literature on challenges faced by SARTs (see Table 4).

Organizational barriers. Studies have identified several barriers to collaboration associated with particular organizations or systems. In particular, several challenges associated with the criminal justice system were noted in the study by Noble et al. (2001). Thirteen (of the 20) participants (rape crisis center victim advocates) identified barriers to developing relationships

Table 3. Effectiveness at Improving Victim's Help-Seeking Experiences.

Citation	Study Overview	Method	Findings
Campbell and Ahrens 1998	National multiple case study of 22 highly coordinated communities and 12 uncoordinated communities to understand how coordination improves service delivery for victims	Open-ended phone interviews were conducted with rape crisis center victim advocates from each of the highly coordinated and uncoordinated communities	Many participants believed SART improved communication between victims and sexual assault responders
ICJIA 2003	Evaluation of three pilot SANE–SARTs in Illinois	Open-ended phone interviews were conducted with 16 multidisciplinary stakeholders across the three sites (specifically SANEs, prosecutors, and victim advocates)	Several participants who also attended SART meetings reported that meetings helped them improve their own response to victims via increased understanding of other SART members' perspectives
Noble, Patel, and Tysoe 2001	Evaluation of a funding initiative in California to support SARTs in 23 sites	Open-ended interviews were conducted with SART grantees/coordinators (all rape crisis center staff)	One benefit of SART identified by participants was that SART led to a less traumatic process for victims (examples included survivors telling their story fewer times and shorter wait times for forensic exams)
Nugent-Borakove et al. 2006	Quasi-experimental study comparing sexual assault cases in three different communities before and after the implementation of a SANE or a SANE/SART intervention	Cases reported to the police were included in the sampled (268 no-SANE/no-SART, 106 SANE-only, and 156 SANE–SART cases). Data were obtained from archival medical and legal records	SART condition (SANE–SART vs. SANE-only vs. no-SANE/no-SART) was associated with the number of services offered to the victims (such as transportation to the hospital, clothing, and rape crisis counseling). On average, victims in SANE–SART cases were offered the most services

Note. SANE = sexual assault nurse examiner; SART = sexual assault response team.

with law enforcement. Specific examples included coordinating efforts across multiple agencies/jurisdictions, getting officers from rural departments (with a small number of officers on staff) to attend SART meetings, and collaborating with law enforcement agencies that lacked specialized sexual assault units. Similarly, some participants in this study identified the absence of a specialized sexual assault unit as a challenge to building relationships with the local prosecutor's office.

Additionally, two studies identified difficulties associated with implementation of specialized medical programs. Both the ICJIA (2003) study of pilot SANE-SARTs and the study by Noble et al. (2001) illustrated that some communities struggle to establish specialized medical programs for rape survivors. Additionally, maintaining adequate staffing for medical programs is a common problem (Noble et al. 2001). When specialized medical programs are not fully staffed, survivors may receive poor medical/forensic care, which may have negative consequences for both the survivors, and the evidence that will be available to successfully prosecute cases. In addition, inadequate staffing may prevent the medical program from putting staff time toward collaborating with other disciplines.

Acquiring broad-based participation. One impediment to successful collaboration exists when key groups do not participate in the SART. In the statewide evaluation conducted by Noble and colleagues (2001), several SART coordinators reported

that advocates who worked in the victim witness unit in the prosecutor's office were not perceived to be "team players" and did not attend collaborative meetings. A similar problem was revealed in the ICJIA (2003) study of three pilot SANE–SARTs. Evaluators observed that securing full representation from all key organizations at SART meetings was a struggle at each site. In particular, all hospitals and police departments in the SARTs' jurisdictions were not represented on the team, and the rest of the team sought to increase their attendance. SART seek to improve the response of organizations and system personnel to rape survivors by bringing diverse groups together and working to create and support an ideal response to sexual assault; if some organizations do not engage in the SART, it is unlikely that their responses to sexual assaults will change.

Conflicting goals. Additional challenges may occur due to SARTs' multiple and sometimes conflicting goals, particularly improving victims' help-seeking experiences and improving legal outcomes. Clark, Nackerud, Larrison, and Neiderman (1998) conducted an implementation evaluation of a unique SART in Athens-Clarke County, Georgia (Clark, Nackerud, Larrison, & Neiderman, 1998) that specializes in serving child victims. Qualitative interviews were conducted with SART representatives from 13 agencies; interviews revealed that SART members were unsure whether the primary mission of their team

Table 4. Challenges Faced by SARTs.

Study	Findings
Organizational barriers	
ICJIA 2003	Interviews with SART members revealed that establishing and implementing the pilot SANE programs was a challenge at all three pilot sites included in the evaluation
Noble, Patel, and Tysoe 2001	Several participants noted barriers to developing relationships with law enforcement and prosecutors as a challenge to their SART. Specific examples included coordinating efforts across multiple agencies/ jurisdictions, getting officers from rural departments (with a small number of officers on staff) to attend SART meetings, and collaborating with law enforcement agencies and prosecutor's offices that lacked specialized sexual assault units
	Participants reported that both establishing medical programs and ensuring medical program staff were available when needed were challenges for SARTs
Acquiring broad-based participation	
ICJIA 2003	Evaluators observed that securing participation from all key stakeholder groups and organizations (particularly *all* local hospitals and police departments) was a challenge for all three pilot SANE– SARTs
Noble et al. 2001	Several participants noted that advocates from the victims' witness unit in the prosecutor's office were resistant to the SART and did not attend collaborative meetings
Conflicting goals	
Clark, Nackerud, Larrison, and Neiderman 1998	Originally, the SART's primary goals were to obtain prosecutable evidence and reduce trauma to victims. Qualitative interviews with SART members revealed a challenge that had emerged during implementation: SART members found that there were trade-offs between these two goals and were unsure which goal they were supposed to prioritize
Role confusion and conflict	
Campbell and Ahrens 1998	Interviews with victim advocates revealed that "turf wars" were common in SARTs
Clark et al. 1998	Evaluators found evidence of confusion regarding responsibilities of different stakeholder groups in responding to victims, particularly around conducting forensic interviews with child sexual abuse victims and engaging in follow-up with child victims' families
Cole and Logan 2010	Researchers found that SART members anticipated disagreement within their SART over how to respond to certain types of sexual assault cases. In response to vignettes, SART members anticipated more disagreement over a case in which the victim used alcohol and was assaulted by a romantic partner than a case in which the victim did not use alcohol and was assaulted by a stranger
Noble et al. 2001	Participants reported conflict between rape crisis center victim advocates and both law enforcement and victim advocates from the victims' witness unit in the prosecutor's office, as well as role confusion between medical forensic examiners and advocates during the medical/forensic exam
Confidentiality	
Cole 2011	32% of all SART members who participated and 67% of rape crisis center victim advocates that participated agreed that confidentiality posed a challenge for SARTs. Two specific problems were endorsed: confidentiality limits information sharing (28% of participants) and confidentiality restrictions are not understood by all SART members (5% of participants)
Noble et al. 2001	Some participants (all rape crisis center staff) reported that advocates within the victims' witness unit in the prosecutor's office did not adequate protect victims' confidentiality, and in addition, this led to tension between prosecutors and rape crisis center victim advocates who kept more information confidential that advocates from the victims' witness unit

Note. SANE = sexual assault nurse examiner; SART = sexual assault response team.

was to "obtain prosecutable evidence" or to reduce trauma experienced by victims postassault. Despite the fact that these were originally intended as dual primary goals of equal importance, SART members found that there were trade-offs between them and consequently were unsure how to prioritize their efforts (Clark et al., 1998). This suggests that SARTs may benefit from discussing their collective goals, associated trade-offs, and create plans from the onset for dealing with goal conflict.

Role confusion and conflict. When multiple disciplines with diverse roles and priorities work together, confusion and conflict over roles—who should and should not do what—is likely to occur. There is considerable evidence of such

problems within SARTs. The implementation evaluation of the child-SART by Clark and colleagues (1998) revealed that there was confusion among members regarding roles of different stakeholder groups in the response to victims. In particular, there was a lack of clarity regarding which organizations were responsible for conducting forensic interviews with child sexual abuse victims and following up with victims' families. Sometimes issues with differing roles and responsibilities may result in outright conflict. In Campbell and Ahrens' (1998) national study of coordinated communities, victim advocates reported that "turf wars" were common in SARTs. The researchers concluded, "service providers often have different agendas and styles of interacting with victims, and each wanted

to claim their approach as 'right' and their time with victims 'more important'" (p. 553).

A study by Cole and Logan (2010) identified conflict between different disciplines regarding the appropriate response to different types of sexual assault cases. In a study of 78 medical, criminal justice, and advocacy professionals from three formalized SARTs in one state, the majority of participants (67%) felt that certain sexual assault cases posed more of a challenge to interdisciplinary collaboration due to victim and assault characteristics (e.g., delayed reporting). Participants were asked to rate the extent to which their SART would agree on how to handle two hypothetical cases (vignettes): one in which the victim used alcohol and was assaulted by a romantic partner and another in which the victim did not use alcohol and was assaulted by a stranger. Participants anticipated significantly less agreement between SART members on how to respond to the case in which the victim was assaulted by a partner and had utilized alcohol. Their study suggests that multidisciplinary disagreement over responding to a case is common, and may be exacerbated, if the case is perceived as "difficult" to prosecute.

Noble and colleagues' (2001) interviews of rape crisis center advocates (all SART grantees) also illuminated team conflicts, specifically between rape crisis centers and various stakeholder groups. Many participants described philosophical and turf conflicts between law enforcement and rape victim advocates (18/22 interviews) that prevented them from working together effectively; examples included police holding victim-blaming attitudes toward victims, failing to refer victims to the rape crisis center, holding negative attitudes about advocates, and resenting the presence of an advocate during interviews with victims. Turf issues also existed between victim witness advocates housed in the prosecutor's office and rape victim advocates employed by local rape crisis centers (10/22 interviews). Many participants felt that there was reluctance to collaborate due to competition, as both groups provide supportive services to sexual assault victims and both receive funding from the same agency. In addition, conflicts over the appropriate role of forensic examiners and victim advocates, particularly about the distinction of their roles during medical/forensic exams, were reported in the study (6/22 interviews). This highlights the importance (and inherent difficulty) of SART members learning about and respecting one another's roles and limitations and coming to a shared agreement regarding various groups' responsibilities in the response to sexual assault in their community.

Confidentiality. Sharing information in the context of confidentiality restrictions is another challenge faced by SARTs. Different responder groups have different requirements to protect victims' confidentiality. Typically, communication between rape crisis center victim advocates and survivors is privileged; advocates cannot discuss information about an individual identifiable survivor with other responders without the victim's explicit permission. Other disciplines are not usually restricted in this same way. This means that there may be instances in which other groups want information from advocates, but the advocates are unable to share it. This can lead to tension between SART members. For example, in the study by Noble et al. (2001), participants in some communities reported that the local prosecutor did not understand rape victim advocates' confidentiality requirements and believed that advocates should be available to testify regarding their interactions with victims.

Cole (2011) interviewed members of three formalized SARTs in one state to understand challenges associated with confidentiality. Approximately one third of all SART members (32%) and two thirds of rape crisis victim advocates (67%) agreed with the statement that "victim confidentiality posed a challenge to collaboration on SART" (p. 366). Commonly cited reasons for this belief were that confidentiality caused limits to information sharing (discussed by 28% of total sample) and reasons for limited information sharing were not understood by all team members (discussed by 5% of total sample). Most often, rape crisis victim advocates' confidentiality requirements were described as the cause of limited information sharing. While confidentiality was not a concern for the majority of SART members, it is clear this was still an important problem for a substantial proportion of SART members.

Taken together, this section has illustrated many different challenges to implementing a SART. Primarily, findings regarding challenges to SART implementation come from interviews with individual SART members, who are well placed to speak to the difficulties of implementing a SART. The challenges that have been identified may explain why the effectiveness literature shows that many, but not all SARTs achieve positive results in their communities. However, one key limitation is that have yet to examine *empirically* how these challenges impact SARTs' effectiveness. In addition, it is not yet clear what factors may contribute to the presence of these challenges in certain SARTs. Future research on these issues can shed further light on challenges to collaboration among SARTs.

Implications for Policy, Practice, and Future Research

If SARTs are widely adopted and promising, but face many challenges, what does this mean for community practice? Due to the vast number of SARTs in the United States, efforts to support and enhance the effectiveness of SARTs that already exist are likely to be highly beneficial (see Table 5). SART members come from a variety of disciplines; however, it is unlikely that many SARTs' members have ample training in effective collaborative practices. Trainings, technical assistance, and written materials that are tailored to SARTs' needs can help fill this gap. Indeed, existing research suggests that providing technical assistance on effective collaborative practices can help a collaboration succeed (Roussos & Fawcett, 2000). Already, many state and national organizations provide resources to help communities effectively develop and maintain SARTs (e.g., trainings, written materials such as toolkits and manuals, technical assistance). It is important that such resources are tailored to provide SARTs with concrete strategies

Table 5. Implications for Policy and Practice.

Strategy	Rationale
Provide trainings, technical assistance, and written materials for SARTs that are tailored to addressing the challenges to collaboration identified in the empirical literature	SARTs face many challenges to collaboration (e.g., acquiring broad-based collaboration, tension between competing goals, role conflict and confusion, and differences in confidentiality requirements). Yet, SART members may not have training specific to collaboration. Resources for SARTs that address these problems will be particularly relevant to SARTs
Provide resources allocated specifically to SARTs' collaborative efforts, such as resources to pay for individuals' participation in SART meetings, SART coordinators, and trainings	This will ensure that SARTs do not have to choose between allocating more resources to responding to victims and cases and adequately supporting their collaborative efforts
Promote information sharing between SARTs. This could include discussion of disadvantages/advantages of various ways of operating a SART and sharing SART materials like protocols or evaluation instruments	This will help SARTs learn from other SARTs' experiences and apply that information to their own communities
Provide financial and/or informational support to help SARTs engage in evaluation (either internally or in partnership with an external evaluator)	This will help SARTs evaluate their efforts in their own communities and utilize this information to guide their efforts in the future
Prioritize methodologically rigorous research that utilizes comparison groups and better ways of measuring SARTs' effectiveness (e.g., examine SARTs' effectiveness at meeting survivors' needs from the perspectives of sexual assault survivors themselves)	This will allow researchers, policy makers, and SARTs to draw stronger conclusions about SARTs' effectiveness
Prioritize studies that examine SARTs' effectiveness in their prevention, outreach, and community education efforts	This will allow for a more comprehensive understanding of SARTs efforts across multiple domains
Prioritize research studies that ask why some SARTs may be more or less effective than other SARTs	Findings from these studies will be particularly well-suited to informing the practices of SARTs, by broadening our understanding of which SARTs are effective at achieving which types of improvements, in which contexts

Note. SANE = sexual assault nurse examiner; SART = sexual assault response team.

that address the specific challenges to collaboration that were identified in this review. For example, trainings could provide communities with strategies for engaging resistant stakeholders in the SART process. Written materials could incorporate a review of different disciplines' confidentiality requirements, and discuss potential strategies for multidisciplinary information sharing that respect victims' confidentiality (e.g., rape victim advocates asking survivors to sign a waiver that allows some information sharing during case review). In order to address role conflict and tension over competing goals, technical assistance could help SARTs improve their communication, decision making, and conflict resolution practices. Improving their functioning in these areas can help teams proactively develop shared agreements regarding their goals, and different discipline's responsibilities in responding to sexual assault, and later address conflicts over these issues when they do arise.

SARTs also need sufficient resources to devote to their collaborative efforts (Cole, 2011). In many communities, SARTs do not have funding, but rather draw upon individuals and member organizations' own time and resources. Resources spent on collaborative efforts may be perceived as resources taken away from directly responding to victims and cases. When resources are limited, less time and money may be devoted to collaborative efforts. Instead of drawing money away from other important tasks, communities need resources that are allocated specifically toward enabling collaborative efforts in the response to sexual assault. SART specific funding could pay for members of organizations (e.g., police departments) to travel to and attend SART meetings, rather than having that time taken away from the organization itself. This might enable organizations that are reluctant to spend staff time on SART function to participate actively in their local SART. Grants could also devote money directly to SART coordinator positions; these coordinators can provide more stable organization to the team if they are able to devote sufficient time to their SART coordination roles, rather than having to split their time between responding to victims and cases versus coordinating the multidisciplinary team. Many organizations, particularly police departments and prosecutors' offices which do not specialize in addressing sexual assault, have limited resources to devote to trainings specific to sexual assault. Funders could create "mini-grants" that multiple SART teams in a region could jointly apply for; funds could be used to bring trainings or presentations on specialized topics (e.g., responding to drug-facilitated sexual assaults) to their region. Research on collaboration suggests that devoting resources directly to enhance the collaborative (specific examples in the literature include supporting member participation, creating a coordinator role, and training members) can improve the success of the collaborative (Foster-Fishman, Berkowitz, Lounsbury, Jacobson, & Allen, 2001; Kreuter, Lezin, & Young, 2000; Roussos & Fawcett, 2000). In this way, devoting resources specifically to collaboration could improve SARTs' functioning without draining resources from the direct response to sexual assault.

Another strategy to help SARTs flourish is to increase opportunities for networking and information sharing between different SARTs. Although SARTs vary from community to community, they also have a lot in common: similar disciplines, similar processes for collaborating, and similar challenges. Information sharing among SART teams could help SARTs to learn from other teams' experiences and then decide how to put that information to use in their own community. A SART discussion board could allow SART members to discuss what they perceived as the advantages or disadvantages of certain SARTs activities (e.g., case review), or different ways of operating a SART (e.g., broader or more restrictive membership; addressing victims of all ages in one team, or having one team devoted to children, and one team devoted to adults). SARTs could also share materials with one another, such as sample protocols, memoranda of understanding, bylaws, mission statements, quality assurance protocols, and evaluation/data collection instruments in a SART repository.

Further research and evaluation on SARTs will also advance the SART field. Thus far, the size and methodological rigor of the existing empirical literature limits the strengths of the conclusions that can be drawn about the effectiveness of SARTs, and there are also several important substantive questions that have yet to be asked. Future research on SARTs will be the most beneficial if it addresses these pressing limitations. Therefore, to conclude the article, the limitations of this body of literature related to its size, methodological rigor, and substantive gaps will be discussed; these limitations will be tied to implications for future work.

The published literature on SARTs is relatively small, and most SARTs that exist have not been captured by these studies. Simply put, more studies of more SARTs are needed. A great deal of time and energy is allocated to SARTs, and more information is needed both to evaluate their effectiveness, and to identify strategies for promoting their effectiveness. To encourage more studies of more SARTs, organizations that fund and support SARTs can help SARTs participate in evaluating their own efforts, by providing money devoted to evaluation costs (e.g., an evaluation consultant, research materials) or by providing SARTs with information on evaluation. Informational support could help SARTs conduct their own self-evaluations internally, and could also provide information on forging effective partnerships with external evaluators/researchers. This would enable individual SARTs to assess whether their SART is functioning the way they expected, and whether it has had the impact the team desired; in turn, such information can guide the team's future collaborative efforts. This strategy is frequently recommended in the broader literature on collaboration (e.g., Roussos & Fawcett, 2000).

Future research on SARTs also needs to employ more rigorous methods. Most of the studies in this review lacked comparison groups and only examined perceptions of the SART after the SART had been implemented (post only designs). Future studies could improve our understanding of the impact of SARTs by comparing similar communities with and without SARTs (quasi-experimental designs) or examining outcomes in communities before and after the implementation of SART (pre–post designs) in order to capture the impact of SARTs relative to

services as usual. Another key area for methodological improvement is the measurement of SARTs' effectiveness. Studies thus far have primarily relied on qualitative, self-report data from SART members. This may be due to the potentially challenging and resource intensive nature of other data collection methods like archival data collection or collecting data directly from survivors. However, while SART members are well-placed to provide insight into their perceptions of the SART, the challenges they face, and the multidisciplinary relationships among the members of their team, they may tend to over or underestimate the impact of their SART on other outcomes. Therefore, future studies should prioritize collecting data from a variety of sources other than SART responders (e.g., studying potential improvements to survivors' help-seeking experiences by collecting data from survivors) or triangulating data from multiple data collection methods in one study (e.g., study the impact of SART on legal outcomes through analyzing archival records and interviewing responders). Such research would improve the measurement of SARTs' effectiveness, and thereby the strength of the conclusions that can be made about the impact of SARTs. It may also yield new insights into how to improve SARTs.

It is especially problematic that the published empirical knowledge base on SARTs—interventions which seek to create a victim-centered response to sexual assault—has yet to include evaluations that ask sexual assault victims about their perceptions of the SART response. Future research that examines survivors' perspectives would be particularly useful to understanding how well the response is/is not meeting their diverse needs as well as identifying specific changes that need to be made regarding how various groups respond to victims. Such efforts to listen to survivors' opinions—and take action accordingly to ensure their needs are met and choices are respected—are consistent with a victim-centered philosophy.

Further research on SARTs should also address the substantive gaps in the existing literature. One key problem is that several of the goals of SARTs—sexual assault prevention, increasing community awareness of sexual assault and services for sexual assault survivors, and increasing help-seeking and reporting rates—have yet to be examined in the empirical literature on SARTs. SARTs are allocating their time and energy toward these goals, but research and evaluation have yet to capture these efforts and/or document the extent to which such related outcomes have been achieved. Future research and evaluation efforts could help broaden our understanding of SARTs by examining their effectiveness related to prevention and outreach efforts and by examining factors that promote or inhibit SARTs effectiveness at achieving these goals.

Studies that examine why some SARTs may be more or less effective will also be particularly helpful to the field at this time and should be prioritized. SARTs vary in how they are implemented from community to community, and there has been a great deal of discussion regarding how SARTs should operate. This begs the empirical question, which SART models are the most effective? For example, are more formalized or informal SARTs preferable? Are policies and protocols important? Are SARTs with more diverse or more concentrated membership better able

to achieve their goals? In addition, there is a lack of information on how community context impacts SARTs. Community attributes such as propensity toward collaboration, whether the community is urban or rural, or the number of police jurisdictions could impact SARTs' effectiveness. Research can examine whether certain SART models are better suited to certain types of communities. Such studies will better inform practice, by broadening our understanding of which SARTs are effective at achieving which types of improvements, and in which contexts.

Declaration of Conflicting Interests

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Notes

1. In this article, sexual assault is defined as unwanted sexual contact that occurs in the absence of consent, due to force, coercion, or the victim's inability to consent (e.g., due to age, intoxication, or mental disability). Rape refers specifically to acts of sexual assault that included attempted or completed penetration (e.g., Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).
2. The terms victim and survivor will be used interchangeably throughout this article, to acknowledge both the invasive nature of the crime as well as the strengths and agency of those that have been affected by it.
3. Implications of the diversity of SARTs are discussed in "Implications for Policy, Practice, and Future Research."
4. Before moving into an examination of SARTs' effectiveness, it is important to discuss the role of SANEs within SARTs. SANE programs specialize in providing comprehensive health care and high-quality forensic evidence collection to rape survivors while attending to their emotional needs (Ledray, 1999; Littel, 2001). SANEs are frequently involved in SARTs (Logan, Cole, & Capillo, 2007), and SANE programs have been found to contribute to improvements in cross-disciplinary relationships, as well as victim and legal outcomes (Campbell, Patterson, & Bybee, 2012; Campbell, Patterson, & Lichty, 2005). As such, studies of the effectiveness of the concurrent implementation of a SANE program and SART were excluded from the current review, because it would be impossible to conclude whether any effects are attributable to the SANE or SART. Studies with designs/methods that allowed examination of the effect of the SART intervention separate from the effect of the SANE program were retained (e.g., ICJIA, 2003; Nugent-Borakove et al., 2006).

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