THE HETEROGENEITY OF SEXUAL ASSAULT RESPONSE TEAMS (SARTS): A NATIONAL STUDY OF SART IMPLEMENTATION AND ITS IMPLICATIONS FOR SART EFFECTIVENESS

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A DISSERTATION

Submitted to Michigan State University in partial fulfillment of the requirements for the degree of

Psychology—Doctor of Philosophy

2013

ABSTRACT

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Sexual Assault Response Teams (SARTs) are community-level interventions that seek to improve the response to sexual assault by increasing coordination and building positive relationships among the systems that respond to sexual assault, particularly the legal, medical, and mental health/advocacy systems (Greeson & Campbell, 2013; National Sexual Violence Resource Center [NSVRC], 2011; Oregon Attorney General's Sexual Assault Task Force [OAGSATF], 2009; Pennsylvania Coalition Against Rape [PCAR], 2002; Zajac, 2006, 2009). Ultimately, SARTs seek to improve the processing of sexual assault cases in the legal system and improve sexual assault victims' experiences of seeking help post-assault. Despite these common goals, prior descriptive research (using convenience sampling) has illustrated that SARTs are heterogeneous with respect to how they are structured. More specifically SARTs vary according to the breadth of different stakeholder groups that are a part of the team (membership breadth), and their implementation of formal structures (formalization) and collaborative activities (case review, multidisciplinary cross-training, policy and protocol development and review, and program evaluation) to organization their work. Diffusion of Innovation Theory (Rogers, 2005) suggests that such variation in how SARTs are structured may create variation in SARTs' effectiveness at improving victims' help-seeking experiences and legal outcomes. As of yet, there have been no studies with rigorous, representative samples that have examined how SARTs

are structured, and no studies have examined whether differences in SARTs' structure are related to differences in SARTs' effectiveness.

Therefore, this national study of n=172 SARTs was conducted in pursuit of three aims: (1) to use random sampling methods to obtain a nationally representative sample of SARTs to assess their structural characteristics (2) to use cluster analysis to empirically derive subgroups of SARTs with different profiles based on their implementation of formal structures and collaborative activities; (3) to examine the relationship between SARTs' structural characteristics and their effectiveness at achieving improvements in legal outcomes and victims' help-seeking experiences. Interviews were conducted with SART leaders, who reported on their SARTs' structural characteristics and their perceptions of their SARTs' effectiveness. Descriptive findings indicated that SARTs do vary in how they are structured. Cluster analysis was used to identify three subgroups of SARTs that varied in their implementation of formal structures/resources (formalization) and collaborative activities to organize their efforts: "Low Adopters" (characterized by low formalization and less institutionalization of collaborative activities), "High Adopters except Program Evaluation" (characterized by high formalization and institutionalization of collaborative activities, but no program evaluation), and "High Adopters plus Program Evaluation" (characterized by high formalization and institutionalization of collaborative activities, as well as program evaluation). Findings indicated that SARTs in the "High Adopters plus Program Evaluation" group tended to be perceived as more effective than SARTs in the Low Adopters group. Other contextual features of SARTs and the communities they served were also examined as predictors of effectiveness. Implications for future research, policy, and practice for SARTs are discussed.

ACKNOWLEDGMENTS

Many people deserve recognition and thanks for the influence they have had on this dissertation and my graduate career.

First, a very special thank you to my husband Danny for sharing every step of this journey with me. Words aren't enough. I can't wait to take the next leap to Chicago together.

Thank you to my parents for teaching me to love books and learning. Thank you for supporting and encouraging all through my life. To my family, thank you for keeping me grounded, centered, and well fed. A special thanks to my beloved aunts for the many trips to the MSU Dairy Store! I am grateful to my siblings, who make me want to live up to being a good big sis and role model.

Thank you to Jonathan Livingston, Adrienne Adams, and Cris Sullivan, who were critical in helping me find and pursue a career in community psychology.

To my committee—Deb Bybee, Bill Davidson, and Angela Kennedy. Thank you for your support, guidance, and wisdom through the process of completing this dissertation and going on the job market. Thank you for the many opportunities you have provided, your patience while I fretted over getting a job, and for your confidence in me.

To the stats group—Deb, Angie, Adrienne, and Marisa. Thank you for your collegiality, support, and the laughs we've had working together over the years. In the midst of academia, our group was integral in helping me to stay grounded in who I am and helping me to see the joy and friendship that can blossom in academia.

Special thanks to Deb, who helped me see that I loved and was actually pretty good at stats and data analysis. What a joy that has been. I am grateful for your exceptional kindness and your unique ability to make me feel valued as a colleague.

To those special friends who really shared this experience with me--Adrienne, Debra, Erin, and Lauren. Thank you for pushing me to think differently, for listening, for your gentle advice, for keeping me laughing, for your strong values, for the cheerleading, and for just plain being there whether taking walks, sitting on cars, or hanging by the fountain. You are the best and it wouldn't have been the same without you.

Thank you to the SARTs that were willing to share their time and insight with me and my team and the National Sexual Violence Resource Center for their interest in the project.

Thank you to the members of the MSU National SART project team for their time, effort, and patience.

Finally, to my chair, Becki Campbell—an outstanding mentor. I am so grateful that you took me on as a green, first-year student and continued to work with me all throughout graduate school. Thank you for your time and energy, your genuine interest in helping me identify and pursue my own goals, and the multitude of doors you have opened and helped me to open. I am so appreciative that you took a chance on me and agreed to undertake a big, difficult grant together. Thank you for the many ways you went above and beyond the employer and advisor role, and for your patience with my many quirks and limitations. You have done so much for me.

Funding Note:

This research was supported by a grant from the National Institute of Justice, 2010-WG-BX-0010 awarded to Dr. Rebecca Campbell, PI. The opinions or points of view expressed in this document are those of the authors and do not reflect the official position of the U.S. Department of Justice.

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OVERVIEW

Over the past two decades, improving the community response to rape has received substantial attention from researchers, practitioners, and policy makers. Key stakeholders in the response to sexual assault include the legal system (police and prosecutors who investigate and prosecute cases), the medical system (doctors and nurses who collect forensic evidence and attend to victims' healthcare needs), and the mental health/advocacy systems (counselors and advocates who address mental health needs, and provide support as victims navigate the legal and medical systems; Martin, 2005). Historically, these systems have failed to hold rapists accountable and provide victims with services in a sensitive manner (see Campbell, 2008 and Seidman & Pokorak, 2011 for reviews). Through local, grassroots efforts, communities throughout the United States have developed two alternatives to address these problems: Sexual Assault Nurse Examiner Programs (SANEs) and Sexual Assault Response Teams (SARTs).

In the 1970s, the first SANE programs were developed (Ledray, 2001). SANE programs are staffed by nurses who have received extensive specialized training in attending to rape victims' emotional needs; providing comprehensive medical services; and collecting, documenting, and handling medical/forensic evidence which can then be used in legal cases against assailants (Ledray, 2001; Littel, 2001). Research on SANEs has demonstrated that they are effective at improving rape victims' experiences with the medical system, providing more comprehensive medical services, and improving the quality of medical/forensic collection for use in the legal system; in some communities, they have also been able to contribute to improvements in local prosecution rates (see Campbell, Patterson, & Lichty, 2005 for review).

SARTs emerged in the 1970s in tandem with SANE programs (Zajac, 2006).

SARTs are community-level interventions that seek to improve the response to sexual assault by increasing coordination and building positive relationships among the systems that respond to sexual assault, particularly the legal, medical, and mental health/advocacy systems (Greeson & Campbell, 2013; National Sexual Violence Resource Center [NSVRC], 2011; Oregon Attorney General's Sexual Assault Task Force [OAGSATF], 2009; Pennsylvania Coalition Against Rape [PCAR], 2002; Zajac, 2006, 2009). SANEs were involved in the development of some of the first SART teams, and now, the majority of Sexual Assault Nurse Examiner programs participate in a Sexual Assault Response Team (Logan, Cole, & Capillo, 2007; Plichta, Vandecar-Burin, Odor, Reams, & Zhang, 2006). The underlying philosophy of SARTs is that by learning from one another's expertise, developing trust, encouraging communication, increasing accountability, and creating a coordinated service system, the legal, medical, and mental health systems can more effectively meet victims' needs and hold rapists accountable.

While the body of research on SANEs has grown and continued to demonstrate their utility (see Campbell et al., 2005 for review), there have been fewer studies of SARTs' effectiveness and the results of these studies have been less clear (see Greeson & Campbell, 2013 for recent review). The limited research that exists shows that *some* SARTs have the potential to improve victims' help-seeking experiences, and impact some legal outcomes like arrest rates (e.g., Noble, Brannon-Patel, & Tysoe, 2001; Nugent-Borakove, Fanflik, Troutman, Johnson, Burgess, & Lewis-O'Connor, 2006). An examination of practitioner writings on the SART model (i.e., what constitutes a SART and how it should be implemented) as well as descriptive research on SARTs provides some insight into these mixed findings. Among practitioner writings on SARTs, there is a lack of consensus regarding how exactly SARTs should be structured and function. Moreover, descriptive research confirms that in practice, SARTs are quite heterogeneous (Zajac, 2006, 2009). It seems plausible that due to differences in how they are implemented, some SARTs are more successful than others. However, research has yet to examine how differences in the implementation of SART teams may relate to differences in their effectiveness.

The current study seeks to advance our understanding of SARTs by furthering our knowledge on the heterogeneity of SARTs and exploring the relationship between how SARTs are structured and function and their effectiveness. In order to situate the work of SARTs, the literature review will begin with an introduction to the prevalence of sexual assault and its effects on victims' well-being. This will be followed by an overview of the community response to rape, and a review of the problems that have been associated with the traditional uncoordinated response to sexual assault. Then, a comprehensive review of the research on Sexual Assault Response Teams will be presented. Next, diffusion of innovation theory and its relevance to scholarship on SARTs will be discussed. The review will conclude with a discussion of the broader literature base on structural factors that are related to the effectiveness of collaborations, again applied to the context of SARTs.

LITERATURE REVIEW

Sexual Assault as a Social Problem

Sexual assault is defined as sexual contact that occurs in the absence of consent, meaning the contact is perpetrated through the use of force, threats of force, or when the victim is unable to consent to sexual activity (for example, due to age, mental disability, or intoxication; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). The term rape refers specifically to assaults that involve penetration or attempted penetration of the victim's body (Krug et al., 2002). Rapists and their victims come from all social groups; most often, sexual assault is perpetrated by men against women and children (Tjaden & Thoennes, 2006; World Health Organization [WHO], 2003)¹.

Rape is an extensive problem that has affected the lives of millions of women in the United States (Post, Biroscak, & Barboza, 2011). National random samples of the general population (obtained by random digit dialing) have found that 11-18% of adult women had been raped in their lifetimes and 0.3% to 0.9% had been raped in the past year (Basile, Chen, Black, & Saltzman, 2007; Kilpatrick et al., 2007; National Victim Center, 1992; Tjaden & Thoennes, 2006). These studies may actually underestimate the magnitude of rape as random digit dialing limits the inclusion of certain high-risk groups in the sample (e.g. homeless women) and the researchers utilized narrower definitions of victimization² (Raphael & Logan, 2008). In fact, in a nationally representative sample of college women, Koss et al. found a much higher prevalence rate: 28% of their sample had been raped (completed or attempted) since the age of 14 (Koss, Gidcyz, & Wisniewski, 1987). Despite the inconsistencies in this area of research, it is clear that rape is not an uncommon experience (see Raphael & Logan, 2008 for a recent critique of the rape prevalence literature).

¹ As such, the female pronoun will be used to refer to victims throughout this document.

² The National Violence Against Women Study by Tjaden and Thoennes (2006) and the National Women's Study (National Victim's Center, 1992) asked about rape which involved force or threats of harm (which is unlikely to capture assaults that occurred when the victim was unable to consent, for example, due to intoxication from alcohol or drugs). The National Women's Study (National Victim's Center, 1992), the Injury Control and Risk Survey (Basile et al., 2007) and Kilpatrick and colleagues' study of drug-facilitated, incapacitated, and forcible rape (Kilpatrick et al., 2007) captured completed penetration, but not attempted rape.

The pervasiveness of this problem is particularly troubling when one considers the effects it can have on people's lives. Fundamentally, rape is a violation of a person's body and will, and such a traumatic incident can profoundly impact survivors³ emotional and physical well-being. Immediately after the assault, survivors may have injuries and be at risk for sexually transmitted infections and unwanted pregnancy (Basile & Smith, 2011; El-Mouehly, 2004; S. Martin & Macy, 2009; S. Martin, Macy, & Young, 2011; Resnick, Acierno, Holmes, Dammeyer, & Kilpatrick, 2000). In addition, many survivors experience significant psychological distress post-assault. Feelings of fear, agitation, confusion, shock, shame, self-blame, emotional detachment, and social withdrawal are common (Basile & Smith, 2011; Bryant-Davis, Chung, & Tillman, 2009; Jordan, Campbell, & Follingstad, 2010; Yuan, Koss, & Stone, 2006).

In the long term, rape victims are at heightened risk for a variety of negative outcomes. Mental health problems associated with sexual assault include depression, posttraumatic stress disorder, generalized anxiety problems, suicidality, substance abuse, poor self-esteem, stress, and somatic complaints (Basile & Smith, 2011; Booth, Mengeling, Torner & Sadler; Bryant-Davis et al., 2009; Campbell, Dworkin, & Cabral, 2009; El-Mouehly, 2004; Hanson et al., 2008; Jordan et al., 2010; Kilpatrick & Acierno, 2003; Kimerling & Calhoun, 1994; Koss, Bailey, Yuan, Herrera, & Lichter, 2003; S. Martin & Macy, 2009; S. Martin, Macy, & Young, 2011; Palm & Follette, 2008; Yuan et al., 2006; Zinzow et al., 2010a; Zinzow et al., 2010b). Long-term physical health sequelae include headaches, chronic pain, pregnancy complications, and gastrointestinal,

³ The terms "victim" and "survivor" will be used interchangeable throughout this document, as is often done in this literature. Victim denotes the crime that was committed against them, and survivor acknowledges the strengths and the agency of the people who have lived through such experiences.

gynecological, sleeping, and sexual problems. More generally, when compared to non-victims, rape survivors report a greater number of physical health symptoms and poorer perceptions of their health (Amstadter, McCauley, Ruggiero, Resnick, & Kilpatrick, 2010; Cloutier, S. Martin, & Poole, 2002; Golding, 1999; Jordan et al., 2010; Kimerling & Calhoun, 1994; S. Martin & Macy, 2006; Martin, Macy, & Young. 2011; Palm & Follette, 2008; Resnick and Acierno et al., 2000). These findings show that rape is not only a crime, but also a serious public health issue. The scope of the problem suggests that both prevention of rape and working to mitigate the negative consequences of rape are important aims.

The Role of Community Systems in Responding to Sexual Assault

Social systems—in particular, the legal, medical and mental health/advocacy systems can play an important role in responding to victims' needs. The legal system is responsible for apprehending the suspect and investigating and prosecuting the crime (P. Martin, 2005; Seidman & Pokorak, 2011; Spohn & Tellis, 2012). The medical system provides forensic and medical services. Nurses and/or physicians are responsible for collecting and documenting forensic evidence of the assault from the survivors' body and clothing (e.g. documenting injuries, swabbing for DNA)—evidence which can then be utilized in the criminal justice process (American College of Emergency Physicians, 1999; Department of Justice, 2004; P. Martin, 2005). In addition, nurses and doctors attend to victims' medical needs, such as addressing any injuries the survivor may have sustained and providing prophylactic medication to prevent STIs and pregnancy (American College of Emergency Physicians, 1999; Department of Justice, 2004; P. Martin, 2005). Finally, mental health providers, including rape crisis center advocates and counselors, provide crisis intervention, counseling, and support groups to help survivors cope with the emotional effects of the assault (Campbell & P. Martin, 2001; Macy, Giatinna, Sangster, Crosby, & Montijo, 2009; P. Martin, 2005). Advocates may also provide informational and emotional support to survivors to help them navigate the legal and medical systems (Campbell & P. Martin, 2001; Macy et al., 2009; P. Martin, 2005).

Under-Utilization of Community Systems by Rape Survivors

Although these social systems are available resources for survivors, they are vastly under-utilized. Studies have found that a substantial proportion of victims do not seek help from formal systems in response to the assault (see Ullman, 2010 for a review). Approximately 6-40% of adult rape survivors report the assault to police, 10-43% have contact with the medical system, and 27-60% access mental health services (Ahrens, Cabral, & Abeling, 2009; Amstadter, McCauley, Ruggiero, Resnick, & Kilpatrick, 2008; Brecklin & Ullman, 2010; Campbell, 2008, Campbell & Raja, 2005; Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Chen & Ullman, 2010; Filipas & Ullman, 2001; George, Winfield & Blazer, 1992; Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007; Resnick and Holmes et al., 2000; Tjaden & Thoennes, 2006; Ullman, 1996, 2007; Ullman, Filipas, Townsend, & Starzynski, 2007; Wolitzky-Taylor et al., 2011). However, these systems are not bypassed by sexual assault victims without reason. Barriers to help-seeking include issues of accessibility, such as lack of awareness of services, limited program hours, and lack of transportation (Logan, Evans, Stevenson, & Jordan, 2005). In addition, many victims believe that their experiences do not qualify them for the services that are available. For example, they may feel that it has been too long since the assault, or they believe the incident is not "serious" enough (Logan et al., 2005; Patterson, Greeson, & Campbell, 2008; Tjaden & Thoennes, 2006; Walsh, Banyard, Moynihan, Ward, & Chon, 2010). Finally, many survivors have negative perceptions of formal systems and believe that the systems may not be helpful to them or that contact with these systems will actually be hurtful, and therefore do not

seek help (Logan et al., 2005; Patterson et al., 2008; Tjaden & Thoennes, 2006; Ullman, 2010; Walsh et al., 2010; Wolitzky-Taylor et al., 2011). These barriers to help-seeking are problematic because they prevent survivors from receiving services that may facilitate their emotional and physical recovery; in addition, they prevent women from reporting the assault which contributes to the under-reporting of rape cases.

Problems with the Response of Formal Systems to Sexual Assault Survivors

The negative perceptions of social systems that deter survivors from reporting and seeking mental and physical health care are not unwarranted. Historically, the community response to sexual assault has been inadequate. To provide a brief overview, key problems that will be reviewed include: gaps in service provision in the medical system, problems with forensic evidence collection, low conviction rates, and negative treatment of survivors by legal and medical systems personnel, which exacerbates the trauma that survivors have experienced.

In the medical system, many survivors who seek help from a hospital emergency department do not receive comprehensive services: approximately 29-60% do not receive information about risk of pregnancy, 39-80% do not receive emergency contraception, 31-61% do not receive information about STIs, and 13-51% do not receive some form of prophylactic medication (Amey & Bishai, 2002; Campbell 2005; Campbell & Bybee, 1997; Campbell & Raja, 2005; Campbell et al., 2001; Monroe et al., 2005; National Victim Center, 1992; Rambow, Adkinson, Frost, & Peterson, 1992; Rovi & Shimoni, 2002). Clearly, many victims do not receive appropriate health care post-assault (see Campbell & Patterson, 2011 for recent review).

In addition to these gaps in health care for rape survivors, there are serious problems with traditional emergency department (ED) forensic evidence collection. Typically, ED personnel are not adequately trained in evidence collection and do not conduct enough forensic evidence exams to maintain proficiency; as a result ED staff often neglect to collect all types of available evidence and fail to maintain the chain of evidence (Littel, 2001; P. Martin, 2005; Plichta et al., 2006). Some staff may even deny survivors forensic exams altogether. In a series of studies, Campbell and colleagues found that 14-30% of survivors who seek medical help do not receive a forensic exam (Campbell, 2005; Campbell & Bybee, 1997; Campbell et al., 2001). Failure to provide evidence collection, as well as inadequate evidence collection and maintenance, result in less evidence for the legal system to use in prosecuting and convicting rapists.

These problems with forensic evidence collection may contribute to another troublesome aspect of the community response to sexual assault: the staggeringly high rate of attrition of rape cases in the legal system. Research has demonstrated that the majority of rape cases are closed/ dropped in the earliest stages of the criminal justice process (e.g., Campbell et al., 2001; Frazier & Haney, 1996; Lonsway & Archambault, 2012; Tjaden & Thoennes, 2006)⁴. In a community-based study of women seeking help from an urban Veteran's Administration hospital, over half of rape victims who reported the assault stated that hey were discouraged from reporting by legal personnel and approximately half stated that legal personnel refused to take the report of the assault (Campbell & Raja, 2005). Another study found that police frequently fail to take action on rape cases that are brought to their attention. Campbell (2005) interviewed rape victims who responded when they reported the assault. Based on the accounts of the officers themselves, approximately

⁴ Lonsway and Archambault concluded (based on Uniform Crime Report data) that "a fraction" of reported rape cases result in arrest, and that this pattern is similar to other violent crimes. However, they also concluded that the proportion of rape cases that result in arrest is getting smaller over time, while the proportion of other violent crimes that result in arrest has remained fairly steady.

half of rape case reports are not filed (45%) and only one-fourth (27%) are investigated (Campbell, 2005). Given these findings, it is perhaps not surprising that approximately twothirds of reported cases are closed by police and never referred to the prosecutor's office for consideration of filing charges (see Campbell, 2008 for review). Evidence illustrates that legally relevant (e.g., forensic evidence) as well as legally irrelevant factors (e.g., victim characteristics such as risk-taking behavior) influence police officers' decision-making regarding which cases to refer/not refer for prosecution (Spohn & Tellis, 2012).

Case attrition is not just a problem that stems from the actions of police officers; many cases are also dropped in the prosecution phase of the criminal justice system process. As in the case of police, prosecutors attune to both legally-pertinent factors (e.g., victim willingness to prosecute) as well as legally-extraneous factors (victim and perpetrator race), when deciding which cases to pursue (Spohn & Tellis, 2012). Recent reviews have concluded that approximately 33-40% of reported cases result in the prosecutor's office filing charges and 7-16% result in incarceration of the offender (Campbell, 2008; Seidman & Pokorak, 2011). Given that less than half of cases are reported by survivors, only a fraction of rape cases result in the rapist being held criminally accountable. This is a pressing matter, as the majority of rapists are repeat offenders (Lisak & Miller, 2002), and those that are not held criminally accountable remain at large, free to perpetrate again.

Thus, survivors who turn to the legal and medical systems have a very high probability of not attaining the services and legal outcomes they seek. For many victims, in addition to not being helpful, legal and medical system personnel are actually hurtful to many survivors. Research by Ullman and colleagues has shown that rape victims who disclose the assault to a formal community system (including the legal and medical systems) receive a higher number of negative reactions to disclosure (e.g., victim-blaming; Filipas and Ullman, 2001; Starzynski, Ullman, Filipas, & Townsend, 2005; Ullman, 1996). More specifically, survivors who have had contact with the legal and medical systems describe a variety of upsetting experiences, such as system personnel treating them in a cold or impersonal manner, failing to express empathy, treating them with disbelief, suggesting that they were to blame for the assault, and denying them services (Campbell, 2005, 2008; Campbell & Raja, 1999; Logan et al., 2005; Madigan & Gamble, 1991; P. Martin, 2005; P. Martin & Powell, 1994). The evidence reveals that such negative experiences, termed "secondary victimization," are quite common. Results from community samples indicate that the majority of rape victims who seek medical and or legal assistance experience some form of secondary victimization (Campbell 2005; Campbell et al., 2001; Campbell & Raja, 2005), and this has also been corroborated by legal and medical personnel themselves (Campbell, 2005). The pervasiveness of secondary victimization indicates that this is not an idiosyncratic problem caused by a few personnel, but is instead systemic in nature.

These experiences are not benign. Negative interactions with legal and medical system personnel (which typically take place in the first few days after the assault) exacerbate the trauma that rape survivors have already experienced (Campbell, 2008; Campbell et al., 2001). Many survivors report that denial of services and victim-blaming, disbelieving, and cold treatment by legal and medical system personnel contribute to distressing emotions such as feeling bad about themselves, self-blame, depression, anxiety, and feeling violated (Campbell, 2005; Campbell & Raja, 2005). Studies of the effects of survivors' disclosure to a variety of recipients—including legal, medical, and mental health system personnel—have found that receiving more negative victim-blaming reactions to disclosure is associated with more severe posttraumatic stress symptoms (Ullman, 2010; Ullman & Filipas, 2001; Ullman et al., 2007). Negative interactions specifically from legal and medical system personnel are also associated with increased posttraumatic stress, as well as poorer physical and psychological health (Campbell et al., 2001). In short, many rape victims reach out to community systems and, instead of receiving help, are actually harmed.

In summary, there are a variety of inter-related problems with the formal response to sexual assault including: (1) low reporting and help-seeking rates; (2) gaps in medical service delivery and forensic evidence collection; (3) case attrition in the legal system; and (4) exacerbation of survivors' trauma by legal and medical systems personnel.

Problematic Interactions between Formal Systems in the Response to Rape

In addition to these problems regarding the interactions between survivors and systems, there are also problems regarding the relationships *between* the legal, medical, and mental health/advocacy systems. Bronfenbrenner's ecological theory (1979) posits that individuals are influenced not only by the settings they directly interact with, but also the interactions between those settings. Applied to the case of rape, this means that the legal, medical, and medical systems—as well as the interactions between these systems—impact survivors and their cases.

Historically, relationships among the legal, medical, and mental health systems constitute another problematic aspect of the community response to rape, as relationships are often nonexistent or even outright negative. In part, this likely due to the fact that these systems have fundamental differences, from different organizational structures, different funding streams, different policies and procedures for governing their work, to different goals and philosophies for working with victims (P. Martin, 2005). The criminal justice system's priority is public safety, meaning that they want victims to get medical/forensic evidence collected, and to report and participate in the prosecution of their rapist (Martin, 2005). On the other hand, the burden of proof in the U.S. criminal justice system requires evidence the crime was committed by the accused rapist beyond a reasonable doubt and it is the job of police and prosecutors to help determine which cases are/are not substantiated by sufficient evidence (P. Martin, 2005). Consequently, there is also a long-standing pattern of devaluing victims in cases where criminal justice system personnel perceived the victim to lack credibility and in cases that lack hard evidence (P. Martin, 2005, Spohn & Tellis, 2002). Furthermore, prosecutors, who are elected officials, may be reluctant to pursue cases that are not sure to result in conviction. Hospitals and emergency rooms provide critical medical care to patients, may be reluctant to care for rape victims without serious injuries when they have other patients to attend to, and may also be hesitant to engage in the forensic aspects of rape cases for fear of getting entangled in the legal system (P. Martin, 2005). Rape victim advocates and counselors provide support to all victims, and believe that attending to victims' well-being and restoring choice and control their lives is of utmost importance (P. Martin, 2005). This may put them at odds with the legal system when a victim does not want to participate in prosecution or at odds with the medical system when they need to advocate for doctors/nurses to provide the victim with services (P. Martin, 2005).

Perhaps not surprisingly, research illustrates that—historically—these very different groups have not worked well together to address sexual assault. In many communities, the response to rape is fragmented, 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 blurring and/or conflicts across systems regarding who should do what when responding to rape are common (P. Martin, DiNitto, Byington, & Maxwell, 1992). Negative relationships may even exist among stakeholder groups, and cause interference with one another's work. For example, P. Martin (2005) describes instances in which nurses and prosecutors, who devalued the work of victim advocates, excluded advocates from the medical forensic exam and the pretrial interview with the prosecutor—preventing the advocate from providing advocacy services to the survivor.

These problematic interactions between systems result in missed opportunities for helping survivors access comprehensive services. Survivors, rather than reaching out for help once to an interconnected web of community responders, must identify all resources and seek out help multiple times from each system individually (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 essence falling through the proverbial cracks of an uncoordinated system.

This lack of coordination between systems also creates missed opportunities for diverse sexual assault responders to assist one another. Systems are dependent upon one another for their work. For example, police depend on the medical system for forensic evidence collection and the prosecutor to charge cases, the prosecutors rely on police to build good cases, and, to some extent, rape victim advocates rely on the medical and legal systems for access to survivors in order to provide them with advocacy services (Martin, 2005). Such dependency requires an understanding of how these systems can and should work together, and what each group can contribute to the other groups in order to be effective. However, in uncoordinated communities there is 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, pp. 562). This may create a variety of problems. 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 longterm participation in the legal system. It is likely that such missed opportunities for survivors and systems contribute to the many problems reviewed before: low reporting and help-seeking rates, gaps in medical service delivery and forensic evidence collection, case attrition in the legal system, and negative treatment of survivors by legal and medical systems personnel.

Sexual Assault Response Teams

In recognition of these problems, communities through the United States have developed an alternative model for responding to sexual assault. Sexual Assault Response Teams (SARTs) are community-level interventions that seek to improve the response to sexual assault by increasing coordination and building positive relationships among the systems that respond to sexual assault, particularly the legal, medical, and mental health/advocacy systems⁵. Typically, SARTs primarily focus on *improving victims' post-assault help-seeking experiences* (e.g., by addressing barriers to seeking help, improving the quality of service delivery, and decreasing revictimization of survivors by system personnel); and *improving legal outcomes* (e.g., increasing reporting to the police, improving prosecution/conviction rates, improving forensic

⁵ Note that some organizations use the term "Sexual Assault Response Team" to refer to a medical team of nurses and/or doctors that respond within a hospital to rape victims. In this document, the term SART will be limited to multidisciplinary teams that include stakeholder groups from multiple systems.

evidence, increasing victim participation in the criminal justice system; PCAR, 2002; OAGSATF, 2009; Zajac, 2009).

Creating collaboration between the key groups that respond to sexual assault particularly the legal, medical, and advocacy/mental health systems is a lofty, but highly desirable goal. Since the inception of the first SARTs in the 1970s, SARTs have diffused rapidly and widely to hundreds of communities (Zajac, 2006, 2009). While the commonality among SARTs is multidisciplinary coordination and relationship-building, there is considerable evidence that precisely how these teams are structured and function varies from community to community. Key domains in which SARTs may differ include their membership, activities, and their use of formal structures and resources to organize their team.

Membership. The representation of various stakeholder groups may vary across SARTs. Most guidelines recommend that SARTs include (at a minimum) the four primary immediate responders to sexual assault: medical/forensic examiners, police, prosecutors, and rape crisis center victim advocates (Department of Justice [DOJ], 2004; Florida Coalition Against Sexual Violence [FCASV], 2007; Kentucky Association of Sexual Assault Programs [KASAP], 2002; Ledray, 2001; OAGSATF, 2009; PCAR, 2002). However, descriptive research on SARTs suggests that not all SARTs engage each of these groups. In two studies in 2005 and 2008-2009, the National Sexual Violence Center (NSVRC) utilized convenience sampling to survey SARTs regarding their operations (Zajac, 2006, 2009). Results showed that 86-87% of teams that responded to the survey included victim advocates, 84-85% included law enforcement, 73%-77% included medical/forensic examiners, and 72-76% included prosecutors (Zajac, 2006, 2009). Approximately two-thirds of teams included all four of these stakeholder groups (Zajac, 2009). SARTs may also differ in the degree to which they involve other stakeholders in their efforts to address sexual violence. Some SART development guidelines recommend the inclusion of crime lab personnel, dispatch, corrections, judges, sex offender treatment personnel, and/or victim advocates from the prosecutor's office as key players in the response to sexual assault (DOJ, 2004; FCASV, 2002; OAGSATF, 2009; PCAR, 2002). In addition, other service organizations that are not geared toward providing services to sexual assault victims, but may have contact with them may be invited to participate in a SART (including mental health, public health, and social services agencies, schools, religious/faith institutions). Additionally, organizations that serve specific populations within the community who are affected by sexual assault (such as college students, LGBTQ, military, tribal, people with disabilities) may become members of a SART (DOJ, 2004; FCASV, 2002; OAGSATF, 2009; PCAR, 2002). In sum, SARTs' membership may vary based on which stakeholders and how many stakeholders belong to their team.

Collaborative activities. Similar to their membership, SARTs exhibit heterogeneity in the collaborative activities in which they engage. SART guidelines recommend a variety of activities. The most commonly recommended activities include: *case review* (in which the response to individual cases is systematically reviewed by a multidisciplinary group); development of *policies and protocols that delineate the desired response to sexual assault in their community; cross-disciplinary trainings* to increase stakeholders' knowledge of one another's roles and limitations and improve their ability to respond to sexual assault effectively; and *evaluation* to assess the implementation and outcomes of their team's efforts (FCASV, 2007; KASAP, 2002; NSVRC, 2011; OAGSATF, 2009; PCAR, 2002). SARTs may participate in

none, some, or all of these activities. Evidence from the NSVRC studies shows that SARTs implementation of these "best-practices" varies from community to community. See Table 1.

Use of formal structures. In a similar vein, SARTs vary in the degree to which they utilize formal structures and resources to organize their multidisciplinary teamwork (their *formalization*). Although guidelines recommend the implementation of formal structures (including, but not limited to, regular meetings, committee structure, SART leader, facilitator, or coordinator, mission statement (e.g., FCASV, 2007; KASAP, 2002; OAGSATF, 2009), SARTs range from very informal partnerships to highly formalized collaborative groups (NSVRC, 2011). See Table 1 for descriptive statistics on SARTs' formalization.

Table 1:Proportion of U.S. SARTs Utilizing Recommended Activities and Infrastructure

SART feature	NSVRC 2005	NSVRC 2008-2009	
	Activities		
Regular case review	23%	25%	
Policies and protocols	43-57% ^a	52%	
Holds trainings for SART team members	n/a	64%	
	Formal structure		
Holds regular collaborative meetings	82%	81%	
Team facilitator or coordinator	60%	82%	
Paid staff	44%	49%	
Formal funding	65%	61%	

Note. Activities and formal structures that are discussed in the text but not in the table were not assessed by these studies. ^a This represents the proportion of teams that had protocols delineating the response of various stakeholder groups (e.g., 57% had protocols re: the response of rape victim advocates).

In summary, the way in which SARTs are structured varies a great deal from community to community. While this section has provided insight into how SARTs are implemented in practice, the next question that must be asked is, are these interventions actually effective at achieving their aims?

Effectiveness of SARTs

Although SARTs have been lauded by many practitioners and policy-makers (e.g., DOJ, 2004; Ledray, 2001; Malefyt, Little, & Walker, 1998; PCAR 2002), research and evaluation of SARTs has been unable to keep up with their rapid diffusion and the vast majority of SARTs have not been formally evaluated (Zajac, 2009). The published research that does exist has focused on SARTs' effectiveness in three domains: *improvements in the relationships among the systems that respond to sexual assault, improvements in victims' help-seeking experiences, and improvements in legal cases outcomes*. No published literature has reported on SARTs' effectiveness at preventing perpetration or improving public awareness of sexual assault or services for victims. See Greeson and Campbell (2013) for recent review of the effectiveness of SARTs.

Relationships between systems. The extant literature on improving cross-system relationships suggests that SARTs⁶ have the potential to improve communication and the quality of relationships. In an evaluation of pilot SANE-SART programs in Illinois, stakeholders reported that SART meetings facilitated information-sharing across systems, such as follow-up about individual cases and updates about policy changes. The same evaluation also documented

⁶ Pre-post studies that examined the impact of SANE and SART in communities where they were implemented concurrently were excluded from this review, as it is impossible to tell whether their findings are attributable to the SANE or SART component of the intervention.

improved relationships: SART members reported that SART meetings enhanced their understanding of other members' perspectives, and enabled them to make decisions collectively. In Noble and colleagues' study of a funding initiative to support 22 SARTs in California, SART leaders noted that a benefit of the SART program was increased contact among team members, which led to improved relationships (Noble et al., 2001). While these findings are encouraging, the question remains whether SARTs are able to translate these improvements in relationships into improved services for victims and increased offender accountability in the legal system.

Victims' experiences. The few studies that have examined victims' experiences in communities with SARTs have indicated that these interventions can have a have a positive impact on survivors' help-seeking experiences. Campbell (1998) conducted a national study of rape victim advocates and asked them to report on their most recent case. Cluster analysis was used to capture victims' experiences with the legal and medical systems, as reported by the advocates. Survivors who received care in a community with a coordinated response to sexual assault (all but one of which had a SART) were more likely to receive services and had the highest fit between the services they desired and the services they received. In a follow-up qualitative study with rape victim advocates, Campbell and Ahrens (1998) found that advocates in communities with a SART believed that SARTs improved communication between survivors and community systems (Campbell & Ahrens, 1998). In a more recent quasi-experimental study comparing cases processed in a community with a SANE-SART, a SANE but no SART (SANEonly), and no-SANE/no-SART, Nugent-Borakove and colleagues found that survivors in the SANE-SART community were offered more services than survivors in the comparison communities (Burgess, Lewis-O'Connor, Nugent-Borakove, & Fanflik, 2006; Lewis-O'Connor, 2009; Nugent-Borakove et al., 2006). Finally, in Noble and colleagues' study, leaders from seven SARTs noted that a benefit of SARTs was preventing secondary trauma to victims during their interactions with community systems (Noble et al., 2001). Thus, the extant literature, though sparse, suggests that SARTs have the *potential* to improve victims' experiences with community systems.

Legal outcomes. Findings regarding SARTs' impact on legal case outcomes are mixed. Campbell's national study (1998) found that survivors who received care in highly coordinated communities (all but one of which had a SART) were more likely than survivors who received care in an uncoordinated community to be classified in the cluster with the highest prosecution rates. Nugent-Borakove's study also found a positive impact of SART on proximal legal outcomes; more specifically, quality of evidence collection, victim participation in the legal system, and arrest and charging rates were significantly higher in the SANE-SART community (Nugent-Borakove et al., 2006). On the other hand, in the same study, there were no significant differences between the communities on more distal legal outcomes, specifically conviction rates and sentence lengths, after controlling for site differences in case characteristics (Nugent-Borakove et al., 2006). Another study by Wilson and Klein (2005) examined the impact of a SART on a variety of legal outcomes; they were unable to identify any significant differences between SART and non-SART cases. However, the utility of this study is restricted by key methodological limitations. The SART they examined is highly unusual in several ways (e.g., it operates at the state rather than community level, victims choose whether to receive services through a SART or non-SART model, and only victims who agree to cooperate with the criminal justice system receive services) and may not be generalizable to other SARTs. In addition, the authors acknowledged that their analyses were hampered by low statistical power.

In answer to the question—are these interventions effective at achieving their aims?—it appears that SARTs are a "promising practice." In particular, many SARTs have been able to achieve improvements in relationships among stakeholders, victims' help-seeking experiences, and proximal legal outcomes (e.g., evidence collection, referral rates). However, descriptive research shows that SARTs vary a great deal in practice and studies of their effectiveness have not captured this heterogeneity. This is an important omission, as variation in SART implementation may be related to variation in their effectiveness: some types of SARTs may be more able to achieve positive effects, while other SART variants may be less beneficial. To examine this issue of heterogeneity in practice in more detail, the next section will provide an overview of diffusion of innovation theory (Rogers, 2003) and its applications to SARTs.

Diffusion of Innovation Theory

Diffusion of innovation (DOI) theory explores the adoption and implementation of "innovations," which are defined as ideas, practices, or objects that are perceived as new by potential users (Rogers, 2003, pp. 12). It has been utilized in both the natural and social sciences, and has been applied to a variety of types of innovations including social fads, technological advances, and social programs/interventions. Within community psychology, DOI has been applied to understand the processes of adoption and implementation within the context of community-based interventions (Mayer & Davidson, 2000; Emshoff et al., 2003; Hazel & Onaga, 2003; Rodríguez, Baumann, & Schwartz, 2010). More specifically, DOI has traditionally been applied to the diffusion of evidence-based interventions, in which an intervention model was empirically tested, and *then* disseminated.

According to DOI, as innovations are adopted by new users, a process termed "reinvention" may occur. Reinvention occurs when an innovation is modified by those who adopt and implement it (Rogers, 2003). In the diffusion of interventions into community settings, common examples of reinvention include discarding or altering components of the intervention or adding to the intervention (Mayer & Davidson, 2000). There are many incentives for adopters to engage in reinvention of interventions, such as creating local buy-in and ownership as well as ensuring the intervention is appropriate to the local population and the setting within which it is implemented (Dearing, 2009; Dearing, Maibach & Buller, 2006; Emshoff et al., 2003; Mayer & Davidson, 2000). As such, modifying interventions during implementation in community settings is quite common (Dearing, 2009; Durlak & Dupre, 2008; Mayer & Davidson, 2000). Through the process of reinvention, new forms of the intervention emerge and are put into practice.

In the past, there has been a lively debate in the literature regarding whether adopters should focus on achieving complete "fidelity" to the original model (i.e., implementing the intervention as similarly to the model that was originally tested, without reinvention) or engage in "adaptation" of the intervention (i.e., strategic reinvention of the intervention to maximize fit with the environment in which it is being implemented; Dearing et al., 2006; Mayer & Davidson, 2000). The process of reinvention may have important consequences regarding the effectiveness of community-located interventions. On the one hand, if an intervention has been evaluated and concluded to be effective, changing parts of the intervention during implementation in a new setting may dilute its effectiveness (Durlak & Dupre, 2008; Hazel & Onaga, 2003; Mayer & Davidson, 2000). On the other hand, an intervention may have differential effects in diverse contexts, and adapting the intervention so that it is more appropriate to the local context (e.g., the local target population, the organizational setting implementing the intervention, etc.) may enhance the effectiveness of the intervention (or even be necessary to achieve positive results),

and may also promote local ownership and sustainability (Dearing, 2009; Durlak & Dupre, 2008; Hazel & Onaga, 2003; Mayer & Davidson, 2000; Rodríguez, et al., 2010).

Over time, researchers have come to agree that adaptation and fidelity are not necessarily incongruent; rather, a "planned adaptation" approach, which maintains fidelity to the "core components" of the intervention, and utilizes thoughtful adaptation of other aspects of the intervention is optimal (Dearing, 2009; Durlak & Dupre, 2003; Emshoff, 2008; Hazel & Onaga, 2003; Lee, Atschul, & Mowbray, 2008; Rodríguez et al., 2010). From this vantage point, there are certain "core components" of an intervention model that must be implemented in order for the intervention to achieve positive results (e.g., dosage; see Emshoff et al., 2003). On the other hand, other aspects of an intervention (e.g., specific language in handouts provided to participants; see Emshoff et al., 2003), may not be as critical to success and therefore can be adapted by the local community without deleterious effects; hopefully, such adaptations will actually increase the intervention's effectiveness and sustainability through optimal intervention/setting coupling.

These ideas have important implications for community practice. When implementing an intervention, communities need to balance their desires to adapt the intervention model to their local context with the need to maintain the integrity of the "core components" of the intervention that are integral to its success. This of course means that communities need information regarding *which* aspects of an intervention are core components that should not be altered and which are open to adaptation (Dearing et al., 2006; Durlak & Dupre, 2003; Lee et al., 2008). How then, does this relate to SARTs?

DOI, indigenous interventions, and SARTs. Traditionally, DOI has been applied to the academic model of intervention development, in which an intervention model is developed by

academic experts (often in a university setting), empirically tested, and then disseminated to new settings. When the original intervention is transferred to the new settings, reinvention and adaptation occurs; ultimately, this results in different versions of the intervention being put into practice. This process is fairly different from the development of "indigenous interventions" like SARTs (Miller and Shinn, 2005). Indigenous interventions are developed by communities (rather than academics) in the very settings where they were intended to be implemented, and often are not empirically tested before being put into practice. This fits the development of SARTs. Rather than academic experts creating an evidenced-based SART intervention model at the outset, several communities recognized a need, and developed the first coordinated SART teams. Their ideas spread, and new communities invented and reinvented new versions of SARTs. While the development and dissemination of indigenous interventions (like SARTs), is quite different from the traditional academic model of intervention dissemination, both types of interventions end up in the same place: different versions of the intervention are put into practice in different settings. DOI suggests that when different versions of an intervention are being put into practice in different settings, (1) this has implications for effectiveness, and (2) it is critical to understand which components of an intervention are critical for effectiveness and which can vary from setting to setting without detracting from the intervention's effectiveness. While DOI has traditionally been applied to evidence-based interventions that were purposefully disseminated to new settings, it seems that these implications are likely to also hold true for communitydeveloped interventions like SARTs, given that in both situations, different versions of an intervention are being put into practice in different settings.

Indeed, this need to identify the "core components" of an intervention that are required for effectiveness may be *particularly strong* for indigenous interventions like SARTs that developed without the guidance of research evidence. A review of practitioner writings on what constitutes a SART and which aspects of a SART must be implemented reveals a lack of consensus in the field (Greeson, Parker, & Campbell, in progress). In practice, there is a great deal of variation in SARTs' membership, goals, activities, and infrastructure. DOI suggests that attending to the implementation of the intervention is a critical part of understanding effective utilization of the intervention in communities. Different SARTs models may be more or less effective in different contexts. In order to more fully understand the effectiveness of SARTs and inform community practice, it is necessary to learn about the different SART models that are in practice, the differential effectiveness of these different models, and which aspects of SARTs represent "core components" that are necessary to achieve positive results.

Of course, this begs the question of *which* features of SARTs are critical, and which SART models (meaning different combinations of different SART features) are most effective. While DOI tells us that differences in SARTs may impact their successes, this theory cannot tell us which permutations of SARTs may be more or less effective. Which features of SARTs relate to their ability to achieve positive collaboration among the multidisciplinary players and their ability to translate positive collaboration into improvements in community-level outcomes? This issue has not been examined in the SART literature. However, the broader scholarship on effectiveness of collaborative interventions may provide valuable insight into SARTs.

Structural Factors Related to Collaborative Effectiveness

Overview of scholarship on collaboration. The purpose of this section is to review the academic literature on factors that predict collaborative effectiveness and to apply this research to the context of SARTs. Before doing so, it is necessary to limit the scope of the literature that will be discussed. Currently, there are thousands of published manuscripts on the effectiveness of
collaborations; review articles and meta-analyses alone have identified hundreds of factors that have been associated with collaborative effectiveness (for reviews see B. Berkowitz, 2001; Bronstein, 2003; Butterfoss Goodman, & Wandersman, 1993; Foster-Fishman, S. Berkowitz, Lounsbury, Jacobson, & Allen, 2001; Kreuter, Lezin, & Young, 2000; Mattesich, Murray-Close, & Monsey, 2001; Roussos & Fawcett, 2000; Zakocs & Edwards, 2006). These factors span multiple levels of analysis (e.g., characteristics of individual members, member organizations, the collaborative itself, the broader community context) and encompass such diverse aspects of collaborations as capacity building efforts, structure, process, and climate.

This review will focus specifically on *structural* factors that relate to collaborative effectiveness, in particular, the *members* that are part of the collaboration, the specific change strategies or *activities* that the collaboration engages, and the organization of the team (i.e., the *use of formal structures*), as these issues are most pertinent to the SART field at this time. It is evident from descriptive research that SARTs do vary across these dimensions, and therefore this represents a fruitful area to explore how these differences in SARTs relate to their effectiveness. Furthermore, SART guidelines and trainings focus a great deal on practitioners' beliefs regarding these aspects of SART operations, and some even go so far as to provide recommendations for structuring SARTs (e.g., adopting formal structures, implementing various activities) as though they are "best practices" despite a dearth of empirical evidence. For these reasons, this review of the collaborative literature will focus on how structural factors, specifically membership, activities, and use of formal structures and resources relate to collaborative effectiveness.

To enhance the relevance of this literature to the context of SARTs, this review will only capture current literature (published in the past twenty years) on multidisciplinary community collaboratives that seek to address or prevent social problems (e.g., for profit and international collaboratives were excluded). More specifically, the review will focus on empirical literature on domestic violence coordinating councils (DVCC's), which seek to coordinate the efforts of diverse stakeholder groups in the response to domestic violence and in many ways are highly similar in purpose and structure to SARTs (see Allen, Watt, & Hess, 2008). This will be supplemented with insights from reviews of the broader literature on collaboration. Given the similarity between the purpose and functioning of DVCC's and SARTs, these studies are most likely to be relevant to the context of SARTs.

Membership. Collaboratives bring together representatives from diverse stakeholder groups who are believed to have a common purpose or focus. As such, it is not surprising that membership of different stakeholder groups may influence collaborative success. This is important for understanding SARTs, as descriptive research illustrates that SARTs vary in their membership. Reviews of the broader collaboration literature suggest that having diverse membership (e.g., greater breadth of stakeholder groups involved) and appropriate membership coverage (meaning that members are representative of critical stakeholder groups and/or populations in the community based on the target issue) are positively associated with collaborative success (Butterfoss et al., 1993; Foster-Fishman et al., 2001; Kreuter et al., 2000; Mattesich et al. 2001; Roussos & Fawcett, 2000).

Studies of domestic violence coordinating councils (DVCC's) have also examined the influence of membership diversity and coverage. In a study of 43 DVCC's in one state, Allen (2005, 2006) found that councils with broader active membership (i.e., larger number of stakeholder groups represented) were perceived to be more effective at achieving their goals, including criminal justice reform as well as human service, social service, and educational reform. In another study of domestic violence coordinating councils (DVCCs) conducted by

Allen and colleagues (2010) in a different state, quantitative and qualitative methods supported prior findings from the collaboration literature. Surveys of DVCC members showed that broader active membership within a council contributed to perceived effectiveness at achieving institutionalized changed via promoting perceived social capital among members. In addition, qualitative interviews with stakeholders from three purposively sampled "successful" councils revealed that council members believed that broad membership, particularly from key stakeholder groups, was critical to promoting social capital and increasing institutionalized change (Allen et al., 2010).

In another study of DVCCs, Nowell (2006) examined several aspects of membership diversity as a predictor of the members' perceptions of their council's effectiveness at promoting coordination. Unlike prior studies, Nowell did not find a relationship between stakeholder breadth and members' perceptions of their success at achieving their goals (perhaps because she measured the breadth of stakeholder groups represented by all members, rather than active members). Other aspects of membership diversity were also examined. Results indicate that gender diversity (more balanced proportions of men and women members) was positively associated with coordination effectiveness, while greater sectorial diversity (e.g., for-profit vs. non-profit) was negatively associated with effectiveness at increasing coordination. Other aspects of diversity such as length of membership in the council, and levels of management represented) were not predictive of perceived effectiveness. Although there have been many ways of examining the representation of various groups among collaborative members, the pattern across studies indicates that a broad active membership that includes key groups is optimal This suggests that in order to understand the impact of variation in SARTs membership on their effectiveness, it is important to examine both the number of stakeholder groups that are

represented by active SART members, as well as whether critical stakeholder groups are represented (in the case of SARTs—victim advocates, police, prosecutors, and medical/forensic examiners).

Activities. SARTs also vary in the particular activities or change strategies they utilize to achieve their goals. Although the collaboration literature does not speak directly to the impact of specific activities that SART utilize, the literature provides some insight into the types of activities that are likely to be the most beneficial. The literature indicates that collaboratives are most successful when their strategies for change are innovative (i.e., addresses an unmet need) and fit the local context and the types of change they hope to facilitate (Foster-Fishman et al., 2001). While this literature has focused very little on the impact of specific activities, there is some evidence that that can help us to think about the work of SARTs. In Allen and colleagues' qualitative work with purposively sampled "exemplar" councils (2010), members reported that development of trainings and protocols through the multidisciplinary group helped contributed to their ability to create change in their communities. Similarly another qualitative study found that council members believed that facilitating training, particularly cross-training between stakeholder groups was particularly important to improving the community response to domestic violence (Clark, Burt, Schulte, & Maguire, 1996). Given the similarities between DVCCs and SARTs, such activities should also be considered in future empirical work on SARTs.

Use of formal structures. Additionally, SARTs differ in the extent to which their teamwork is formalized. While there has been a push toward more formalization of SARTs, this has yet to be supported by empirical research on SARTs. Reviews of the collaboration literature do typically suggest that a more formalized collaborative structure, with specified roles and responsibilities, official statements of purpose (e.g., mission statements, written goals and

objectives), and formalized structures and processes for organizing group work and communication (e.g., meeting agendas and minutes, subcommittees, procedures for conflict resolution) is most effective (Butterfoss et al., 1993; Foster-Fishman et al., 2001; Mattesich et al., 2001; Kreuter et al., 2000; Zackocs & Edwards, 2006). However, within studies of DVCC's, findings are less clear, as two studies have shown a positive impact of formality on council effectiveness while one was unable to replicate this finding. In Allen and colleagues most recent study (2010), formalized council structure contributed to perceived effectiveness via an increase in social capital. Similarly, a case study of several DVCC's conducted by Clark and colleagues (1996) concluded that councils needed to be structured and well-organized in order to engage stakeholders effectively. However, Allen's (2005) study of DVCCs measured formalization of structure and did not find a significant association with perceived effectiveness. She argued that the contribution of formalization may depend on the influence of other council factors, such as council size; this implies a potential moderating effect such that for certain councils (e.g., large councils) formalization may have a positive impact while for others (e.g., small councils) it may not. Overall, the lack of consistency across studies suggests that the impact of formalization on collaborative success warrants further study within the context of SARTs.

A review by Mattesich and colleagues (2001) concluded that in addition to formalized roles and procedures, a flexible, adaptive structure that can be altered in response to changing circumstances without compromising its ability to meet the group's needs is optimal. In Allen's qualitative interviews with purposefully sampled exemplar councils, members believed the adaptability of their council structure as facilitating their successes (Allen et al. 2010). In addition, incorporating various resources (e.g., a coordinator position, funding, paid staff) into the council structure may be beneficial to councils. Foster-Fishman and colleagues in their

review (2001) concluded that "sufficient resources" was an indicator of collaboration's ability to achieve their goals, and similarly Roussos and Fawcett (2000) argued that staff and financial support help sustain collaborative partnerships. It does not appear that the influence of such resources has been studies within the context of DVCCs. Taken together, studies of DVCC's and reviews of the collaboration literature have identified various aspects of a collaboration's use of formal structures and resources that may be relevant to the effectiveness collaboratives, and in turn, SARTs.

Summary. In sum, the broader collaboration literature and studies specific to DVCC's reveal that collaborative membership, activities, and utilization of formal structures and resources that are salient to collaborations' effectiveness. These constructs are likely to be important in the context of SART and merit further study.

CURRENT STUDY

The legal, medical, and mental health/advocacy systems are community resources that are available to meet sexual assault victims' post-assault needs. Historically, there have many problems associated with the way these systems respond to sexual assault. In recognition of these problems, communities have developed SARTs to promote cross-disciplinary relationships and coordination in the hopes that this would lead to improvements in community-level outcomes, particularly victims' help-seeking experiences and prosecution rates. While SARTs are widely utilized and considered by many to be a "best-practice," there is limited empirical evidence regarding their impact on communities.

The few studies that have examined the effectiveness of SARTs—while limited in number and mixed in methodological quality—suggest that the SART model holds promise. Some SARTs demonstrate improved cross-disciplinary communication and relationships,

including a better understanding of one another's roles. Research findings also illustrate that SARTs can contribute to improvements in victims' help-seeking experiences, such as increased referrals to needed services, and reductions in secondary victimization by system personnel. Additionally, studies show SARTs may be able to improve proximal legal outcomes (e.g., referral rates), but it is less clear whether they can ultimately improve conviction rates.

This body of research has two noteworthy limitations. First, descriptive research on SARTs have utilized convenience sampling, which is problematic because it likely that nonrandom methods have over- or under-represented certain types of SART (e.g., it is likely they over-sampled highly formalized SARTs, which are more likely to be in contact with the organizations that solicited participation). As such, researchers, practitioners, and policy-makers do not have a representative picture of the SART landscape. Such information is necessary to help stakeholders decided how best to meet the needs of U.S. SARTs and advance the field as a whole. A second limitation is that the literature has yet to examine how variation in SARTs' structure may relate to their effectiveness. This is important because descriptive research demonstrates that SARTs vary in their structure (specifically their membership breadth, and implementation of formal structures, and collaborative activities) and these differences may translate into differences in effectiveness. Indeed, DOI theory suggests the importance of identifying which aspects of an intervention are "core components" that are critical to effectiveness and should not vary across different settings.

In light of these needs, a national study was conducted of 172 U.S. SARTs. The current study examined how variations in SART structure related to SART perceived effectiveness at improving legal outcomes and improving victims' help-seeking experiences within a random sample of U.S. SARTs. Consistent with prior studies of DVCC's, this study captured SART

leaders' *perceptions* of SARTs' effectiveness at improving victim and legal outcomes. Although it would have been desirable to collect archival data to document changes in legal outcomes, such as prosecution rates, this was not a feasible strategy in a national scale study of nearly two hundred communities. For example, in a recent study, it took two years of data collection to obtain such information in only two counties (see Campbell, Greeson, Bybee, & Kennedy, 2011). Collecting self-report data from survivors to assess changes to help-seeking experiences would also be valid indicators of SART effectiveness. Again, prior work suggests this strategy would not have been feasible in a study of this scope. A recent study in this literature required one year of data collection to obtain interviews with twenty rape survivors in one community (see Campbell, Bybee, Ford, Patterson, & Ferrell, 2009). Therefore, the current study asked SART members to report on their perceptions of their SART's effectiveness, which is a common strategy in studies that are interested in comparing collaboratives to understand the factors that are predictive of (perceived) collaborative effectiveness (Allen, 2005; Allen et al., 2010; Nowell, 2006). Consistent with prior studies of DVCCs, SART leaders were asked to act as key informants, by providing information about both their perceptions of the SARTs' effectiveness, and the structural characteristics of their SART (Allen, 2005; Allen et al., 2010; Nowell, 2006).

To understand the influence of SARTs' structure on their perceived effectiveness, two aspects of SARTs' structure were examined: SART membership breadth, and SARTs' use of formal structures (formalization) and collaborative activities (specifically case review, multidisciplinary cross-trainings, policy and protocol development and review, and formal program evaluation). Prior descriptive research (which utilized convenience sampling) indicates that SARTs vary on these dimensions. Furthermore, research on DVCCs indicates that formalization and membership breadth are related to perceived effectiveness. While prior

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research has not examined the influence of specific collaborative activities like cross-disciplinary training or policy and protocol development, SART manuals indicate that practitioners in the field believes such activities should be implemented, and therefore it was important to examine this third feature of SARTs structure.

SARTs' use of formal structures and collaborative activities were captured in a unique way. Prior studies have typically examined the relationship between different characteristics of a collaboration and its effectiveness in isolation from one another (i.e., different characteristics are treated as individual predictors of effectiveness). However, collaboration is an interactive, dynamic process and it seemed unlikely that SARTs' utilization of formal structures to organize their team (formalization) and their utilization of formal collaborative activities to structure their group process would operate in isolation from one another. Rather, it seemed more plausible that each of these aspects of SARTs' operations are interdependent and that a SART's profile across these characteristics is more meaningful for SART effectiveness than examining each characteristic individually. Therefore, in order to capture SARTs' heterogeneity in their use of formal structures and collaborative activities, cluster analysis was used to identify clusters or subgroups of SARTs with similar profiles. Cluster analysis is well-suited to addressing patterns of heterogeneity. Cluster analysis allows an analyst to identify subgroups of cases within a sample that are similar to one another, and different from cases in the other groups (Luke, 2005). In this study, cluster analysis was used to identify clusters (or subgroups) of SARTs, such that SARTs in one cluster have similar profiles on the variables of interest, but different profiles from SARTs in the other clusters. In this way, the current study identified subgroups of SARTs that have similar profiles based on their use of formal structures and resources (formalization) and their use of key collaborative activities (specifically case review, multidisciplinary crosstrainings, policy and protocol development and review, and formal program evaluation). Thus, cluster analysis was a more holistic approach to assessing the influence of these factors on collaborative effectiveness.

In summary, the current study had three aims. This first aim of the study was to use random sampling methods to obtain a nationally representative sample of SARTs to assess their structural characteristics. Three specific characteristics were examined: (a) the breadth of membership across different sexual assault stakeholder groups (b) their formalization, or use of formal resources and structures to organize their work; and (c) their utilization of various collaborative activities. The second aim of the study was to use cluster analysis to empirically derive groups of SARTs with similar profiles based on their formalization and use of various collaborative activities. It was anticipated that through cluster analysis, this study would identify meaningful clusters that represent differences in SARTs' use of formal structures and collaborative activities. The third aim of the study was to examine the relationship between SARTs' structural characteristics and perceived effectiveness at achieving improvements in legal outcomes and victims' help-seeking experiences. This (third) aim had two associated research questions:

- Is SART cluster membership (or SART type based on profile across their use of formal structures and collaborative processes) associated with (a) perceived effectiveness at improving legal outcomes and (b) perceived effectiveness at improving victims' helpseeking experiences?
- Is membership breadth associated with perceived effectiveness (a) improving legal outcomes and (b) improving victims' help-seeking experiences?

Given the exploratory nature of this study, specific hypotheses were not developed. However, it was anticipated that SART clusters would be related to perceived effectiveness.

METHOD

Sampling

The target population of this study was U.S. Sexual Assault Response Teams. At the inception of this project, there was no national list of U.S. SARTs to use as a sampling frame. Therefore, the initial task in this project was to develop a sampling frame through the use of five strategies. First, the research team was granted access to two national registries of organizations that are likely to participate in SARTs: the International Association of Forensic Nurses' (IAFN) registry of Sexual Assault Nurse Examiner programs and SANE-SART.com's registry of SANE-SART member organizations. Between these two registries 785 non-duplicative organizations were identified. By phone and email, the research team was able to successfully contact 99% (781) of these organizations (i.e., the team was able to determine whether a SART existed in their community or was able to verify from another source that the organization was no longer in existence). Second, the research team contacted subscribers to the National Sexual Violence Resource Center's SART list-serv. Individuals subscribed to this list-serv who could be matched to a SART that was already identified in the first step of sampling frame development (contacting members of the IAFN and SANE-SART registries) were not contacted. Of the remaining 126 subscribers, over 98% were successfully reached by the research team. Third, state sexual assault coalitions were contacted to find out if they had a list of SARTs in their state. Forty-six of 51 possible coalitions were reached (90% success rate). Of these coalitions, 18 (39%) did not have a list of SARTs, 19 (41%) had a list of SARTs in their state, and 9 (20%) did not have a formal list of SARTs, but identified SARTs they were aware of in their state for the research team. Fourth, the research team conducted a search of the academic literature and practitioner SART manuals to identify published material on existing SARTs. Finally, a Google

search was conducted to identify SARTs that were promoted on the Internet. As expected, many SARTs were identified by multiple strategies. After removing duplicate entries, a total of 858 SARTs were identified. (During the interviewing process, an additional six SARTs were identified that should have been included in the initial sampling frame; these were added to the sampling frame and also had the opportunity to be selected for interviewing). Thus, a total of 864 unique SARTs comprised the study's sampling frame.

To be eligible for the interviews, the SART had to engage in multidisciplinary coordination in the response to sexual assault, meet regularly, and respond to adult sexual assault victims. SARTs that only served child sexual assault victims were excluded from the study. The target sample size for the study was 170 SARTs; ultimately interviews were completed with 172 teams. A power analysis revealed that this sample size would ensure reasonable statistical power (greater than 0.80; as recommended by Cohen, 1992) to detect a medium-sized effect of SART clusters on perceived effectiveness (assuming a reasonably small number of clusters and reasonably evenly distributed cluster sizes). Simple random sampling was used to select SARTs for recruitment. See recruitment procedures (below) for information on response rates.

Procedures

Recruitment. Trained graduate research assistants were responsible for contacting SART key informants to verify the SART was eligible for the study and to recruit them to participate in a structured phone interview. Similar to prior studies of domestic violence coordinating councils, the leader or coordinator of the sampled SART was selected to participate on behalf of their team as a "key informant." Leaders were presumed to be well placed to provide information about their team's structure and functioning. However, when the SART leader was either unavailable (e.g., one was on medical leave), had become a member of the SART so recently that they felt

they would not be a good informant, or was unwilling to participate (because they were the leader of multiple independent SARTs and had already been interviewed about a different SART), the most recent leader or a long-term member of the SART was asked to participate. In 96% of the interviews, the participant was the current or former leader of the SART.

Recruitment contacts were made by phone, and when an email address was available, by email. To increase the likelihood of successfully contacting the SART key informant, recruitment attempts were made at different times of the day and different times of the week. Recruitment calls, messages, and emails focused on establishing the validity of the project, showing the relevance of the project to their work, the confidentiality of their participation, and how the study's findings would be used to inform resources and practice for SARTs. Initially, recruitment numbers were low, so an additional recruitment strategy was added. Non-responders (who had been contacted six or more times without responding) received a recruitment mailing with a \$5 incentive, a recruitment letter signed by the research team and the National Sexual Violence Resource Center, and a letter of support from the Director of the National Institute of Justice7. SART key informants who agreed to participate were scheduled for an appointment with an interviewer and received a reminder phone call or email the day before the interview. Recruitment efforts were closely monitored throughout the study by the project director.

When SARTs refused to participate or were ineligible for the study, more SARTs were sampled (using simple random sampling) in order to ensure the target sample size was reached. Out of a sampling frame of 864 teams, 268 were recruited to participate in the study. Of the 268 that were recruited, 81 were successfully reached and deemed to be ineligible, because they did

['] After that point, all interview participants received the \$5 incentive, either in the mailing or after the interview.

not serve adult victims, the SART did not exist, or the SART had stopped meeting⁸. Of the remaining 187 teams (268 recruited – 81 reached and ineligible to participate = 187), 11 were not reached successfully (6%; either they were never spoken to, or never able to schedule and complete an interview), four refused to participate (2%), and interviews were completed with 172 teams (92%). Thus, by defining the response rate as: [number of interviews completed]/number of potential interviews that were eligible and/or may have been eligible], the response rate in the current study was 92% (see Figure 1 on next page).

Interviewer training. The project director was responsible for interviewer training. To help the interviewers understand the context in which SARTs operate, interviewers read SART manuals and were trained in the community response to rape. Interviewers were also trained on the purpose of the study and each of the sections of the interview, administration of the interview (including probing and answer questions), building rapport with participants, and ethical considerations. In addition, interviewers were trained to administer the interview consistently, while still engaging on a personal level with the participants. More specifically, interviewers were trained to read the introduction, questions, and transitions word for word. However, they

⁸ Sampling frame development was designed conservatively, in order to reduce the likelihood of non-coverage bias (i.e., sampling error due to not including SARTs that should have been part of the sampling frame). Due to these conservative procedures, it was expected that some teams that were identified in sampling frame development would not be eligible for interviews. As one example, the research team began screening out teams that only served children after sampling frame development methods (contacting state coalitions, searching the academic and practitioner literatures for references to SARTs, and Google searching) did not involve contacting people who were potential members of the actual SART, and were therefore prone to identifying teams that had been in existence at one point, but may not have been in existence when the sampling frame was being developed.

were also trained to engage with the participant on a more personal level (e.g., by indicating that they are listening, thanking the participant, acknowledging frustrations, etc.) without using language that might bias participants' answers (e.g., that sounds great, that's very unusual). This strategy balanced standardization with the need to build rapport with participants so that they would be motivated to complete the entire interview thoughtfully and honestly.

Figure 1: Sampling Flow Chart



After this initial formal training, interviewers reviewed the entire interview. As a team, the interviewers and project director discussed what each question was intended to capture, the operational definition of various terms, and how they should answer questions regarding each item. Then the trainees observed the trainer conduct a mock interview. The mock interview modeled appropriate administration of the interview and provided examples of how to respond to potential challenges (e.g., a participant that refuses to select an answer from the response set). Then, the trainees conducted a mock interview with another interviewer-in-training, and then conducted a mock interview with the trainer. After they interviewed the trainer, they received constructive feedback and were either cleared to begin interviewing or assigned additional practice. This trained also used these mock interviews to ensure interviewers were consistent in their administration of the interview, as well as their response to several issues they were likely to face during "real world" interviewing (e.g., the participant not wanting to choose from one of the response options). This training approach has been successfully utilized in prior studies of sexual assault victims and sexual assault service providers (Campbell, Adams, Wasco, Ahrens, & Sefl, 2009).

Piloting. Pilot interviews were conducted with 12 SART leaders. The project director reviewed all of these interviews to identify any measurement problems, such as questions that were difficult to answer; missing filter questions or questions that led to a high degree of not-applicable responses; ambiguous or misunderstood terms; inadequate response sets, and indications of participant frustration and/or fatigue. Piloting was also used to address issues with the overall organization, flow, and timing of the interview and any issues with staff recruitment and administration of the interview. The revised interview protocol is provided in Appendix A.

Interviewing procedures. The interview began with the consent process. The consent process opened with the interviewer describing the purpose of the study, what participation in the study entailed, and the potential risks and benefits of participation. The interviewer then discussed the participants' rights as a research participant, the study's procedures for protecting confidentiality and privacy, and contact information should the participant wish to contact the faculty supervisor or the university IRB. At the end of the consent process, the interviewer asked

the participant if they had any questions and informed them that they indicate their voluntary consent to participate in the study by continuing with the phone interview. Participants were also be given the opportunity to receive a copy of the consent form if they wished.

During the structured interview, the interviewer read the introduction, transitions, and questions from the interview protocol word-for-word. The interviewer was also responsible for orienting the participant to choose an appropriate response from the response set as needed (e.g., "You said this is a goal of your team. Would you say it is somewhat important, very important, or a primary goal?"), and answering the participants' questions (i.e., clarifying the interpretation of an item).

At the end of the interview, participants were offered the opportunity to receive a brief summary of results. Interviews typically lasted a little over one hour (M = 68.08 minutes, SD =16.74). With permission, all interviews were audio-recorded. During the interview, the interviewer recorded participants' answers on the hard copy of the interview. Data was entered from these hard copies into SPSS by trained research assistants.

Weekly meetings were held to monitor interviewing quality and troubleshoot interviewing and data entry. Questions and issues regarding interviewing and data entry were also documented in the project logbook and discussed at team meetings. Quantitative data were double-entered, meaning they were independently entered into two separate databases and discrepancies between the two databases were checked and addressed by a graduate research assistant.

Data storage and human subjects protection. All research assistants completed the required university IRB training and received additional training on ethics and protecting privacy and confidentiality within the context of our study. Confidentiality was protected at the

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individual and community levels so that neither the participant nor the SART they belong to can be identified. Hard copies of the interview data and recordings are kept in a locked file cabinet in the locked university office. Electronic copies of the audio-recordings and all electronic databases that include identifying data are stored on the project's password protected sub-folder of the university's secure network server. Only project staff has access to the data. Upon completion of the study, all links to identifiable information will be destroyed. Consistent with university policy, hard copies of the data will be destroyed three years after closure of the project. All procedures were approved by the Michigan State University IRB.

Measurement

In drafting the phone interview protocol and measures, the project director drew upon personal experience working with multidisciplinary community stakeholders in the response to sexual violence; SART practitioner manuals and guidelines; survey research and case studies of SARTs that described their implementation; prior studies of domestic violence coordinating councils (Allen, 2005; Allen et al., 2010; Nowell, 2006); and a national study that was conducted in order to assess the heterogeneity of SANE programs (Campbell et al., 2006). Feedback from the Associate Director of the National Sexual Violence Resource Center was solicited and incorporated into interview revisions.

The interview captured the independent (SARTs' membership breadth, formalization and utilization of various collaborative activities) and dependent variables (perceived effectiveness at improving legal outcomes and improving survivors' help-seeking experiences). Several contextual variables were also be captured and modeled as control variables in the analyses. Specifics regarding the measurement of each of the variables in the study are provided below. Descriptives for the measures of interest are provided in the results section. **Contextual variables.** Contextual information was also be collected and modeled as control variables in analyses. During the interview, the participant was asked to report on *the length of time the SART has been in operation* (in years) their *stakeholder group* (e.g., whether they are a medical/forensic examiner, police officer, etc.), the *amount of time they have been a member of the SART* and their *race/ethnicity, gender, age,* and *education* level. Community-level demographics (specifically, *the number of counties/jurisdictions served, and whether the community classified as rural* (based on 2010 Census population density of less than 500 people per square mile) were also be collected to be included in the analyses as control variables.

Membership breadth (independent variable). Participants were asked to indicate (yes/no) whether each of 18 different stakeholder groups were currently represented as an active member on their SART team. An active member is defined as "someone who attends SART meetings or other functions reasonably frequently." Stakeholder groups included rape crisis center staff, prosecutor, crime lab personnel, corrections, clergy, higher education, and others. *Membership breadth* was measured as the total number of stakeholder groups that are represented on the SART (the sum of the 18 yes/no items).

Formalization (independent variable). *Formalization* was measured by 13 yes/no questions. Participants were asked to report whether various formal structures and resources (e.g., subcommittees, meeting agendas, a formal leader, and formal procedures of conflict resolution) were in place in their SART (yes/no). *Formalization* was the sum of these 13 yes/no items. This measure drew from the work of both Butterfoss (1998) and Allen and colleagues (2010). Butterfoss's original measure was adapted for use with DVCC's by Allen and colleagues. In turn, their measure of DVCC formalization was adapted for this study to capture use of formal structures and resources in SARTs. In adapting the measure for this study, items

that were irrelevant in the context of SARTs were cut, several items were clarified to ensure they would be clear to SART members, and several formal resources that are often used by SARTs were added to the measure.

Use of collaborative activities (independent variables). Participants were asked about SARTs' use of four key collaborative activities: *case review, multidisciplinary cross-trainings, adoption and/or review of policies/protocols, and program evaluation*. These specific activities were chosen based on a review of SART manuals and the team's experience with the community response to sexual assault. For each activity, SARTs were asked whether their SART engaged in that activity (yes/no), and if so whether the activity was utilized regularly or as needed. For the variable program evaluation, SARTs were coded as 0 = does not engage in evaluation or 1 = engages in program evaluation. For each of the other four activities (case review, multidisciplinary cross-trainings and adoption and/or review of policies/protocols) a SART was coded as 0 = does not use that activity, 1 = uses activity on an as needed basis, and 2 = used on a regular basis. Thus, each activity was represented with its own variable.

Perceived effectiveness variables (dependent variables). Participants were asked to rate the extent to which their SART's efforts led to a variety of improvements in their community on a five point Likert-type scale (1 = Not all; 2 = A little bit; 3 = Somewhat; 4 = Quite a bit; 5 = To a great extent). The response set, and the structure of the scale (i.e., asking participants to rate the extent to which the collaborative contributed to various improvements) are modified from Allen and colleagues' (2010) measure of perceived domestic violence coordinating council effectiveness. The specific aspects of SARTs' perceived effectiveness that were captured (e.g., asking about improving victims' willingness to participate in the criminal justice process throughout the entirety of their case) were developed specifically for this study by

the project director and the PI based on their experience with the community response to sexual assault.

Perceived effectiveness at improving victims' experiences was assessed by a 10-item measure that captured improvements in survivors' post-assault interactions with legal, medical, mental health, and advocacy services related to the accessibility and responsiveness of these systems to rape victims. Sample items included "victims being more likely to receive referrals to mental health services" "responders being more sensitive toward victims" and "responders providing more comprehensive, higher quality services to victims." It was anticipated that the index was one-dimensional. An exploratory factor analysis (oblique) was conducted and visual inspection of the scree plot as well as the Kaiser rule confirmed one factor. Thus, future analyses were conducted based on the average of the ten items ($\alpha = .92$; corrected item-total correlations ranged from .610 to .775).

Perceived legal effectiveness was assessed by 26 items that captured a variety of improvements related to the legal processing of sexual assault cases. Two items were dropped due to high levels of missing data (the extent to which fewer prosecuted cases were dismissed by a grand jury, judge, or prosecute, 16.3% missing; and the extent to which prosecutors' improved their education of juries, 11.0% missing). It was initially anticipated that the remaining 24 items captured three domains: improvements in prosecution rates, improvements in criminal justice system procedures and practice, and improvements in victims' participation in the criminal justice system. However, a confirmatory factor analysis was conducted to test this structure and exhibited poor model fit ($\chi^2(296)=837.5$, CFI = .851, RMSEA = .103). This indicated that the hypothesized factor structure did not adequately reflect the structure of the data.

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An exploratory factor analysis (EFA) using oblique rotation was then used to determine the structure of the items. Inspection of the scree plot suggested a two or three factor solution, and the Kaiser rule indicated three factors; therefore the three factor solution was chosen. Items were assigned to the factor that they loaded to the most strongly and subscale scores were created by averaging across the items that were assigned to each factor (see Appendix B for a presentation of which items were classified into which subscales). This resulted in three subscales of perceived legal effectiveness. First, the "improvements in sexual assault victims' *participation in the criminal justice system*" subscale was assessed by nine items. Sample items included the extent to which the SARTs' efforts have led to "an increase in the number of assaults that are reported to the police" and "victims being more likely to continue participating during the entire case." ($\alpha = .95$; corrected item total correlations ranged from .693 to .853). Second, the *improvements in police processing of sexual assault cases* subscale consisted of six items, including included the extent to which the SARTs' efforts have led to "police being more likely to refer cases to the prosecutor's office" and "improvements in police utilization of medical/forensic evidence" ($\alpha = .90$; corrected item total correlation ranged from .624 to .792). The third subscale, improvements related to the prosecution of sexual assault cases was assessed by nine items. Example items include the extent to which the SARTs' efforts have led to "an increase in the number of prosecuted cases that result in conviction" and "improvements in medical forensic personel expert witness testimony" ($\alpha = .95$; corrected item total correlations ranged from .713 to .850).

Data Analyses

Cluster analysis. Cluster analysis was used to identify clusters or sub-groups of SARTs. Cluster analysis is an analytic technique that is useful for identifying clusters or subgroups of cases based on their profile across multiple variables (Luke, 2005; Rapkin & Luke, 1993).

Cluster analysis creates groupings of cases such that cases within a group are more similar to one another on the variables of interest than they are to cases in a different group. In this case,

SARTs were grouped based on their scores on five variables: (1) formalization, (2) whether they used program evaluation, and their institutionalization of (3) case review, (4) multidisciplinary cross-training, and (5) policy and protocol development and review (see Figure 2).

Figure 2: Cluster Analysis



To prepare for clustering, data were inspected for out of range values and implausible descriptive statistics in order to identify errors in data entry and coding. All five variables were standardized prior to clustering in order to ensure that some variables would not be artificially influential due to their scaling (if two variables with different scales are included in the analysis, the variable with the larger scale would be more influential on the solution; Rapkin & Luke, 1993). High correlations among variables in a cluster analysis can also impact the results of the analysis and therefore correlations among the five variables to be clustered were examined.

Correlations ranged from non-significant (r = .004, n.s.) to moderate (r = .395, p < .01) and therefore no modifications were needed. Only three cases were missing data on any of the clustering variables and therefore pairwise deletion was used (leaving the sample size intact).

In contrast to traditional hypothesis-testing statistical methods in which possible results are constrained to rejecting or not rejecting the null hypothesis, cluster analysis is more inductive. As cases are clustered, the statistical technique minimizes heterogeneity within clusters and maximizes heterogeneity across clusters (Rapkin & Luke, 1993). However, cluster analysis can group the cases into one to N groups (in this study, 1 to 172 groups) and the researcher must decide which number of groups represents the best solution. As is typical, this decision was informed by both statistical considerations (e.g., number of cases per cluster, number of clusters, degree of heterogeneity/homogeneity in the cluster solution) and conceptual considerations (e.g., are the clusters capturing groups that are conceptually meaningful and interpretable?; Rapkin & Luke, 1993). In this study, a two-step procedure utilizing both hierarchical and optimization cluster analysis methods was used.

First, a hierarchical (agglomerative) cluster analysis using Ward's linkage method was conducted to determine the appropriate number of clusters. In this method, the analysis begins with N clusters (in this study 172 clusters), of one case each. The analysis creates a proximity matrix that represents the extent to which each cluster (in this iteration, each consisting of one case) is similar/dissimilar to the other clusters. Squared Euclidean distances (which are appropriate for both categorical and continuous variables) were used to assess the degree of similarity/dissimilarity among clusters (Rapkin & Luke, 1993). Then, the analysis combines (or agglomerates) the two clusters that are the most similar to one another into one cluster consisting of two cases. After that, a new proximity matrix of n-1 clusters (in this case 171) is created.

Next, the two clusters that are the most similar are combined. The process continues until all cases have been combined into one cluster of N (172) cases.

The results provide a dendogram that visually displays each step of the agglomeration, specifically the cases or clusters that were combined during each step, and how much heterogeneity was added to the cluster that was combined during that step. The results also include a list of heterogeneity coefficient for each agglomeration that indicates the amount of heterogeneity at each agglomeration. An inverse scree plot of the heterogeneity coefficients and visual inspection of the dendogram allow the analyst to look for unusually large jumps in heterogeneity—such steep jumps indicate the last agglomeration increased heterogeneity a disproportionate amount and therefore the cluster solution prior (i.e., involving one more cluster) may have been preferable (Clatworthy, Buick, Hankins, Weinman & Horne, 2005). After the hierarchical cluster analysis was interpreted to determine the appropriate number of clusters, optimization cluster analysis was conducted.

In optimization cluster analysis, the analyst specifies the number of clusters a-priori (Clatworthy et al., 2005; Rapkin & Luke, 1993). The statistical program generates a solution consisting of that many clusters, and classifies cases into clusters in a way that maximizes the homogeneity within clusters and minimizes the heterogeneity across clusters. When the interpretation of hierarchical cluster analysis is not completely definitive and allows for different numbers of clusters, optimization cluster analysis is conducted for both. Next, optimization cluster analysis was conducted and centroids from the corresponding hierarchical cluster analysis were used as cluster start values. The results of the optimization cluster analysis were used to classify SARTs into clusters.

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Structural equation modeling. Structural Equation Modeling (SEM) was conducted to examine structural characteristics as predictors of SARTs' effectiveness. SEM is a flexible approach which allows the analyst to test a theorized model of relationships among variables. Categorical and continuous variables can be included in the model and unidirectional (predictive) and correlational relationships among variables can be assessed (Tabachnik & Fidell, 2007). A key advantage of SEM over multiple regression is that SEM models can include multiple dependent variables (and allow the analyst to assess the relationship between them) within the same model (Tabachnik & Fidell, 2007). The original version of the model is shown in Figure 3. Figure 3:





The two multinomial variables (SART cluster membership and the participant's stakeholder group) were dummy coded. The interview participant's stakeholder group was coded into three groups: rape crisis center staff (55%), medical/forensic examiners (24%), and other (20%), with rape crisis center staff, the largest group coded as the reference group.

To prepare for modeling, bivariate associations between the variables were examined, and data were screened for outliers, non-normality, multicollinearity among the independent variables, and non-linear relationships between the independent and dependent variables (as recommended by Tabachnik & Fidell, 2007). This led to several modifications. First, none of the participant demographics (age, gender, race, and education level) were correlated with any of the four measures of perceived effectiveness and therefore these were not included as control variables in the path model. Second, the length of time the participant had been involved in the SART was strongly correlated with the length of time the SART had been in operation (r = .70, p< .01); this correlation would cause multicollinearity if both variables were modeled as predictors of the perceived effectiveness variables. The literature suggests the importance of the length of time that a collaborative has been in operation as fundamental to its ability to succeed. Therefore, the SARTs' length of continuous operation was retained, and the participant's length of membership in the SART was dropped. Third, the distribution of the "number of counties served" variable was non-normal. Therefore, the variable was dichotomized into whether the SART served more than 1 county (yes/no). Fourth, the length of time the SART had been in operation exhibited a non-linear relationship with each of the dependent variables. Inspection of the bivariate scatter plots revealed that a quadratic line was a good fit for the data. Therefore, the original variable (length of time in operation, centered) and the variable squared (length of time in operation centered, squared) were modeled as predictors of the dependent variables. Finally,

four outliers were identified. Analyses were conducted with and without these cases to assess their influence on the results. The revised model is pictured in Figure 4. In the initial path model, all nine independent variables were modeled as predictors of each of the four dependent variables and correlations were allowed between all independent variables and between the error terms of the dependent variables. Full information maximum likelihood estimation (FIML) was used to address the missing data in these analyses.

Figure 4:

Revised Full Path Model



A key indicator of the quality of a path model is model fit. Model fit refers to the extent to which the variance covariance matrix that is generated based on the model specified by the researcher is similar to the observed variance covariance matrix (Tabachnik & Fidell, 2007). Poor model fit indicates that the theorized model is not well-suited to explaining the data. In this study, overall model fit was assessed by significance of the Chi-square test of misfit (a statistically significant Chi-Squared indicates a significant amount of misfit between the observed and modeled matrices) and by the CFI and RMSEA indices of model fit (see Hu & Bentler, 2003 for discussion and benchmarks). To conserve statistical power and increase parsimony, non-significant parameters were sequentially trimmed from the model (see Hosmer & Lemeshow, 2000). Chi-square difference tests were conducted to ensure the model trimming process did not introduce a significant amount of misfit.

RESULTS

Descriptives: Participant and SART Characteristics

The first aim of the study was to document SARTs' structural characteristics in practice, specifically their membership breadth, formalization, and use of collaborative activities. In addition to presenting this information, this section provides additional contextual information on the SART key informants who participated in the interviews, the SARTs themselves and the communities they serve, and SARTs perceived effectiveness.

Participants. SART key informants who participated in interviews were typically female (95% female, 5% male), White (89% White, 5% African-American, 2% Hispanic/Latino(a), 2% Native American or Alaskan Native, 1% Multiracial, and 0% Asian-American), middle-aged (M = 42.46 years old, SD = 10.89), and college educated (84% had completed a bachelor's degree or higher). Over half were rape crisis center advocates/staff (55%), while approximately one-fourth were medical/forensic examiners/SANEs (24%); 5% were advocates employed in the victim's witness unit of the prosecutor's office, 5% were prosecutors, 4% were police, and 7% identified

as another stakeholder group (e.g., prevention educator, child advocacy center director). On average, participants had been involved in their SART for five years (M = 5.08, SD = 4.40).

SART contextual characteristics. On average, SARTs had been in operation continuously for eight years (M = 8.08 years, SD = 5.63). Approximately one-fifth served more than one county (19%), while two-thirds (66%) served a rural community (with a 2010 census population density of less than 500 people per square mile). As to geographic region, 31% of the SARTs were located in the South, 29% in the Midwest, 25% in the West, and 15% in the Northeast. The majority of SARTs' active membership included police (98%), rape crisis center advocates/staff (95%), Sexual Assault Nurse Examiners (90%), and prosecutors (85%). Threequarters of SARTs (75%) had active members from all four of these groups.

Structural characteristics of SARTs. In regards to *membership breadth*, out of 18 possible stakeholder groups, SARTs averaged 8.50 different stakeholder groups as active members of their team (SD = 2.65; minimum = 2, maximum = 15). SARTs were moderately *formalized*, utilizing an average of 6.26 out of 13 possible formal structures from the modified formalization index (SD = 2.28, minimum = one, maximum = 12). SARTs varied in *their use and institutionalization of collaborative activities*. The majority of teams engaged in case review (74%), multidisciplinary cross-trainings (76%), and policy/protocol development and review (82%). However, these collaborative activities were not typically institutionalized as a *regular* SART process: 42% engaged in case review regularly, 38% had multidisciplinary cross-trainings regularly, and 31% engaged in policy/protocol development or review on a regular basis. Only 15% engaged in program evaluation to assess their SART's functioning.

SARTs' perceived effectiveness. SART key informants reported relatively high levels of perceived effectiveness. Average effectiveness ratings were highest for perceived effectiveness

at improvements in victims' help-seeking experiences (M = 3.72, SD = .81), followed by improvements related to police processing of sexual assault cases (M = 3.50, SD = .94), improvements related to increasing victims' participation in the criminal justice system (M = 3.40, SD = .86), and improvements related to the prosecution of sexual assault cases (M = 3.28, SD = 1.02).

Clustering SARTs on their use of Formal Structures and Collaborative Activities

The second primary aim of the study was to employ cluster analysis to derive groups of SARTs with similar profiles based on their use of formal structures and collaborative activities. More specifically, SARTs were clustered on their formalization; their institutionalization of case review, policy/protocol development, and multidisciplinary trainings; and whether or not they engaged in program evaluation. Bivariate correlations among these five clustering variables are presented in Table 2.

Table 2:

Bivariate Correlations among the Clustering Variables

	1	2	3	4
Formalization				
Institutionalization of Case Review	.115			
Institutionalization of Cross-Trainings	.245**	.106		
Institutionalization of Policy/Protocol Development and Review	.105	.079	.395**	
Utilization of Program Evaluation	.203**	.004	.238**	.015
ale ale				

****** *p* < .01

A hierarchical analysis was conducted to determine the appropriate number of clusters for optimization cluster analysis. In order to choose the number of clusters, the inverse scree plot and dendogram were inspected; these results were taken into consideration, along with the desire to maintain a reasonable number of clusters. Based on these considerations, a three or four cluster solution seemed best. Therefore, optimization cluster analysis was conducted for both three and four clusters. Results of the three and four cluster solutions were compared to evaluate their conceptual and statistical merits. Both the three and four cluster solutions had reasonable cluster sizes, and clear differences between clusters. The three cluster solution was chosen based on interpretability because it provided a more meaningful, interpretable picture of different patterns of SARTs' utilization of formal structures and collaborative activities. See Appendix C for comparison of the three and four cluster solutions.

SARTs were then classified into one of the three clusters according to their profile on the five clustering variables, representing SARTs' use of formal structures and specific collaborative activities. See Table 3 for descriptive information on SARTs' formalization and use of various collaborative activities by cluster. Table 3 also presents ANOVA/Chi-Squared results for each of the five clustered variables; the ANVOAs/Chi-Squared tests assessed whether there were statistically significant differences between clusters on each of the variables. Four of the five clustering variables (with the exception of case review) varied by cluster, suggesting the clusters did capture meaningful variability in SARTs' use of formal structures and collaborative activities. Next, the features of the three clusters will be described; for each cluster, a case example will be discussed to illustrate the salient features of that cluster.

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	"Low Adopters"	"High Adopters Except Evaluation"	"High Adopters Plus Evaluation"	ANOVAs/Chi- Squared Tests ⁴
Cluster size	n=65	n=80	n=27	
Formalization (0-13)	Low $M = 4.98^{a3}$ SD = 1.74	High $M = 6.90^{b}$ SD = 1.98	High $M = 7.44^{b}$ SD = 2.83	<i>F</i> (2,169) = 21.08**
Institutionalization of case review $(0-2)^{1}$	Average $M = 1.00^{a}$ SD = .79	Average $M = 1.28^{a}$ SD = .81	Average $M = 1.19^{a}$ SD = .83	F(2,169) = 2.10, n.s.
Institutionalization of multidisciplinary cross-trainings (0-2) ¹	Low $M = .48^{a}$ SD = .61	High $M = 1.54^{b}$ SD = .53	High $M = 1.58^{b}$ SD = .64	<i>F</i> (2,168) = 68.72**
Institutionalization of policy/protocol development and review $(0-2)^{1}$	Low $M = .64^{a}$ SD = .54	High $M = 1.53^{b}$ SD = .53	Medium $M = 1.15^{\circ}$ SD = .67	<i>F</i> (2,167) = 44.61**
Program evaluation $(0-1)^2$	Low $M = 0^{a}$ SD = 0	Low $M = 0^{a}$ SD = 0	High $M = 1^b$ SD = 0	$\chi^2(2) =$ 170.00**

 Table 3:

 Cluster Analysis of SARTs' Use of Formal Structures and Collaborative Activities Results

¹0 = activity not utilized; 1 = used as needed; 2 = used regularly; ²0 = does not use program evaluation; ³Within a row, means with the same letter superscript indicate no statistically significant differences between groups based on Tukey's HSD post-hoc tests. Within a row, means with different superscripts indicate statistically significant differences between groups based on Tukey's HSD post-hoc tests; ⁴Cluster analysis selects for low variation within clusters and high variation across clusters. Therefore, results of ANOVAs/Chi-Squared should be interpreted in the context of describing the results of the cluster analysis only. ** p < .01

Cluster one. Cluster one comprised 38% of the sample and was named "Low Adopters" due to generally lower use of formal structures and institutionalization of collaborative activities than the other two clusters.

The sample "Low Adopter" SART serves two adjacent urban counties in the Western/Rocky Mountain region. The group was formed in 2005 to expand help strengthen the SANE program and create teamwork between various groups that respond to sexual assault. At the time of the interview, five different stakeholder groups participated in the team, including rape crisis center staff, SANEs, police, and advocates from the victim's witness unit in the prosecutor's office (sample M = 8.50). They do not have a regular meeting schedule; instead, they hold collaborative meetings on an as needed basis. Out of a possible 13 formal structures and resources, this SART utilizes only four: a formal mission statement, meeting agendas, meeting sign-in sheets, and meeting minutes. The team does not have a formally elected leader, but a representative from the SANE program calls their collaborative meetings. The team uses policies and protocols, which are reviewed on an as needed basis and they also engage in multidisciplinary case review on an as needed basis. They do not engage in multidisciplinary cross-trainings and they do not engage in evaluation of their coordinated efforts.

Cluster two. Cluster two, the largest cluster, included 47% of the sample of SARTs and was termed "High Adopters except Program Evaluation" due to generally high use of formal structures and institutionalization of collaborative activities, but no utilization of program evaluation.

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The sample "High Adopters except Program Evaluation" SART serves a rural Midwestern county. Their SART formed in 1999, but stopped meeting for quite a few years. They reformed, and at the time of the interview had been in operation continuously for three years. The SART involves eight different stakeholder groups, including the primary stakeholder groups (SANEs, police, prosecutors, rape crisis center staff) as well as the local child advocacy center for child abuse and neglect victims, the local domestic violence program, advocates from the victims' witness unit in the prosecutor's office, and representatives from other social service agencies (sample M = 8.50). They utilize seven out of 13 possible formal structures/resources to organize their team: the team has a formal leader position, a mission statement, structured meetings (with agendas, sign-in sheets, and meeting minutes), subcommittees, and a formal mechanism for holding SART members accountable to the groups. On a quarterly basis, they engage in multidisciplinary case review and review their policies/protocols, and twice a year they conduct cross-trainings. This SART does not engage in program evaluation of their coordinated efforts.

Cluster three. Finally, cluster three (16% of the sample) was called "High Adopters plus Program Evaluation." SARTs in this group had generally high use of formal structures and institutionalization of collaborative activities and all engaged in program evaluation.

A sample "High Adopters plus Program Evaluation" SART serves a rural Southwestern county. The group has been in operation continuously since 2003, and has 15 different active stakeholder groups. Their members range from primary sexual assault responders (police, rape crisis center staff, SANEs, and police) to clergy, judges, local schools, and staff from corrections. They utilize nine formal structures and resources to organize their
team (out of 13 possible). They have a formal leader, a mission statement, bylaws, and structured meetings (with meeting agendas, sign-in sheets, and meeting minutes). In addition, they also organize their SART through formal procedures for decision-making, conflict resolution, and holding SART members accountable to the broader group. They engage in case review quarterly, multidisciplinary trainings twice a year, and review their policies/protocols on an annual basis. They also utilize program evaluation: after each sexual assault case, survivors and sexual assault responders complete surveys about services that were provided, and their accessibility.

Predicting SARTs' Perceived Effectiveness

The third aim of the study was to examine the relationships between SARTs' structural characteristics (membership breadth and SART cluster based on their use of formal structures and activities) and SARTs' perceived effectiveness at achieving improvements in legal outcomes and victims' help-seeking experiences. An SEM path model was tested to assess these relationships, after controlling for contextual variables (SART length of continuous operation, characteristics of the community served by the SART, and the sexual assault stakeholder group the interviewee belonged to). To test the effect of SART cluster membership on perceived effectiveness, SARTs in the "Low Adopters" cluster and SARTs in the "High Adopters except Program Evaluation" cluster were compared to the reference group: SARTs in the "High Adopters with Program Evaluation" cluster. The characteristics of this cluster are the most similar to what the practitioner literature characterizes as best practice for SARTs. Therefore, the dummy coding was designed allowed for comparisons against this cluster.

First, the full, saturated model (with the nine independent variables predicting all four dependent variables, correlations modeled allowed between the independent variables and

between the error terms of the dependent variables; see Figure 4 on pp. 53) was tested. Then, the model was trimmed such that non-significant paths were sequentially cut from the model to increase model parsimony and conserve statistical power.⁹ Paths, that when trimmed altered the pattern of results, were retained. Tables 4, 5, and 6 give the results of the final, trimmed model. The model exhibited excellent fit and model trimming did not introduce a significant amount of misfit based on the likelihood ratio test (χ^2 (21) = 28.13, *n.s.*; CFI = .995, RMSEA = .045). Analyses were replicated with and without the four cases that were outliers on the variables of interest. The pattern of results did not change and therefore these cases were retained in the sample.

The model accounted for 24% of the variance in perceived improvements in victims' help-seeking experiences, 30% of the variance in perceived improvements in victims' participation in the criminal justice system, 27% of the variance in perceived improvements in police processing of sexual assault cases, and 28% of the variance in perceive improvements related to the prosecution of sexual assault cases. Modeled correlations among the independent variables and correlations among the error terms of the dependent variables are presented in Tables 4 and 5 respectively. Standardized regression coefficients for predictive relationships between the independent variables and the four dependent variables are provided in Table 6.

⁷ A power analysis was conducted and determined that a sample of 172 would provide reasonable statistical power to detect an effect of SART cluster membership on perceived effectiveness.

	1	2	3	4	5	6	7	8
Membership Breadth								
High Adopters Except Evaluation Cluster ¹	0 ³							
Low Adopters Cluster ¹	0 ³	727						
SART Length of Operation (Linear)	0 ³	.157	265					
SART Length of Operation (Quadratic)	0 ³	.063	021	.400				
Serves a Rural County	0 ³	129	.242	177	108			
Serves more than 1 County	0 ³							
Participant Stakeholder Group: Medical/ Forensic Examiner ²	0 ³	179	.162					
Participant Stakeholder Group: Other ²	0 ³	.055	088	286				

Table 4:Correlations among Predictors of SARTs' Perceived Effectiveness from the Final Path Model

Italicized = significant at p < .05; ¹ Reference group = "High Adopters Plus Program Evaluation" Cluster; ² Reference group = Participant Stakeholder Group: Rape Crisis Center Staff; ³ Parameter was non-significant and then constrained to zero in the model.

Table 5:

Correlations among Residuals of the Perceived Effectiveness (Dependent) Variables from the Final Path Model

		1	2	3
1.	Residual: Perceived Effectiveness at Improving Victim's Help-Seeking Experiences			
2.	Residual: Perceived Effectiveness at Improving Victims' Participation in the Criminal Justice System	.713 **		
3.	Residual: Perceived Effectiveness at Improvements in Police Processing of Sexual Assault Cases	.676 **	.677 **	
4.	Residual: Perceived Effectiveness at Improvements related to the Prosecution of Sexual Assault Cases	.566**	.632**	.722**

** *p* < .01

	Perceived Effectiveness at Improving Victims' Help-Seeking Experiences		Perceived Effectiveness at Improving Victims' Participation in the Criminal Justice System		Perceived Effectiveness at Improving Police Processing of Sexual Assault Cases		Perceived Effectiveness at Improvements Related to Prosecution of Sexual Assault Cases	
	β	p value	β	p value	β	p value	β	p value
Membership Breadth	.105	n.s.	.181	<i>p</i> < .01	.243	<i>p</i> < .01	.293	<i>p</i> < .01
Cluster: High Adopters Except Program Evaluation ¹	104	n.s.	285	<i>p</i> < .01	031	<i>n.s.</i>	128	<i>n.s.</i>
Cluster: Low Adopters ¹	340	<i>p</i> < .01	497	<i>p</i> < .01	210	<i>p</i> < .05	219	<i>p</i> < .05
SART Length of Operation (Linear)	.273	<i>p</i> < .01	.264	<i>p</i> < .01	.299	<i>p</i> < .01	.303	<i>p</i> < .01
SART Length of Operation (Quadratic)	235	<i>p</i> < .01	222	<i>p</i> < .01	214	<i>p</i> < .01	196	<i>p</i> < .01
Serves a Rural County	.004	<i>n.s.</i>	.056	n.s.	.155	<i>p</i> < .05	.124	n.s.
Serves more than 1 County	.021	<i>n.s.</i>	.146	<i>p</i> < .01	.139	<i>p</i> < .05	.129	n.s.
Participant Stakeholder Group: Medical/Forensic Examiner ²	.133	n.s.	.082	n.s.	.218	<i>p</i> < .01	.236	<i>p</i> < .01
Participant Stakeholder Group: Other ²	082	n.s.	012	n.s.	.072	<i>n.s.</i>	.078	<i>n.s.</i>

Table 6:Predictors of SARTs' Perceived Effectiveness from the Final Path Model

¹Reference group = High Adopters plus Program Evaluation Cluster; ²Reference group = Participant Stakeholder Group: Rape Crisis Center Staff.

Improving victims' help-seeking experiences. This dependent variable, "improving victims' help-seeking experiences," captured perceptions of SARTs' effectiveness with respect to creating improvements related to victims' experiences of seeking help from the legal, medical, mental health, and advocacy systems post-assault. After controlling for the contextual variables of interest, membership breadth was not related to SARTs' perceived effectiveness at improving victims' help-seeking experiences. SARTs in the "Low Adopters" cluster were perceived as less effective at contributing to improvements in victims help-seeking experiences than SARTs in the "High All" cluster ($\beta = -.349$, p < .01); however, there was not a statistically significant difference between SARTs in the "High All" and the "High Except Evaluation" clusters on this dependent variable. Both the linear and quadric terms for SARTs' length of continuous operation were related to perceived effectiveness at improving victims' help-seeking experiences ($\beta = .273$, $p < .01; \beta = -.235, p < .01$). This indicates a curvilinear relationship, such that generally SARTs that had been in operation for a longer period of time were perceived as more effective, with the effect declining for the oldest SARTs. Calculations conducted using the unstandardized coefficients in the predictive regression equation indicate that the effect of the length of time the SART has been in operation on victims' help-seeking experiences becomes zero when SARTs reach approximately 17.74 years of operation. The two community context variables (whether the SART served multiple counties and whether the SART served a rural county) were not related to perceived effectiveness at improvements in victims' help-seeking experiences. Finally, the stakeholder group the SART key informant belonged to was not related to their perceptions of the SART's effectiveness at improving victims' help-seeking experiences.

Improving victims' participation in the criminal justice system. This dependent variable captured SARTs' perceived effectiveness at improvements related to increasing sexual

assault victims' participation in the criminal justice system. After controlling for the other variables in the model, membership breadth was significantly positively associated with SARTs' perceived effectiveness at contributing to improvements related to victims' participation in the criminal justice system ($\beta = .181, p < .01$). Results indicated that SARTs that had more different types of stakeholder groups actively involved in the team were perceived as more effective in this domain. Both SARTs in the "Low Adopters" cluster and SARTs in the "High Adopters except Evaluation" cluster were perceived as significantly less effective at contributing to improvements in victims' criminal justice system participation than SARTs in the "High Adopters plus Evaluation" cluster ($\beta = -.497$, p < .01; $\beta = -.285$, p < .01). Both the linear and quadric terms for SARTs' length of continuous operation were related to perceived effectiveness at improvements related to victims' participation in the criminal justice system ($\beta = .264, p < .01$; $\beta = -.222, p < .01$). Generally SARTs that have been in operation for a longer period of time are perceived as more effective on this domain, with the effect declining for the oldest SARTs. Calculations conducted using the unstandardized coefficients in the predictive regression equation indicate that the effect of the length of time the SART has been in operation on victims' participation becomes zero when SARTs reach approximately 17.74 years of operation. As to community context, whether or not the SART served a rural community was not related to perceived effectiveness; however, SARTs that served more than one county were perceived as more effective at improvements to victims' participation in the criminal justice system ($\beta = .146$, p < .01). Finally, the stakeholder group the SART key informant belonged to was not related to their perceptions of the SART's effectiveness at improving victims' participation in the criminal justice system.

Improvements related to police processing of sexual assault cases and improvements related to the prosecution of sexual assault cases. A very similar pattern of results existed for the last two dependent variables: perceived effectiveness related to improvements related police processing and prosecution of sexual assault cases. Therefore, the two are presented together. One captured SARTs' perceived effectiveness at making improvements in police processing of sexual assault cases through the criminal justice system, while the other captured SARTs' perceived effectiveness related to the criminal prosecution of sexual assault cases.

After controlling for the other variables in the model, membership breadth was associated with SARTs' perceived effectiveness at contributing to improvements in both police processing and the prosecution of sexual assault cases, with SARTs that had a greater number of different active stakeholder groups perceived as more effective ($\beta = .243, p < .01; \beta = .293, p < .01$). SARTs in the "Low Adopters" cluster were perceived as less effective at contributing to improvements in both the police processing and prosecution of sexual assault cases than SARTs in the "High Adopters plus Evaluation" cluster ($\beta = -.210$, p < .05; $\beta = -.219$, p < .05); however, there was not a statistically significant difference between SARTs in the "High Adopters Plus Evaluation" and the "High Adopters Except Evaluation" clusters ($\beta = -.031$, *n. s.*; $\beta = -.128$, *n.* s.). Both the linear and quadric terms for SARTs' length of continuous operation were related to perceived effectiveness at improvements in police processing and prosecution of sexual assault cases (police: $\beta = .299, p < .01; \beta = .214, p < .01;$ prosecution: $\beta = .303, p < .01; \beta = .196, p < .01; \beta = .196, p < .01; \beta = .00; \beta = .01; \beta$.01). SARTs in operation for a longer period of time tended to be perceived as more effective, with the effect declining for the oldest SARTs. Calculations conducted using the unstandardized coefficients in the predictive regression equations indicate that the effect of the length of time the SART has been in operation on police processing of cases becomes zero when SARTs reach approximately 19.99 years of operation and the effect on improvements related to prosecution becomes zero when the SART has been in operation for 21.24 years. Both aspects of community context was related to perceived effectiveness in improvements related to police work, such that SARTs that served a rural community, and SARTs that served more than one county were perceived as more effective ($\beta = .135$, p < .05.; $\beta = .139$, p < .05). However, neither community context variable was related to SARTs' perceived effectiveness at improvements related to the prosecution of sexual assault cases. The key informant's stakeholder group was also associated with their perceptions of the SARTs' effectiveness at improvements related to both police and prosecution, with medical/forensic examiners rating the SARTs' effectiveness more highly than rape crisis center staff ($\beta = .218$, p < .01; $\beta = .236$, p < .01). There were no significant differences between rape crisis center staff and key informants classified in the "other" category (i.e., neither a medical/forensic examiner nor rape crisis center staff; $\beta = .072$, *n.s.*; $\beta = .078$, *n.s.*).

DISCUSSION

SARTs are community-level interventions that were designed to create collaboration among key sexual assault responders and thereby improve the prosecution of sexual assault cases and victims' experiences of seeking-help post-assault. To date, there are hundreds of SARTs in the U.S.; however, there is little empirical evidence of how these interventions are structured, and how well they are able to achieve their goals in practice. Therefore, this current study had three primary aims: (1) to understand SART's structural characteristics within a national random sample; specifically, their membership breadth, formalization, and use of collaborative activities; (2) to use cluster analysis to empirically derive groups of SARTs with similar profiles based on their formalization and use of various collaborative activities; and (3) to examine the relationships between SARTs' structural characteristics and SARTs' perceived effectiveness at improvements in victims' help-seeking experiences and legal outcomes.

Aim One: SARTs' Structural Characteristics

The first aim of this study was to examine the structural characteristics of SARTs' in practice. Consistent with prior descriptive research based on convenience sampling methods (e.g., Zajac, 2006, 2009), the current study found that SARTs' are not uniformly implemented across the U.S. Rather, SARTs vary in their membership breadth, formalization, and use and institutionalization of collaborative activities. This finding is consistent with DOI theory (Rogers, 2005) which suggests that as an intervention is adopted in different contexts, adopters and implementers engage in "reinvention" of the intervention; this process results in different forms of the interventions being put into practice in different communities—much like our findings that different forms of SARTs are being put into practice in different communities. A key focus of the current study was to capture different ways of implementing SARTs.

Aim Two: Clustering SARTs on their Formalization and Collaborative Activities

To capture different methods of implementing SARTs, *the second aim of the study was to use cluster analysis to classify SARTs into distinct subgroups, representing different profiles in their use of formal structures and collaborative activities to organize their work.* Three groups of SARTs were identified. SARTs in the "Low Adopters" cluster utilized fewer formal structures, were less likely to institutionalize multidisciplinary trainings and policy/protocol review into their group's collaboration, and did not engage in program evaluation. Both of the other clusters tended to utilize more formal structures and collaborative activities to organize their work. The SARTs in the "High Adopters except Evaluation" cluster tended to use more formal structures, and engaged in more institutionalization of multidisciplinary trainings and policy/protocol review into their group's collaboration; however, none of the SARTs in this cluster engaged in program evaluation. The "High Adopters plus Evaluation" cluster also tended to use more formal structures and engaged in more institutionalization of multidisciplinary trainings and policy/protocol review; in addition, they also engaged in formal program evaluation to assess their collaborative efforts. As predicted, the study was able to identify discernible and interpretable subgroups of SARTs that varied in their implementation of formal structures and collaborative activities to structure their work. In the next aim, these subgroups were examined in relation to SARTs' perceived effectiveness.

Aim Three: Predicting SARTs' Perceived Effectiveness

The third aim of the study was to examine predictors of SARTs' perceived effectiveness. Specifically, SARTs' cluster membership, breadth of membership, and contextual factors (characteristics of the community served and the interview participant) were examined as predictors of perceived effectiveness at improving legal outcomes and victims' help-seeking experiences. First, the influence of cluster membership on SARTs' perceived effectiveness will be discussed, followed by membership, and finally the contextual factors that were studied.

Cluster membership and perceived effectiveness. Consistent with what would be expected from DOI theory and the literature on dissemination of innovations, the High Adopters with Program Evaluation group was perceived as more effective than the Low Adopters group on each of the four domains of effectiveness that were measured in this study. Prior research and theory on the Diffusion of Innovations suggests retaining core elements of an intervention is key to effectiveness (Dearing, 2009; Durlak & Dupre, 2003; Emshoff, 2008; Hazel & Onaga, 2003; Lee et al., 2008; Rogers, 2005). Indeed, this study found that the SARTs in the "High Adopters plus Program Evaluation" group—the group that most closely mirrors recommendations for how

SARTs should operate—tended to perceived themselves as more effective than the Low Adopter SARTs.

In addition, the study found that SARTs in the "High Adopters plus Program Evaluation" group tended to perceive themselves as more effective at contributing to improvements in victims' participation in the criminal justice system than SARTs in the "High Adopters except Evaluation" cluster. This finding was somewhat unexpected; rather, it was expected that the "High Adopters plus Evaluation" cluster would be perceived as more effective than the "High Adopters except Evaluation" cluster across all four domains of effectiveness due to the addition of program evaluation. As such, it was somewhat surprising that the inclusion of program evaluation was associated with only one of the four possible outcomes (and not all four). Program evaluation theory suggests that both the process of engaging in an evaluation, as well as the substantive findings of an evaluation can lead to programmatic changes; in turn, these changes can create improvements in the effectiveness of a program (Cousins & Whitmore, 1998; Patton, 2008). However, the current study's findings did not show a universal contribution of program evaluation; rather, the "High Adopters plus Program Evaluation" cluster was perceived as more effective than the "High Adopters except Program Evaluation cluster" on only one of the four domains of effectiveness.

There are two plausible reasons for this pattern of results. First, the "High Adopters plus Program Evaluation" cluster consisted of 27 SARTs. Thus, there may have been limited statistical power to detect an effect of cluster membership (type II error) due to the size of that cluster. Second, the key difference between the "High Adopters plus Program Evaluation" SARTs and the "High Adopters except Program Evaluation" SARTs was whether or not they *conducted* formal evaluation. The current study did not capture whether they *used* the process and findings of those evaluation efforts to create programmatic changes. In other words, some SARTs may have "gone through the motions" of evaluation, but may not have used the evaluation to alter their SARTs. In fact, the evaluation literature verifies that quite frequently, evaluations are conducted but do not translate into meaningful programmatic changes (Amo & Cousins, 2007; Birkeland, Murphy-Graham, & Weiss, 2005; Cousins & Whitmore, 1998; Patton, 2008). Thus, simply conducting program evaluation may not have been sufficient to translate in widespread improvements in all four domains of effectiveness.

Membership and effectiveness. Another critical aspect of a SART's implementation is its membership: the different stakeholder groups that participate in the coordinated team. The current study found that SARTs with broader *active* membership from more stakeholder groups had higher perceived effectiveness on all three forms of *legal* effectiveness; however there was not a statistically significant relationship between membership breadth and perceived effectiveness at improvements in victims' help-seeking experiences. Prior literature on DVCC's suggests that broader active membership tends to be associated with higher perceived effectiveness (Allen, 2005; Allen, 2006; Allen et al., 2010). Why in this study was breadth of active membership only associated with the three forms of legal effectiveness? In the current study, the primary sexual assault response groups (rape crisis center staff, police, prosecutors, and SANEs) were most likely to be actively represented in SARTs. The remaining ("extra") stakeholder groups were less common, and therefore tended to be involved in SARTs with broader membership, and not in SARTs with more narrow membership. In retrospect, these "extra" stakeholder groups tend to be skewed toward the legal system. Many of those groups are explicitly part of the criminal justice system and rarely deal with victims (e.g., probation and parole, the crime lab), while others are not explicitly criminal justice focused, but have a great

deal of interaction with both the criminal justice system and victims (e.g., child advocacy centers, domestic violence programs). Thus, the extra members that tended to be part of SARTs with broader active membership tended to be associated more strongly with the legal response than the response to victims. This may explain why broader active membership was associated with higher perceived legal effectiveness, but was not significantly associated with perceived effectiveness at improving victims' help-seeking experiences.

Contextual features and effectiveness. The current study measured four additional contextual features that may relate to SARTs' perceived effectiveness: the length of time the SART had been in operation consistently, two characteristics of the communities served by the SARTs, and the role that the SART key informant played in the response to sexual assault. The findings will be discussed and connected to prior literature in this order.

When considering the functioning of any collaboration, it is important to consider not only how the group is structured, but also how long the group has been working together. Consistent with scholarship that suggests community collaborations take time to develop relationships and then translate those relationships into improvements in outcomes, this study found positive associations between the length of time SARTs had been in operation continuously and all four domains of their effectiveness, such that older SARTs were perceived as more effective (Butterfoss et al., 1993; Roussos & Fawcett, 2000)¹⁰. However, this study found a curvilinear (rather than linear) relationship between the collaboration's age and its perceived effectiveness. Generally, older SARTs are perceived to be more effective, with the

¹⁰ It should be noted that this study used a cross-sectional design and therefore, does not provide definitive evidence that SARTs do increase in effectiveness as they age. These findings may also have been related to cohort effects (see subsequent paragraphs).

effect diminishing for the oldest SARTs; indeed, the effect of continuous length of operation would have fell out around 17.74-21.24 years of operation (depending on the dependent variable).¹¹ Given the cross-sectional nature of this study, it is difficult to disentangle the source of these findings—there may be a cohort effect, or it may be that effectiveness changes as SARTs mature (or there may be a cohort by maturation effect). It is possible that the oldest SARTs, which represent the very first cohort of SARTs (i.e., the "first adopters" of the SART model) are somewhat less effective than the next cohort of SARTs ("early adopters" but not first adopters) because first adopters have to do the initial ground-breaking work, while early adopters have the benefit of avoiding the initial ground-breaking and can learn from the first adopters. The youngest, or most recent cohort of SARTs ("late adopters") were perceived as least effective---- perhaps these are the communities that had particularly challenging circumstances that preventing them from adopting the SART intervention, and in turn, these circumstances inhibit their effectiveness.¹²

It is also possible that there is a maturation effect, such that generally, as SARTs reach a certain age, they lose momentum, and there is a slight decrease in their effectiveness. In their review of the literature on community collaborations, Foster-Fishman and colleagues (2001) noted the importance of a collaborative having a "continuous learning orientation" in which they

¹¹ Due to the relatively small number of SARTs that had been in operation for over 17 years (5%), these findings should be interpreted with caution.

¹² This finding was based on the amount of time the SART has been in operation *continuously*. Late adopters could include SARTs that became a SART for the first time quite recently, or tried having a SART before, failed, and recently re-adopted the SART model. Either way, it is possible that challenging circumstances contributed to the need to adopt or re-adopt the SART model quite recently.

find new ways to improve and adapt to changing conditions. This may be a difficult level of commitment to sustain over decades, and may help to explain why they were no was longer a positive effect of length of operation for the oldest SARTs. Or, it may be that as SARTs age, the way in which SART members *perceive* the effectiveness of their group shifts, with the oldest SARTs having a somewhat less optimistic view of their functioning, and thereby making the effect of the age of the SART diminish for the oldest SARTs.

In addition to characteristics of the SART itself, this study examined features of the community the SART serves and their relationships with perceived effectiveness. Diffusion of Innovation Theory suggests it is important to consider the environment in which an intervention is implemented and how the environment impacts the intervention's effectiveness (Rogers, 2005). Specifically, SARTs that serve rural communities were perceived as more effective at creating improvements related to police processing of sexual assault cases and SARTs that served multiple communities were perceived as more effective at improvements related to police processing of sexual assault cases.

SARTs that served rural communities may have been perceived as more effective at improvements due to differences in community climate between rural and urban communities. For example, Orbst and colleagues (2003) found that residents of rural communities reported a stronger psychological sense of community (i.e., stronger sense of belonging, identification, and influence in relationship to their community) than residents of urban communities. This in turn may cause a greater willingness to engage in and commitment to collaborative efforts to improve the community response to sexual assault. In addition, anecdotal accounts from open-ended questions in these interviews suggested rural communities tended to be more tightly connected, and this helped build positive multidisciplinary relationships. More specifically, many SART leaders noted that doing their work in a small, tight-knit, rural community made it easier to develop positive relationships; there was a sense of "everyone knows everyone else" in these communities, and it was easier to build positive relationships from that starting point, rather than starting from scratch.

In addition, rural communities will tend to have fewer police departments, and the departments that exist will tend to be smaller. Such conditions may make it easier for rape crisis centers and SANEs (who are typically responsible for creating and leadings SARTs) to have sufficient time resources to develop positive working relationships with *all* of the different police departments in their communities. In addition, the smaller size of the departments may make it easier to reach all of the police officers in a community who respond to sexual assault in efforts to improve individual officers' practices in processing cases. Thus, differences in the number and size of police department in smaller, rural vs. larger, urban communities may also account for differences in the perceived effectiveness of rural and urban communities.

As to the number of counties served, results reveal that SARTs that serve multiple communities tended to be perceived as more effective at improvements related to police processing of sexual assault cases. This has two possible explanations. First, it may be that SARTs that are particularly successfully at bringing police on board in one county—bolstered by that success—decide to expand their efforts and move toward creating improvements in multiple county. Secondly, it is possible that the actual act of expansion to additional counties helps SARTs to succeed at creating perceived improvements related to police processing of sexual assault cases. By adding additional counties, a SART will engage more people and organizations per stakeholder group, and this will be particularly true of police departments. Such expansion may create more opportunities for cross-fertilization within stakeholder groups across counties: members from the same stakeholder groups from different communities can share strategies and information with one another. In addition, a key function that collaboratives can serve is to create accountability to engaging in the desired response to sexual assault (e.g., Allen et al., 2010). SARTs may be particularly effective at holding an individual member accountable when other members of the collaboration also come from the same stakeholder group. For example, the sheriff department from county A may have a stronger desire to be perceived as a good collaborator and responder and therefore be more accountable to the team when the sheriff from county B is also part of the group. Thus, serving multiple counties may change the collaborative dynamics within a SART.

Limitations and Implications for Future Research

The study's findings should be interpreted in light of three notable methodological limitations. First, this is the only study to date to have developed a sampling frame of U.S. and use random sampling methods. Although sampling frame development involved a careful, multistep process, it is possible that some U.S. SARTs were not identified by our study. In particular, SARTs that are less connected to the field (e.g., are not promoted in the literature or online, are not connected to other professional organizations in the field) may have been inadvertently omitted from the sampling frame and therefore under-sampled. Although we used multiple complementary strategies to identify SARTs and directly contacted local SANE programs that were likely to participate in a SART, it is still possible that some SARTs were not identified. It is possible that such SARTs may have been less connected and therefore also less formalized and less likely to follow recommendations for how SARTs should operate. Thus, it is possible that under-sampling our SARTs could have led to over-estimation of the formality and

use of collaboration activities within U.S. SARTs. Despite this limitation, this is by far the most comprehensive attempt to obtain a nationally representative sample of SARTs to date.

Second, the current study was a broad national study to understand the structural characteristics of SARTs in practice, and the implications of differences in structure for SARTs' (perceived) effectiveness. As such the current study was primarily focused on SARTs' structure; while this is an important characteristic of SARTs, other aspects of SARTs may also be related to variations in SARTs' effectiveness. SARTs may vary in their climate and process, such as their ability to create an inclusive collaborative climate, the nature and quality of multidisciplinary relationships and communication, the extent to which various team members have a shared understanding of the problem and how to respond to it, the commitment and leadership of SART members, and the extent to which the team is engaged in authentic reflection and action to create sustainable changes in policy, practice, and procedures in their community, etc. (see Foster-Fishman et al., 2001 for these and other features of collaborations that have been associated with collaborative effectiveness). Future research on SARTs can expand from the current study on SARTs' structure, to provide a deeper understanding of SARTs' innerworkings. In particular in-depth, multi-method ethnographic (including observations, archival records, and stakeholder interviews) case studies with a small number of SARTs could be used to: capture key climate and process-related features of the focal SARTs; examine how salient climate and process-related characteristics unfolded, and why; understand the implications of climate and process for SARTs' effectiveness; and understand the mechanisms by which bringing together diverse groups to work together results in improvements in victims' helpseeking experiences and legal outcomes.

The third methodological limitation stems from measuring SART leaders' *perceptions* of their SART's effectiveness. While asking collaboration members' to report on their perceptions of the collaboration's effectiveness is standard in large-scale studies (e.g., Allen, 2005, 2006; Allen et al., 2010; Nowell, 2006), it is possible that SART leaders may have under or overestimated the impact of their team on victims' experiences seeking help post-assault and the processing of sexual assault cases through the criminal justice system. In particular, it seems likely that social desirability could have caused SART leaders to want their SART to seem effective during the phone interviews. While measures were taken to reduce this bias (e.g., asking leaders to give us their honest opinions, avoiding interviewer responses that suggested the SART was good or bad, noting the confidential nature of the study), it is likely that this still had an influence on leaders' responses and therefore, may have led to inflated reports of SARTs' effectiveness.

To address problem in future research, there are several alternate measurement approaches that could be used to study SARTs' effectiveness. For example, data could be collected from survivors (for example, on the services they received, their perceptions of the accessibility and responsiveness of the systems they sought help from, their participation in the criminal justice system, and their well-being and recovery). Archival records could be coded to identify changes in practices in the response to sexual assault and changes in legal outcomes such as availability of forensic evidence, arrest rates, conviction rates, and sentence lengths. Observations could be conducted to document how services are provided and how criminal processes unfold. However, interviewing survivors, obtaining archival records, and conducting observations are extremely resource-intensive modes of data collection, and therefore were not suitable for the current, national scale study. However, future small-scale case studies of SARTs could improve our understanding of SARTs' effectiveness, and the factors that promote or detract from SARTs' effectiveness by using such methods to capture SARTs' effectiveness directly, rather than SART members' perceptions of effectiveness

Implications for Policy and Practice

Structure. Despite these limitations, this study has several important implications for SART policy and practice. Diffusion of Innovation Theory (Rogers, 2005) and research on the dissemination of interventions, suggests that ideally, when adopting an intervention in a new setting, the "critical components" of the intervention should be retained, and other, less critical, features of the intervention should be adapted to improve the intervention's effectiveness in the local context (Dearing, 2009; Durlak & Dupre, 2003; Emshoff, 2008; Hazel & Onaga, 2003; Lee, Atschul, & Mowbray, 2008; Rodríguez et al., 2010). In this vein, the current study found that SARTs that tended to be higher in formalization and their institutionalization of collaborative activities (the "High Adopters plus Program Evaluation" cluster) were perceived as more effective than SARTs that were lower in their formalization and use of collaborative activities ("Low Adopters" cluster). This suggests that a "critical component" of SARTs' is having enough structure to organize the SARTs' teamwork. Collaboration is a shifting dynamic process: members join and leave the team, goals shift, ideas for what constitutes best practice evolve, resources change, and so on. In this changing environment, through formalization and institutionalization of collaborative activities, the SART should have a "backbone" that supports them. The team members know what their process is for working together and they have structures in place to keep themselves focused on making progress on their collaborative goals. In turn, SARTs that are less formalized and only engage in collaborative activities occasionally may find themselves unsure of how it is they work together, and may have to spend substantial

time each time they meet as a group figuring out what they are trying to achieve and how they will navigate working together.

One of the implications, then, is that SARTs should organize their teamwork through formal structures/resource and institutionalizing collaborative activities. Another implication is that organizations and funders that support SARTs' efforts should help them to do so. Typically, SART members are sexual assault responders, and are unlikely to have had substantial training and/or experience in building multidisciplinary relationships and creating a collaborative infrastructure. Thus, manuals, trainings, and technical assistance for SARTs should go beyond naming different ways of structuring a SART and recommending that SARTs should engage in those practices; rather, they should identify the necessary resources, knowledge, and skills that will be required to implement various structures, identify likely barriers to implementation, and help SART members identify specific strategies for successful implementation.

For example, a workbook on policy/protocol development could begin by describing the necessary elements to successfully drafting and agreeing upon a policy or protocol (e.g., buy-in from organizational leaders; knowledge of best practices in responding to sexual assault; knowledge of different stakeholder groups' roles and limitations in that community; SART members' time to draft and review drafts of the policy). Then, the workbook could discuss potential barriers to implementation of the protocol (e.g., conflict between organization's policies and the drafted SART protocol; no one knows what to do when there is disagreement, people who are supposed to be following the protocol do not know it exists, etc.). Then the workbook could, provide specific strategies SART can chose from to help their team successfully engage in policy/protocol development and adoption. For example, the SARTs could form a small multidisciplinary working group to engage in a multistage development process (identification of

the goals and desired use of the protocol, identification of a process for how to handle buy-in and disagreement, discussions with organizations about their needs/concerns regarding a protocol, reviewing best practices and sample protocols, drafting language, drafting plans for sharing the protocol with the people who are supposed to follow it) and then have the working group bring draft ideas and language to the broader group for discussion and revision. Thus one option to promote SARTs' effectiveness is to provide them with resources that can specifically help them establish structure to organize their teamwork.

In addition, *SARTs can support each other in establishing structure* by sharing information between SARTs. If one SART is struggling to successfully institutionalize case review, it is likely that many other SARTs have had similar struggles, and have ideas for how to overcome those problems. Thus, a venue that allows for communication and mentoring between different SARTs could be a valuable contribution to the field. In particular, a venue that is easy to access, and can be anonymous, may make SARTs more likely to reach out to one another for support. For example, there could be a SART webpage with a members discussion section where SART members can bring up different issues they have faced and share advice with one another. An expert in collaboration could review the discussion and identify additional resources and tips the teams may find helpful.

Evaluation. *A final implication of the current study is that SARTs are under-evaluated.* Only 27 out of 172 SARTs engaged in formal program evaluation, and it is unclear to what extent the evaluations they conducted met their information needs and were used to guide practice. SARTs could benefit from systematically evaluating their efforts, and then using their evaluation efforts to guide how they work together to improve the response to sexual assault. While the findings regarding the role of program evaluation were somewhat mixed (differences were only found between "High Adopters with Evaluation" and "High Adopters except Evaluation" on only one of four domains of perceived effectiveness), it seems likely that if SARTs were able to conduct evaluations that met their information needs and then use those evaluations to guide their efforts, they would benefit (Patton, 2008). However, they need support to do so. SART members are sexual assault responders, and are unlikely to have significant expertise in designing, conducting, and using evaluation to guide practice. Thus, efforts to assist SARTs in engaging in useful evaluations may be particularly beneficial. For example, sample evaluation instruments could be provided for SARTs to use, along with corresponding plans for how to conduct data collection, analyze the data, and use the findings to guide practice. SARTs could also receive an initial training and the ongoing technical assistance from an organization that supports sexual assault responders (such as a state coalition) to help them design, implement, and use their own evaluation. Such an approach has been used successfully with SANE programs to develop their evaluation capacity (Campbell, Townsend, Bybee, Shaw, & Markowitz, 2013) and could be easily adapted to the context of SARTs. Additionally, financial resources could be allocated by funders specifically to SARTs' evaluation efforts. This would provide SARTs with incentives to engage in evaluation and offset the time and other resources that would go into engaging in evaluation.

Conclusion

For many decades, researchers and practitioners have been concerned with the many problems with the community response to sexual assault. SARTs appear to be a promising intervention model to bring together diverse stakeholders to work together to create improvements in the response to sexual assault victims and cases (Greeson & Campbell, 2013). Results of the current study suggest that how a SART is structured—its use of formal structures and institutionalization of collaborative activities to organize its teamwork—has implications for its (perceived) effectiveness. However, future work needs to (1) examine additional factors (such as SART climate and process) that may also promote SARTs' effectiveness and (2) employ different measurement approaches to understand SARTs' effectiveness at improving legal outcomes and victims' help-seeking experiences. APPENDICES

APPENDIX A

Study 1: SART Leader Interview

Participant ID	Interviewer ID
Date	Start Time(s)
Interview Administration: 1 = Continuous; 2	2 = Stopped; Continued Later

Thank you for agreeing to participate in our study. I recognize that people from different communities and different disciplines use different terms. Throughout the interview I will use "SART" to refer to a multidisciplinary team, and victim to refer to people who have been sexually assaulted. For some questions, I will ask you to choose an answer that best represents your team, like on a survey, while for other questions, I will ask you to describe your SART to me. There are no right or wrong answers- we are just looking for your honest opinions. Remember- everything we speak about today will be kept strictly confidential.

Date Entered	Ву
Date Double Entered	By
Date Transcribed	By
Document Quality Che	ecking Here:

SECTION ONE: BACKGROUND INFORMATION ON THE SART

I would like to start by getting some background information on the SART.

1. How long has the SART been in operation?

_____ [years]

SPSS

- 2. Has the SART been in operation continuously or have there been times when it has stopped and re-started?
 - 1 = CONTINUOUS
 - 2 = STOPPED AND STARTED
 - 888 = Not Applicable [due to SART being continuous]
 - a. If stopped and started, how long has the SART been in operation this time?

_____[years]

3. How long have **you** been a member of the SART?

_____[years]

SPSS

4.	What is your current title or position within the SART?	_ SPSS
5.	How long have you held this position?	
	[years]	SPSS
6.	What stakeholder group do you belong to?	
	1 = Medical/forensic examiner	
	2 = Rape crisis center advocate or counselor	
	3= Prosecutor	
	4 = Police	
	5 = Crime lab personnel	
	6 = Advocate within victim's witness unit in prosecutor's offic	e
	7 = Judge	
	8 = Other [Specify]SPSS
No	ow, I have some quick yes or no questions about your SART.	
7.	Is there a specific group of sexual assault victims that your SART ex	xclusively
	serves (for example, a university population or a military base)?	
	1 = YES [Specify]	SPSS

0 = NO

8. What age groups of sexual assault victims does your SART serve?

[get cut-off years]

- 9. Is your SART a for-profit organization?
 1=YES 0=NO
 [If yes, go to Q11.]
- **10.** Is your SART a 501c3 non-profit organization? 1 = YES 0 = NO
- 11. Does your SART currently have any formal sources of funding other than fundraising (such as federal, state, or local grants)? 1 = YES 0 = NO

12. Does your SART have a leader, coordinator, or administrator?

1 = YES 0 = NO

[If no, go to Q10.]

- **13. Does your SART have a paid staff person?**1 = YES 0 = NO
 - a. If yes, is this a full-time position?

1 = YES

0 = NO

888 = Not Applicable [due to no paid staff]

- 14. Does your community have a Child Advocacy Center? By community I mean the community that your SART primarily serves. $1 = YES \ 0 = NO$
- 15. Does your community have Sexual Assault Nurse Examiner [SANE] or SexualAssault Forensic Examiner [SAFE] trained <u>nurses</u>?1 = YES 0 = NO

If no, go to Q18.

16. Does your community have a SANE or SAFE <u>program</u>? [defined as having more than two nurses and a coordinator, and being recognized as a program by their institution and the broader community]

1 = YES

- 0 = NO *If no, go to* Q18
- 888 = N/A due to no SANE nurses

17. Which came first, the SANE program or the SART?

- 1 = SANE FIRST
- 2 = SART FIRST
- 3 = SAME TIME

888 = N/A due to no SANE nurses or no SANE program

SECTION TWO: MEMBERSHIP

18. Now I would like to ask you questions about the members of your SART team. By member I mean someone who attends SART meetings or other functions reasonably frequently. I will read off a list of different stakeholder groups- just let me know with a simple yes or no whether someone from that group is a member of your SART.

a. Sexual Assault Nurse Examiner [SANE] or Sexual Assault Forensic Examiner

	[SAFE]	1 = YES	0 = NO
b.	Other medical personnel	1 = YES	0 = NO
c.	Rape crisis center staff	1 = YES	0 = NO
d.	Prosecutor	1 = YES	0 = NO
e.	Police	1 = YES	0 = NO
f.	Crime lab personnel	1 = YES	0 = NO

g. Advocate within the victim's witness unit in the prosecutor's office

		1 = YES	0 = NO
h.	Judicial	1 = YES	0 = NO
i.	Sex offender treatment	1 = YES	0 = NO
j.	Corrections (includes probation and parole)	1 = YES	0 = NO
k.	Clergy or the faith community	1 = YES	0 = NO
١.	School (grades k-12)	1 = YES	0 = NO

m. Higher education (meaning, a college or university)

		1 = YES	0 = NO
n.	Child Advocacy Center	1 = YES	0 = NO
0.	Domestic violence agency	1 = YES	0 = NO
p.	Other social services (for example, drug abuse, w	elfare)	
		1 = YES	0 = NO
q.	Sexual assault victims/survivors who represent the	e perspective	of victims and
	not an organization on the SART	1 = YES	0 = NO
r.	Are there other groups that are represented in you	ur SART that I	didn't
	mention?	1 = YES	0 = NO
	i. If yes, Specify[]	SPSS

19. How many different organizations or agencies belong to your SART?

SPSS

CONTINUE ON NEXT PAGE

- 20. Next I am going to ask you about the extent to which your SART is composed of members who are front line staff, middle management, and executives within their organization. Of the individuals involved in the SART approximately what proportion are:
 - a. General staff or front-line workers that do not hold primary leadership or decision-making roles in their organization? Would you say...
 - 1 = None
 - 2 = Some, but less than half
 - 3 = Most members
 - 4 = The vast majority or all members
 - b. Middle Management (such as captains or sergeants, department heads, or

program coordinators?)

- 1 = None
- 2 = Some, but less than half
- 3 = Most members
- 4 = The vast majority or all members

- c. The leader or executive of their organizations/agencies (for example, the chief of police, elected prosecutor, rape crisis center director)?
 - 1 = None
 - 2 = Some, but less than half
 - 3 = Most members
 - 4 = The vast majority or all members

CONTINUE ON NEXT PAGE
SECTION THREE: GOALS

21.Next, I would like to ask you some questions about your SART's goals. What was the main reason for forming the SART?

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22. Next, I will read aloud a list of possible goals. I am going to ask you to rate how important each of these goals is to your team currently. Please choose from: "not a primary goal," "somewhat important," "very important," or "a primary goal," for your team.

	Goal	Would you say this is
a.	To increase prosecution rates?	1 = Not a primary goal
		2 = Somewhat important
		3 = Very important
		4 = A primary goal
b.	To increase reporting of sexual assaults to the police?	1 = Not a primary goal
		2 = Somewhat important
		3 = Very important
		4 = A primary goal

	Goal	Would you say this is…
C.	To reduce barriers to seeking <u>medical/forensic</u> <u>services</u> post-assault?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
d.	To reduce barriers to seeking <u>mental health services</u> post-assault?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
e.	To reduce barriers to seeking <u>advocacy services</u> post-assault?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
f.	To improve the quality and comprehensiveness of medical/forensic services that are offered to survivors who seek help from the medical system?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
g.	To improve the quality and comprehensiveness of mental health services that are offered to survivors who seek help from the mental health system?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
h.	To improve the quality and comprehensiveness of advocacy services that are offered to survivors who seek help from advocates?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal

	Goal	Would you say this is
i.	To reduce negative treatment of victims by primary responders? By primary responders, I mean victim advocates, medical/forensic examiners, police, and prosecutors.	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
j.	To educate primary responders about responding to sexual assault?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
k.	To improve primary responders' attitudes toward sexual assault victims?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
I.	To improve primary responders' skills in responding to sexual assault?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
m.	To hold responders accountable to responding to sexual assault appropriately?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
n.	To educate the general public about sexual assault/rape and the services that are available to victims in your community?	1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal

	Goal	Would you say this is
0.	To increase coordination among stakeholders? By stakeholders, I mean community partners who work on sexual assault issues.	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
p.	To increase communication among stakeholders?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
q.	To increase stakeholders' understanding of one another's roles and limitations?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
r.	To improve the quality of relationships among stakeholders?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
S.	To improve local organizations' (such as the rape crisis center, hospital, police department, prosecutor's office) policies and procedures regarding sexual assault?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal
t.	To provide a victim-centered response to sexual assault?	 1 = Not a primary goal 2 = Somewhat important 3 = Very important 4 = A primary goal

23. What are other goals of your SART that I didn't ask you about?

SPSS
-

24. If you were to rank the primary goals of your SART, is your SART's time and energy most focused on improving legal outcomes (like increasing prosecution

rates), improving victims' experiences, or prevention education?

#1	SPSS
#2	SPSS
#3	SPSS

They can rank some or all of them equally. If equally, put them on the same line. Go to 25.

DURING DATA ENTRY CODE BASED ON ANSWER TO 24 Legal outcomes vs. victim experiences

1 = Legal is more important; 2 = Victim is more important; 3 = Equally important

Legal outcomes vs. prevention/education

1 = Legal is more important; 2 = Prevention is more important; 3 = Equally important

Victim outcomes vs. prevention/education

1 = Victim is more important; 2 = Prevention is more important; 3 = Equally important

SECTION FOUR: STRUCTURE

Now, I am going to ask you some questions about how you work together as a team.

25. I will read a list of formal structures that some collaborations use. Please answer yes or no which of these are in place in your SART.

a.	Written mission statement	1 = YES	0 = NO
b.	Meeting attendance and/or sign-in sheets	1 = YES	0 = NO
C.	Written meeting agendas	1 = YES	0 = NO
d.	Recorded and distributed meeting minutes	1 = YES	0 = NO
e.	Newsletters for SART members	1 = YES	0 = NO
f.	Subcommittees	1 = YES	0 = NO
g.	SART organizational chart	1 = YES	0 = NO

 Formal bylaws or operating rules/procedures specific to the operation of the SART. This does NOT include policies/procedures for responding to sexual assault victims.

		1 = YES	0 = NO
i.	Formal procedures for decision-making	1 = YES	0 = NO
j.	Formal procedures for conflict resolution	1 = YES	0 = NO

k. An established mechanism for ensuring members are accountable to the rest of the SART in completing tasks 1 = YES 0 = NO

STRUCTURE

SECTION FIVE: ACTIVITIES

- 26. Now, I will read a list of activities that some SARTs engage in. Please give me a simple yes or no to indicate whether or not your SART uses this activity.
 - a. Case review (specifically reviewing individual cases)

 $1 = YES \quad 0 = NO$

i. If yes, do these occur regularly, or as needed?

1 = As needed

2 = Regularly [Specify how often]_____SPSS

888 = Not applicable [does not utilize this activity]

b. Meetings which include business other than or in addition to case review

 $1 = YES \quad 0 = NO$

i. If yes, do these occur regularly, or as needed?

1 = As needed

2 = Regularly [Specify how often]_____SPSS

888 = Not applicable [does not utilize this activity]

c. Cross-disciplinary trainings (meaning, one stakeholder group trains another; does not include within discipline trainings)

 $1 = YES \quad 0 = NO$

i. If yes, do these occur regularly, or as needed?

1 = As needed

- 2 = Regularly [Specify how often]_____SPSS
- 3 = Some regularly, some as needed
 - [For each, specify how often]_____SPSS

_____ SPSS

888 = Not applicable [does not utilize this activity]

d. Trainings conducted by non-SART members or presentations from guest speakers that all SART members are invited to attend

 $1 = YES \quad 0 = NO$

- i. If yes, do these occur regularly, or as needed?
 - 1 = As needed
 - 2 = Regularly [Specify how often]_____SPSS
 - 3 = Some regularly, some as needed

[For each, specify how often]_____SPSS

SPSS

888 = Not applicable [does not utilize this activity]

e. Development of resources (such as checklists for responders, or informational pamphlets for victims)

 $1 = YES \quad 0 = NO$

i. If yes, does this occur regularly, or as needed?

1 = As needed

- 2 = Regularly [Specify how often]_____SPSS
- 3 = Some regularly, some as needed
 - [For each, specify how often]_____SPSS

_____ SPSS

888 = Not applicable [does not utilize this activity]

f. Discussion of the response to sexual assault in your community (including problems, potential improvements, or other issues)

 $1 = YES \quad 0 = NO$

- i. If yes, does this occur regularly, or as needed?
- 1 = As needed
- 2 = Regularly [Specify how often]_____SPSS
- 3 = Some regularly, some as needed

[For each, specify how often]_____SPSS

SPSS

888 = Not applicable [does not utilize this activity]

1 = Y	YES 0 = NO	
i.	If yes, does this occur regularly, or as needed?	
	1 = As needed	
	2 = Regularly [Specify how often]	SPSS
	3 = Some regularly, some as needed	
	[For each, specify how often]	SPSS
		SPSS

888 Not applicable [does not utilize this activity]

h. Development, adoption, or revision of memoranda of understanding between different stakeholder groups

$$1 = YES \quad 0 = NO$$

i. If yes, does this occur regularly, or as needed?

g. Policy or protocol adoption, development, or revision

- 1 = As needed
- 2 = Regularly [Specify how often]_____SPSS
- 3 = Some regularly, some as needed

[For each, specify how often]_____SPSS

SPSS

888 Not applicable [does not utilize this activity]

i. Program evaluation (such as research or quality assurance) of the SART team as a whole

 $1 = YES \quad 0 = NO$

i. If yes, does this occur regularly, or as needed?

2 = Regularly [Specify how often]	_SPSS
3 = Some regularly, some as needed	
[For each, specify how often]	_SPSS

SPSS

888 Not applicable [does not utilize this activity]

ii. [If yes]: Please describe your evaluation activities

[Probe for type of evaluation and topic of evaluation (for example, prosecution rates vs. victim outcomes)]



CONTINUE ON NEXT PAGE

SECTION SIX: PERCEIVED EFFECTIVENESS

We are a little over half of the way through the interview now. Thanks very much for answering these questions. Next, I am going to ask you some more specific questions about how you believe your SART has impacted your community. By community I mean the community that your SART primarily serves.

27. To what extent has the SART's efforts led to:

a.	An increase in the number of assaults	1= Not at all <i>If not at all,</i> is that	1 = there was little to no room for improvement?
	police? <u>Please</u>	because>	2= this was not a goal of
	choose from the	2 = A little bit	your SART?
	following options	3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
b.	Victims giving more	1= Not at all	1 = there was little to no
	complete accounts	<u>If not at all,</u> is that	room for improvement?
	enforcement?	because>	2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?

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c. Victims being more 1 = Not at all1 = there was little to no engaged during the room for improvement? If not at all, is that investigation of their because ... ----> 2= this was not a goal of case? your SART? 2 = A little bit 3= or your team was unable 3 =Somewhat to achieve this goal? 4 =Quite a bit 4=other[Specify_____ 5 = To a great extent] d. Victims being more 1= Not at all 1 = there was little to no likely to continue room for improvement? If not at all, is that participating because... ----> 2= this was not a goal of throughout the your SART? entirety of their 2 = A little bit case? 3= or your team was unable 3 =Somewhat to achieve this goal? 4 =Quite a bit 4=other[Specify_____ 5 = To a great extent] e. Victims being more 1= Not at all 1 = there was little to no forthcoming with room for improvement? If not at all, is that other evidence that because... ----> 2= this was not a goal of may support their your SART? accounts? 2 = A little bit

To what extent has the SARTs' efforts led to:

CONTINUES ON NEXT PAGE

EFFECTIVENESS

3 =Somewhat

4 = Quite a bit

5 = To a great extent

3= or your team was unable

4=other[Specify_____

]

to achieve this goal?

f.	Victims being more willing to prosecute?	1= Not at all	1 = there was little to no
		<u>If not at all,</u> is that because>	2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
g.	Victims being more	1= Not at all	1 = there was little to no
	engaged with	<u>If not at all,</u> is that	room for improvement?
	court preparations?	because>	2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
h.	Victims being more	1= Not at all	1 = there was little to no
	at ease with legal	<u>If not at all,</u> is that	room for improvement?
	throughout the	because>	2= this was not a goal of
	process?	2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]

CONTINUES ON NEXT PAGE

i.	Improvements in support for victims as they participate in the criminal justice process?	 1= Not at all <u>If not at all</u>, is that because> 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = To a great extent 	<pre>1 = there was little to no room for improvement? 2= this was not a goal of your SART? 3= or your team was unable to achieve this goal? 4=other[Specify]</pre>
j.	Improvements in the quality of forensic evidence?	<pre>1= Not at all <u>If not at all</u>, is that because> 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = To a great extent</pre>	<pre>1 = there was little to no room for improvement? 2= this was not a goal of your SART? 3= or your team was unable to achieve this goal? 4=other[Specify]</pre>
k.	Improvements in police knowledge of medical/forensic evidence?	 1= Not at all <u>If not at all</u>, is that because> 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = To a great extent 	<pre>1 = there was little to no room for improvement? 2= this was not a goal of your SART? 3= or your team was unable to achieve this goal? 4=other[Specify]</pre>

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I.	Improvements in prosecutors'	1= Not at all	1 = there was little to no
	knowledge of medical/forensic	<i>If not at all,</i> is that because>	2= this was not a goal of
	evidence?	2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
m.	Improvements in	1= Not at all	1 = there was little to no
	police utilization of	<u>If not at all,</u> is that	room for improvement?
	evidence?	because>	2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
n.	Improvements in	1= Not at all	1 = there was little to no
	prosecutors'	<u>If not at all,</u> is that	room for improvement?
	medical/forensic	because>	2= this was not a goal of
	evidence?	2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unabl
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]

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0.	Rape kits being	1= Not at all	1 = there was little to no
	more likely to be submitted to the	<i><u>If not at all,</u></i> is that because	room for improvement? 2= this was not a goal of
	crime lab?	2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
p.	Improvements in law	1= Not at all	1 = there was little to no
	enforcements'	<u>If not at all,</u> is that	room for improvement?
	sexual assault	because>	2= this was not a goal of
	cases?	2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
q.	Improvements in	1= Not at all	1 = there was little to no
	police building	<u>If not at all,</u> is that	room for improvement?
		because>	2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]

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r.	Improvements in medical/forensic	1= Not at all <i>If not at all,</i> is that	1 = there was little to no room for improvement?
	witness testimony?	because>	2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
S.	Improvements in	1= Not at all	1 = there was little to no
	prosecutors arguing	<u>If not at all,</u> is that	room for improvement?
	00000.	because>	2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
t.	Improvements in	1= Not at all	1 = there was little to no
	prosecutors'	<u>If not at all,</u> is that	room for improvement?
	about sexual	because>	2= this was not a goal of
	assault?	2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
			d

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u.	Improvements in prosecutors building	1= Not at all	1 = there was little to no room for improvement?
	rapport with victims?	because>	2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
v.	Improvements in	1= Not at all	1 = there was little to no
	prosecutors preparing victims for	<u>If not at all,</u> is that	room for improvement?
	testimony?	because>	2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
w.	Police being more	1= Not at all	1 = there was little to no
	likely to refer cases	<u>If not at all,</u> is that	room for improvement?
	office?	because>	2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]

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x.	Cases that are referred to the prosecutor's office being more likely to be charged [same as warranted or authorized] by the prosecutor?	<pre>1= Not at all <u>If not at all</u>, is that because> 2 = A little bit 3 = Somewhat 4 = Ouite a bit</pre>	1 = there was little to no room for improvement?2= this was not a goal of your SART?3= or your team was unable to achieve this goal?
		5 = To a great extent	4=other[Specify]
у.	Cases that were charged being less likely to be dismissed by a grand jury, judge, or prosecutor?	 1= Not at all <u>If not at all</u>, is that because> 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = To a great extent 	<pre>1 = there was little to no room for improvement? 2= this was not a goal of your SART? 3= or your team was unable to achieve this goal? 4=other[Specify]</pre>
Z.	An increase in the number of prosecuted cases that result in conviction or a guilty plea?	<pre>1= Not at all <u>If not at all</u>, is that because> 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = To a great extent</pre>	<pre>1 = there was little to no room for improvement? 2= this was not a goal of your SART? 3= or your team was unable to achieve this goal? 4=other[Specify]</pre>

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aa. A decrease in the	1= Not at all	1 = there was little to no
prevalence of sexual assault in your community?	<i>If not at all,</i> is that because>	room for improvement? 2= this was not a goal of
	2 = A little bit	your SART?
	3 = Somewhat	3= or your team was unable
	4 = Quite a bit	to achieve this goal?
	5 = To a great extent	4=other[Specify]
bb. The creation,	1= Not at all	1 = there was little to no
expansion, or re-	<u>If not at all,</u> is that	room for improvement?
programs or	because>	2= this was not a goal of
services for sexual	2 = A little bit	your SART?
assault victims in your community?	3 = Somewhat	3= or your team was unable
	4 = Quite a bit	to achieve this goal?
	5 = To a great extent	4=other[Specify]
cc. Victims being more	1= Not at all	1 = there was little to no
likely to receive	<u>If not at all,</u> is that	room for improvement?
medical/forensic	because>	2= this was not a goal of
<u>services</u> ?	2 = A little bit	your SART?
	3 = Somewhat	3= or your team was unable
	4 = Quite a bit	to achieve this goal?
	5 = To a great extent	4=other[Specify]

CONTINUES ON NEXT PAGE

dd. Victims being more	1= Not at all	1 = there was little to no
likely to receive referrals to <u>mental</u>	<u>If not at all,</u> is that because>	room for improvement? 2= this was not a goal of
<u>nealth services /</u>	2 = A little bit	your SART?
	3 = Somewhat	3= or your team was unable
	4 = Quite a bit	to achieve this goal?
	5 = To a great extent	4=other[Specify]
ee. Victims being more	1= Not at all	1 = there was little to no
likely to receive	<u>If not at all,</u> is that	room for improvement?
advocacy services?	because>	2= this was not a goal of
	2 = A little bit	your SART?
	3 = Somewhat	3= or your team was unable
	4 = Quite a bit	to achieve this goal?
	5 = To a great extent	4=other[Specify]
ff. Victims being more	1= Not at all	1 = there was little to no
likely to seek out	<u>If not at all,</u> is that	room for improvement?
post-assault?	because>	2= this was not a goal of
	2 = A little bit	your SART?
	3 = Somewhat	3= or your team was unable
	4 = Quite a bit	to achieve this goal?
	5 = To a great extent	4=other[Specify]

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gg. Responders being more knowledgeable about sexual assault and responding to sexual assault effectively? By responders, I mean victim advocates, medical/forensic	 1= Not at all <u>If not at all</u>, is that because> 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = To a great extent 	<pre>1 = there was little to no room for improvement? 2= this was not a goal of your SART? 3= or your team was unable to achieve this goal? 4=other[Specify]</pre>
and prosecutors.		
hh. Improvements in responders' skills in responding to sexual assault?	 1= Not at all <u>If not at all</u>, is that because> 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = To a great extent 	<pre>1 = there was little to no room for improvement? 2= this was not a goal of your SART? 3= or your team was unable to achieve this goal? 4=other[Specify]</pre>
ii. Improvements in responders' attitudes toward sexual assault victims?	 1= Not at all <u>If not at all</u>, is that because> 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = To a great extent 	<pre>1 = there was little to no room for improvement? 2= this was not a goal of your SART? 3= or your team was unable to achieve this goal? 4=other[Specify]</pre>

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jj.	Responders	1= Not at all	1 = there was little to no
	comprehensive,	<u>If not at all,</u> is that because>	2= this was not a goal of
	services to victims?	2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
kk	. Responders being	1= Not at all	1 = there was little to no
	more sensitive toward victims?	<u>If not at all,</u> is that	room for improvement?
		because>	2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
II.	Victims having more	1= Not at all	1 = there was little to no
	positive experiences with the legal	<u>If not at all,</u> is that	room for improvement?
	system?	because>	2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify
			J

mm	h. Victims having	1= Not at all	1 = there was little to no
	more positive experiences with the <u>medical system?</u>	<i>If not at all,</i> is that because>	room for improvement? 2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
nn.	Victims having more	1= Not at all	1 = there was little to no
	positive experiences	<u>If not at all,</u> is that	room for improvement?
	health system?	because>	2= this was not a goal of
		2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
00.	Victims having	1= Not at all	1 = there was little to no
	more positive	If not at all, is that	room for improvement?
	advocacy?	because>	2= this was not a goal of
	<u></u>	2 = A little bit	your SART?
		3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
			J

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pp. In ge	op. Improvements in the general public's knowledge of sexual assault and services for sexual assault victims in your community?	1= Not at all	1 = there was little to no
kr as		<u>If not at all,</u> is that because>	2= this was not a goal of
fo		2 = A little bit	your SART?
CC		nunity? 3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
qq. In	nprovements in	1= Not at all	1 = there was little to no
10	cal organizations	<u>If not at all,</u> is that	room for improvement?
pr pr	procedures for	because>	2= this was not a goal of
re	esponding to	2 = A little bit	your SART?
se	sexual assault?	3 = Somewhat	3= or your team was unable
		4 = Quite a bit	to achieve this goal?
		5 = To a great extent	4=other[Specify]
rr. A	n increase in	1= Not at all	1 = there was little to no
CC	ommunication	If not at all, is that	room for improvement?
ar st	among SART stakeholders?	because>	2= this was not a goal of your SART?3= or your team was unable to achieve this goal?
		2 = A little bit	
		3 = Somewhat	
		4 = Quite a bit	
		5 = To a great extent	4=other[Specify]

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SS.	SART stakeholders having a better understanding of one another's roles	1= Not at all	1 = there was little to no room
		If not at all, is that because>	2= this was not a goal of your
	and infinations ?	2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = To a great	3= or your team was unable to achieve this goal? 4=other[Specify]
tt.	SART responders being more accountable to providing an appropriate	<pre>extent 1= Not at all <u>If not at all</u>, is that because> 2 = A little bit</pre>	1 = there was little to no room for improvement?2= this was not a goal of your SART?
	response to sexual assault?	3 = Somewhat 4 = Quite a bit 5 = To a great extent	3= or your team was unable to achieve this goal? 4=other[Specify]
uu	Improvements in SART stakeholders' knowledge of services available to victims in your community?	1= Not at all <u>If not at all</u> , is that because> 2 = A little bit 3 = Somewhat	 1 = there was little to no room for improvement? 2= this was not a goal of your SART? 3= or your team was unable to achieve this goal?
		4 = Quite a bit 5 = To a great extent	4=other[Specify]

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vv. SART stakeholders working together	1= Not at all <i>If not at all,</i> is that	1 = there was little to no room for improvement?
more efficiently?	because>	2= this was not a goal of
	2 = A little bit	your SART?
	3 = Somewhat	3= or your team was unable
	4 = Quite a bit	to achieve this goal?
	5 = To a great extent	4=other[Specify]
ww. Improvements in	1= Not at all	1 = there was little to no
the quality of relationships among	<u>If not at all,</u> is that	room for improvement?
relationships among		
SART stakeholders?	because>	2= this was not a goal of
SART stakeholders?	because> 2 = A little bit	2= this was not a goal of your SART?
SART stakeholders?	because> 2 = A little bit 3 = Somewhat	2= this was not a goal of your SART?3= or your team was unable
SART stakeholders?	<pre>because> 2 = A little bit 3 = Somewhat 4 = Quite a bit</pre>	2= this was not a goal of your SART?3= or your team was unable to achieve this goal?

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28. What factors have helped your SART achieve your goals?

Probe for factors related to:

- Individuals
- Organizations
- Relationships (among individuals and among organizations)
- Broader community
- SARTs operations and activities

TRANSCRIBED

29. What factors have made it harder to achieve your goals?

Probe for factors related to:

- Individuals
- Organizations
- Relationships (among individuals and among organizations)
- Broader community
- SARTs operations and activities

	TRANSCRIBED

30. What advice or lessons learned do you have to share based on your experiences with your SART? [OK if they don't want to add anything. This is just a chance for them to share more.]

TRANSCRIBED

SECTION SEVEN: OTHER CHARACTERISTICS OF COMMUNITY RESPONSE

Next I want to ask you real quick, just yes or no, whether a few things exist in

your community.

31. Does your community have any multidisciplinary joint service agencies that are specific to sexual assault? (for example, an organization that houses both police and medical/forensic examiners)

1 = YES

0 = NO

a. If yes, Can you describe this for me?

[Probe for which stakeholder groups work together and how they work together.]

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32. In your community, do medical/forensic examiners and police typically conduct interviews jointly with victims?

1 = YES

- 0 = NO
- 33. Does the local prosecutor's office have a specialized unit that handles sexual assault crimes?

1 = YES

- 0 = NO
- a. If yes, what type of unit is it? [for example, a sex crimes unit]

SPSS

34. Are there local task forces, councils, or coalitions (other than the team we have discussed during this interview) that some of your members are a part of?

1 = YES [Specify____] SPSS 0 = NO

a. *If yes,* approximately how many of your SARTs' members are also involved in one of these teams? Would you say...

1 = None
 2 = Some, but less than half
 3 = Most members
 4 = The vast majority or all members

888 = Not Applicable; no to 34.

35. How often are victims who report the assault to police given information about services from the local rape crisis center? Would you say that...

1 = The option is offered to the survivor <u>every</u> time, for every survivor when appropriate/applicable

- 2= The option is offered to the survivor <u>most</u> of the time
- 3= The option is offered to the survivor <u>occasionally</u>
- 4= The option is offered to the survivor <u>rarely</u> or never

888 = Not applicable, due to no rape crisis center

36. How often are victims who report the assault to police given information about receiving a medical forensic exam?

1 = The option is offered to the survivor <u>every</u> time, for every survivor when appropriate/applicable

- 2= The option is offered to the survivor <u>most</u> of the time
- 3= The option is offered to the survivor <u>occasionally</u>
- 4= The option is offered to the survivor <u>rarely</u> or never

37. How often are victims given the opportunity to have a victim advocate accompany them during the medical/forensic exam?

1 = The option is offered to the survivor <u>every</u> time, for every survivor when appropriate/applicable

- 2= The option is offered to the survivor <u>most</u> of the time
- 3= The option is offered to the survivor <u>occasionally</u>
- 4= The option is offered to the survivor <u>rarely</u> or never

38. How often are victims given the opportunity to have a victim advocate accompany them during the initial report to the responding police officer?

1 = The option is offered to the survivor <u>every</u> time, for every survivor when appropriate/applicable

- 2= The option is offered to the survivor <u>most</u> of the time
- 3= The option is offered to the survivor <u>occasionally</u>
- 4= The option is offered to the survivor <u>rarely</u> or never

- 39. How often are victims given the opportunity to have a victim advocate accompany them during victim interviews with the detective?
 - 1 = The option is offered to the survivor <u>every</u> time, for every survivor when appropriate/applicable
 - 2= The option is offered to the survivor <u>most</u> of the time
 - 3= The option is offered to the survivor <u>occasionally</u>
 - 4= The option is offered to the survivor <u>rarely</u> or never
- 40. How often are victims given the opportunity to have a victim advocate accompany them during court hearings?

1 = The option is offered to the survivor <u>every</u> time, for every survivor when appropriate/applicable

- 2= The option is offered to the survivor <u>most</u> of the time
- 3= The option is offered to the survivor <u>occasionally</u>
- 4= The option is offered to the survivor <u>rarely</u> or never
- 41. How often does law enforcement consult with medical/forensic examiners regarding forensic exam findings? Would you say that...

1= Law enforcement consults with medical forensic examiners regarding every case, when applicable

2= Law enforcement consults with medical forensic examiners regarding <u>most cases</u>

3= Law enforcement consults with medical forensic examiners regarding <u>occasional cases</u>

4= Law enforcement consults with medical forensic examiners regarding cases <u>rarely or never</u>

42. How often do prosecutors consult with medical/forensic examiners regarding forensic evidence findings?

1= Prosecutors consult with medical/forensic examiners regarding <u>every</u> <u>case, when applicable</u>

2= Prosecutors consult with medical/forensic examiners regarding <u>most</u> <u>cases</u>

3= Prosecutors consult with medical/forensic examiners regarding <u>occasional cases</u>

4= Prosecutors consult with medical/forensic examiners <u>rarely or never</u>

43. How often do medical forensic examiners conduct an examination of suspects in sexual assault cases when a suspect has been apprehended?

1= A medical forensic examiner conducts a suspect exam for <u>every</u> suspect that have been apprehended, when applicable

2= A medical forensic examiner conducts a suspect exam for <u>most</u> <u>suspects that have been apprehended</u>

3= A medical forensic examiner conducts a suspect exam <u>occasionally of</u> <u>suspects that have been apprehended</u>

4=A medical forensic examiner conducts a suspect exam <u>rarely or never</u> for <u>suspects that have been apprehended</u>

CONTINUES ON NEXT PAGE

44. When sexual assault cases go to trial, how often do medical/forensic examiners testify? Would you say that...

1 = A medical/forensic examiner testifies <u>every</u> time a sexual assault case goes to trial, when applicable

2= A medical/forensic examiner nurse testifies in <u>most</u> sexual assault cases that go to trial

3= A medical/forensic examiner testifies in <u>occasional</u> sexual assault cases that go to trial

4= A medical/forensic examiner testifies <u>rarely or never</u> in sexual assault cases that go to trial

CONTINUES ON NEXT PAGE
SECTION EIGHT: DEMOGRAPHICS

Now, I will end the interview with some demographic questions about you and your community.

45. What communities does your SART **primarily** serve? *Probe for specific counties, cities, and/or jurisdictions.*

[Do not include people who happen to come in from other communities]

 community, state	SPSS
 community, state	SPSS
 community, state	SPSS
 community, state	SPSS

46. How many counties does your SART serve?

SPSS

47. Would you characterize the community/communities that your SART serves as...

- a. Urban? 1 = YES 0 = NO
- b. Suburban? 1 = YES 0 = NO
- c. Rural? 1 = YES 0 = NO

48. What is your gender?

- 1 = Male
- 2 = Female
- 3 = Transgender

_____ (in years)

SPSS

50. Race?

- 1 = Native American or Alaskan Native
- 2 = Asian American
- 3 = Black or African American
- 4 = Native Hawaiian or Pacific Islander
- 5 = White
- 6 = Hispanic, Latino(a), or of Spanish origin
- 7 = Biracial or Multiracial

8 = Other [Specify____]SPSS

51. Education Level?

- 1 = Did not complete high school
- 2 = High school graduate/GED
- 3 = Some college or trade school, no degree
- 4 = Associates degree
- 5 = Trade school degree
- 6 = Bachelor's degree
- 7 = Advanced degree

Turn off tape recorder.

SECTION NINE: CONCLUSION

Turn off tape recorder.

Thank you very much for participating in our study. Before we get off the phone, I do want to let you know that some of the SARTs that we are interviewing will be selected for more in-depth study in the future. If your team is selected again, we will be in touch.

Would you like to be included in a list of people who will receive a brief report of findings from this study?

Do you have any questions for me?

End Time(s): _____

SPSS

Calculate length of interview: _____(minutes) SPSS

COI	DDE LATER		
UCR and CENSUS DATA			
1.	Numbers of sexual assaults in the past yea	r (UCR)	
	Date Entered B	У	
2.	Total population of communities served (CE	ENSUS)	
	Date Entered B	У	

APPENDIX B

Perceived Legal Effectiveness Items and their Corresponding Subscales

Table 7:

Perceived Legal Effectiveness Items and their Corresponding Subscales

To what extent has the SARTs' efforts led to	Subscale			
Victims being more at ease with legal personnel	Improvements in victims' participation in the criminal justice system			
Victims being more likely to continue participating during the entire case	Improvements in victims' participation in the criminal justice system			
Victims being more engaged in the investigation	Improvements in victims' participation in the criminal justice system			
Victims being more forthcoming with other evidence to help their cases	Improvements in victims' participation in the criminal justice system			
Victims being more engaged with prosecutors during court preparations	Improvements in victims' participation in the criminal justice system			
Victims being more willing to prosecute	Improvements in victims' participation in the criminal justice system			
Victims giving more complete accounts to law enforcement	Improvements in victims' participation in the criminal justice system			
Increase in the number of assaults reported to the police	Improvements in victims' participation in the criminal justice system			
Improvements in support for victims in the criminal justice process	Improvements in victims' participation in the criminal justice system			
Improvements in law enforcement's investigations of sexual assault cases	Improvements related to police processing of sexual assault cases			
Improvements in police knowledge of medical forensic evidence	Improvements related to police processing of sexual assault cases			
Improvements in police building rapport with victims	Improvements related to police processing of sexual assault cases			

Table 7 (cont'd)

Improvements in police utilization of medical forensic evidence	Improvements related to police processing of sexual assault cases
Police being more likely to refer cases to the prosecutor's office	Improvements related to police processing of sexual assault cases
Rape kits being more likely to be submitted to the crime lab	Improvements related to police processing of sexual assault cases
Improvements in prosecutors' knowledge of medical/forensic evidence	Improvements related to the prosecution of sexual assault cases
Improvements in prosecutors' utilization of medical forensic evidence	Improvements related to the prosecution of sexual assault cases
Improvements in prosecutors' arguing cases	Improvements related to the prosecution of sexual assault cases
Increase in number of prosecuted cases that result in conviction	Improvements related to the prosecution of sexual assault cases
Increase in number of prosecuted cases that result in conviction Cases that are referred to the prosecutor's office being more likely to be charged	Improvements related to the prosecution of sexual assault cases Improvements related to the prosecution of sexual assault cases
Increase in number of prosecuted cases that result in conviction Cases that are referred to the prosecutor's office being more likely to be charged Improvements in medical personnel expert witness testimony	Improvements related to the prosecution of sexual assault cases Improvements related to the prosecution of sexual assault cases Improvements related to the prosecution of sexual assault cases
Increase in number of prosecuted cases that result in conviction Cases that are referred to the prosecutor's office being more likely to be charged Improvements in medical personnel expert witness testimony Improvements in prosecutors preparing victims for testimony	Improvements related to the prosecution of sexual assault casesImprovements related to the prosecution of sexual assault casesImprovements related to the prosecution of sexual assault casesImprovements related to the prosecution of sexual assault cases
 Increase in number of prosecuted cases that result in conviction Cases that are referred to the prosecutor's office being more likely to be charged Improvements in medical personnel expert witness testimony Improvements in prosecutors preparing victims for testimony Improvements in prosecutors' building rapport with victims 	 Improvements related to the prosecution of sexual assault cases Improvements related to the prosecution of sexual assault cases Improvements related to the prosecution of sexual assault cases Improvements related to the prosecution of sexual assault cases Improvements related to the prosecution of sexual assault cases

APPENDIX C

Comparison of Three and Four Cluster Solution Results

Based on hierarchical cluster analysis results, both a three or four cluster solution were reasonable choices. Therefore k-means cluster analysis was conducted for both a three and four cluster solution. The results of these analyses are presented below. ANOVA and Chi-squared tests were conducted to test whether the clusters differed on the variables of interest, and posthoc comparisons (Tukey's HSD) were conducted to which specific pairs of clusters were statistically significantly different from one another. The three and four cluster solutions are presented in the tables below, and then after, a discussion of the rationale for choosing the four cluster solution is given.

	"Low Adopters"	"High Adopters Except Evaluation"	"High Adopters Plus Evaluation"	Results of Post-hoc comparisons for significant differences between clusters
Cluster size	n=65	n=80	n=27	n/a
Formalization (0-13)	Low $M = 4.98^{a^3}$ SD = 1.74	High $M = 6.90^{b}$ SD = 1.98	High $M = 7.44^{b}$ SD = 2.83	2 and 3 are notstatistically different2 and 3 are higher than 1
Institutionalization of case review $(0-2)^{1}$	Average $M = 1.00^{a}$ SD = .79	Average $M = 1.28^{a}$ SD = .81	Average $M = 1.19^{a}$ SD = .83	No statistically significant differences
Institutionalization of multidisciplinary cross-trainings $(0-2)^{1}$	Low $M = .48^{a}$ SD = .61	High $M = 1.54^{b}$ SD = .53	High $M = 1.58^{b}$ SD = .64	2 and 3 are notstatistically different2 and 3 are higher than 1
Institutionalization of policy/protocol development and review $(0-2)^{1}$	Low $M = .64^{a}$ SD = .54	High $M = 1.53^{b}$ SD = .53	Medium $M = 1.15^{c}$ SD = .67	2 and 3 are higher than 12 is higher than 3
Program evaluation $(0-1)^2$	Low $M = 0^{a}$ SD = 0	Low $M = 0^{a}$ SD = 0	High $M = 1^b$ SD = 0	 and 2 are not statistically different. is higher than 1 and 2

Table 8:Results of Three Cluster Solution (Chosen)

 ${}^{1}0$ = activity not utilized; 1 = used as needed; 2 = used regularly; ${}^{2}0$ = does not use program evaluation; 1 = uses program evaluation; ³Within a row, means with the same letter superscript indicate no statistically significant differences between groups based on Tukey's HSD post-hoc tests. Within a row, means with different superscripts indicate statistically significant differences between groups based on Tukey's HSD post-hoc tests; ⁴Cluster analysis selects for low variation within clusters and high variation across clusters. Therefore, results of ANOVAs/Chi-Squared should be interpreted in the context of describing the results of the cluster analysis only.

Table 9: Results of Four Cluster Solution (Not Chosen)

	Low formalization, cross-training, policy, and evaluation	Low case review and evaluation; High cross- training	Medium cross- training; High case review	Medium case review; High program evaluation	Results of Post-hoc comparisons for significant differences between clusters
Cluster size	n=52	n=39	n=55	n=26	n/a
Formalization (0-13)	Low ^a <i>M</i> =4.66	High ^b <i>M</i> =6.25	High ^b <i>M</i> =7.30	High ^b <i>M</i> =7.27	1 is lower than 2, 3, and 4 No significant differences between 2, 3, 4
Institutionalization of case review (0-2) ¹	Average ^a M=.85	Low ^b M = .49	High ^c M=1.93	Average ^a <i>M</i> =1.15	No significant differences between 1 and 4 3 is higher than 1, 2, and 4 1 and 4 are higher than 2
Institutionalization of multidisciplinary cross-trainings $(0-2)^1$	Low ^a M = .35	$High^{b}$ $M = 1.74$	Average ^c M = 1.26	Medium- High <i>M</i> =1.58 ^{bc}	 is lower than 2, 3, and 4 is higher than 3, but 2 and 4 are not significantly different and 4 are not significantly different

Table 9 (cont'd)

Institutionalization of policy/protocol development and review $(0-2)^1$	Low^{a} $M = .63$	$High^{b}$ $M = 1.49$	High ^b <i>M</i> =1.35	High ^b <i>M</i> =1.15	1 is lower than 2, 3, and 4 No differences between 2, 3, 4
Program evaluation $(0-1)^2$	Low^{a} $M = 0$	Low^{a} $M = 0$	Low^{a} $M = 0$	$High^{b}$ $M = 1$	4 is higher than 1, 2, and 3 No differences between 1,2,3

 ${}^{1}0$ = activity not utilized; 1 = used as needed; 2 = used regularly; ${}^{2}0$ = does not use program evaluation; 1 = uses program evaluation; 3 Within a row, means with the same letter superscript indicate no statistically significant differences between groups based on Tukey's HSD post-hoc tests. Within a row, means with different superscripts indicate statistically significant differences between groups based on Tukey's HSD post-hoc tests; 4 Cluster analysis selects for low variation within clusters and high variation across clusters. Therefore, results of ANOVAs/Chi-Squared should be interpreted in the context of describing the results of the cluster analysis only.

Both solutions had reasonable cluster sizes and were differentiated by the clustering variables. The four cluster solutions has somewhat more balanced cluster sizes and all 5 clustering variables had differences across clusters, while the three cluster solution had somewhat less balanced cluster sizes, and one of the 5 cluster variables (case review) did not differ across clusters. However, the results of the four cluster solution were less conceptually meaningful. The clusters were difficult to interpret and name, due to the many, varied patterns of ways in which clusters differed from one another on the variables of interest. It was also expected that these would be much more difficult for SART stakeholders to make sense of. Therefore, the three cluster solution was chosen for further analyses.

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