

**Montana Department of Justice**  
**Sexual Assault Kit Initiative**  
**Course “Victim-Centered Response”**

## Intro

### Slide 2:

Welcome to the course, Victim-Centered Response.

### Slide 3:

DISCLAIMER: This project was supported by Grant No. 2016-AK-BX-K015 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice."

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### Slide 4:

In this course, you will learn about the importance of a victim-centered response, trauma-informed approach, and dive deeper into how forensic nurses work as a team to support improved victim outcomes.

### Slide 5:

Menu: Choose an option to learn more.

1. [What is a Victim-Centered, Trauma-Informed Response?](#)
2. [Coordinated Community Response](#)
3. [Recognize the Importance of Advocacy](#)
4. [How Forensic Medical Exams Contribute to Improved Victim Outcomes](#)
5. [Victim-Centered Approach: Important Tools](#)
6. [Quiz](#) (only appears after all sections have been visited)

## What is a Victim-Centered, Trauma-Informed Response?

### Slide 6:

A victim-centered, trauma-informed response means that the needs and interests of victims require paramount attention by professionals. This means

- a commitment to believing and supporting victims
- meeting victims where they are, not where we think they should be
- being attentive and responsive to victim needs.

**Slide 7:**

Victim-centered, trauma-informed care is accomplished by focusing on the needs and concerns of a sexual assault victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner.

**Slide 8:**

When we offer trauma informed care, we are making the assumption that each patient has experienced trauma. Often people say this is the difference in considering “what has happened to someone” rather than “what is wrong with someone”. This ensures that all communication is mindful of the persons history and often is less likely to trigger a negative response in clients while at the same time conveying safety, care, and respect.

**Slide 9:**

Utilizing a victim-centered, trauma-informed approach means recognizing that: trauma is pervasive. Most individuals we interact with have experienced some form of trauma, and it disproportionately affects vulnerable populations. Because of the broad, deep, and life shaping impact, trauma affects how people approach services and their response to people providing services. Unintentionally, the service system has the ability to be re-traumatizing for victims, which is why a victim-centered, trauma-informed approach is so important.

**Slide 10:**

Some sources of previous trauma might include:

- Recent assault
- Experiences of abuse or violence
- Incarceration
- Early Childhood trauma
- Historical trauma

**Slide 11:**

The core principles of a trauma-informed response are:

- Safety: Physical and emotional safety. Ensure victims in your care are protected from any danger, risk, or further injury and creating emotional safety so victims feel relaxed or at ease during their care.
- Trustworthiness: Care is conducted with transparency and discussion between you and the victim. Maximize trustworthiness by making tasks clear and maintaining appropriate boundaries.
- Choice: Prioritizing patient choices & allowing opportunities for them to make their own decisions in their care, including letting the patient know it is their choice what parts of the exam they want to participate in.
- Collaboration: Maximizing the sharing of power with patients

- Empowerment: Providing a safe and compassionate exam is the first step in empowering a victim. Additionally, credible information and assistance with concerns about sexually transmitted infections and pregnancy can help empower victims.

**Slide 12:**

Encouraging victims to take control is a fundamental step in a victim-centered, trauma-informed response. Helping the victim identify what they can do for themselves during the exam can empower them with a sense of control.

**Slide 13:**

Allowing victims to make informed decisions and to take charge of their next steps goes a long way toward helping victims heal.

**Slide 14:**

Empowerment means helping the victim reestablish a sense of control and agency.

**Slide 15:**

This may happen by allowing the victim to recognize their own strengths and capabilities, helping them find the information necessary to make their own decisions, and allowing them to take actions they feel comfortable with.

## **Coordinated Community Response**

**Slide 16:**

No single agency can meet all of the needs of a sexual assault victim.

**Slide 17:**

Advocates, medical professionals, law enforcement, and prosecutors have recognized the benefits of collaborating to support the needs of sexual assault victims.

**Slide 18:**

Collaboration through coordinated community response hopes to reduce trauma felt by the victim while moving through the various systems they are involved in.

**Slide 19:**

The term “coordinated community response” refers to immediate and longer-term community response to sexual assault that is coordinated among involved responders. The idea is that while each responder provides services and/or interventions according to agency-specific policies, they also work with responders from other agencies and disciplines to ensure that they coordinate responses.

### **Slide 20:**

A coordinated community response can be as flexible as creating an MOU between different agencies working with victims or establishing a referral system and collaborating with one another to ensure that the victims are supported and receiving the services they need. Some communities have created Sexual Assault Response Teams, or SARTs. These are intentionally developed and sustained inter-disciplinary groups that host regular meetings between all disciplines involved in response to sexual assault victims and collaborate to determine shared goals and visions, and implement best practices, protocols, and procedures.

## **Recognize the Importance of Advocacy**

### **Slide 21:**

In many jurisdictions, sexual assault victim advocacy programs and other victim service programs offer a range of services before, during, and after the exam process.

### **Slide 22:**

There are two different systems of advocacy: community-based advocacy and system-based advocacy.

### **Slide 23:**

Select one to learn more.

### **Slide 24:**

The role of community-based advocates is to provide victims and their loved ones with trauma-informed, empathetic crisis intervention and counseling, support, criminal justice accompaniment, including accompanying survivors to interviews with police and prosecutors, medical accompaniment, including accompanying survivors during a forensic medical exam, and information and referrals to address individual needs. Community-based advocates also provide confidentiality. Except in rare circumstances, nothing will be shared without the victim's explicit permission.

### **Slide 25:**

System-based advocates also provide victims with accompaniment, support, information, and referrals to address individual needs. System-based advocates are experts at providing information specific to moving a victim through the criminal justice system, including information on court dates, case status, and disposition. However, these types of advocates do not qualify for confidentiality exceptions, called "advocate privilege" under Montana law and therefore information shared is often not confidential within the criminal justice system.

**Slide 26:**

Ideally, advocates should begin interacting with victims in a language the victims understand prior to the exam, as soon after disclosure of the assault as possible. Victims who come to exam sites in the immediate aftermath of an assault are typically coping with trauma, anticipating the exam, and considering the implications of reporting.

**Slide 27:**

Most responders that victims meet are focused on objective tasks, such as law enforcement officials, who gather information and collect crime scene evidence to facilitate the investigation;

**Slide 28:**

or health care personnel, who assess medical needs, offer treatment, and collect evidence from victims.

**Slide 29:**

In addition, victims must make many related decisions that may seem overwhelming.

**Slide 30:**

Community-based advocates, in particular, have the sole purpose of supporting victims' needs and wishes. When community-based advocates support victims, forensic examiners can more easily maintain an objective stance.

**Slide 31:**

A coordinated response works best when your facility, upon initial contact with a sexual assault patient, calls the victim service/advocacy program and asks for an advocate to be sent to the exam site. Prior to introducing the advocate to a patient, exam facility personnel should explain briefly, in a language the patient understands, what advocates provide and ask whether the victim wishes to speak with an onsite advocate. Note that some jurisdictions require that patients be asked whether they want to talk with an advocate before the advocate is contacted. If possible, victims should be allowed to meet with advocates in a private place prior to the exam.

## **How Forensic Medical Exams Contribute to Improved Victim Outcomes**

**Slide 32:**

Sexual assault is a crime of violence against a person's body and will, that can result in physical trauma, mental anguish, and potential long term mental and physical suffering.

Supporting a victim during this time is essential as they are coping with this traumatic event and might help mitigate some of those consequences. Some key approaches for SANEs during the exam process can help. These include:

**Slide 33:**

Understand that the purposes of the exam process are to address the patient's health care needs and collect evidence suitable for possible use by the criminal justice system.

**Slide 34:**

Identify key responders and their roles: how can advocates, law enforcement, and other community resources support all elements of the process with you?

**Slide 35:**

Develop quality assurance measures to ensure an effective response during the exam process. Some examples of quality assurance measures include ongoing education, supervision, and performance evaluations. Also useful in facilitating improvements are feedback from victims and involved professionals and collection and analysis of data from the exam process.

**Slide 36:**

Know what information is confidential and with whom confidential data can be shared. Be aware of your surroundings and who may be listening when discussing cases. Keep in mind all conversation and medical reporting can be shared with law enforcement and may be shared during a trial. Ensure that the patient knows this up front.

**Slide 37:**

Develop culturally responsive care and be aware of issues commonly faced by victims from marginalized populations. Be aware and responsive to the ways in which cultural identities (for example, age, race, ethnicity, gender, religion, ability/disability, language (limited English proficiency), immigration status, socioeconomic status, sexual orientation, gender identity or expression) may influence a person's experience during the exam process as well.

**Slide 38:**

Recognize the importance of victim advocacy services within the exam process. Ideally, you should contact advocates (where available) upon initial contact with patients so they can offer patients support, crisis intervention, advocacy, information, and community referrals before, during, and after the exam in a language the victim can understand.

**Slide 39:**

Integrate medical and evidentiary procedures where possible. Medical care and evidence collection procedures should be integrated to maximize efficiency and minimize trauma to patients. For example, draw blood needed for medical and evidentiary purposes at the same time.

**Slide 40:**

Follow-up may be indicated to document developing or healing injuries and complete resolution of healing. Forensic follow-up may also be indicated to further evaluate nonspecific findings (such as

redness, swelling, or cervical abnormalities) that may be related to acute trauma or may be normal variants. If appointments are not scheduled, at least indicate to patients which appointments are needed and if sites are different than the initial exam. Make it clear that patients do not have to disclose the assault to receive follow-up medical care. Follow-up appointments may include:

**Slide 41:**

- For patients with evidence of acute trauma: A short-term follow-up appointment to reexamine and document the development of visible findings and photograph areas of injury; and an exam of 2-4 weeks later to document resolution of findings or healing of injuries.
- For all patients: repeat exams for STIs according to facility policy.
- Primary health care providers or other non-acute care providers can provide longer term care as needed.

**Slide 42:**

Address the forensic rape examination payment program, or FREPP. The purpose of FREPP is to ensure that the victim cannot be held responsible for paying the cost of the forensic examination. To learn more about FREPP, take a look at our course “Forensic Rape Examination Payment Program (FREPP).”

**Slide 43:**

Quick summary: Let’s look at this quick summary of how you might improve victim outcomes:

- Help the victim understand the purpose of the exam
- Identify key responders and their roles
- Develop quality assurance measures to ensure an effective response, such as an ongoing education, supervision, performance evaluations, feedback from victims and involved professionals.
- Know what information is confidential and with whom confidential data can be shared, such as the criminal justice system.
- Develop culturally responsive care and be aware of issues commonly faced by victims from marginalized populations.
- Recognize the importance of victim services within the exam process.
- Integrate medical and evidentiary procedures where possible.
- Follow-up may be indicated to document developing or healing injuries.
- Address the Forensic Rape Examination Payment Program, FREPP



## Victim-Centered Response: Important Tools

### Slide 44:

A victim-centered approach starts with active listening. Active listening facilitates empowerment and independence. Active listening can promote a relationship of warmth and closeness.

### Slide 45:

From the first moment, simple questions can empower the victim to feel in control, such as:

- What would you like to be called?
- Where do you prefer to sit?
- Is there anything that I can get for you?
- Would you prefer the door open or closed?

### Slide 46:

Continue by determining other ways to help victims regain control:

- Establish physical and emotional safety
  - Speak in a calm, respectful voice
  - Give sexual assault patients priority as emergency cases. This includes a prompt medical screening exam. Recognize that every minute patients spend waiting to be examined may cause loss of evidence and undue trauma.
  - Establish a room as a safe place to talk and be alert to signs of discomfort or unease. Providing the victim with personal space and exercising discretion to avoid individuals being identified in a public setting is crucial to providing a safe space.
  - Try to make the space as calm and relaxing as possible, including removing any potential triggers for trauma. Potential triggers can vary by person and may be related to the event. If you are unsure if potential triggers exist, speak with the victim about this.
  - Make suggestions that can increase safety – for example, ask if the victim feels safe being alone and if there is anything that would increase their sense of safety.
  - Explain to patients what will happen. Explain processes, for example examinations, interviews, investigations, and who or what will be involved before proceeding.
  - Emphasize the victim's ability to stop discussion and model respect for the victim's choice
  - Address physical comfort needs of patients prior to discharge. Provide them with the opportunity to wash, brush their teeth, change clothes; get food and/or a beverage, and make needed phone calls. They may also require assistance in coordinating transportation from the exam site to their home or another location.

### Slide 47:

- Collaboration
  - Follow the victim's lead on current goals, needs, and wants
  - Present options for services and respect the victim's choices

- Assist the victim to learn self-advocacy and promote involvement in services as well as sharing concerns regarding services
- Accommodate the patient's requests to have a relative, friend, or other personal support person present during the exam, unless considered harmful by responders.
- Accommodate the patient's requests for responders of a specific gender throughout the exam as much as possible.
- Provide information that is easy for patients to understand, in the patient's language, and that can be reviewed at their convenience. An easy way to do this is to collaborate with your local advocacy agency to create a victim packet, given after the exam, that includes any important information victims need to know.

## Find an Advocate

### Slide 48:

Advocates are specially trained to provide the survivor with free, confidential, non-judgmental emotional support, information, and resources. To find an advocate in your area call the Montana Coalition Against Domestic Violence and Sexual Assault in Helena at (406) 443-7794 or you can use the "Find a Center" tool at RAINN.org (<https://centers.rainn.org/>) and call and request an advocate from the nearest center. You can also use the Interactive Advocacy Center map on our SAKI site by clicking the link (<https://dojmt.gov/enforcement/specialservices/saki/saki-survivor-resources/>) provided.

## Quiz

### Slide 49:

Let's test what you've learned. Take the quiz on the following pages to test your knowledge.

### Slide 50:

Multiple Choice: A victim-centered, trauma-informed response means

- A) That the needs and interests of victims require paramount attention by professionals
- B) A commitment to believing and supporting victims
- C) Being attentive and responsive to victim needs
- D) Meeting victims where they are, not where we think they should be
- E) All of the above

Correct Answer: That's correct. A victim-centered, trauma-informed response means that the needs and interests of victims require paramount attention by professionals. This means

- a commitment to believing and supporting victims, "truth" is a nuanced topic
- meeting victims where they are, not where we think they should be
- being attentive and responsive to victim needs.

Click anywhere to continue.

Incorrect Answer: That's not wrong, but not complete, either. A victim-centered, trauma-informed response means that the needs and interests of victims require paramount attention by professionals. This means

- a commitment to believing and supporting victims, "truth" is a nuanced topic
- meeting victims where they are, not where we think they should be
- being attentive and responsive to victim needs.

Click anywhere to continue.

### Slide 51:

Multiple Choice: The core principles of a trauma-informed response are: (multiple answers possible – select all that apply)

- A) Safety: Ensuring physical and emotional safety; do no harm
- B) Trustworthiness: Maximizing trustworthiness, making tasks clear
- C) Choice: Prioritizing patient choices
- D) Collaboration: Maximizing collaboration & sharing of power with patients
- E) Empowerment: Helping victims find inner strengths to heal

Correct Answer: That's right! Very good! The core principles of a trauma-informed response are safety, trustworthiness, choice, collaboration, and empowerment. Click anywhere to continue.

Incorrect Answer: That's not wrong, but not complete, either. The core principles of a trauma-informed response are safety, trustworthiness, choice, collaboration, and empowerment. Click anywhere to continue.

### Slide 52:

Correct or Incorrect: No single agency can meet all of the needs of a sexual assault victim.

- Correct
- Incorrect

Correct Answer: That's correct! Collaborating through coordinated community response hopes to reduce trauma felt by the victim while moving through the various systems they are involved in. Click anywhere to continue.

Incorrect Answer: No, that's incorrect. No single agency can meet all the needs of a sexual assault victim. Collaborating through coordinated community response hopes to reduce trauma felt by the victim while moving through the various systems they are involved in. Click anywhere to continue.

### Slide 53:

True or False: Victim-centered care during forensic medical exams can contribute to improved victim outcomes.

- True
- False

Correct Answer: That's is very true. It is critical to respond to victims of sexual assault in a timely, appropriate, sensitive, and respectful way. Every action taken by responders during the exam process should be useful in facilitating patient care. Click anywhere to continue.

Incorrect Answer: No, that's false. It is critical to respond to victims of sexual assault in a timely, appropriate, sensitive, and respectful way. Every action taken by responders during the exam process should be useful in facilitating patient care. Click anywhere to continue.

**Slide 54:**

Multiple Choice: Some examples of establishing physical and emotional safety for the victim are: (multiple answers possible – select all that apply)

- Speak loudly and with authority
- Provide the victim with personal space
- Emphasize the victim's ability to stop
- Help the victim predict what will happen

Correct Answer: Yes, you're right. Very good! Among other examples of establishing physical and emotional safety for the victim, you should speak calmly and with a respectful voice. Click anywhere to continue.

Incorrect Answer: No, that is not right. Among other examples of establishing physical and emotional safety for the victim, you should speak calmly and with a respectful voice, not loudly and with authority. Click anywhere to continue.

**Slide 55:**

Enter your feedback in the box below.

**Slide 56:**

Quiz results slide.

**Slide 57:**

In this course, you have learned about the importance of a victim-centered, trauma-informed response.

**Slide 58:**

Thank you for completing this course. Select "Close" to exit.