

Sabine County Sexual Assault Response Team Biennial Report

Contact Information:

Emma Skinner, Sexual Assault Client Services Advocate

The Family Crisis Center of East Texas

936-639-1681

Table of Contents

Executive Summary 3

SART Overview 3

Activities and Training 5

Team Members 5

Protocol for Sabine County 5

Data and Findings 13

Case Review: Evaluation of Protocols 13

Conclusion 14

Appendix A 16

Executive Summary

The Sabine County SART is guided by the principles of survivor rights and responsibilities, accountability, prevention, and collaboration. Our protocol is an active, victim-focused model that implements the delivery of services to victims of sexual assault. The objectives of this report are to review the protocols in place, combine existing data about sexual assaults in Sabine County from mandated members, and discuss the challenges faced and recommendations for future meetings.

SART Overview

The Sabine County SART's mission is to reduce the trauma suffered by victims of sexual assault and to provide the support and resources needed for healing. The team will support the investigative/court process by enhancing the quality of evidence collection and successfully prosecuting sexual assault cases in Sabine County. Our primary goals are:

- To become familiar with the roles and responsibilities of each first responder/discipline.
- Develop protocols for a seamless response that ensures that victims and responders are well-informed and that the needs of the victim and the criminal justice system are considered throughout the legal process.
- Identify the available resources, avoid duplication, and collaborate on effective delivery of services.
- Develop relationships with individual responders and the agencies they represent so that optimum referrals and information can be provided to each other and the victim.
- Share information, knowledge, and expertise between members.
- Establish rapport with individual responders and the agencies they represent so that there is the best opportunity for resolution in the event of a challenge or miscommunication.
- Educate collaborative partners and the public to increase awareness of the scope of the problem, identify solutions, and provide leadership in prevention efforts.

The guidelines below are the minimum standards for an Adult Sexual Assault by the Sabine County Sexual Assault Response Team (SART) as stated in the Local Government Code, Chapter 351, Subchapter J.

§1. Membership: (a) According to Texas Local Government Code, Chapter 351, Subchapter J, it is required for each Commissioner's Court of a county to establish an Adult Sexual Assault Response Team with the following minimum of members: (1) The Chief Administrator of a Sexual Assault Program that provides services within the county or their designee; (2) A prosecutor with jurisdiction over adult sexual assault cases in the county; (3) The Sheriff of the county, or their designee; (4) The chief of the largest municipal law enforcement agency, if one exists, or their designee; (5) A Sexual Assault Nurse Examiner, Forensic Examiner that provides exams within the county, or if they do not exist, a representative from the largest healthcare provider in the county; (6) A mental or behavioral health provider within the county, or if they do not exist, a representative from the public health department; and (7) Other persons or professionals the SART considers necessary for the operation of the response team.

§2. Meetings: (a) The SART shall meet: (1) at least quarterly at a time determined by the presiding officer; (2) not later than the 90th day after the last day of a regular legislative session to review and amend as necessary any protocols, forms, or guidelines developed under this subchapter; and (3) at any other time at the call of the presiding officer. (b) If a response team member cannot participate in a response team meeting, the member or entity the member is representing may designate another individual to represent the member or entity at the meeting. However, each member or a designee of that

member must participate in all response team meetings. (c) A response team member must attend the quarterly meetings held to participate in response team functions, as required under Section 351.254(a)(1), Local Government Code. (d) A response team shall meet independently of a children's advocacy center multidisciplinary team described by Section 264.406, Family Code. 6

§3. Commissioner's Court: (a) Must fill a vacancy for a response team member not later than the 30th day after the date the vacancy occurs and in the same manner as the original appointment.

§4. Protocols: (a) A response team shall develop a written protocol addressing the coordinated response for adult survivors in the county that includes: (1) the procedures to be used in investigating and prosecuting cases arising from a report of sexual assault; (2) interagency information sharing, in accordance with state and federal law, to ensure the timely exchange of relevant information and enhance the response to survivors; (3) the location and accessibility of sexual assault forensic examinations; (4) information on the availability of and access to medical care when the care is clinically indicated; (5) a requirement to ensure survivors are offered access to sexual assault program advocates, as defined by Section 420.003, Government Code; (6) information on the availability of and access to mental and behavioral health services; (7) a requirement to ensure that relevant law enforcement agencies notify survivors promptly regarding the status of any criminal case and court proceeding; (8) an assessment of relevant community trends, including drug-facilitated sexual assault, the incidence of predatory date rape, and sex trafficking; (9) a biennial evaluation through sexual assault case reviews of the effectiveness of individual agency and interagency protocols and systems; (10) at least four hours of annual cross-agency training on the dynamics of sexual assault for response team members participating in the quarterly meetings as required by Section 351.254(c); and (11) procedures for addressing conflicts within the response team and maintaining the confidentiality of information shared among response team members as required by law. (b) In developing a protocol under this section, the response team: (1) shall consider Chapter 56A, Code of Criminal Procedure; (2) may provide different procedures for use within a particular municipality or area of the county served by the response team; and (3) shall prioritize the health and safety of survivors. (c) The protocol developed under this section aims to ensure coordination between all agencies involved in sexual assault cases to increase the response efficacy and minimize survivor traumatization. The response team shall provide the protocol to each agency in the county that responds to disclosures of sexual assault. (d) Failure to follow a protocol developed under this section does not: (1) constitute the basis for a claim or defense to a civil or criminal action; or (2) preclude the admissibility of evidence. 7

§5. Reports: (a) Not later than December 1 of each odd-numbered year, a response team shall provide to the Commissioner's Court of each county the response team serves a report that includes: (1) a list of response team members able to participate in the quarterly meetings required by Section 351.254(c); (2) a copy of the written protocol developed under Section 351.256; and (3) either: (A) a biennial summary detailing: (i) the number of sexual assault reports received by local law enforcement agencies; (ii) the number of investigations conducted as a result of those reports; (iii) the number of indictments presented in connection with a report and the disposition of those cases; and (iv) the number of reports of sexual assault for which no indictment was presented; or (B) an explanation of the reason the response team failed to provide the information described by Subsection (a)(3)(A)

Activities and Training

The Family Crisis Center of East Texas puts on an annual training called the Safer East Texas Training (SETT). This training consists of experts sharing their knowledge and real-world professional experiences surrounding sexual assault, dual victimizations, human trafficking, and other related topics to increase a victim-centered approach in our community. This training provides the 4 hours of required training detailed in the SART protocol. Almost all of our SART team members attended the 2023 training held in June. While some of our team members receive this training from their respective organizations, The Family Crisis Center of East Texas will continue to offer the training hours to meet this need.

Team Members

Our response team consists of the following organizations:

- Burke Center
- Family Crisis Center of East Texas
- Forensic/SANE Nurse Coordinator
- Hemphill Police Department
- Sabine County District Attorney's Office
- Sabine County Hospital
- Sabine County Judge
- Sabine County Sheriff's Office

Protocol

STANDARDS OF PRACTICE

Adult Patients with a Complaint of Sexual Assault Recommendations are to medical, legal, law enforcement, advocacy, and forensic science professionals on the identification, collection, and preservation of physical evidence and the minimization of physical and psychological trauma to adult victims/survivors of sexual assault and Requirements of ECP kits as designated by Chapter 420, Government Code.

To ensure timely Medical Forensic Examination of adults who present with a complaint of sexual assault. Hospitals and or Law Enforcement contact the agency's 24-Hour Hotline at 1-800-828-7233.

MAINTAINING THE SART AND COLLABORATIVE EFFORTS

The SART Leadership Team, consisting of executive leadership from each SART member agency, meets bi-annually to assess the process's quality assurance and strategize areas for enhancement. Each SART Leadership Team meeting is led by the Chief Administrator of the Family Crisis Center of East Texas and

is a formal, collaborative space where members can discuss the successes and challenges agencies face in responding (individually and collectively) to reports of sexual assault. Meeting topics include, but are not limited to:

- Policy and protocol development, review, and adoption: The SART members develop policies and protocols that specify how sexual assault responders from each agency respond to sexual assault cases and victims.
- Multidisciplinary trainings: different sexual assault response stakeholder groups that belong to the SART train one another about their roles and limitations in responding to sexual assault and share their expertise with other team members.
- Memorandum of Understanding (MOU): develop new or update existing MOUs between sexual assault response organizations to formalize agreements. MOU included in Appendix A.
- Formal program evaluation: Systematic analysis of data helps the SART understand how the team works, the impact it has on the community and potential areas of improvement.
- Regular Review: The SART Protocol is reviewed every two years to ensure it is consistent with best practices and member agencies' policies and procedures for sexual assault response.

Conflict Resolution

If any claim arising out of or relating to this MOU or a breach thereof, the parties will consult with each other to reach a satisfactory solution. The parties hereto shall use their best efforts to amicably and mutually resolve any dispute, litigation, matter, doubt or divergence of any nature, directly or indirectly related to this Agreement ("Conflict"), involving any of the parties.

Confidentiality

Maintain confidentiality of all communications, information, and observations made by SART members.

POINT OF ENTRY PROTOCOLS

For Sabine County SART purposes, the point of entry is considered the first agency to whom a victim discloses a sexual assault and has the ability and responsibility to provide short and long-term support. Sabine County has three formal points of entry: Law Enforcement, The Family Crisis Center of East Texas, and Hospital/Healthcare Provider.

POINT OF ENTRY: FAMILY CRISIS CENTER OF EAST TEXAS HOTLINE:

The Family Crisis Center Hotline receives the call, assesses the caller's needs and presents resources and options based on the unique experiences of the individual caller.

- Unique experiences such as specific medical needs, amount of time since the assault, and the nature of the assault dictates short and long-term options. The Crisis Worker contacts the designated SANE on-call.
- If the caller discloses a sexual assault and wants to move forward with a medical forensic exam (MFE), Hotline staff contacts the on-call SANE. The SANE assesses if medical clearance is necessary.
- If the caller does not want a medical forensic exam, the Hotline staff continues to support the caller throughout the crisis with short and long-term referrals for mental, medical, legal support, and safety planning.
- If the caller requests to make a report to Law Enforcement, the Family Crisis Center staff reaches out to Law Enforcement.

- The caller does not have to report to Law Enforcement to be eligible for advocacy or medical services.
- The caller can request to report to Law Enforcement without a medical forensic exam. Hotline staff supports the caller in locating the information needed to make a report.

POINT OF ENTRY: HOSPITAL/HEALTHCARE PROVIDER

While it is not a formal point of entry for sexual assault services, some victims may present at the local hospital for immediate medical services after an assault.

- The patient should be seen by a healthcare provider within 15 minutes of arrival or as soon as possible.
- Patient is assessed for appropriate immediate medical care needs. It is recommended for all adult patients to be cleared medically at an Emergency Department before the transfer to a SANE suite at the child advocacy center location for the medical forensic exam (MFE). The child advocacy center is not an acute care medical facility. Victims who are not considered medically stable are referred to a local Emergency Department for treatment before a medical forensic exam by a SANE may be performed.
- Emergency Department staff are trained to discuss three options with the patient:
 - o Connecting victims with Law Enforcement to make a report.
 - o Contacting Family Crisis Center Hotline for a Reporting medical forensic examination by a certified SANE.
 - o Contacting Family Crisis Center Hotline for a Non-Reporting medical forensic examination by a certified SANE.

Non-Reported Sexual Assault Evidence

The Non-Reported Sexual Assault Evidence Program was created in House Bill 2626 by the 81st Legislature in 2009. The program allows survivors of a sexual assault to obtain a forensic medical exam and have evidence collected without cost to the survivor, even if they do not wish to involve law enforcement personnel at the time of its collection. This secures the evidence while giving survivors time to consider if they want to report the assault. In addition, it requires the Department to transfer and preserve the evidence for either five years or until the survivor releases the evidence, whichever comes first. The rules and responsibilities related to this program can be found under Article 56A.306 of the Code of Criminal Procedure.

Release of Medical Records

Upon receipt of authorization for the release of medical records, the hospital or physician's office provides copies of all requested documentation pertaining to the examination and treatment of a patient to (1) the child advocacy center; and/or (2) Law Enforcement/prosecution agency.

Ongoing Response

Regardless of the reporting and disclosure path a victim/survivor chooses, there is community support before, during, and after a report. While some victims/survivors of sexual assault choose not to report the crime, the presence of a SART is associated with higher victim participation in the criminal system, shorter reporting delays, more types of forensic evidence collected, and higher arrest rates.

Individuals with Limited English Proficiency

All members of the SART utilize language interpreters (in person or on the phone) to support victims with limited or no English proficiency. All efforts are made not to use family or community members to provide interpretive services to a first responder. Using professional interpreters ensures a confidential and safe environment for the victims/survivors to share details about the crime in their primary language.

Individuals Who Are Detained

Incarcerated individuals have the right to access support services if they are victims of sexual assault under the Prison Rape Elimination Act (PREA). The Family Crisis Center of East Texas is responsible for providing 24/7 telephone support, crisis intervention counseling, emotional support services related to sexual abuse/ harassment, and referrals for a victim when the violence has occurred during detention

Law Enforcement

The primary objectives for a law enforcement officer in any sexual assault case are to: identify information that supports the facts of the case, identify and preserve evidence, identify the offender, and develop probable cause to support the arrest and prosecution of the offender. Law enforcement officers should use a victim-centered approach to achieve these objectives.

Since many sexual assault victims will experience their first real contact with a law enforcement officer following the assault, the law enforcement officer should be ever cognizant of the emotional well-being of the victim and should take all reasonable steps to alleviate the negative impact of the investigative process.

The officer(s) should remain mindful that law enforcement is but one component of a Multidisciplinary Team. The team concept is crucial in ensuring a victim-centered approach to the investigation.

The Victim-Centered Approach means that the needs and interests of survivors are of central concern to system personnel as the response. For a law enforcement officer, this means:

1. Enhancing cooperation between the law enforcement agency and community organizations that may assist the victim(s).
2. Giving victims choices and options whenever possible.
3. Demonstrating sensitivity by using non-judgmental questions, comments, and body language.
4. Establishing and maintaining liaisons with law enforcement commands, Crime Victim Liaisons, and specialized units such as Sexual Assault Programs, Advocacy Centers, Child and Adult Protective Services, and community medical/forensic services.
5. Facilitating communication within the law enforcement agency and among members of the Multidisciplinary Team.
6. Maintaining respect for the survivor in interdisciplinary communication.
7. Avoiding premature judgments. Sexual assault cases often seem counterintuitive at first. Victims may wait days, weeks, months, or even years before reporting their assault. The victim may seem inappropriately calm and lack signs of a physical struggle (e.g., cuts, bruises, or abrasions). It is important to withhold judgment about the case and the victim until sufficient

evidence is collected. If you believe a victim may be making a false statement or report, remain respectful.

These protocol items are not intended to serve as a detailed guide to investigating sexual assault. Still, they should provide sufficient information to ensure that the law enforcement officer takes a victim-centered approach. For more specific investigative instruction, the law enforcement officer should refer to the Texas Evidence Collection Protocol available through the Texas Office of the Attorney General. www.texasattorneygeneral.gov/sites/default/files/files/divisions/crime-victims/TECP.pdf.

Family Crisis Center of East Texas

The Family Crisis Center of East Texas is dedicated to providing superior services to those who have suffered from sexual violence and taking a holistic approach to help clients transition from victim to survivor. The services offered by advocates include, but are not limited to:

- Emergency Shelter
- Medical Accompaniment On Sexual Assault
- Examinations (SANE)
- Crisis Intervention
- Safety Planning
- Personal and Legal Advocacy
- Court Accompaniment
- Protective Order Assistance
- Support Groups
- Criminal Justice System Support
- Assistance Filing for Human Trafficking Visa
- Peer Support
- Assistance with Crime Victims Compensation
- Counseling
- College/University Campus Advocacy
- Primary Prevention
- Community Education

Forensic Nurse Examiners

Forensic nurses certified as sexual assault nurse examiners (SANEs) receive extensive training and follow scientific and legal procedures to collect evidence and ensure the quality of care for the victims. SANEs are registered nurses trained to assess specific needs and provide holistic healing care to patients requesting medical care and evidence collection due to an assault or abuse.

Regardless of whether a victim is willing to report the crime to law enforcement, victims have the right to seek medical attention and evidence collection in the form of a medical forensic exam.

SANEs gather a history for diagnosis and treatment, assess for trauma, gather evidence as indicated, photo document injuries, answer questions and discuss patient options.

Competency of care requires ongoing education and certification to maintain standards of practice. Suggested training/ certifications are as follows:

1. Certification through the Texas Office of Attorney General (OAG) includes but is not limited to:

- a. Didactic training
- b. Preceptorship
- c. Court preparation

2. Certification through the International Association of Forensic Nursing (IAFN)

3. Follow guidelines and requirements within the Forensic Nursing Program of Family Crisis Center/Child Advocacy Center.

Nursing: Nurses employed and by contract will adhere to the Nursing Practice Act set forth by the Texas Board of Nursing. Current licensure is required through the Texas BON.

Health professionals should remember that medical care and forensic evidence collection are but one component of a multidisciplinary team's response to sexual assault. The team concept is crucial in ensuring a Victim-Centered Approach to the response.

The Victim-Centered Approach means that the needs and interests of the sexual assault patient are of central concern to system personnel as they respond. For healthcare providers, this means they will:

1. Be an advocate for the patient's physical and psychosocial well-being.
2. Provide the patient with a safe, secure, and private place for their exam and treatment.
3. Ensure patient confidentiality is maintained.
4. Ensure that the medical forensic examination is conducted with the patient providing continued consent throughout the process.

Exams are to be performed at one of the SANE suites within a child advocacy center location unless medically unable to transfer. Agreements with local hospitals allow Family Crisis Center / Child Advocacy Center employed/ contracted SANEs access to perform the medical forensic exam at their facility if the patient cannot transfer. General recommendations for the medical forensic examination are outlined below. In addition, detailed steps for collecting forensic evidence are provided in the Texas Evidence Collection Protocol.

The examination is, first and foremost, a medical examination assessing for traumatic injuries. It is an integral part of the medical process that provides comprehensive care to the patient. The examination involves:

1. Assessment, such as gathering information concerning the patient's medical condition (history)
2. Formulating a diagnosis
3. Formulating a nursing care plan
4. Intervention and care of injuries, collection of forensic evidence, patient education, safety, and assessment for referrals
5. Reviewing the process to ensure all the patient's needs are addressed and referrals are made.

Medical Forensic Examination includes four parts:

1. A detailed history of the patient
2. A head-to-toe examination assessing for trauma
3. A detailed anogenital examination assessing for trauma

4. Identification and collection of forensic evidence and presentation in legal proceedings.

Treatment Protocols:

1. The patient is treated prophylactically for sexually transmitted infections, per the CDC guidelines. Treatment may be from a presenting hospital, referral to Angelina County and Cities Health District, or another provider as requested by the patient.
2. Discuss pregnancy risk probability. Provide for assessment of and intervention as requested per guidelines.

Non-Reporting Sexual Assault

An adult patient without an intellectual disability between the ages of 18-65 who presents with sexual assault may choose whether or not they report to law enforcement. A non-reporting medical forensic examination may be conducted utilizing the same process and care as provided to someone who decides to move forward through the legal process. Evidence is gathered per the Texas Evidence Collection protocol. Guidelines for storing the evidence are set forth by the Texas Office of the Attorney General and the Texas Department of Public Safety. Evidence is not tested and is forwarded to the Texas DPS Bio-Warehouse per guidelines, where it is stored for up to 5 years. Victims later deciding to proceed with processing their kit must report to the investigating law enforcement agency of the crime. It is the responsibility of the victim to notify the investigating law enforcement agency of the change of status to a reporting sexual assault and the responsibility of the investigating law enforcement agency to retrieve said evidence and transfer it to the Crime Lab for testing.

Hospital/Healthcare Provider

Healthcare providers may be the first professionals victims encounter following a sexual assault. The hospital/ healthcare facility triage provides a designated liaison to participate actively on the Sexual Assault Response Team. As appropriate, the hospital/healthcare provider participates in cross-training with allied professionals regarding response to sexual assault. This allows for SANE/SAFE to educate hospital staff on procedures for caring for adult sexual assault patients. Providers train staff on techniques for providing victim-centered care. Patients first presenting to the hospital/healthcare must be medically cleared while maintaining evidence. Reports of services provided, including treatment of injuries or prophylactic medications, are to be called to the on-call SANE or sent in writing to the patient with instructions to present to SANE. Providers supply information to patients regarding medical forensic examinations. Providers contact the Family Crisis Center Hotline at 1-800-828-7233 if not already contacted by law enforcement.

Mental Healthcare Provider

Mental Health Provider (MHP) representative involvement on SART teams is to improve response to acute mental health needs of a patient who has experienced sexual assault. MHP evaluation of the patient includes acute care assessment and post-assault follow-up based on the patient's needs. In addition, Mental Healthcare Providers serve as a resource to the survivor patient and members of the SART.

Prosecutors

Prosecutors provide for the community's and victim's safety by holding offenders accountable by prosecuting criminal cases. On a SART, prosecutors provide feedback to agencies on trials and judicial outcomes and how the work of other agencies can affect the prosecution of cases. Prosecutors will:

- Provide legal guidance to local law enforcement agencies concerning the sufficiency of the evidence, warrants, and similar matters relating to investigating criminal cases.

- Evaluate cases submitted by law enforcement to determine if there is sufficient evidence for prosecution.
- Provide Victim-Centered Prosecution
 - o Although prosecutors are not victims' attorneys, they can advocate for victims' rights and proactively address victims' concerns. For example, many victims are unfamiliar with the criminal justice process. Most have not been to court before. They may be highly apprehensive about seeing offenders in close proximity, fear testifying about the details of their assaults, and worry about an adversarial cross-examination process. To overcome these concerns, prosecutors can help victims by orienting them to the criminal justice system, providing waiting areas separate from offenders, and working with advocates to help meet victims' emotional needs.

Updates to Legislation

- SB 806 – Mandatory Written Notice to Victims with Referral to Rape Crisis Center Services:
Senate Bill 806 amends the Code of Criminal Procedure to set out the duties of a peace officer who investigates a sexual assault incident or responds to a disturbance call that may involve sexual assault with regard to providing certain information to the victim, requesting a forensic medical examination on the victim's behalf, and coordinating with a local response team to provide the victim continuing care or further investigate the offense.
- SB 409 – Survivor-Centered Communications During Prosecution:
Senate Bill 409 amends the Code of Criminal Procedure to expand the group of offenses for which victims, guardians of victims, and close relatives of deceased victims are entitled to additional rights within the criminal justice system and to include among those rights the right to be informed about and confer with the state's attorney regarding the disposition of the offense, if requested.
- SB 1401 – Access to Medical Forensic Exams and Crime Victims Compensation Reforms
Senate Bill 1401 repeals Code of Criminal Procedure provisions that provide for a bifurcated approach to handling forensic medical examinations for sexual assault victims who report their assault to law enforcement and for sexual assault victims who do not and amends provisions of that code and the Family Code, Government Code, Health and Safety Code, and Occupations Code relating to the rights of sexual assault victims and to certain procedures and reimbursements for law enforcement agencies and health care providers with respect to a sexual assault or other sex offense to provide for an updated, consolidated statutory approach for all sexual assault victims. Among other provisions, the bill replaces the attorney general's discretion to make payments to sexual assault victims for certain medical care costs with a requirement for the attorney general to do so.
- SB 1402 – Increased Training Requirements
Senate Bill 1402 amends the Government Code, Health and Safety Code, and Occupations Code to make the Sexual Assault Survivors' Task Force a permanent entity, expand its membership, and entitle certain of its members to a per diem and a reimbursement of applicable expenses. Additionally, the bill clarifies the evidence collection training required for a person who performs a forensic medical examination on a sexual assault survivor and provides for mandatory basic sexual assault response training for certain employees of healthcare facilities that have an emergency department and for the establishment of a mandatory basic education and training program on responding to child sexual abuse and adult sexual assault for peace officers.

Data and Findings

The Sabine County District Attorney's Office reported that there were two adult sexual assaults reported, two investigations, and two indictments from 2021-2023.

The Sabine County Sheriff's Office reported two adult sexual assault reports in 2021, four in 2022, and two in 2023. They also reported that all of these victims were Caucasian women.

The Hemphill Police Department reported 0 adult sexual assault reports and 0 investigations in the past two years.

The Sabine County Hospital reported a total of two adult sexual assault cases from January 2021 until October 2023.

Burke was unable to submit any adult sexual assault data for this report due to the wording in the assessment with which they gather their information. Their Adult Needs and Strengths Assessment states "At any point in your lifetime, have you experienced sexual assault." Due to there not being a clear way to determine whether the patient is indicating they experienced this as a child or as an adult, we were unable to include the data.

There were no SANE exams performed on adults in Sabine County for 2021-2023.

Case Review

For this case review, we will be discussing a woman whom we will refer to as KW. KW was sexually assaulted by an acquaintance, and due to severe winter weather at the time, was not able to seek medical assistance or help from law enforcement for a prolonged amount of time. Because of this, it was past 120 hours when she reported to law enforcement, so gathering evidence through doing a SANE was not possible. After finding this out, KW opted not to have a SANE done at all. The SANE nurse still provided her with resources and referrals for follow-up care.

KW's point of entry was the Hemphill Police Department. She reported the assault after she was able to get away from her assailant. The Hemphill Police Department investigated the crime, but unfortunately, there was no evidence due to there not being a SANE and the perpetrator denying it. Law enforcement was not able to move forward with the case.

A Family Crisis Center advocate met with KW when she initially saw the SANE nurse. They made her aware of her rights as a victim and the resources available to her, including the safehouse. KW decided to stay at the safehouse due to her fear for her safety. While there, she utilized services like counseling, legal advocacy to get a protective order, and she applied for legal aid.

KW's case demonstrates how some of our SART protocols work in Sabine County. Each mandated member worked together to make sure she received the resources and care she needed/wanted. Our team was able to give KW medical care, legal assistance, and continued crisis intervention and safety planning.

Due to confidentiality and the protection of her privacy during the ongoing criminal case, we chose not to include documents and reports pertaining to KW's case.

Conclusion

The Sabine County SART has made progress in the last two years. We have created protocols and begun discussing adult sexual assault cases at our quarterly meetings. Attendance at these meetings is typically not very consistent. The overall effect of the Sabine County SART has been a positive increase in communication and connectivity among group members who are actively involved in the SART.

Our future goals primarily revolve around getting every mandated member involved and invested in the Sabine County SART. Our protocol does call for each mandated member to participate, and while some members do attend consistently, not all do. We want to increase accessibility and the efficiency of the meeting so that it will be worthwhile for all. We also have the goal of developing our own Notice to Adult Victims of Sexual Assault to be given out by law enforcement when they encounter victims. This will be an important tool for survivors as they navigate healing and pursuing justice. We hope that the next two years bring the Sabine County SART more collaboration and more resources for survivors of sexual assault.

APPENDIX

MEMORANDUM OF UNDERSTANDING

This memorandum of understanding is recognized as a cooperative, collaborative commitment between the Sabine County Sexual Assault Response Team (SART). The Sabine County Sexual Assault Response Team (SART) is a multidisciplinary collaboration, formed in Sabine County to facilitate a coordinated community approach dedicated to providing appropriate care of individuals who have been sexually assaulted.

January 1, 2022 - December 31, 2024

Each agency indicates their commitment to implementing and maintaining this SART in the following ways:

- Committing to uphold countywide standards of practice to ensure consistent responses to Adults who have been sexually assaulted.
- Develop protocols for coordinated response to sexual assault.
- Conduct at least four hours of annual cross-agency training on the dynamics of sexual assault of each participating agency in the SART approach.
- Assist and train other community organizations responding to sexual assault victims.
- Coordinate immediate response to sexual assault victims.
- Coordinate long-term response to sexual assault victims.
- Identify and implement systems' changes.
- Educate the community about prevention and build community awareness around the issues of sexual assault.
- Providing equal access to services for all individuals regardless of race, ethnicity gender, sexual orientation, income, ability, language, age, religion or other personal characteristics.
- Developing and maintaining professional relationships through respectful communication and cross-disciplinary education among team members.
- Making a commitment to positive, constructive problem-solving for the benefit of victims and the community with conflict resolution.
- Participate in SART planning and implementation activities to ensure smooth operations, problem-solving and case review.
- Maintain confidentiality of all communications, information, and observations made by SART members.