



Chapter 13

ADVOCATES' WORK IN COLLABORATION WITH OTHER SYSTEMS & PARTNERS

Introduction¹

This section invites you to think about the major systems and supports in your community that survivors and advocates may interact with. In many communities, these systems have historically included law enforcement, prosecutors and other legal professionals, and hospitals or other medical professionals.

Other important systems and partners may include:

- child welfare services
- mental health services
- educational institutions
- youth serving organizations
- prison systems
- juvenile detention centers
- residential treatment facilities
- drug and alcohol treatment programs
- culturally specific organizations
- LGBTQ+ centers
- homeless shelters
- immigration advocacy and systems
- housing systems
- victims' compensation
- food banks
- family planning and abortion clinics
- employment systems
- veterans' affairs
- sex worker serving organizations
- spiritual/religious centers and systems
- elder serving organizations
- HIV/AIDS community organizations
- probation and parole systems
- organizations working with people with disabilities
- residential care facilities
- broad medical and health systems (both traditionally Western and holistic)
- organizations that focus on restorative and transformative justice
- civil legal systems

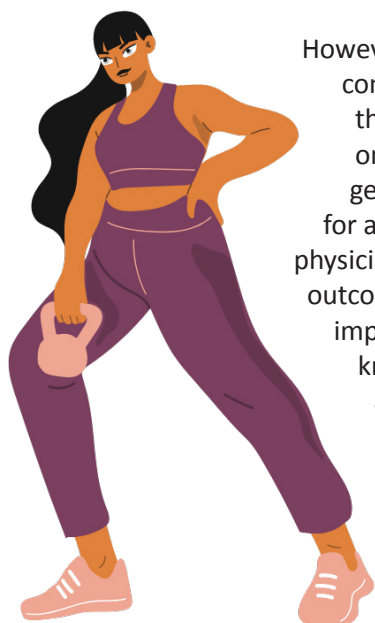


In the context of working with systems, an advocate's work is layered. You must be knowledgeable about the inner workings of systems and able to describe likely processes and players so that a survivor can make informed decisions about what would be helpful (or not) in their healing process. Advocates also serve as emotional support and sounding boards where survivors can process, be heard, and express emotions about their experiences.

Medical Options

Although advocates don't try to convince callers to make particular choices, advocates do encourage survivors to seek medical attention for a recent sexual assault. The most important reason is to assess the survivor's physical well-being, including treatment of injuries, and for sexually transmitted infections (STIs) or pregnancy prophylaxis (prevention). Survivors may have obvious physical injuries, or they may be unaware of injuries. Emergency department (ED) healthcare providers will assess for both external and internal injuries and will address all medical concerns. For many survivors, seeking medical care can be frightening and embarrassing. Medical care also can be a powerful first step in reclaiming control of one's body and life.

A survivor of sexual violence has multiple options for healthcare beyond the local ED, including: a reproductive health clinic, community clinic, urgent care, or a primary care physician. A survivor may not feel comfortable going to the emergency department for a variety of reasons. They may feel intimidated by the space, they may have had a negative experience, or they may be afraid that the police will be called. As previously discussed, survivors are encouraged to seek medical attention.



However, survivors must be in control of their decisions. If the sexual assault occurred on a weekend, delay in getting care, (such as waiting for a clinic or a primary care physician) could complicate health outcomes. This information is important for the survivor to know so that they can make an health and healthcare decision.

If the survivor chooses to receive care in an emergency department, options

regarding the medical and forensic examination, including forensic evidence collection and making a report to law enforcement, should be discussed along with various options for both.

The following information will focus on the survivor receiving medical care and participating in forensic evidence collection at an emergency department. Other medical options need to be handled on an individual basis and protocols may vary significantly from center to center.

Emergency Department

There are several advantages to going to an Emergency Department (ED). EDs are open 24 hours a day, providing immediate care. In addition, forensic evidence is collected only in hospital emergency departments in Maine. This evidence may be used in the investigation and possible prosecution of the crime.

Many EDs have Sexual Assault Forensic Examiners (SAFEs) trained in providing specialized care for survivors of sexual violence. SAFEs, most of whom are Registered Nurses, have extensive training in trauma, sexual and domestic violence, and supporting survivors. SAFEs have a heightened level of understanding and thoroughness. If specialized examiners are not available, other providers in the ED are also able to conduct a medical/forensic examination.

Prior to Arriving at the ED

As an advocate speaks directly with a survivor before going to the ED there are several important things to consider. Advocates can explain that medical care is important and that if the survivor may decide to report to law enforcement at any point in the future, undergoing a forensic examination now will preserve this evidence. Survivors interested in this option should be aware that the evidence on the body deteriorates rapidly, or may be lost altogether. Therefore, it is best to have the medical/forensic examination as soon as possible to preserve the evidence.

Regardless of timing, advocates encourage all survivors to see a healthcare provider. A specialized examiner will determine if a modified medical/forensic examination, which may include vaginal and/or cervical swabs (depending on the patient history) and a known blood sample/ buccal (cheek) swab only, may be done in appropriate cases. Sometimes evidence can still be collected up to 5 to 14 days after the assault.

Forensic evidence is collected using a standardized evidence kit provided by the state. The kit has all the

items needed to collect and store the evidence. Once completed, the evidence is turned over to law enforcement for storage or possible transport to the Maine State Police Crime Lab for analysis. If evidence is collected during the medical/ forensic examination, there is no charge to the survivor for the medical/ forensic examination, including pregnancy prophylaxis and STI treatment. Be sure to clarify with the examiner if there are other parts of the exam that are not paid for such as other testing.

Evidence collection can be done at the same time a report is made to law enforcement, or may be done “anonymously.” This means that there is no personal or identifying information on the kit, and there is no report to law enforcement. In the latter case, the survivor will be given a kit tracking number. If the survivor decides to report in the future, this tracking number can be given to law enforcement, which may begin an investigation and possibly transport the kit to the Maine State Police Crime Lab. In anonymous cases, the law enforcement agency in the town or county where the ED is located is required to hold the kit for at least 8 years. Additional information about reporting to law enforcement while at the ED is provided at the end of this section.

Advocates can inform the survivor that during the medical examination and forensic evidence collection process they have the right to take a break at any time, to choose to decline any of the steps of the process, or to stop the process completely.

Evidence may be found on the survivor’s body or on the clothes that the survivor was wearing at the time the sexual violence occurred. There may still be evidence on the clothing even if it has been removed. If the survivor is still wearing these clothes, it is best not to change until instructed by the medical examiner. The advocate can encourage the survivor to bring a change of clothes with them to the ED, if possible, since the clothing they are wearing may be kept as evidence. If the survivor has already changed, the advocate can ask the survivor to bring the original clothes they were wearing during the assault with them to the ED, if possible.

Ideally, the survivor would place the clothing in a clean paper bag (plastic breaks down evidence and does not allow it to breathe) and bring it to the ED. The survivor can bring the clothing even if it has been shaken out, washed, or tossed in a hamper with other clothing. Survivors may bring other items that contain evidence such as tampons, sanitary pads, or bedding. Some sexual assault support centers provide sweat suits if a survivor gets to the hospital without a change of clothing.

The Advocate’s Role at the Emergency Department

How an advocate proceeds when arriving at the ED will depend upon whether the request came from the survivor during a helpline call, or if law enforcement or the ED requested the advocate directly. When following up on a request for accompaniment by the survivor, the advocate will:

- Meet the survivor at the agreed upon location (preferably just inside or near the entrance).
- Introduce yourself to the survivor.
- Briefly explain the next steps.
- Accompany the survivor into the ED.

If the accompaniment is in direct response to a law enforcement or ED request, the advocate may need to take a moment when introduced to the survivor to briefly explain their role and inform the survivor of their right to make choices that feel best for them.

Advocates must keep in mind that if the survivor is a minor or an adult under guardianship, they may not have complete control over what happens.

While the SAFE or other healthcare provider is attending to the survivor’s physical health, the advocate can focus on the survivor’s emotional well-being. This may include sharing basic knowledge about the evidence collection process, clarifying terminology, or seeing that the survivor understands medical procedures by asking the healthcare provider for clarification. In this role, the advocate helps the survivor make informed decisions and assists them in regaining a sense of control over their body and the situation.



In most Maine hospitals, survivors of sexual violence are given priority, second only to those patients with life-threatening injuries. When the survivor arrives at the ED and tells the intake/triage nurse that they have experienced sexual violence, the survivor should be attended to promptly. The triage nurse will take the survivor’s vital signs (pulse, blood pressure, and respiratory rate), assess for any physical injuries that need immediate attention, record the date and time of the sexual assault, and whether law enforcement has been notified or if the patient wants law enforcement to be notified.



Following triage, most survivors are taken to a private waiting room or to the examination room. If the survivor is not brought to a private room, the advocate may ask the triage nurse if one is available. Hospitals may have differing protocols, so it is helpful to be familiar with hospital protocols in a particular service area.

Medical Examination & Forensic Evidence Collection

If the survivor chooses, the survivor and the advocate will be escorted to the examination room. There, the SAFE or healthcare provider assigned to the survivor will explain the medical/ forensic examination process.

Forensic evidence is collected using the Maine Sex Crimes Kit, which includes detailed instructions and materials that have been standardized throughout the state. Forensic evidence collection can be done by a state certified Sexual Assault Forensic Examiner (SAFE) or a SAFE-in-Training, a Medical Doctor (MD), a Doctor of Osteopathy (DO), a Physician's Assistant (PA), or a Nurse Practitioner (NP). A Registered Nurse (RN) can perform most of the medical/ forensic examination. However, an advanced practice provider will perform the vaginal examination and collect vaginal and cervical swabs.

The SAFE Program is housed in the Maine Department of Health and Human Services, Office of Child and Family Services. The program is directed by a Registered Nurse. The trainings are based on a national model. To become a SAFE, a healthcare provider must complete an extensive training program that includes classroom and clinical work. Sexual Assault Response Teams (SARTs) across Maine include SAFEs as team members along with representatives from law enforcement, prosecution, and advocacy. Refer to the Sexual Assault Response Team section below for more information about SARTs.

Advantages of Sexual Assault Forensic Examiners

There are many reasons why survivors benefit from having a SAFE conduct the medical/forensic examination. One of the most important reasons is that the two primary people who care for the survivor – the SAFE and the advocate – have specialized training to help the survivor.

Other advantages of having a SAFE include:

For Patients/Survivors

- Their provider understands the patient has experienced a traumatic event.
- SAFEs can offer prompt, compassionate care and a quality medical/forensic examination.

- SAFEs document details of sexual violence thoroughly.

For Emergency Departments

- SAFEs can provide the patient with timely care.
- SAFEs leaves ED staff to focus on other responsibilities
- SAFEs ensure efficient forensic evidence collection.

For Advocates

- The advocate can fully focus on survivor.
- SAFEs help create confidence that the survivor will receive the best care.
- The partnership promotes a systemic response to sexual violence.

For Law Enforcement

- Law enforcement can fully focus on taking a report.
- SAFEs build assurance that options regarding the legal system will be discussed.
- The dynamic creates a relationship among officers and nurses.
- SAFEs can assist with safety planning.
- SAFEs can perform suspect exams.
- SAFEs understand importance of chain of custody.

For Prosecutors

- SAFEs present as a credible witness.
- SAFEs are cooperative and available on short notice.
- SAFEs aid in evaluating helpful medical and forensic evidence.

The Advocate's Role in Evidence Collection

The advocate is present to provide support, education, and empowerment to the survivor. Although the SAFE or other healthcare provider is the lead person during all medical care and evidence collection, the advocate may assist the examiner, within appropriate boundaries, to provide care and comfort for the survivor. For example, if the survivor would like something to drink or eat and the SAFE or other healthcare provider agrees, the advocate can go get something for the survivor.

The advocate may also help the survivor find a restroom or telephone, find non-medical supplies such as sheets or blankets, or give messages to other hospital staff on behalf of the examiner. An advocate should never engage or assist in any part of evidence collection. This could contaminate the evidence with the advocate's DNA or impact the credibility of the evidence that is being collected.



Another advocate role is to observe whether the provider is clearly explaining procedures. If the advocate has a concern or question, they can ask the examiner for clarification in a polite and respectful manner. If information seems unclear, the advocate can ask the survivor directly if they have any questions or would like clarification.

The advocate can remind the survivor that the exam can be stopped at any time. If the survivor becomes upset, the advocate will work with the healthcare provider to offer support and discuss the options of completing the exam, taking a break, or ending the process.

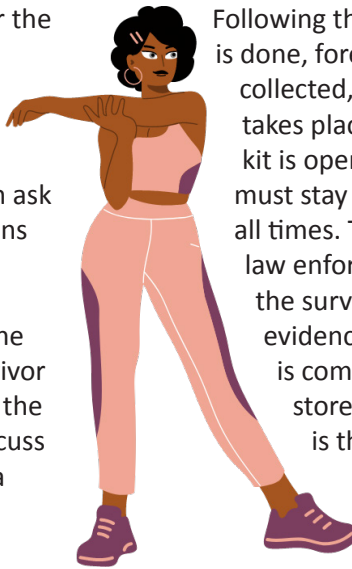
The Medical/Forensic History

Part of the medical and forensic examination includes a detailed history taken for the purposes of medical diagnosis and treatment. This will include past medical history, as well as details of the recent sexual violence.

If the survivor requests the presence of a friend or family member, these requests will be honored if possible. However, it is best that potential drawbacks are discussed privately with the survivor. These drawbacks include the potential risk of cross contamination of the evidence in a crowded room, the survivor feeling unable to speak freely regarding details of the sexual assault, and the risk that the friend/family member could be called as a witness should the case go to trial. An advocate's legal privileges could also be questioned if a friend or family member is present. This means that they could potentially be subpoenaed if the survivor's case went through legal proceedings.

Advocates can suggest that the friend/family member wait outside the examination room during the history-taking. The advocate can support the friend/family member while they wait until this part of the examination is finished. A second advocate can be called in if necessary.

The survivor of sexual violence has recently experienced a loss of control over their body. As a result, it is critical that everyone involved allow the survivor as many choices as possible. The advocate and the healthcare provider can work together to facilitate choice and control by explaining medical and evidence collection procedures before they are performed. This includes how and why procedures are done, and where on the survivor's body evidence collection will take place.



Following the history, a physical assessment for injury is done, forensic photographs may be taken, clothing is collected, and the physical evidence collection process takes place. Once the forensic evidence collection kit is opened, the SAFE or other healthcare provider must stay with the kit and any collected evidence at all times. This is to verify that the evidence given to law enforcement is the same evidence taken from the survivor, and that no opportunity existed for evidence tampering. Once the forensic examination is complete, the evidence will be labeled and stored according to the instructions in the kit. It is the hospital's responsibility to coordinate law enforcement picking up the kit. How long that takes depends on availability of law enforcement and other factors.

Medications

Medications to prevent pregnancy and treat sexually transmitted infections are offered to the survivor and are referred to as prophylactic treatment. If medications are not offered or discussed by the healthcare provider, the advocate can ask them to discuss these options. The SAFE or other healthcare provider will ask permission to take blood and urine specimens. Blood and urine is collected if drug facilitated sexual assault is suspected. Follow-up medical care options, including testing for sexually transmitted infections, would be included in the patient's discharge plan.

Pregnancy

The fear of pregnancy resulting from sexual violence is often a major motivator for the survivor to seek medical care. The availability of pregnancy prophylaxis should be discussed with each patient of child-bearing capacity and treatment should be offered. A pregnancy test is done on all patients of childbearing age.

If it is within 120 hours of the sexual assault, individuals can take emergency contraception to prevent pregnancy. Emergency contraception is also known as emergency birth control, back-up birth control, the morning after pill, and by the brand names Plan B, One-Step, and Next Choice.²

If the hospital does not have emergency contraception available and the survivor is 17 or older, they can get the medication at a drugstore or health center without a prescription. If the survivor is under 17, the medical provider can write a prescription.

Sexually Transmitted Infections

When a survivor goes to the emergency department for a medical forensic exam, they will be offered prophylaxis



for gonorrhea, chlamydia, syphilis, and HIV. The forensic nurse and physician will evaluate whether there is enough known risk to give HIV prophylaxis.

PEP (post-exposure prophylaxis) medications offered at a forensic exam are free. However it is a 30-day treatment, only the first 3 to 5 days are provided, and a prescription will be given for the rest of the treatment. If accessing or paying for HIV prophylaxis is prohibitive for the survivor, the local center can work with them to get the prescription paid for.

Financial Considerations

Under Maine law, the Victims' Compensation Program reimburses hospitals for medical/forensic examinations. The survivor is not required to report the sexual assault to law enforcement, nor can the survivor be billed for the medical/forensic exam if the sex crimes kit is used and evidence is collected.

This law³ includes payment for "all services directly related to the gathering of forensic evidence [the kit] and related testing and treatment for pregnancy and sexually transmitted [infections]."⁴ The forensic examination must be performed by a hospital or licensed healthcare practitioner.⁵ The law requires the hospital or licensed healthcare practitioner to bill the Maine Crime Victims' Compensation Board directly for the cost of the forensic examination, rather than the survivor or the survivor's insurance company.⁶ The forensic examination kit includes an application to the Maine Crime Victims' Compensation Fund for the survivor, in case there are additional medical expenses not covered as part of the medical/forensic examination.

If the survivor suffers injuries requiring treatment such as a broken bone or surgery, the hospital bills the survivor (or the survivor's insurance) for that treatment. However, if the survivor has no insurance (or if insurance doesn't cover all of their costs) they can apply to the Maine Crime Victims' Compensation Board for financial assistance.⁷ This program does not hinge on whether a medical/forensic examination was done. However getting assistance requires reporting to, and ongoing cooperation with, law enforcement.⁸

Maine law also requires the local district attorney's office to pay for the "analysis of a drug or alcohol test performed as part of a forensic examination...when the purpose of the analysis is to obtain evidence for the prosecution."⁹

The provider makes the decision to collect urine and blood samples. Law enforcement deliver specimens to the Health and Environmental Testing Lab in Augusta for

storage. At some point after this, the investigator and local district attorney's office makes the decision about whether to send the specimens for testing.

All requests for compensation are subject to Maine Crime Victims' Compensation Board review and approval.

Law Enforcement at the Emergency Department

A survivor can choose to report to law enforcement at any time. Sometimes survivors report in the same window of time they get evidence collected. There are a few scenarios where a survivor may report:

- They may have gone directly to the police station, made a report there, and then a police officer may have transported them to the ED.
- The survivor may have gone directly to the ED without calling the helpline first, and decided to have medical personnel call law enforcement to come to the ED to take a statement.
- They may have arranged to meet the advocate at the ED and then asked to make a police report. The advocate may arrive at the ED at any time during the reporting process, or the law enforcement officer may arrive at the hospital at any point during the medical/forensic examination process. It is typically the preference that the report be made after the forensic exam has been completed.

When and how a survivor makes a report - if they do - may be different depending on case-specific circumstances.

Generally, the initial law enforcement representative will be a uniformed patrol officer.

To begin the interview, the officer will ask the survivor for general information such as full name and date of birth, and then will proceed to questions about the act of sexual violence. The initial statement documents the incident and determines how law enforcement will proceed with their investigation. Depending on the size of the law enforcement agency, the case may be turned over to a detective for full investigation.

During the interview, the advocate can typically stay in the room if the survivor wishes. However, it is important



advocates to be familiar with the law enforcement protocols in their area. The advocate's role during the interview process is to provide emotional support and to inform the survivor about their choice and rights. Refer to the resources later in this chapter for additional information about reporting.

Leaving the ED

Medical accompaniment calls may be several hours long. Depending on the advocate's schedule, it may be necessary to request another advocate to come to the ED to be with the survivor. If this situation occurs, the advocate should clearly communicate with the survivor and any concerned others they may be supporting. Advocates must make sure to involve the survivor in this process and refer to specific center protocols.

There may be a short wait between the time the examination is complete and the hospital discharge occurs. If a shower is available, the patient could bathe at this time. This is often a time for the advocate to provide or review any materials that the center has available for the survivor to take with them.

It is also the advocate's role to discuss what else the survivor may need and make a plan for next steps, such as:

- A follow-up call from a helpline advocate.
- A referral to a therapist or social service providers.
- An explanation of how to access the helpline and how it works.

Legal Response & Resources

An act of sexual violence may be a criminal offense and/or a civil violation. Legal options that may be available to survivors seeking justice include:

- The prosecution of the crime in criminal court.
- Moving forward in civil court to seek compensation for the damages suffered as a result of the sexual assault.
- Accessing civil protections for protection orders, housing, and workplace rights remedies.
- Education access.

Maine Court System

District Court: The District Court does not utilize a jury and hears civil, criminal, and family cases such as divorces, separations, custody, and property disputes. The District Court also hears child protection cases, and serves as Maine's juvenile court. Actions for protection



from abuse or harassment, mental health, small claims cases, and money judgments are filed in the District Court.¹⁰ Survivors of sexual violence may use the district court system to obtain Protection from Abuse Orders.

Superior Court: The Superior Court hears all criminal and civil matters that are not the sole jurisdiction of the District Court, or in cases in which the defendant asks for a jury trial. Sometimes the Superior Court hears jury-waived trials in which the judge is the fact-finder and decides

the verdict.¹¹

Maine Criminal Law

Maine's criminal statutes related to sexual violence have been revised many times in attempts to accurately define the realities of sexual assault and sexual abuse. Individuals may call for information and support around an experience that may be technically legal under the Maine Criminal Statutes. This does not mean that the experience was not hurtful and possibly traumatic for them. Regardless of the law, advocates provide support to individuals who have experienced any and all forms of sexual violence.

Reporting Sexual Violence

Survivors may have questions and concerns about their choices. One decision a survivor needs to make is whether or not to involve the criminal or civil legal system. It is important that survivors be allowed to make their own informed decisions about reporting, rather than relying on the opinions of concerned others or law enforcement.

For some survivors, deciding to take legal action helps in their healing process. For these survivors, taking a stand against the offender can be empowering no matter what the outcome. Others feel they are helping society and bringing closure to the incident. Some survivors, however, do not want to engage in a process which may, in part, blame them for the incident. Survivors may feel that the process will repeatedly force them to relive the act with no guarantee of the outcome.

It is important to note that some sex crimes have time limitations for prosecution.¹² A survivor can always make the report, but it is important to note that a crime that happened a long time ago may not move forward in a criminal case. It is not the advocate's role to determine what crime happened or if the statute of limitations has passed, but give the survivor a sense of what to expect.



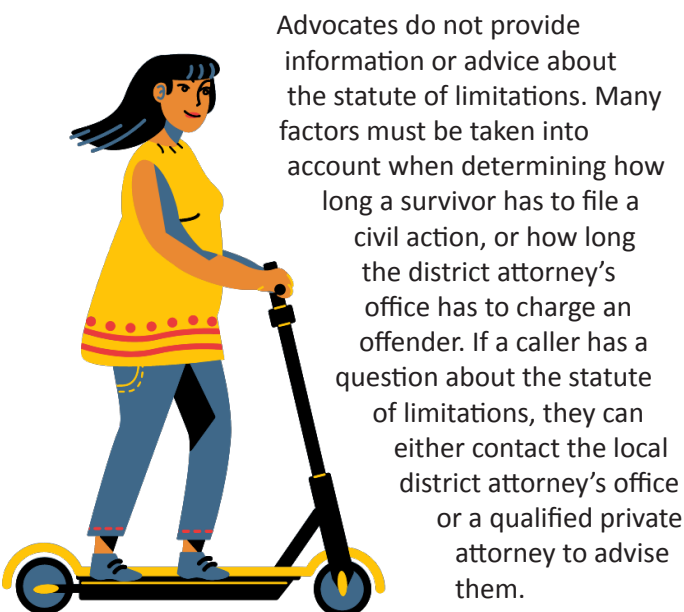
There are four main options when deciding to take legal action:

No report.

Anonymous report: Identifies the type, location, date, and time of the act of sexual violence, and may offer useful information in an open or future investigation. Some law enforcement agencies will not accept anonymous reports.

Informational report: Provides information about the act of sexual violence and may name the offender. However, the survivor clearly indicates that they do not want an investigation to move forward. This type of report will be useful if the survivor decides later that they want to make a more formal report. It is important for the survivor to know that once information is provided to law enforcement, the crime then becomes a crime against the State of Maine. At that point, it is up to the district attorney's office whether the case moves forward or not. In the majority of situations, the legal process will not move forward without the consent of the survivor, although the district attorney's office has the right to do so. It is important to check with individual law enforcement agencies about whether they will accept an informational report.

Formal report: Provides details about the act of sexual violence, including the offender's name if known. The survivor indicates a desire to see the investigation move forward. As previously mentioned, once information is provided to law enforcement, the crime becomes a crime against the State. The survivor does not control the investigation. The district attorney's office will make decisions about whether and how the case will proceed.



Preliminary Investigation & Gathering of Evidence

The legal process is generally set into motion when law enforcement is notified that an act of sexual violence has occurred. The case is most often handled by the law enforcement agency in the municipality where the crime occurred. However, depending on the size or resources of a municipality, the case may be investigated by the sheriff's department, the state police, or an investigator assigned by the district attorney's office.

Depending on the information provided, law enforcement may take steps to pursue or arrest the offender immediately, or they may continue to investigate, collect evidence, and interview witnesses. Additional officers may be brought in to assist this process. Law enforcement may also want to protect the crime scene, control any spectators, and interview any possible witnesses.

If the survivor has not already done so, law enforcement may encourage them to seek medical attention and may provide transportation to the emergency department. In many cases, the survivor will be at the hospital prior to law enforcement being called.

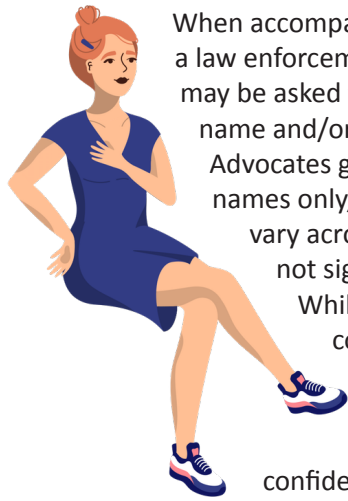
An officer may interview the survivor at the hospital or ask the survivor to go to the law enforcement agency for questioning directly after leaving the emergency department.

Evidence from the act of sexual violence may exist at the crime scene, on the body of the survivor, on the body of the offender, and in any other location the survivor and offender have been (alone or together). Evidence collection procedures are designed to preserve evidence from the survivor by collecting materials, taking photographs, and collecting clothing. Law enforcement may also subject the offender to forensic evidence collection in some cases.¹³

Interview & Survivor Statement

After the preliminary investigation and evidence gathering, a detective or investigating officer will be assigned to the case. The survivor will be asked to meet with the detective or investigating officer for more detailed questioning.

This meeting generally takes place at a law enforcement agency. At that time, a statement or a written account of the survivor's experience may be taken. This process may be recorded. Until the case is turned over to the district attorney's office, the survivor's primary information contact is the detective or investigating officer.



When accompanying a survivor during a law enforcement interview, advocates may be asked to give their complete name and/or asked to sign as a witness. Advocates generally provide their first names only, although this policy may vary across centers. Advocates do not sign any papers as a witness. While advocates have limited confidentiality and a partial privilege under Maine law,¹⁴ no advocate can guarantee complete confidentiality.

Advocates may have to break confidentiality in cases of mandated reporting, cooperating in an investigation, or providing evidence in a child abuse or neglect case about which an advocate obtains information while providing sexual assault services.

It is critical that an advocate disclose the limits of confidentiality in advance so a survivor can make an informed decision about what information to share. If an advocate is served with a subpoena or approached by a lawyer or law enforcement without a release of information (from the survivor) in place, refer to center's policy and procedures and seek consultation from the center director.

Advocate Role During Police Reports

The advocate's role during a police report or police interview is similar to your role during the forensic exam. An advocate is there for emotional support, with a privileged status, so information remains confidential.

Before: An advocate provides support to the survivor prior to a police report by:

- Determining reporting jurisdiction.
- Explaining what might happen after a report.
- Describing what to expect at the police station.
- Helping the survivor think about the questions they have for law enforcement.
- Describing the police department's location.
- Helping coordinate transportation as needed.
- Discussing what to do when the survivor needs a break or isn't doing well.
- Making a plan to debrief afterwards.

During: During a police report or interview, an advocate's primary role is to bear witness. It looks like sitting quietly and staying out of any conversations that contain information or evidence. An advocate may check in with

the survivor, offer tissues, or suggest a break.

After: Survivors may want to walk, talk, smoke, or debrief after making a police report. It is recommended you anticipate needing time after the report to support the survivor. Conversation should also include a review of their supports, how they will take care of themselves the remainder of the day, the availability of the helpline, and plans for a follow up call from an advocate.

Offender Arrests

An arrest is the use of authority or force by a law enforcement officer that significantly deprives an individual of their freedom of movement. The United States and the State of Maine Constitutions require that an arrest can only be made if the arresting officer has "Probable Cause to Arrest." This is a reasonable belief based on reliable information that a crime has been committed and that this particular individual committed that crime. If an individual is arrested without probable cause, the arrest may be considered illegal and there is a chance that any item or object seized, statement obtained, or any reference to that item or statement may not be introduced in evidence at trial.

An offender may be arrested immediately after a report, or interviewed, arrested, or summonsed later in the process. Some survivors and family members may feel frustrated by how long this process can take. Law enforcement officers and the district attorney's office want to be sure they have the best information possible to ensure a strong case.

The Civil Court System¹⁵

Through the civil legal system, survivors may apply for Protection from Abuse or Protection from Harassment Orders. Individuals may also file civil lawsuits seeking financial compensation for their losses, such as wages, medical expenses, or counseling.

In a civil case, the survivor brings the case forward, as opposed to the State of Maine. Therefore, the survivor needs to hire their own lawyer to represent them, or represent themselves. They will not be represented by the DA's office. The survivor will have more involvement with deciding the course of their case and will work with their attorney, if they hire one, to determine the best course of action.

Protection Orders

A Protection from Abuse (PFA) Order is a civil order issued by a judge mandating that an offender refrain from certain behaviors. This may include having no contact, direct or indirect, with the survivor.



Its purpose is to provide safety to a survivor and may also include not stalking or following the survivor and not threatening, assaulting, molesting, harassing, attacking, or otherwise abusing the survivor. The PFA may grant other relief as well. This may include money damages, possession of a mutual residence, and custody of minor children of the parties. A Protection from Abuse Order may be granted for up to two years. A Protection from Harassment Order may be granted for up to one year.



services at jails and prisons for several years.

Incarcerated survivors experience the same range of emotional and physical impacts to sexual violence as non-incarcerated survivors. However, these responses may be even more acute, because incarcerated survivors cannot control certain aspects of their environment, have substantially limited privacy, and may even have to share

living space with the perpetrator.

Obtaining a PFA Order is best done with a Sexual Assault Response Team (SART) Advocate, another center staff advocate, or by retaining a private attorney or accessing legal services available in the area, such as Pine Tree Legal Assistance. It is helpful to have an attorney involved in this process from the beginning.

If a protection order is granted, the survivor should carry a copy of the order at all times and be prepared to show it to law enforcement officers should the offender violate the order. If the offender violates the order, the survivor can contact law enforcement to enforce the order. Violation of the order is a crime.

A PFA Order, like conditions of release (probation or bail) in a criminal case, cannot keep a survivor completely safe from an offender who may choose not to observe the order. Furthermore, a PFA Order is only as effective as the law enforcement officers who enforce the law and uphold the order. Therefore, PFA Orders are considered as part of an overall safety plan.

Sexual Violence in Incarceration Institutions¹⁶

Rape culture has reinforced the idea that people who are incarcerated deserve whatever violence they experience while in jail, prison, or a detention center. The anti-sexual violence movement and advocates believe no one ever deserves to experience sexual violence.

We know that people who are incarcerated are vulnerable and historically underserved. We also know people who are incarcerated have experienced high levels of trauma prior to incarceration, which is one of many the reasons why sexual assault support centers in Maine have offered outreach groups and in-person

It is important to realize that people who experience sexual violence while incarcerated do not deserve sexual violence. Sexual violence is never part of a prison sentence.

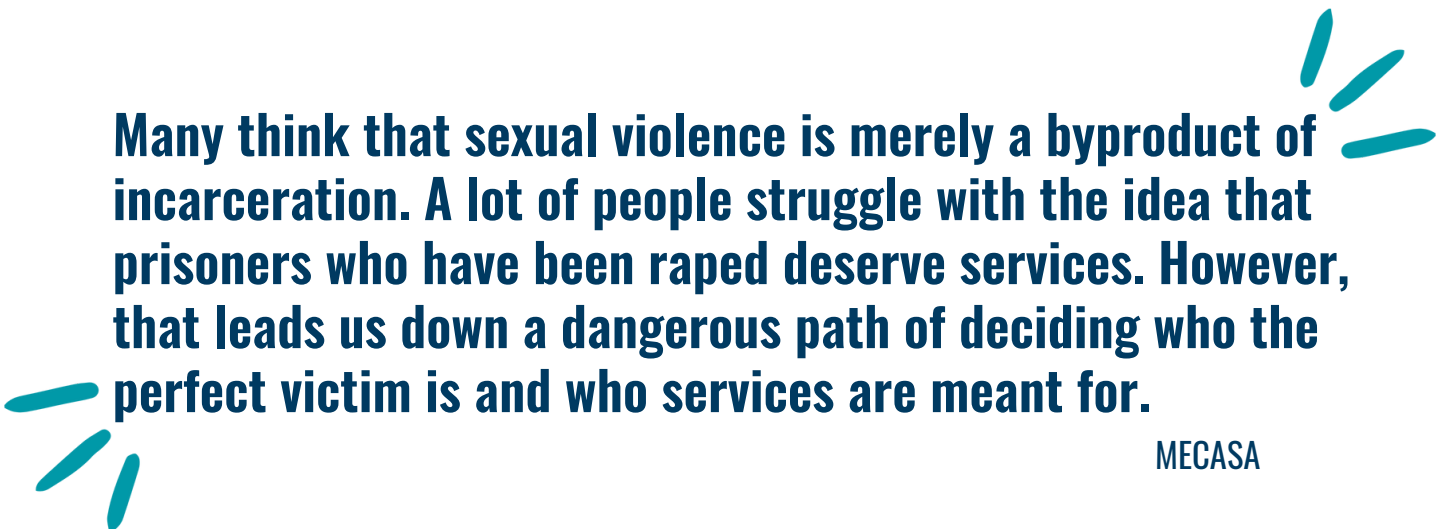
Prison Rape Elimination Act

The Prison Rape Elimination Act (PREA) was enacted in 2003. PREA requires the Bureau of Justice Statistics to conduct an annual analysis of the prevalence of rape and sexual abuse in correctional facilities. More importantly, it requires that all correctional facilities adhere to PREA standards.

Included among the many standards are important provisions which support survivors of sexual violence, such as requiring correctional facilities to make victim advocates and forensic medical exams available for incarcerated survivors. The standards also require inmate screenings for risk of being sexually abused with the goal of keeping inmates at high risk of experiencing violence away from those at high risk for committing sexual abuse. For more information on PREA standards, visit the [National PREA Resource Center](#).

The Advocate's Role in Supporting Incarcerated Survivors

Maine's sexual assault support centers' advocates provide support for survivors who are incarcerated in all the same ways we support individuals who are not incarcerated: healing after a sexual assault, no matter when the assault was perpetrated; helping survivors understand what rights they have; and referring survivors to appropriate community resources. You may get connected to someone who is incarcerated via the helpline.



Many think that sexual violence is merely a byproduct of incarceration. A lot of people struggle with the idea that prisoners who have been raped deserve services. However, that leads us down a dangerous path of deciding who the perfect victim is and who services are meant for.

MECASA

Center staff also provide outreach groups and in-person support services in Maine's prisons and jails.

Advocates provide the following services to survivors who are incarcerated:

- Crisis intervention over the phone, no matter when the assault was perpetrated.
- Discuss their safety in the weeks following an assault.
- Help plan for safety in the facility.
- Explain the different PREA reporting options if they are interested in reporting an assault.
- Discuss law enforcement reporting options.
- Teach coping skills to help them heal.
- Support them at a sexual assault forensic exam at a community hospital.
- Advocate for ongoing, assault-related medical needs. The correctional facility must meet those needs.
- Explain the facility's PREA investigation process.
- Support at a law enforcement interview or hearing.

Confidentiality

If another inmate – or a correctional facility staff member – commits an assault, the correctional facility will want to ensure the safety and security for all of their inmates. PREA & Maine Department of Corrections (DOC) policy require that correctional facility staff and volunteers report any violence they learn about or witness within the jail or prison. However, your confidentiality obligations do not change when serving incarcerated individuals.

Accessing Advocacy Services

DOC facility prisoner phones can call the statewide helpline number for free and confidential support. Those callers will need to be patched through by the answering service. If you speak with someone who is incarcerated and needs on-going support, sexual assault support center staff can provide it.

There is also a 24/7 PREA reporting hotline that gets checked by the DOC PREA Coordinator. This is an option for DOC incarcerated individuals and those incarcerated at jails with agreements for reports to be made to the DOC. This number is usually not staffed and incarcerated individuals will have an opportunity to leave a voicemail. If they want any follow-up action or response, they need to leave their name and the facility they are housed in on the voicemail.

PREA standards also require a “3rd party reporting option” for inmates. This means if they do not feel safe or comfortable reporting the crime at their facility, they must have an option to report to another entity to start an investigation. This information should be posted at the facility and be available in the inmate handbook. County jails have various levels of access to advocacy services and reporting options. This should be reviewed with you by your local center.

Medical Care

Standards state that an inmate must be offered a forensic exam (most likely in a local community hospital), medical care if they refuse a forensic exam, and information related to sexually transmitted infections prophylaxis, as well as access to emergency contraception. Some facilities do not offer on-site emergency contraception, but will refer the inmate to additional medical care. Check with your local facility.

PREA standards require that each facility offer free medical and mental health services, “regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident” and that the access must be “timely (and) unimpeded.” The facility's medical and mental health services are your best option in terms of referrals for inmates while they're incarcerated.



Hospital Accompaniment

You should assume that a corrections officer will be present in the room during the forensic exam. Advocates may want to talk with corrections staff before an exam begins to both discuss your roles and any security concerns the corrections staff may have. You may even want to talk about where everyone in the room will stand to best ensure the privacy and well-being of the survivor.

Inmates' Rights Under PREA

The following is a summation of inmates' rights under PREA, as adapted from *An End to Silence: Inmates' Handbook on Identifying and Addressing Sexual Abuse*.¹⁷

Inmates have the right to be free from sexual abuse in custodial settings (public or private prisons, jails, lockups, and community residential facilities).

Staff of the opposite gender may not perform searches (strip or visual cavity) except in urgent circumstances. Pat searches of female inmates by male staff are prohibited, except in urgent circumstances.

Inmates shall receive medical and mental health care immediately following their report of abuse, and on an on-going basis without financial cost. They have a right to this care whether the inmate names the perpetrator or cooperates with any investigation arising out of an incident.

Facilities must provide inmates with PREA training during intake and within 30 days of incarceration. The following should be covered during the training:

- The agency's zero tolerance policy regarding sexual abuse or sexual harassment;
- How to report incidents or suspicions of sexual abuse or sexual harassment;
- The right to be free from sexual abuse, sexual harassment, and retaliation; and
- Procedures for responding to such incidents.

Language or disability should not prevent inmates from receiving education regarding PREA standards. Facilities must provide information about sexual violence in a format they understand. PREA information should be made available in a language other than English, by signing, or in braille, etc. and be at a low literacy reading level.

Victims must be offered services from local sexual assault support centers after they report an assault. Facilities should provide mailing addresses and telephone numbers, including toll-free hotline numbers

where available for outside confidential support services. Inmates must have access to outside confidential support services for emotional support related to sexual abuse no matter when the abuse was perpetrated. These communications should be as confidential as possible. Facilities must inform inmates if they are not confidential.

There is no time limit on when inmates can report sexual abuse. Inmates can also have a third party (another inmate, family member, etc.) report sexual abuse.

Facilities must provide inmates with access to multiple reporting mechanisms in the facility (written grievances, oral reporting, hotlines, etc.), as well as one external reporting mechanism so inmates can report to someone outside of the authority of the facility. Correctional staff often confuse advocacy services as this external reporting mechanism. Advocates may need to remind correctional staff that they are not a reporting entity.

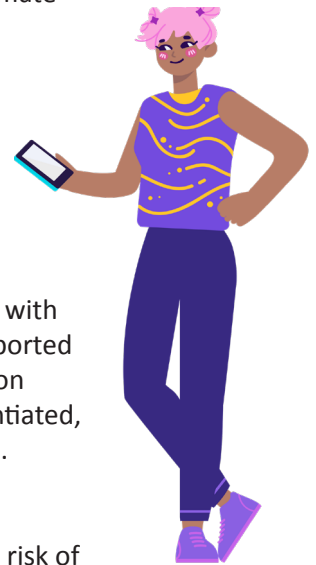
Facilities must provide protection from retaliation by staff and other inmates if an inmate chooses to report sexual abuse perpetrated against them.

Facilities must take all allegations seriously and investigate them both administratively and criminally.

Facilities must provide inmates with the outcomes of allegations reported to them – whether the allegation been determined to be substantiated, unsubstantiated, or unfounded.

Facilities must do vulnerability assessments to assess inmate's risk of victimization while in the facility. This assessment should take into account an inmate's own perception of risk and be used to make housing and programming determinations while in the facility. Protective custody of victims is prohibited unless it is the only way to provide safety from perpetrators.

An inmate should only be in segregated housing for a short period of time until a more suitable housing option is open. Inmates placed in segregated housing for safety or protection should have access to all programming, education, and visitation as if they were housed with the general population.





Children's Advocacy Centers

The History of Children's Advocacy Centers in Maine

Maine began the statewide development of Children's Advocacy Centers (CACs) in 2013,¹⁸ which affirms that CACs represent a response to child sexual abuse and assault that is nationally recognized and uses evidence-based best practices.

CACs are child-focused, facility-based programs in which professionals from many disciplines, including law enforcement, child protection, prosecution, mental health, medical, victim advocacy, and child advocacy work together to conduct interviews and make

strategic decisions. Increased prosecution rates and more effective services for children and family members are just some of the benefits created by CACs' innovative approach to responding to child sexual abuse.¹⁹

The CAC model has been found to be the most effective intervention for children and families involved in child sexual abuse investigations.²⁰ As the CAC model increasingly becomes standard practice for child protective and law enforcement investigations, there will be an inevitable need for additional resources. Some of the more longstanding CACs are already at full capacity with their current staffing structures.

CACs are accredited by a national organization called the National Children's Alliance (NCA), which has created standards adhering to national, evidence-based CAC model best practices.

The CAC of Androscoggin, Franklin, and Oxford Counties was the first CAC to offer services in Maine starting in 2008. This program was instrumental in the widespread adoption of the CAC model which truly began in earnest in 2013 with the passage of 22 MRSA §4019. Around the same time, MECASA established The Maine Network of Children's Advocacy Centers, which is a program of MECASA. The Network promotes the development, growth, and utilization of CACs and multi-disciplinary teams to more effectively respond to

Maine's sexually abused children and their families. The Network, nationally accredited by the NCA in 2014 and reaccredited in 2020, provides statewide representation and support for Maine's local CACs through resource sharing, mentoring, technical assistance, public policy advocacy, and statewide communication efforts.

The Children's Advocacy Center Model in Maine

How the model works: Child sexual abuse is a crime that involves complex dynamics, and its impact can have lifelong consequences for victims and their caregivers. Child sexual abuse investigations require the involvement of multiple agencies and disciplines, which can be confusing for children and their families. CACs aim to coordinate and streamline the investigation, necessary referrals, and follow up. This ensures that the intervention and response is timely, trauma and evidence-informed, and victim-centered.

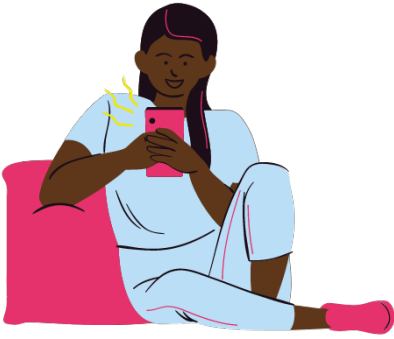
In the CAC model, when a mandated report or allegation of child sexual abuse is made, a member of law enforcement or Child Protective Services will make a referral to the CAC. CAC staff are responsible for coordinating the appointment at the CAC with investigators, the District Attorney's office, and the non-offending caregiver.

Once at the CAC, a specially trained forensic interviewer (the person conducting the child's interview) will meet with the investigators and the child's non-offending caregiver to discuss what is known about the case.

Next, the forensic interviewer interviews the child using a developmentally appropriate, legally sound protocol, while other team members watch via closed-circuit television or another HIPPA compliant video platform. The team members can alert the interviewer that they have additional questions as necessary or appropriate. This process helps to ensure that each discipline gets the information it needs from the interview, while reducing the number of interviews for the child.

During the child's interview, a family advocate meets with the non-offending caregiver to provide additional resources and referrals, answer questions, and talk about next steps. This wrap-around approach helps bring services and support to families instead of requiring families to navigate the systems alone.





Some non-offending caregivers may be a survivor of sexual violence themselves and need support in their own trauma. The family advocate can provide support during the forensic interview and can make referrals to a sexual assault

advocate for ongoing support as the case progresses. This service is critical in minimizing the impact of the caregiver's own trauma history on the child's healing.

In addition to the streamlined forensic interview and family advocacy services, an essential function of the CAC includes the establishment of a collaborative and comprehensive multidisciplinary team (MDT), which includes local law enforcement, Child Protective Services, prosecution, and other key disciplines. The MDT establishes specific policies and protocols which help CACs provide the best possible service to child sexual abuse victims and their non-offending caregivers. Each CAC's policies and protocols are connected to NCA standards, which outline many of the areas of focus for these policies and protocols.

Maine's CACs' protocols: The policies and protocols by which each CAC abides are largely connected to the NCA accreditation standards. They include policies and protocols related to:

- MDT collaboration, including the process, participation, content, case tracking, and confidentiality of the MDT process.
- Cultural competency & diversity.
- Forensic interviews, including the NCA-based philosophy of forensic interviewing, privacy, information sharing, interviewer qualification standards, the interviewing process, and documentation standards.
- Victim support and advocacy.
- Medical evaluation.
- Mental health.
- Case review and case tracking.
- Organizational capacity.
- Maintaining a child-focused setting.

Sexual Assault Response Teams

A Sexual Assault Response Team (SART) includes representatives from the various agencies that typically respond to sexual violence cases. This includes law enforcement, healthcare personnel, prosecution, and advocates. A SART has two main goals: to improve the

criminal justice system's response to sexual violence crimes and to minimize the trauma that can be experienced when a survivor engages with the system.

To achieve these goals, all members of a SART work together by meeting regularly to develop guidelines, provide training, review sexual violence cases, and explore ways they can improve the system.

Advocates can refer to specific center's SART program information for additional details about SART.

The SART Advocate

Although the role of the SART Advocate varies from center to center, typically a SART Advocate is a sexual assault support center staff member who is also a member of the SART. They can provide support and information to survivors of sexual violence and concerned others as they go through the criminal justice system.

SART Advocates provide accompaniment to healthcare; law enforcement and legal appointments; phone support case management, including resource identification and referrals; and advocacy with other social service providers.

In their role as liaison between the survivor and other members of the SART, the SART Advocate (with the survivor's explicit, informed, and clearly limited waiver of confidentiality) can directly contact members such as healthcare providers, law enforcement officers, and the district attorney's office. In this way, the SART Advocate can help survivors get information when they are uncomfortable making contact themselves or if the communication with SART members feels overwhelming and confusing.

In addition to direct service, the SART Advocate coordinates the team by organizing regular SART meetings, maintains ongoing contact with SART members, assists the team in identifying areas of improvement, and coordinates training in support of the SART program. The SART Advocate's services are available until the survivor no longer needs or wants them.



When appropriate, callers are referred to the SART Advocate for more specific information about legal options, the legal process, and to sign necessary paperwork to enroll in the SART program.

The SART Advocate cannot give legal advice, but can provide legal referrals. Refer to the specific center's SART Advocate policy for more information.

Navigating Challenging Conversations With Systems & Community Partners

While working with systems and community partners can be deeply rewarding and have a lot to teach us as advocates, it can also be challenging when those partners may not hold the same values and practices advocates do. Sometimes, we need to provide feedback or have what may feel like challenging conversations.

Below are some things to consider when needing to have these conversations. It is also important that you be in contact with your supervisor and follow center specific protocols.

When you have the opportunity to prepare for a challenging conversation:

- Check in with your supervisor/review center protocols.
- Write down what you want to express and how you want to say it.
- Practice and role play if possible.
- Invite the other person to engage in the conversation with you.
- You may say something like “We are all learning, and I just want to connect.”
- Find a time where that person can be present too.
- Model vulnerability and values.
- Create an exchange of feedback.
- Name any discomfort openly.
- Honor the other person's experience and humanness.
- Find areas of commonality.
- Try to connect in person or through video.

Additional considerations for having challenging conversations in the moment:

- Breathe or do some grounding prior to the interaction.
- Create pause or space prior to the interaction.
- Think through who this person is and what is going on.

Ideas for self-care after the interaction:

- Breathe or utilize self-soothing techniques.
- Check in with your supervisor.
- Process with a trusted co-worker if your supervisor is not available.

Steps to promote safety in these conversations:

- Acknowledge power dynamics.
- Assess the value of the relationship.
- Build a foundation for a future relationship and conversations.
- Strengthen or create relationships in every interaction, even the hard ones.



Chapter 13

In the context of working with systems, an advocate's work is layered. You must be knowledgeable about the inner workings of systems and able to describe likely processes and players so that a survivor can make informed decisions about what would be helpful (or not) in their healing process.

Advocates also serve as emotional support and sounding boards where survivors can process, be heard, and express emotions about their experiences.

The most common systems helpline advocates will be interacting with are law enforcement, emergency medical providers, and the criminal justice system. However, survivors may interact with a myriad of systems depending on their experience. These could include: schools, workplaces, Child Protective Services, mental health care, case managers, shelters, jails, prisons, and/or immigration.

It is important to know and articulate how the role of the advocate is different than the other roles a survivor might interact with. This clarity is an important trauma-informed practice so survivors can better understand their situation and make informed decisions.

Advocates are never investigators, but it is important to know the basic civil and criminal systems to understand what a survivor might encounter.

Criminal Cases

- Brought by the state
- Violation of a law
- Fine to the state or incarceration
- Victim is a witness for the state
- Investigated by law enforcement
- Lawyer is state prosecutor
- Beyond a reasonable doubt

Civil Cases

- Brought by individuals
- Acts of malicious intent, negligence, violation of contracts
- Seeking damages/remedies
- Victim represents self
- Investigated by invested parties
- Lawyer is hired or self-represented
- Preponderance of the evidence



Endnotes

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- ¹⁵ Coogan, 2004.
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