

CCR Toolkit

A Privacy Toolkit for Coordinated Community Response Teams



Victim Rights Law Center

ta@victimrights.org

www.victimrights.org

© 2022 by Victim Rights Law Center.

All rights reserved. No part of this document may be transmitted, reproduced, distributed, or adapted without permission. Licensing requests and other copyright questions should be directed to ta@victimrights.org.

Preparation of this manual was supported by grant numbers 2013-TA-AX-K018 and 2015-TA-AX-K025, awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, and conclusions expressed in this document are those of the authors and do not represent the official position or policies of the U.S. Department of Justice.

Table of Contents

Toolkit Overview	1
A glossary of privacy-related terms	3
A table of federal laws that affect privacy and information sharing within CCR teams	6
A table of jurisdiction-specific laws that affect privacy and information sharing within CCR teams	9
An FAQ that discusses common privacy questions that arise within CCR teams	15
An OVW-approved Spanish-English interlineated release of information	22
A privacy checklist to help CCR teams identify and discuss privacy laws and policies that affect their partners	24
A list of resources to help CCR teams identify relevant laws in their jurisdiction and research best practices	26

Privacy Toolkit for Coordinated Community Response Teams: An Overview

Coordinated Community Response (CCR) teams need to protect victim privacy as they engage community service professionals in the work of advocating for survivors and ending sexual and domestic violence. This toolkit offers model policies and highlights key state and federal laws regarding victim privacy for organizations that receive funding through the Office on Violence Against Women (OVW) and are subject to the federal regulations and contractual obligations regarding victim confidentiality. CCR teams typically include law enforcement officers, prosecutors, victim advocates, and child or adult protective services staff. They may also include counselors, civil attorneys, health care providers, educators, faith leaders, and other relevant professionals. CCR teams enhance local response to sexual and domestic violence. A CCR approach facilitates information sharing among team members to monitor cases, create effective policy, and provide comprehensive services. While this information sharing can contribute to the success of a CCR team, it also creates opportunities for inadvertent or unauthorized breaches of victim privacy. For OVW grantees, survivors' personal information may not be disclosed without the survivor's written and informed consent. Care must be taken to keep the survivor's personally identifying information private. Each member of the team needs to understand the legal, ethical, and safety risks of breaching a survivor's privacy and how the CCR team can best safeguard survivor privacy and promote informed consent.

It is almost certain that each member of a CCR team will have different confidentiality requirements; each partner needs to understand their own privacy obligations as well as the obligations of the other team members. For example, while police and prosecutors do not need a release to speak about a case, an advocate from an OVW-funded domestic violence (DV) or sexual assault (SA) program may only discuss a survivor's situation with written and informed consent. A program may not require a survivor to sign a release of information as a condition for receiving services. Keep in mind that a group confidentiality agreement does not suspend any group member's mandatory reporting obligations.

A DV or SA program representative may talk generally about a great many things that are useful to the group, such as DV and SA dynamics, services that are available to survivors, gaps in services, frequency of incidents, law enforcement response time, barriers to accessing help, and general information that does not identify a specific person. In contrast, an OVW-funded victim service provider may only disclose a survivor's personally identifying or confidential information with a written, time-limited, specific release of information executed with the survivor's informed consent. To minimize the risk of inadvertent disclosure, some agencies have a community educator attend CCR team meetings rather than a direct services advocate.

Survivors may allow some, but not all, of their information to be shared. Similarly, a survivor may authorize information to be released to some but not other community partners. If a

survivor wants to share some limited information, advocates should discuss waiver of confidentiality with the survivor. Before signing a release to have personal information shared at a CCR team meeting, survivors should be informed of each agency that is party of the CCR team. This information should be updated when CCR membership changes.

This toolkit is designed to help CCR teams identify and address key privacy issues. Many of the concepts covered by these tools apply to both DV and SA CCR teams. (The SA-specific CCRs are typically referred to as Sexual Assault Response Teams (SARTs)). SARTs and DV-related CCR teams have different functions, missions, purposes and may also have different philosophies. Even with these differences, they all need to keep in mind the importance of victim privacy as they conduct their work. Note: This toolkit does not address coordinated child or elder abuse coordinated response multidisciplinary teams (e.g., CAMIs or MDTs) Confidentiality within these teams is often determined by jurisdiction-specific laws that address information-sharing, access to records, and procedures for investigating reports of abuse.

This toolkit includes:

- A glossary of privacy-related terms.
- A table of state and federal laws that affect privacy and information sharing within CCR teams.
- An FAQ that discusses common privacy questions that arise within CCR teams.
- An OVW-approved Spanish-English interlineated release of information
- A privacy checklist to help CCR teams identify and discuss privacy laws and policies that affect their partners.
- Examples of color-coded name tags designating various mandatory reporting obligations.
- A list of resources to help CCR teams identify relevant laws in their jurisdiction and research best practices.

For more information or to request a privacy-related technical assistance consultation, contact the Victim Rights Law Center at privacyTA@victimrights.org or 503-274-5477 x1.

Glossary

Brady obligations: *Brady v. Maryland*, 373 U.S. 83 (1963) established a prosecutor’s obligation to share information in the prosecutor’s possession with the defense if the information is material exculpatory evidence for the defense. Exculpatory information is “material” if there is a reasonable probability that a defendant’s conviction or sentence would have been different had the materials been disclosed. That is, it includes evidence that might demonstrate the defendant’s innocence, conflicts with a prosecutor’s witnesses, could be used to impeach a state witness, or it could reduce a defendant’s sentence.

Confidentiality: A confidential communication is one made with the expectation that it will not be repeated to, shared with, or otherwise released without the survivor’s consent. Disclosure of confidential information may be, but is not necessarily, legally prohibited. With a few exceptions (such as mandatory reporting obligations), it may also be unethical. Confidentiality is a cornerstone of effective advocacy. Survivors rely on advocacy programs to protect their private information. Indeed, confidentiality is needed to enhance their safety and autonomy. Confidentiality is also needed to build a program’s trust within their community and to be a resource for future participants.

CCR team: A Coordinated Community Response (CCR) team comprises representatives from a variety of disciplines or community agencies who develop strategies and procedures for addressing violence, often on a citywide or regional basis. Some examples of CCR teams include domestic violence response teams, sexual assault response teams (also called SARTs), child abuse multidisciplinary teams, and elder abuse multidisciplinary teams. Some, but not all, states have statutes that require the creation of one or more CCR teams, outline who may or must participate in the team, and address confidentiality within the team. The composition of CCR teams varies depending upon the team’s purpose, but they often include representatives from local law enforcement, the prosecutor’s office, government agencies, community-based victim advocates, and other social service providers.

Court order: A court order is a formal instruction or mandate from a judge that you do — or not do — something.

FVPSA: The Family Violence Prevention and Services Act, or FVPSA, is a federal law codified at 42 U.S.C. § 10406 that establishes federal funds for domestic violence shelters and related services for victims of domestic violence and their children. FVSPA regulations require grantees to provide confidential services and help protect survivor privacy.

HIPAA: The Health Insurance Portability and Accountability Act, or HIPAA, is a federal law that includes specific protections of patients’ private health information.

Informed consent: Informed consent occurs when those receiving services authorize the release of their personally identifying information while fully understanding the consequences

of that release. For consent to be informed, the survivor must understand the risks, benefits of, and alternatives to sharing the information. In other words, informed consent is achieved when the victim knows exactly what information will be released and for what purpose; how, when, and with whom the information will be shared; and the potential consequences of releasing the information. Typically, a victim or survivor consents to disclosure by signing a release form (see “release of information”).

Personally identifying information: The Violence Against Women Act (VAWA) defines personally identifying information as information that is “likely to disclose the location of a victim ... including a victim’s first and last name, a home or other physical address, contact information (including a postal address, e-mail address, telephone or fax number), social security number, or any other information, including date of birth, racial or ethnic background, or religious affiliation, that, in combination with any of the above information, would serve to identify any individual.”

PREA: The Prison Rape Elimination Act (PREA): The purpose of PREA is to “provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape” (Prison Rape Elimination Act, 2003). The national PREA standards include inmate access to outside confidential support services and other privacy-related protections. Keep in mind that the PREA standards do not change the principles that guide SA advocacy and work with CCRs.

Privilege: Privilege is a rule of evidence created by statute or court decisions to protect the privacy of conversations and documents. Privilege exists to promote trust and confidentiality between two people. For example, conversations between attorneys and clients are typically protected so that clients feel free to fully tell their attorney about their circumstances. Privileged information must be kept private as a matter of law. The scope of, and exceptions to, privilege laws vary from jurisdiction to jurisdiction. In most jurisdictions, communications between a victim and a lawyer, medical provider, member of the clergy, or psychotherapist are protected by privilege laws. Not all privileges are the same, however. Some are “absolute,” which means that there are no exceptions to the privilege. Others are “qualified,” which means that otherwise privileged information may have to be produced. Sometimes, the privileged information must be released to the party requesting it. At other times it must be turned over to the judge to be reviewed in chambers. This is referred to as “in camera” review.

Release of information: A release of information gives a person or agency permission to share documents or have a conversation with a third party. Under VAWA and FVPSA, personally identifying information may be released only with the informed, written, and reasonably time-limited consent of the victim unless disclosure is required by a statutory or court mandate, or the information was generated for law enforcement purposes. Releases of information are best used on an as-needed basis, not in anticipation of a non-specific, general expectation that information will need to be shared at some point in the future. Depending on the jurisdiction,

signing a release of information may be a “waiver” of a privilege (see below for a discussion of waiver). To be VAWA-compliant, a release of information must be in writing, specific, and time-limited.

Sexual Assault Nurse Examiner: Sexual Assault Nurse Examiners (SANEs) are registered nurses with specialized education and clinical training in the medical forensic care of sexual assault victims. SANEs should be mindful of what information is released to law enforcement with survivor consent and what information shall remain private in the survivor-patient’s medical record.

Subpoena: A subpoena is a legal document that requires a person to appear in court or at a deposition and provide testimony and/or documents.

Title IX: Title IX refers to a federal statute codified at 20 U.S.C. § 1681 that prohibits discrimination based on sex at all educational institutions that receive any amount of federal funding. Title IX requires all schools to address gender-based violence as a form of sex discrimination.

VAWA: The Violence Against Women Act, or VAWA, is a federal law codified at 42 U.S.C. § 13925 that addresses and funds services for survivors of domestic violence, sexual assault, dating violence, stalking and trafficking. VAWA established the Office on Violence Against Women (OVW), which administers funding for many different grant programs, such as grants for culturally specific providers, law enforcement, prosecutors, state coalitions, victim service agencies, civil legal assistance and youth services.

VOCA: The Victims of Crime Act, or VOCA, provides federal funding for the Office on Victims of Crime which in turn administers the Crime Victims Fund and provides funding to the states for a broad array of programs focused on services for victims of crime. See 42 U.S.C. § 10603 et. seq. and 28 C.F.R. § 94.115 (confidentiality provisions).

Waiver of privilege: Someone whose communications are protected by privilege can choose to give up, or waive, that protection. Depending on a jurisdiction’s laws, waiver may occur when privileged information is shared with third parties outside of a privileged relationship. In some jurisdictions, privilege may be waived if a non-essential third party is present during a confidential communication or if an individual discusses the privileged information with a non-privileged third party. For example, if a victim discloses to a third person what they told their therapist, doctor, or lawyer (or vice versa) they may have waived their privilege and the provider could be required to release records or to testify to specific communications. This is because the person with the privilege cannot claim the importance of keeping the communications private while simultaneously sharing them with other people. The disclosure will likely have to have been significant for waiver to occur. However, waiver laws vary from jurisdiction to jurisdiction.

Federal Laws: Information Sharing within Coordinated Community Response Teams

Information sharing and confidentiality requirements for OVW-funded attorneys and their project partners serving on coordinated community response teams (CCRTs) will be affected by several federal laws. Each team member's obligation to either withhold or disclose information under these laws will depend on factors such as their profession, state licensing, and funding. Some laws may prohibit certain team members from sharing information within the team without the victim's consent, while other laws may mandate disclosure of information that the team would otherwise keep confidential. The table is intended to provide a starting point for CCRT members to discuss what information they may and may not share with one another, and the situations in which they may be required to share information with third parties outside the team.

Law	What Is It?	Why Is It Relevant to CCRTs?	What Are Some of the Questions CCRTs Should Discuss?
<p>Family Violence Prevention and Services Act (FVPSA), 42 U.S.C. § 10406 and 45 C.F.R. § 1370.4</p> <p>Victims of Crime Act (VOCA), 28 C.F.R. § 94.115</p> <p>Violence Against Women Act (VAWA), 34 U.S.C. § 12291 and 28 C.F.R. § 90.4</p>	<p>Victim service providers who receive FVPSA, VOCA, and VAWA funds shall not disclose personally identifying information of anyone who sought services, unless the person consents to the disclosure or a statute, court order, or case law mandates it.</p>	<p>Victim service providers receiving FVPSA, VOCA, and VAWA funds may not share victims' confidential information with a CCRT unless the victim provides written, informed, and time-limited consent. Victim service providers still may share general, non-identifying information about the services they are providing to all victims, areas of need, perpetrator tactics, etc. Providers may not require victims to sign a release as a condition of receiving services.</p>	<p>Which team members receive FVPSA, VOCA, and VAWA funds?</p> <p>What types of non-identifying information may FVPSA, VOCA, and VAWA funded advocates share with the CCRT?</p> <p>In what situations (such as mandatory reporting or a court order) would victim service providers be mandated to disclose victims' personally identifying information to third parties?</p>
<p>Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Parts 160 and 164</p>	<p>HIPAA prohibits health care providers from sharing individually identifiable health information with third parties without a patient's written authorization. There are some exceptions, including disclosures</p>	<p>CCRT members who are covered by HIPAA (such as sexual assault nurse examiners, physicians, or other health-care-based advocacy program staff) may not share victims' protected health information with other team</p>	<p>Which team members are covered by HIPAA?</p> <p>What types of information may health care providers share with the CCRT without violating HIPAA?</p>

Law	What Is It?	Why Is It Relevant to CCRTs?	What Are Some of the Questions CCRTs Should Discuss?
	that are mandated by law or a court order.	members unless the victim provides written authorization.	In what situations (such as mandatory reporting, a duty to protect, or a court order) would health care providers disclose a patient's personally identifying information to third parties?
Brady obligations – exculpatory evidence, <i>Brady v. Maryland</i>, 373 U.S. 83 (1963).	Exculpatory evidence is information in a criminal case that could prove a defendant did not commit a crime. The U.S. Supreme Court decision <i>Brady v. Maryland</i> established the rule that exculpatory evidence received by law enforcement or a prosecutor's office (including victim-witness assistants employed by these government entities) must be turned over to the defense.	CCRT members should be able to explain the <i>Brady</i> obligations to victims before referring them to prosecution-based or law enforcement-based advocates. Before that information is shared with a CCRT, members should also understand how their prosecutor's office interprets <i>Brady</i> so that they understand what types of information could be disclosed to the defense.	Which CCRT members have <i>Brady</i> obligations? How does their office interpret those obligations? What are some examples of information that could trigger the prosecution's duty to disclose information to the defense?
Title IX, 20 U.S.C. § 1681 and The Jeanne Clery Act, 20 U.S.C. § 1092(f)	Title IX and the Jeanne Clery Act contain provisions that may apply to the confidentiality expectations for campus-based responses to gender-based violence.	CCRT members should be able to explain Title IX and Clery Act reporting obligations to survivors before referring them to school- or campus-based resources. CCRT members should also identify which of their school- and campus-based members can offer privileged or confidential services to victims.	Which CCRT members are both affiliated with a school or post-secondary educational institution and are required to report incidents of gender-based violence to a Title IX coordinator or in conjunction with Clery Act reporting? Which CCRT members offer privileged and/or confidential

Law	What Is It?	Why Is It Relevant to CCRTs?	What Are Some of the Questions CCRTs Should Discuss?
<p>Prison Rape Elimination Act Standards, 28 CFR § 115, et seq.</p>	<p>The Prison Rape Elimination Act (PREA) was enacted in 2003. The regulations, implemented in 2012, are the PREA Standards. The Standards are intended to eliminate sexual abuse in confinement.</p>	<p>The PREA Standards require incarceration and detention facilities to “develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.”</p> <p>The PREA Standards also have reporting and confidentiality rules that might affect the work of custodial-based CCRTs.</p>	<p>services to students and others on campus?</p> <p>Which CCRT members are required to report sexual harassment, etc., in custodial settings?</p> <p>Which CCRT members offer privileged and/or confidential services to survivors in custodial settings?</p>

Jurisdiction-Specific Laws: Information Sharing within Coordinated Community Response Teams

Tribal, state, territorial, and DC law can affect information sharing and confidentiality within coordinated community response teams (CCRTs). Each team member's obligation to either withhold or disclose information under these laws will depend on factors such as their profession, licensing requirements, funding, and the jurisdiction's evidentiary privilege and confidentiality laws. In addition to federal requirements, these laws may prohibit certain team members from sharing information within the team without the victim's written consent. Other jurisdiction-specific laws may require disclosing information that a team member would otherwise keep confidential. The table provides a starting point for CCRT members to discuss what information they may and may not share with one another, and the situations when they may be required to share information with parties outside the team.

Jurisdiction-Specific Law	What Is It?	Why Is It Relevant to CCRTs?	What Are Some of the Questions CCRTs Should Discuss?
Funding-related confidentiality obligations for victim service providers	In many jurisdictions, victim service providers must agree to certain confidentiality obligations as a condition of receiving funding. Depending on the jurisdiction, these confidentiality obligations may be found in a statute, regulation, contract, or guidelines regulating victim service providers.	Depending on a jurisdiction's rules, victim service providers may be prohibited from sharing someone's confidential information with third parties, including CCRT members, without the person's written, informed, and time limited consent. Victim service providers may still share general, non-identifying information without a release of information.	Do recipients of non-federal victim services funding also have confidentiality obligations? If so, what types of information may these victim service providers share with third parties (such as CCRT members) without a release of information? Is there information that should not be shared with these providers because they are not required to maintain confidentiality?
Privilege and confidentiality laws	Jurisdictions have privilege and confidentiality laws that protect the communications between certain professionals (such as attorneys, therapists, community-based victim advocates, or health care providers) and establish that they may not be subpoenaed, forced to testify about, or otherwise share confidential	CCRT members who are covered by privilege or confidentiality laws might violate those laws if they disclose confidential communications to the team without victim consent.	Which team members are covered by legal privileges or confidentiality? Are there any exceptions to the privileges or confidentiality expectations? Which team members are not covered by privilege or confidentiality?

Jurisdiction-Specific Law	What Is It?	Why Is It Relevant to CCRTs?	What Are Some of the Questions CCRTs Should Discuss?
	communications about a client or patient without the client or patient’s informed consent. Additionally, many licensing boards have adopted ethical duties of confidentiality that professionals must follow to maintain licensure.		What types of information may professionals share with the CCRT without waiving the victim’s rights to keep the information confidential and/or privileged?
Health information privacy laws	Many jurisdictions have laws regarding the privacy and confidentiality of health care information. For example, laws may regulate when a health care provider may disclose health information, to whom the information may be disclosed, and for what purpose.	CCRT members who are covered by health information laws (such as nurses and physicians) may be prohibited from sharing anyone’s protected health information with other team members unless the person provides written authorization.	Which team members are covered by health information privacy laws? What types of information may health care providers share with the CCRT without violating the law?
Mandatory reporting laws	Most jurisdictions have mandatory reporting laws requiring certain individuals to report abuse or injury to law enforcement or social services agencies. Common examples of acts that must be reported include child abuse; elder abuse; abuse of adults with disabilities; and non-accidental injuries, such as gunshot and stab wounds (only health care providers are typically required to report non-accidental injuries).	CCRTs should be aware of who is—and who isn’t—a mandatory reporter, and what types of information trigger a mandatory report. Understanding these distinctions can prevent misunderstandings within a team, such as cases where a team member declines to make a report because it is not mandated by law, and to do so would violate confidentiality obligations.	Which team members are mandatory reporters and what types of abuse must they report? What type of information, if shared within a CCRT, could trigger a mandatory report? Which team members are not mandatory reporters?
Duties to protect	Many jurisdictions have statutes or case law that create a mandatory or permissive duty to protect a client	CCRTs should be aware of any mental health professionals serving on the team who may have	Which team members (if any) have a duty to protect that mandates disclosure of personal or personally

Jurisdiction-Specific Law	What Is It?	Why Is It Relevant to CCRTs?	What Are Some of the Questions CCRTs Should Discuss?
	<p>and/or a third party from harm. Mental health professionals are typically the only people with such duties in a jurisdiction. These duties may require mental health professionals to disclose personally identifying information to law enforcement or someone else.</p>	<p>a “duty to protect.” Such legal duties might require mental health providers to disclose personally identifying information in certain circumstances. Most CCRTs do not focus on situations that are urgent enough to trigger a duty to protect. However, best practice is to be aware of who would have such a duty should it arise.</p>	<p>identifying information in emergencies?</p> <p>What information, if shared within a CCRT, could triggers a duty to protect for these team members?</p>
<p>Authorization of multidisciplinary teams (MDTs)</p>	<p>Many jurisdictions have statutes authorizing the creation of multidisciplinary teams (MDTs) to address child abuse, elder abuse, domestic violence fatalities, etc. These laws often contain provisions protecting the confidentiality of the MDT’s communications and authorizing the MDT to access certain records and information. This is not the same as privilege, but it may help protect victims’ privacy if the MDT members are subpoenaed.</p>	<p>MDT authorization statutes may help protect the confidentiality of a team’s conversations. These laws also may help clarify the types of records that the MDT is permitted to access, and the MDT’s confidentiality obligations with those records.</p>	<p>Is our team covered by a law authorizing MDTs?</p> <p>If so, what does the law say about confidentiality protections for information shared within the MDT? Does it authorize the MDT to access specific records or information? Does it impose any confidentiality obligations on the MDT members?</p>

CCRT Confidentiality and Privilege Laws

CCRT Agency or Professional	Relevant Confidentiality Law and Citations	Relevant Privilege Laws and Citations	Relevant Reporting or Duty to Protect Laws	Other Relevant Laws	Practical Implications	Other Notes
Victim Advocates						
Law Enforcement Agencies or Officers						
Prosecutors/DA VAPs						
SANEs						
Government Representatives						
Legal Services Providers						
Community Housing Providers						
CCRT Staff						

CCRT Confidentiality and Privilege Laws – Completed Example

CCRT Agency or Professional	Relevant Confidentiality Law and Citations	Relevant Privilege Laws and Citations	Relevant Reporting or Duty to Protect Laws	Other Relevant Laws	Practical Implications
Area Rape Crisis Center (ARCC) Advocates	<p>ARCC may not release PII without ROI, statutory mandate, court order, or case law mandate. (VAWA (34 U.S.C. § 12291, 28 C.F.R. § 90.4); VOCA (28 C.F.R. § 94.115))</p> <p>ARCC may not disclose any confidential communications and records they created or maintained in course of providing victim services unless they have the written, informed consent of the victim that is reasonably limited in duration. (ORS § 147.600.)</p>	<p>Victim has privilege to refuse to disclose and prevent anyone else from disclosing confidential communications and records created or maintained in the course of providing services. (ORS § 40.264)</p>	<p>No mandatory reporting or duty to protect for advocates <i>per se</i>. Advocates who may also have a further role (e.g., mental health professional) with a mandate to report or a required duty to protect must disclose when facts require.</p>	<p>See PREA and Title IX confidentiality provisions if applicable.</p>	<p>ARCC staff will only speak about the work of the CCRT without disclosing PII or confidential information. They do not have to report abuse or neglect, nor do they have a duty protect if they learn about impending harm.</p>
Our Town Law Enforcement Agency (LEA)	<p>No laws in our jurisdiction require LEAs to keep information confidential.</p>	<p>Our jurisdiction has no LEA-victim privilege.</p>	<p>Peace officers are mandatory reporters of child abuse, elder abuse, abuse of adults with certain disabilities, and abuse of residents of long-term care facilities. Staff of prisons, jails,</p>		<p>LEA has no legal requirement to keep PII confidential, no privilege, and is a mandatory reporter of most abuse and neglect. They do not have a mental-health</p>

CCRT Agency or Professional	Relevant Confidentiality Law and Citations	Relevant Privilege Laws and Citations	Relevant Reporting or Duty to Protect Laws	Other Relevant Laws	Practical Implications
			<p>etc. are required to report any sexual harassment or abuse they learn occurred in the prison or detention facility where they work. Peace officers do not share with mental health providers a legal “duty to protect”.</p>		<p>related duty to protect.</p>
<p>Our County Prosecutors/DA VAPs (DA)</p>	<p>No laws in our jurisdiction require DA’s and their staff to keep information confidential.</p>	<p>Our jurisdiction has no DA-victim privilege. Indeed, DA’s have a <i>Brady</i> obligation to share information with defendants.</p>	<p>Attorneys are mandatory reporters of child abuse, elder abuse, and abuse of adults with certain disabilities. (Exceptions apply with privileged information in our jurisdiction.) (Legal counsel for long-term care facility residents, or their family or guardians, are reporters of abuse in long-term care facilities.)</p>		<p>DAs and DA-based victim assistants have no confidentiality or privilege requirements. DAs have mandatory reporting requirements by virtue of being attorneys. They do not have a mental-health related duty to protect.</p>

Frequently Asked Questions:

Confidentiality and Coordinated Community Response Teams

Victim privacy presents complex issues for coordinated community response (CCR) teams. This document summarizes some of the frequently asked questions (FAQs) that arise for community-based advocates who are participating in a CCR team or who are serving survivors whose cases have been referred to a CCR team. In this context, “community-based advocates” refers to advocates who work for non-governmental agencies (and not those who work for law enforcement or prosecution based agencies). This document contains general information only, and not legal advice. It is intended to help CCR teams identify the privacy issues that they should research and address before providing a coordinated response to domestic violence, dating violence, sexual assault, and stalking. In most instances, CCR team members will need to gather additional information to fully understand the laws and policies that are specific to their state, profession, agency, and funding sources.

1. What are some of the common privacy issues that arise within coordinated community response (CCR) teams?

CCR teams typically include professionals from a variety of disciplines with different confidentiality obligations. Teams often have questions regarding whether state laws, federal laws, ethical guidelines, funder policies, or institutional policies allow or prohibit a particular team member from sharing victim information with the rest of the group. Conversely, teams frequently have questions regarding the circumstances in which they may be mandated to disclose information pursuant to state laws, constitutional obligations, professional licensing requirements, subpoenas, or other legal authorities. Another common issue is whether there are laws that protect the confidentiality of the team’s conversations, notes, or records, and the extent to which information may be protected. To answer these questions, teams need to consult a variety of documents and authorities, including federal and state laws; state protocols regarding the operation of sexual assault response teams (SARTs), domestic violence response teams (DVRTs), and other CCR teams; funding contracts; ethical guidelines or opinions issued by state licensing boards; and individual agency policies regarding confidentiality and mandatory reporting.

2. What are some of the laws and policies that may affect confidentiality within CCR teams?

Examples of federal laws that may affect confidentiality within CCR teams include, but are not limited to, the Violence Against Women Act (VAWA),¹ the Family Violence Prevention and Services Act (FVPSA),² the Health Insurance Portability and Accountability Act (HIPAA),³ Victims

¹ 42 U.S.C. § 13925.

² 42 U.S.C. § 10401.

³ 45 C.F.R. Parts 160 and 164.

of Crime Act (VOCA)⁴, Title IX,⁵ and Brady obligations⁶ (discussed in more detail in Question 7). Examples of state, territorial, and tribal laws that may affect confidentiality within CCR teams include privilege statutes (such as advocate, therapist, health care provider, and social worker privileges), health information privacy laws, mandatory reporting laws, and statutes authorizing the creation of multidisciplinary teams. Because the prosecutor represents the government and not the victim, there is no attorney-client privilege between a victim and the prosecutor. (This includes prosecution-based advocates.) In addition to these statutes, confidentiality and mandatory reporting policies imposed by funders, state or territorial licensing boards, and institutions (such as hospitals, corrections facilities, and college campuses) may affect confidentiality within CCR teams. These laws and policies are explained in more detail throughout these FAQs and in the federal and state law charts included in this toolkit.

3. What types of information may community-based advocates share at CCR meetings?

The types of information community-based advocates may share at CCR meetings depend on the type of funding that the community-based advocacy agency receives and the corresponding confidentiality obligations, whether advocacy program staff are covered by a privilege statute or confidentiality rules, and what information, if any, the victim authorized the advocate to release. Community-based advocates who are VAWA or FVPSA grantees or sub-grantees are prohibited from disclosing personally identifying information regarding a client to third parties (including CCR team members) unless the victim consents, or they are mandated to do so by statute or court order. There are two exceptions to the rule of non-disclosure of personally-identifiable information in VAWA and FVPSA. These exceptions are for court- and law enforcement-generated information contained in secure, governmental registries for protective order enforcement purposes⁷; and law enforcement and prosecution generated information necessary for law enforcement and prosecution purposes⁸. Many states also impose confidentiality restrictions on advocacy programs as a condition of receiving state funds.

Many jurisdictions have advocate privilege laws that protect community-based advocates from having victim records subpoenaed or being forced to testify about confidential communications with victims. Typically, these protections apply only to communications that were confidential from the outset and whose confidentiality has been maintained. In some jurisdictions, the privilege will no longer apply to victim communications or records that the victim gave the advocate permission to disclose to third parties (such as CCR team members). It is critical that advocates understand the consequences of a survivor signing a release of information, so that advocates in turn can ensure survivors are providing **informed** consent. This requires discussing with the survivor in advance what information will be released and the effect of that release,

⁴ 42 U.S.C. § 10601.

⁵ 20 U.S.C. § 1681.

⁶ *Brady v. Maryland*, 373 U.S. 83 (1963).

⁷ 42 U.S.C. § 13925(b)(2)(D)(ii) (VAWA); 42 U.S.C. § 10406(c)(5)(D)(ii) (FVPSA).

⁸ 42 U.S.C. § 13925(b)(2)(D)(iii) (VAWA); 42 U.S.C. § 10406(c)(5)(D)(iii) (FVPSA).

including a discussion of how “waiver” operates in their jurisdiction. For example, if waiver occurs when a “significant part” of the privileged matter is disclosed, survivors must understand whether the information they are considering authorizing the advocate to share with the CCR team meets this definition of “significant” — and thus may result in a waiver of the victim-advocate privilege. (Safety considerations should also factor into the discussion of what information the victim is deciding to release.) The need to protect the victim’s right to assert the privilege and to avoid the risk of a subpoena may limit a community-based advocate’s ability to share victim information with a CCR team. It is the victim’s legal (and ethical) right to make this determination. As noted above, a victim may not be required to sign a release as a condition of receiving services.

Additionally, advocates with state licensure (such as licensed counselors or social workers) may have ethical duties of confidentiality that prohibit them from disclosing information about counseling or other services provided to clients, unless the client consents. Licensed professionals must comply with these confidentiality obligations as a condition of maintaining their licensure.

Although community-based advocates may be prohibited from disclosing individual client information at CCR meetings without client consent, there are other types of relevant information that advocates may share with the CCR team without violating confidentiality obligations. For example, VAWA and FVPSA allow programs to share non-personally identifying aggregate data regarding services to their clients.⁹ Some examples of non-identifying information that advocates may share include trends in perpetrator tactics (such as forms of technology that are being used to stalk or harass victims), gaps in services (such as the need for interpretation in a particular language¹⁰), and obstacles victims face in accessing services (such as lack of transportation to the sheriff’s office, hospital, or social services agencies). Advocates can also provide information in the aggregate, such as the number of victims served who decline to report to law enforcement, or the percentage of victims requesting help with pro se forms. Advocates may also share information about sexual violence, such as common reactions to trauma and how to provide trauma-informed care.

4. May a community-based advocate share information about a victim at a CCR meeting if the victim consents in writing?

Yes, but only if the advocate ensures that the victim fully understands the impact of sharing the information, and the victim signs a specific, time-limited release of information that authorizes the release to every participating agency and complies with the advocacy program’s confidentiality policies and obligations. This includes the obligations set forth in funding

⁹ 42 U.S.C. § 13925(b)(2)(D)(i) (VAWA); 42 U.S.C. § 10406(c)(5)(D)(i) (FVPSA).

¹⁰ In rural and insular communities, advocates should use care to ensure that the information they disclose to the CCR team would not have the effect of revealing a victim’s identity. For example, disclosing to the team that Hmong victims are having difficulty accessing law enforcement services due to language barriers may have the effect of revealing the victims’ identities if there are few Hmong families in the community.

contracts and in state, territorial, tribal, and federal laws. The advocate should explain to the victim which agencies and individuals are part of the CCR team, how the team will use the information, whether the information will remain confidential within the team, whether disclosure to the team will waive the victim’s right to assert the advocate-victim or any other privilege (if applicable), and whether team members may be obligated to re-disclose the information under *Brady*, mandatory reporting or other laws. CCR teams should analyze the context and function of information sharing and ensure that it benefits survivors. General, non-specific releases can often undermine informed consent. For example, authorizing an advocate to “discuss my case with law enforcement” may be overly broad and inclusive. *What information will be disclosed? Is the victim giving permission to request information from law enforcement? To provide information to them?*¹¹ The victim may already have signed a release of information provided by another agency that authorizes the CCR team to discuss the victim’s case. However, a best practice is for the advocacy program to obtain its own written and informed release of information from the victim before discussing any identifying information with the team. This practice ensures that the victim fully understands the potential impact of disclosing information regarding the services the victim received from the advocacy agency, especially if disclosing this information will waive the advocate-victim privilege. It also gives the advocacy agency an opportunity to ensure that the release signed by the victim is specific and time-limited, as required by VAWA. Releases should only be requested when the victim concludes that sharing the specific information is in the victim’s best interest. In other words, the purpose of the release must be to advance the individual victim’s interests — however the victim defines that — rather than to facilitate the operation of the CCR as a whole.

5. What are some of the steps CCR teams may take to protect victim privacy and confidentiality during case review?

Case review is the process of discussing the details of an individual case of domestic violence, dating violence, sexual assault, or stalking. Teams should develop a list of objectives they hope to achieve through case review and assess whether discussing the details of individual cases will help advance those objectives.¹² By setting objectives, teams can identify the types of information that should be shared in order to advance the team’s goals, and whether case review or some other discussion format is the best way to process this information.

CCR teams should discuss confidentiality procedures and victim privacy protections when discussing whether it makes sense to incorporate case review into their team meetings. Before

¹¹ In the medical context, a victim who signs a consent form may not be told (or understand) that anyone who tests positive for “reportable diseases” will subsequently be contacted by the health department. The follow-up contact may compromise a victim’s privacy; for victims of commercial sexual exploitation or human trafficking, for example, the subsequent contact may prove dangerous or even fatal.

¹² For a detailed list of factors that CCR teams should consider before they institute case review, see Sexual Violence Justice Institute, *What Can We Talk About? A Guidebook for How Sexual Assault Response Teams Discuss Sexual Assault Cases* (2012), <http://mncasa.org/assets/PDFs/SVJI-Case%20Conversations%20Guidebook.pdf>

discussing cases, team members must obtain a written release of information from the victim that meets their individual obligations under federal, territorial, tribal and state laws and funding streams, even if the information will be shared among community partners and allies.¹³ For example, health care providers seeking to discuss patient cases must ensure that releases of information comply with the Health Insurance Portability and Accountability Act, as well as the jurisdiction's laws regarding health information privacy and health care provider-patient privilege. To protect victim safety, team members must ensure that victims fully understand the purpose for which the information is being used, the benefits and drawbacks of disclosing the information, which agencies will be discussing the victim's case, and any circumstances in which information must be disclosed outside of the team, such as under mandatory reporting laws or Brady obligations (discussed further in Question 7). Team members must ensure that information discussed during case review remains within the parameters authorized by the victim.

CCR teams should decide which team members will participate in case review based on the objectives they hope to attain through the case review process. For example, if the goal is to improve coordination among first responders, then it will be more protective of victim privacy to limit case review to a subgroup of first responders. Information may be de-identified before it is shared, provided in the aggregate over a specific time period, or otherwise shared within the team in a format that protects victims' individual identities. If community-based advocates will participate in case review, the advocacy program should consider whether privacy risks may be reduced by sending a staff member (such as a community educator) who has not assisted the victims whose cases will be discussed. This strategy helps ensure that advocates do not unintentionally disclose identifying information, while reducing the pressure on advocates to share individualized victim information.

Victims' names and identifying information should not be disclosed during case reviews, even in cases where every CCR member knows the victim's identity.¹⁴ Although it may be difficult to protect victims' identities in rural, tribal, and other insular communities, CCR team members should still strive to keep comments as general as possible and avoid discussing specific details that are not necessary to advancing the CCR team's case review goals.¹⁵ Examples of other steps that CCR teams have taken to protect victim confidentiality include requiring all team members to read, discuss, and sign confidentiality agreements before each meeting (discussed in more detail in Question 6); avoiding taking notes regarding individual cases, except for notes

¹³ See Office of Justice Programs, SART Toolkit, Develop a SART: Conduct Case Reviews (2011), <http://ovc.ncjrs.gov/sartkit/develop/meeting-case-c.html>.

¹⁴ See U.S. Department of Justice, Office on Violence Against Women, A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents (2d ed. 2013), at 133, n. 323, <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>.

¹⁵ See *id.*; Tribal Law and Policy Institute, Sexual Assault Response Teams: Resource Guide for the Development of a Sexual Assault Response Team (SART) in Tribal Communities (2008), at 67, http://www.tribal-institute.org/download/SART_Manual_09_08.pdf.

regarding policy, protocol, or other systems changes; limiting case review to closed cases; discussing publicly available documents only; and ensuring that case review materials are distributed at the meeting only (rather than by email or in advance), that individual team members return the materials at the end of the meeting, and that case review materials are destroyed or stored in a secure place after the meeting.

6. What legal effect does a CCR's confidentiality agreement have?

Many CCR teams require participants to sign confidentiality agreements as a condition of attending team meetings. These agreements typically prohibit participants from disclosing confidential information or documents that they gained access to as part of team meetings. While these agreements serve as an important reminder to team members that they should not disclose information regarding the team's conversations, they are not a guarantee that these conversations will remain confidential. Depending on a jurisdiction's laws, certain CCR team members still may be required to disclose information in response to a subpoena, mandatory reporting laws, or Brady obligations (discussed further in Question 7). Ultimately, the legal effect of a CCR confidentiality agreement will depend on the language of the agreement and the laws of the jurisdiction. CCR teams should consult with an attorney when drafting the agreement and assessing the extent to which the agreement will protect the confidentiality of the team's conversations and records.

Best practice would be for CCR teams to agree about the mission, vision, scope of their team and intended outcomes before drafting a confidentiality policy or agreement. If CCR teams first agree on the scope and how they will function as a team then they can decide if, how and what type of confidentiality agreements need to be in place. This can serve as a 'check' and 'balance' for team members to align their practice with team goals – which may not include any type of specific victim information sharing and that when it does include sharing such information, a separate agreement and process needs to be established for each case. Team members should not sign blanket confidentiality agreements that set the conditions to freely discuss details of each individual case. Again, the team must be cognizant of each individual member's confidentiality and reporting obligations. For example, law enforcement may share information without victim consent. Therefore a sub-committee of prosecutors and law enforcement officers may set up a process to discuss their open cases. However if victim advocates, medical professionals, or other providers whose communications are protected by privilege or confidentiality are going to discuss an open case, each needs to secure a special time-limited release of information.

7. Under what circumstances may a prosecutor be obligated to disclose information that was discussed at a CCR meeting?

Under a constitutional obligation known as the *Brady* Rule,¹⁶ if a prosecutor learns of exculpatory information (i.e., information that tends to prove the defendant's innocence), the prosecutor has a duty to turn that information over to the defendant. This obligation applies even if the prosecutor learned of the information during confidential conversations within a CCR team. As a result, if a CCR team member shares information with a prosecutor that could negate the defendant's guilt or impeach the credibility of a person the prosecutor plans to call as a witness at trial, the prosecutor must share this exculpatory information with the defendant's attorney. Before victims agree to release information to a CCR team, they should receive an explanation of a prosecutor's duty to turn over exculpatory information and be given examples of the types of information that trigger this duty.

¹⁶ *Brady v. Maryland*, 373 U.S. 83 (1963). For more information regarding the duty of prosecutors to disclose certain information to the defense, see AEquitas, *Walking A Tightrope: Balancing Victim Privacy and Offender Accountability in Domestic Violence and Sexual Assault Prosecutions* (May 2013), http://www.aequitasresource.org/Issue_9_Walking_A_Tightrope_Balancing_Victim_Privacy_and_Offender_Accountability_in_Domestic_Violence_and_Sexual_Assault_Prosecutions_Part_I_May_2013.pdf.

Authorization to Release Information

Formulario de autorización para divulgar información

I, _____, have discussed with _____ [Agency] why I want information released and the privacy risks with it being shared. I give _____ [Agency] permission to release the following information:

Yo, _____, he discutido con _____ [Agencia] por qué quiero divulgar la información y los riesgos de privacidad al ser compartido. Doy permiso a _____ [Agencia] para divulgar la siguiente información:

Who my information may be shared with: Se puede compartir mi información con:	Name/Nombre: Title or agency/Título u agencia: Contact information/ Datos de contacto:
What information may be shared: Qué información será compartida:	

The information may be shared / La información se puede divulgar:

- in person / en persona**
 by phone / por teléfono
 by fax / por fax
 by mail / por correo
 by email / por correo electrónico

I understand that / Entiendo que:

_____ **I may receive services from _____ [Agency] even if I don't release this information.**
 Puedo recibir servicios de _____ [Agencia] incluso si no divulgo esta información.

_____ **Releasing this information could reveal my location.** Compartiendo esta información podría revelar mi ubicación.

_____ **By releasing this information, some or all of it may no longer be privileged. Both "privilege" and "waiver" have been explained to me.** Es posible que una parte o toda mi información no estará considerada privilegiada después de que firmo este permiso limitado. Alguien me ha explicado lo que significa "privilegio" y la renuncia del privilegio.

_____ **This release is limited to the above information. If I want _____ [Agency] to share additional information about me, I will sign another release.** Este formulario de autorización está limitado a lo que escribí arriba. Si quiero que _____ [Agencia] divulgue u obtenga más información sobre mí o mi caso, firmaré otro formulario de autorización para divulgar información.

_____ I may cancel this release at any time, verbally or in writing. Puedo cancelar esta autorización en cualquier momento, oralmente o por escrito.

This release is valid for _____ [time period] after signature or until: _____ [date].
Esta autorización es válida por _____ días después de que se firma o hasta _____ [fecha].

Client signature / Firma del cliente: _____ Date / Fecha: _____

Parent/Guardian signature (if required): _____ Date: _____
Firma del Padre/Tutor(a) (si se aplica): _____ Fecha: _____

_____ I extend this release of information. The release now expires: _____. Amplio esta autorización. Ahora esta autorización se vence _____.

Signature(s)/Firma(s): _____ Date/Fecha: _____



© 2020. This template was created by Victim Rights Law Center. Preparation of this material was supported by grant number 2015-TA-AX-KO25 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, and conclusions expressed are those of the author(s) and do not necessarily represent the views of the U.S. Department of Justice.

Victim Rights Law Center: Privacy Checklist for Coordinated Community Response Teams (CCRTs)

Our CCRT’s Goals/Mission:

CCRT Members:

Indicate below if you know the privacy laws and policies that apply to each CCRT member. Record next steps you plan to take. Consider doing this exercise as a CCRT. If you complete the checklist on your own, be sure to include yourself with your answers.

	Law or policy affecting privacy	I know the answers for these team members	I don’t know the answers for these team members
1.	Which team members are mandated reporters of <i>child abuse</i> ?	A. Mandated: B. Not mandated:	
2.	Which team members are mandated reporters of <i>elder abuse</i> ?	A. Mandated: B. Not mandated:	
3.	Which team members are mandated reporters of abuse of an adult with a disability (include which disabilities apply)?	A. Mandated: B. Not mandated:	
4.	Which team members are mandated to report any non-accidental injuries or injuries related to crimes?	A. Mandated: B. Not mandated:	
5.	Which team members are mandated to disclose information when patients are a threat to themselves or others?	A. Mandated: B. Not mandated:	
6.	Which team members have privilege (attorney-client; advocate-victim; nurse-patient; counselor-client, etc.)?	A. Privileged: B. Not privileged:	
7.	Which team members are required to report DV, SA, stalking or dating violence they learn about at a CCRT meeting to their school’s Title IX coordinator or pursuant to the Clery Act?	A. Required to disclose: B. Not required to disclose:	

8.	Which team members are required to report sexual violence that they learn about someone in detention or confinement?	A. Required to disclose: B. Not required to disclose:	
9.	Which team members have a duty to turn exculpatory evidence over to criminal defense counsel?	A. Required to disclose: B. Not required to disclose:	
10.	Which team members can provide privileged or confidential services to minors?	A. May serve minors confidentially: B. May not serve minors confidentially:	
11.	Which team members are prohibited from disclosing victims' personally identifying information without victim consent due to funding obligations?	A. Prohibited per funder: B. Not prohibited per funder:	
12.	Which team members have their own privacy policies affecting victim confidentiality, and I can explain those policies to victims?	A. Have privacy policies I can explain: B. Have privacy policies I cannot explain: C. Do not have privacy policies:	

©2022 Victim Rights Law Center. This project was supported by grant number 2015-TA-AX-K025 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, and conclusions expressed are those of the author(s) and do not necessarily represent the views of the U.S. Department of Justice.

Selected Resources:

Coordinated Community Response Teams and Privacy

Privacy is an evolving area of law. Check your jurisdiction's laws to confirm the continued accuracy of the information discussed in the resources listed below

State Law Compilations

American Bar Association, Domestic Violence/Sexual Assault Advocate Confidentiality Laws, http://www.americanbar.org/content/dam/aba/administrative/domestic_violence1/Resources/statutorysummarycharts/2014%20Advocate%20Confidentiality%20Chart.authcheckdam.pdf

Note: This list is from 2014 and is out of date for some jurisdictions. Additional states have enacted advocate privilege laws since 2014.

American Bar Association, Reporting Requirements: Provisions and Citations in Adult Protective Services Laws, by State,

<http://www.americanbar.org/content/dam/aba/migrated/aging/docs/MandatoryReportingProvisionsChart.authcheckdam.pdf>

American Bar Association, Multidisciplinary Teams Authorizations or Mandates: Provisions and Citations in Adult Protective Services Laws, by State,

http://www.americanbar.org/content/dam/aba/migrated/aging/about/pdfs/Multidisciplinary_Teams_Authorization_or_Mandates_Provisions_and_Citations_Chart.authcheckdam.pdf

Children's Bureau, State Statutes: Mandatory Reports of Child Abuse and Neglect,

<https://www.childwelfare.gov/pubPDFs/manda.pdf>

National Conference of State Legislatures, Mental Health Professionals' Duty to Warn,

<http://www.ncsl.org/research/health/mental-health-professionals-duty-to-warn.aspx>

National District Attorneys Association, Child Abuse Multidisciplinary Teams,

http://www.ndaa.org/pdf/MDT%20draft%20for%20MAB_%2001052015-last.pdf

National Domestic Violence Fatality Review Initiative, State Statutes,

<http://www.ndvfri.org/documents.php>

Reporters Committee for Freedom of the Press, Open Government Guide,

<http://www.rcfp.org/open-government-guide>

Victim Rights Law Center, Mandatory Reporting of Non-Accidental Injuries: A State-by-State Guide. Contact privacyTA@victimrights.org

Victim Rights Law Center, Set of jurisdiction-specific privacy cards (12 FAQs) for all 50 states and the U.S. territories. Contact privacyTA@victimrights.org

Reports and Tools

Battered Women’s Justice Project, Advocacy Challenges in a CCR: Protecting Confidentiality While Promoting a Coordinated Response, http://www.bwip.org/assets/documents/pdfs/advocacy_challenges_protecting_confidentiality_while_promoting_coordination.pdf

Cole, Jennifer. “Victim Confidentiality on Sexual Assault Response Teams (SART).” *Journal of Interpersonal Violence* 26, no. 2 (2011): 360-376, <http://jiv.sagepub.com/content/26/2/360.short>

Minnesota Coalition Against Sexual Violence (MNCASA) Sexual Violence Justice Institute, What Can We Talk About? A Guidebook for How Sexual Assault Response Teams Discuss Sexual Assault Cases, <http://mncasa.org/assets/PDFs/SVJI-Case%20Conversations%20Guidebook.pdf>

MNCASA, What Can We Talk About? Common Rules and Regulations, <http://www.mncasa.org/assets/PDFs/SVJI-What%20Can%20We%20Talk%20About%20Handout-Common%20Rules%20and%20Regulations.pdf>

MNCASA, What Can We Talk About? Considerations for how SART Teams Discuss Sexual Assault Cases- Assessment Tool, [file:///C:/Users/user/Downloads/Case%20Conversation%20Assessment%20Tool\(1\).pdf](file:///C:/Users/user/Downloads/Case%20Conversation%20Assessment%20Tool(1).pdf)

National Network to End Domestic Violence, Technology and Confidentiality Resources Toolkit, <http://tools.nnedv.org>

NCCASA/NCCADV, Enhancing Local Collaboration in the Criminal Justice Response to Domestic Violence and Sexual Assault: A CCR/SART Development Toolkit, <http://www.nccasa.org/cms/wpcontent/uploads/2013/11/ERS-CCR-SART-Toolkit.pdf>

Office of Justice Programs, SART Toolkit, Develop a SART: Confidentiality, <http://ovc.ncjrs.gov/sartkit/develop/comm-confidentiality.html>

Tribal Law and Policy Institute, Resource Guide for the Development of a Sexual Assault Response Team (SART) in Tribal Communities, http://www.tribal-institute.org/download/SART_Manual_09_08.pdf

U.S. Department of Justice Office on Violence Against Women, A National Protocol for Sexual Abuse Medical Forensic Examinations- *Pediatric*, <https://www.justice.gov/ovw/file/846856/download>

Victim Rights Law Center, <http://www.victimrights.org/>