



# Reporting Methods for Sexual Assault Cases

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## Course Description

This module is designed to provide detailed information on the background, philosophy, and implementation of alternative reporting options for victims of sexual assault, such as anonymous reporting, non-investigative reporting, and third-party reporting. This module begins by exploring examples from two communities: Cambria County, Pennsylvania and Ashland, Oregon. The module then goes on to provide a thorough overview of the key concepts and components necessary to implement such alternative reporting options, as well as recommendations for best practice.

**Estimated time for completion:** 12 hours

## OVW Grant Funding

The OLTI was created and continues to be supported with funding from the Office on Violence Against Women, U.S. Department of Justice. However, the opinions, findings, conclusions, and recommendations expressed are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

## Expert Contributions

OLTI training content is created and updated with input from professionals in a variety of disciplines, including law enforcement, prosecution, health care, victim advocacy, and related fields. Please see the acknowledgements page of each module, for a list of the individuals who served as contributing authors or expert reviewers.

## Course Evaluations

At the end of each module participants are asked a number of questions, including the overall quality of the module, as well as its difficulty. They are also asked to indicate how likely they are to apply the information they learned on the job. Their responses are summarized in the following charts, and illustrated with the quotes.

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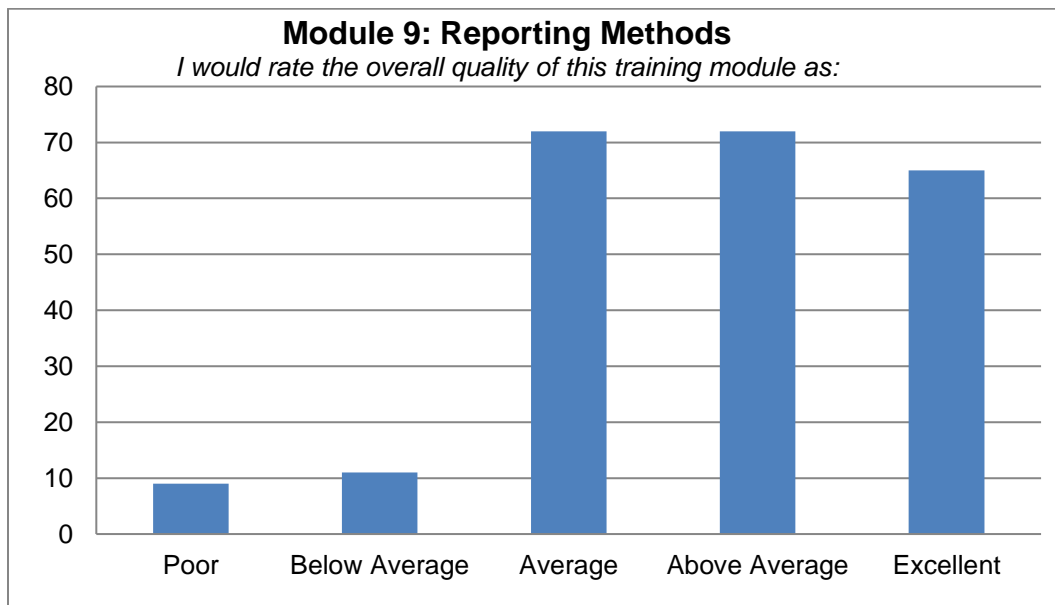
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#### ***What did you find most helpful in this module?***

The description of how reports are filed and how states use victim reimbursement was most helpful. As an ER nurse it is important to understand this as the patients usually have many questions regarding this aspect. Learning whether medical care providers are mandated to report cases was also very helpful.

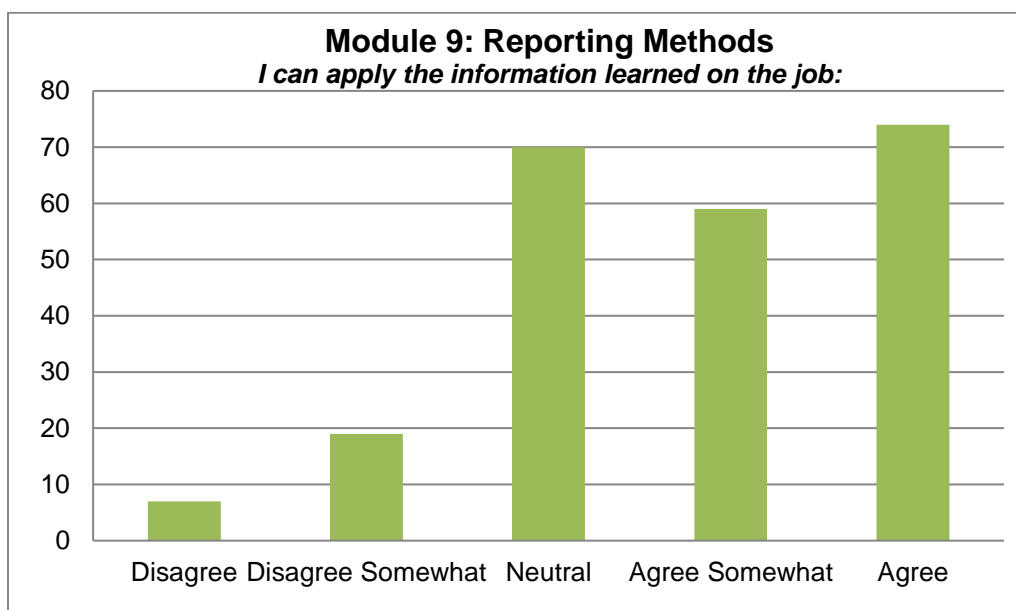
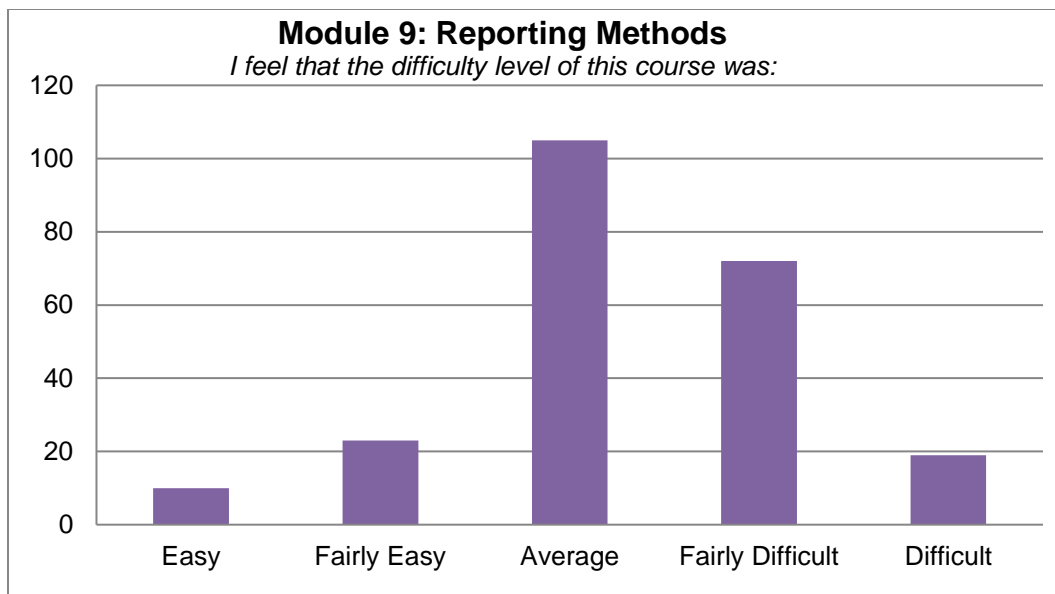
I found this training to be user-friendly, very easy to understand, and very straight forward and to the point.



***60% rated the module "excellent" or "above average."***

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**58% “agree” and “somewhat agree” that they can apply what they learned on the job.**

### Course Objectives

At the end of this training module, the learner will be able to:

1. Examine the benefits of alternative reporting methods for sexual assault victims.
2. Review the Cambria County Anonymous Reporting Protocol and the Ashland Police Department’s *You Have Options Program*.
3. Identify the terminology and concepts of various alternative reporting options.

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4. Explore the key components for successful implementation of alternative reporting methods for sexual assault victims.
5. Explain mandated reporting, courtesy reports, restricted reporting in the U.S. military, and the use of pseudonyms on public records.

### Course Outline

- I. Introduction
- II. Funnel of attrition for sexual assault cases
- III. Barriers to reporting and participation
- IV. Philosophy of alternative reporting options
- V. Cambria County Protocol for Anonymous Reporting
- VI. Ashland Police Department's *You Have Options Program*
- VII. Definitions: Informational Reports vs. Crime Reports
- VIII. Alternative Reporting Methods: Concepts and Components
- IX. Non-Investigative Reporting to Law Enforcement
- X. Third Party Reporting Procedures for Victims
- XI. VAWA Forensic Compliance
- XII. Implementation of Alternative Reporting Methods
- XIII. Information for Victims
- XIV. Public Outreach
- XV. Ensuring Victim Support
- XVI. The Need for Data Collection
- XVII. Why Not Prosecute Without the Victim?
- XVIII. Other Reporting Issues
- XIX. Do Not Report Without a Legal Requirement
- XX. Courtesy Reports for Other Jurisdictions
- XXI. Using a Pseudonym
- XXII. Restricted Reporting in the U.S. Military
- XXIII. Responding to False Reports
- XXIV. Recommendations for Best Practice
- XXV. Conclusion