



Sexual Assault Coordinated Community Response Task Force

October 15, 2020 Virtual Meeting

Minutes

Members Present: Senator Manka Dhingra, Senator Shelley Short, Representative Gina Mossbrucker, Representative Tina Orwall, Ben Santos, Ali Hohman, Kate Hemann, Flora Diaz, Lisa Henderson, Michelle Dixon-Wall, DeAnn Yamamoto, Suzi Fode, Tara Wolfe, Maria Aceves, Kasandra Turner, Alicia Eyler, Stephanie Wahlgren, Terri Stewart, Desiree Hamilton, Katerina LaMarche, Paula Reed, Paula Newman-Skanski, Jessica Johnson

Members Absent: James McMahan, Judge Sabrina Ahrens

1. Welcome & Introductions

Sexual Assault Coordinated Community Response Task Force (“Task Force”) members introduced themselves and shared why they are interested in the work of this Task Force. Twenty-two members were present at the beginning of the meeting, which is a quorum. Non-member participants also had the opportunity to introduce themselves.

2. Why We Are Here & What We Are Expected to Accomplish

The facilitator from the Attorney General’s Office explained that the Task Force is established pursuant to Senate Bill 6158, sponsored by Senator Dhingra, and passed during the 2020 Legislative Session. In 2019, the Sexual Assault Forensic Examination (SAFE) Best Practices Advisory Group, led by Task Force member Kate Hemann, recommended creating this Task Force. In 2017, Task Force member Terri Stewart from Harborview’s Abuse and Trauma Center, convened a multidisciplinary group to share information and identify the topic areas that should be contained in a coordinated community response guideline.

The facilitator reviewed the Task Force’s objectives:

- Recommend best practice protocols for coordinated community responses to sexual assault survivors beginning with their arrival at a hospital or clinic;
- Identify gaps in trauma-informed, victim-centered care and resources for sexual assault survivors; and
- Recommend legislative policy options and non-state funding sources to implement coordinated community response protocols for sexual assault survivors.

The Task Force must report its findings and recommendations to the Legislature and Governor by December 1st each year through 2022.

3. How We Will Operate

Members reviewed the Task Force's draft charter. No amendments were brought forward. By voice vote and without any objections, the Task Force adopted the charter.

4. What We Know Now

Participants engaged in an initial discussion, describing their vision of a coordinated community response and the gaps trauma-informed, victim-centered services that currently exist.

Participants indicated that their vision is that this Task Force will produce guidelines or a framework that can be customized to each community, including identifying the entities involved in a coordinated community response as well their role and responsibilities, establishing interagency communication procedures, emphasizing at each touchpoint with survivors that they were not at fault, and recommending who take charge when jurisdictional challenges arise (e.g., when an incident occurs in one county and is reported in another). Participants also noted that some parties involved in a coordinated community response will be universal across communities (e.g., community sexual assault programs, law enforcement, prosecutors, etc.), while others may be brought in depending on particular incidents (e.g., Child Protective Services, Adult Protective Services, etc.) or the needs of survivors (e.g., cultural or identity-specific advocacy and support services, faith community, etc.). Participants also stressed the importance of avoiding imposing unfunded mandates on local communities.

Participants identified three areas of concern: 1) increasing the availability of Sexual Assault Nurse Examiners (SANE), 2) establishing protocols when sexual assault survivors present for care at a hospital, and 3) considering protocols when hospitals are not the first point of contact. Participants identified a number of specific issues to potentially address pertaining to the first two items.

Increasing Availability of SANEs

- Enabling providers to take available training (e.g., compensation for their time, scholarships prioritizing rural providers)
- Addressing reimbursement for SANE services, including overtime pay
- Establishing processes for hospitals to share SANEs (e.g., privileges, contracting)
- Retaining SANEs (e.g., continuing education and opportunities to practice skills, resilience training)

Protocols When Sexual Assault Survivors Present for Care at a Hospital

- Transporting survivor to hospital that can provide SANE services (if initial point of contact does not provide such services)
- Contacting community sexual assault program advocates
- Billing the Crime Victims Compensation program rather than the survivor
- Using victim-centered, trauma informed language verbally and in written documents
- Establishing consent for a minor's forensic examination
- Creating complaint processes

Regarding current practices for contacting community sexual assault program advocates, participants discussed that if hospitals do not perform sexual assault evidence kit collection or do not have appropriate providers available, hospital staff must contact the local community sexual assault program (see RCW [70.41.367](#)). There is not a corresponding requirement for hospitals that provide the service and have available staff available. For their part, accredited community sexual assault programs must provide immediately available victim-centered, 24-hour personal response for medical advocacy services in person or by phone. Participants discussed the importance of enabling advocates to explain their role and the services they provide themselves, rather than expecting hospital staff to do so or asking survivors whether or not they want an advocate called. To be clear, participants emphasized that survivors should always have the power to decline advocacy services.

Clarifying the Scope of the Protocols – Adults, Teens, Pediatric

Dual members of this Task Force and the SAFE Advisory Group noted that their intention was to focus on adults, as child sexual assault protocols have been required since 1999 (see RCW [26.44.180](#)). However, the Task Force’s authorizing legislation specifically states that the purpose is to ensure that adult or minor sexual assault victims receive a coordinated community response when presenting for care at any hospital or clinic following a sexual assault. Participants discussed including teenagers in the protocols established by this Task Force; the exact age will likely vary across communities, as the ages covered by the child assault sexual protocols are not consistent across counties. Paula Reed noted that counties are in the process of updating their child sexual abuse protocols. Kasandra Turner brought forward an additional consideration for protocols addressing teenage survivors – providing support to their (non-offending) parents/family.

5. How We Will Move Forward

The facilitator stated that the Task Force will meet in November 2020 to develop a work plan and meeting schedule for 2021. Participants shared a number of resources to inform the Task Force’s work:

- In 2019, the Office of Crime Victims Advocacy (OCVA) within the WA State Department of Commerce, represented on this Task Force by Tara Wolfe, issued Sexual Assault Response Best Practices, including for adult and adolescent patients, pediatric patients, as well as for creating Sexual Assault Response Teams (SART). The Best Practices are available online at: <https://deptofcommerce.app.box.com/s/dsbfa5vp67n85surln806bajz4v5psi8> and are also contained within OCVA’s report *Sexual Assault Response: Increasing Sexual Assault Nurse Examiner Availability and Access Statewide*, which is available for download at: <https://www.commerce.wa.gov/serving-communities/crime-victims-public-safety/office-of-crime-victims-advocacy/creating-access-to-sexual-assault-nurse-examiners-best-practices-for-local-communities/>.
- Michelle Dixon-Wall provided the National Sexual Violence Resource Center’s 2018 SART toolkit: <https://www.nsvrc.org/sarts/toolkit> as well as the Minnesota Coalition Against Sexual Assault’s SART tools and resources: <https://www.mncasa.org/sexual-violence-justice-institute/sarts-tools-resources/>

The facilitator stated that meetings of the Task Force are open to the public and anyone can be included on the email distribution list. Participants noted the importance of including tribal representatives in future discussions.