

**Sexual Assault Coordinated Community Response Task Force**

**October 28, 2021 Meeting Notes**

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| 1. | **Call to Order**   * Fourteen Task Force members were present, which is a quorum. See attendee list below. * The Task Force adopted the agenda for the October 28th meeting. * The Task Force approved the notes from the September 22nd meeting.   Members in Attendance: Maria Aceves, Flora Diaz, Alicia Eyler, Suzi Fode, Alissa Hawks, Kate Hemann, Ashley Jackson (on behalf of Senator Manka Dhingra), Katerina LaMarche, Representative Gina Mosbrucker, Representative Tina Orwall, Paula Reed, Senator Shelly Short, Terri Stewart, Deann Yamamoto  Participants: Kelly Boyle, Christina Delgado, Jacob Ewing, Tarassa Froberg, Heather McLeod, Jim Nelson, Cameron Norton, Roger Pedersen, Patti Powers, Kelly Richburg, Lisa Ripplinger, Jo Shelton, Matthew Tremble, Lauren Vlas |
| 2. | **Discussion: law enforcement certification program offering reporting choices for survivors**  Staff provided an overview of the “[You Have Options](https://www.reportingoptions.org/about-us/)” program. This program was founded by law enforcement professionals to provide uniformity and accountability through training and technical assistance to law enforcement agencies committed to the highest standards of response to victims of sexual violence. The program has three goals:  1) Increase the number of persons who report sexual assault to law enforcement.  2) Increase the identification and investigation of sexual offenders.  3) Provide a law enforcement response to sexual violence that is beneficial to both victims and the criminal justice system.  For victims and survivors who live in a jurisdiction with a law enforcement agency that is a certified provider of the program, they have three options where they can remain in control and feel supported in sharing as much or as little about their experience as they would like, without any fear or pressure. Options include providing information to law enforcement only, moving forward with a partial investigation or participating in a complete investigation. Survivors can report online, over the phone or in-person.  The Task Force had an opportunity to learn from Patti Powers, an Attorney Advisor for AEquitas, a nonprofit organization focused on refining prosecution practices related to gender-based violence, and Garfield County Commissioner Jim Nelson, who previously served as the lead sexual assault investigator in the Garfield County Sheriff’s Office, an agency that has fully implemented the You Have Options program since 2015. In 2014, Garfield County participated in the “Start by Believing” campaign, which involved community-wide education. Mr. Nelson shared that, in his view, the You Have Options program is an extremely effective way of holding perpetrators accountable, while enabling victims to steer the ship at their own pace and restore some of control that was taken from them during the assault. He emphasized the importance of allowing victims to change their minds at any time and including advocates in decision-making. Victims were more satisfied with this approach and word spread. Mr. Nelson shared that some victims in a neighboring county wanted to report to Garfield County. In his experience, only a few cases ended up with victims providing information only; most proceeded to full investigations. Garfield County did not see an increase in online reporting. Garfield County’s implementation of the program was facilitated by a $90,000 3-year grant from the Office of Crime Victims Advocacy, which was used for training. |
| 3. | **Roundtable Discussion: Age of consent for adolescents seeking a medical forensic exam**  Staff began by providing a recap of this issue. Task Force members and sexual assault nurse examiners across the state have expressed interest in clarifying procedures for establishing consent for adolescents seeking a medical forensic exam. In Washington, minors can consent to behavioral health care at age 13 and reproductive health care at age 14. For sexual assault forensic exams, there is variability - some facilities are interpreting age of consent for as 13, others as 14, and some have policies that minors cannot consent for a forensic exam.  Task Force members and guests discussed that in the absence of a specific statutory prescription from the Legislature, medical providers can apply the Mature Minor rule, which involves conducting a more nuanced assessment and documenting a youth’s capacity to understand the risks and benefits of forensic evidence collection and the awareness that they can decline to participate. A legislative fix would be easier to apply and more consistent. The group discussed potential options, such as establishing 14 as the age of consent for forensic exams, codifying the Mature Minor rule for ages 7-13, and establishing that below a certain age, minors cannot consent.  Even if adolescents at a particular age can consent to the forensic exam, reporting to Child Protective Services and law enforcement is still mandatory. This means that even if the parent does not know in the moment, it is important to convey to adolescents that the incident is not confidential. Participants emphasized the distinction between parental consent and parental notification. The group discussed contacting the parent whenever possible, outside of situations where the parent is the perpetrator.  Nurse Terri Stewart emphasized the importance of spending considerable time with a child to understand and allay their concerns about involving their parent. She noted that after having such conversations, she rarely performs an exam without contacting the parent (approximately once a year). Involving the parent also provides an opportunity to discuss community resources that may help the child.  To follow-up, the Task Force would like to learn more about how adolescent consent for forensic exams works in practice in other states. |
| 4. | **Follow-up: Closing the loop on advocacy and medical adult emergency response protocols**  Before moving on to the protocols for law enforcement in the coming year, the Task Force had an opportunity to review a final draft of the advocacy and medical protocols that they have worked on in multiple prior meetings, including the protocol development subgroup and the last full Task Force meeting. |
| 5. | **Reflections on the past year**  As this marks the last meeting of 2021, Task Force members had an opportunity to reflect on the group’s guiding principles, provide feedback on the process, and weigh in on scheduling meetings for 2022. In regards to the guiding principle of working towards greater inclusion, the Task Force specifically called out the need to include Black, indigenous, and communities of color, as well as people living with disabilities.  Members expressed appreciation for opportunities to work together in small groups.  Regarding scheduling, members expressed a preference for scheduling all meetings of the full Task Force and sub-groups and canceling as the need may arise. In addition, legislative session will be difficult for legislators and staff to attend because it is a short 60-day session. |