



Sexual Assault Forensic Examination (SAFE)

Best Practices Advisory Group

September 1, 2021 Virtual Meeting

Meeting Notes

Members in Attendance: Flora Diaz, Sen. Manka Dhingra, Susan Marks (on behalf of Michelle Dixon-Wall), Alicia Eyler, Leah Griffin, Kate Hemann, Kristina Hoffman, Ali Hohman, Rep. Gina Mosbrucker, Rep. Tina Orwall, Ben Santos, Terri Stewart, Rick Torrance

Participants: Pam Clemons, Lisa Immerwahr, Kelly Leonard, Heather McLeod, Laura Merchant, Jennifer Muhm, Kole Musgrove, Shawn Reed, Kelly Richburg, Denise Rodier, Jo Shelton, Laura Twitchell, Lauren Vlas, Jen Wallace, Stephanie Wahlgren, Wendy Williams Gilbert, Tara Wolfe

1. Call to Order

Thirteen members (or designees) were present, which is a quorum. By unanimous consent, the Advisory Group adopted the agenda for September 1, 2021. By unanimous consent, the Advisory Group approved the notes from the June 9, 2021 meeting.

2. Updates

Kristina Hoffman provided an update on the progress of testing sexual assault kits (SAK) (see attached slides). Ben Santos remarked that the quicker turnaround time has made a huge difference in enabling detectives to continue investigations.

Kate Hemann provided an update on the lawfully owed DNA project. As of the end of July, 1,009 DNA samples have been uploaded into CODIS and there have been 27 "hits" or matches. The effort has resulted in one arrest to date. In addition, the project identified 635 registered sex offenders who failed to provide DNA samples after their criminal conviction. Of these, 353 samples have now been collected, 237 samples cannot be collected, and 45 remain to be collected.

Participants also discussed an emerging issue – medical facilities are facing difficulties procuring WA-specific SAKs to restock their inventory due to the vendor's labor shortages and supply chain issues. The vendor, Tri-Tech, is not scheduled to produce any more WA kits until October, which could leave some facilities without kits. A subgroup will convene to discuss potential stop gap measures, including providing guidance to medical facilities.

3. Discussion on Comprehensive Sexual Assault Nurse Examiner (SANE) Services

Participants and guests, including a number of SANEs from across the state, discussed barriers to SANE access and availability to understand what is needed to create a comprehensive and coordinated approach to SANE services. The state is at a critical point, given that **federal funding for the SANE training program at Harborview is slated to end 9/30/21 and there are no other identified funding sources for training to be offered to SANEs across WA at this time.** [This map](#) depicts where training has been provided from 2018 through 2021 with those federal funds. Needs include a stable stream of funding for SANE training, retention incentives for trained nurses, and equitable access to SANEs across the state, including in rural areas. Participants expressed that SANE training and retention are not prioritized by the state or certain hospital systems.

Jennifer Muhm of the WA State Nurses Association noted that there is a staffing crisis in nursing more broadly that has gotten much worse since COVID-19. Participants shared that some areas, for example, have lost more than half of their SANEs. This results in long waits and delays in care for patients, as well as stress for the remaining SANEs.

Key take-aways include a need for more training. However, even if training is available and offered at no cost to nurses, it can still be difficult for nurses to take the training, if they don't have the support of their medical facility. For example, a nurse seeking training may need to secure each day off for the training or find shift coverage, as well as pay their own travel expenses (one nurse indicated that she paid \$5,000 out of pocket).

Moreover, completing training is not enough. Participants noted their hospitals keep losing nurses who have SANE training because the job is stressful and SANEs do not feel valued. For example, SANEs may be pulled from their regular job in the Emergency Department ED. The on-call nurse covering for the SANE in the ED may get additional pay, but the SANE doesn't get additional pay for performing additional duties as a SANE.

Wendy Williams Gilbert, representing Washington State University, stated that the school is well-positioned to conduct SANE training, as WSU already trains most of the nurses in the state (general training, not SANE training) and provides continuing education using human simulation. Terri Stewart questioned why there would be multiple training providers for SANEs when other disciplines, including law enforcement and advocacy, have standardized, consistent training or standards across the state.

Representative Mossbrucker indicated that she will work on fine tuning a SANE proposal for the legislative session. Rep. Orwall suggested that setting up a partnership between institutions on the East and West sides (rather than two separate programs) could be advantageous. Rick Torrance noted that it doesn't matter where training is held if nurses aren't supported by their employers, so including components like scholarships is also important. Stephanie Wahlgren suggested providing higher reimbursement for forensic exams carried out by nurses with SANE training.

4. Follow-Up: Reimbursement for sexual assault kit exams across state lines

As discussed during the last meeting, the Crime Victims Compensation (CVC) program is prohibited from paying for exams if the assault occurred out of state. For example, if a Washington resident was assaulted while vacationing in Florida and returned home to get a SAK exam, CVC could not pay for that exam. Cletus Nnanabu and Maty Brimmer from the CVC program provided additional information for

the group to consider. According to CVC records, the following numbers claims for SAK exams were denied because the crime occurred out of state:

Fiscal Year	Known Number of Claims Denied
FY 19	74
FY 20	54
FY 21 (partial)	17

Cletus Nnanabu noted that these figures represent only the known claims for the facilities that submitted claims. Other facilities may not have bothered to submit claims knowing they would not be paid. In addition, CVC does not know what portion of the claims involved Washington residents, as their form collects information about where the crime occurred, not where the victim resides. The SAFE Advisory Group may wish to consider recommending changes so that SAKs for WA residents can be reimbursed regardless of where the crime occurred.

Leah Griffin shared that U.S. Senate staff and the Rape, Abuse & Incest National Network are not aware of any work being done at the federal level to streamline cross-border reimbursement

5. Follow-Up: Best Practice Materials & Training

The group discussed potential next steps for training and best practice materials, previously prioritized areas. Jen Wallace shared that approximately 1,000 officers have taken the 2-hour [patrol officer training](#); 500 have taken the [victim-centered investigation training](#). At this point, all of the *larger* law enforcement agencies have sent personnel to the investigation training. (Per RCW [43.101.272](#), officers assigned to regularly investigate sexual assault involving adult victims must complete the training within one year of being assigned or by July 1, 2020.) Leah Griffin stated that the King Council is considering mandating its deputies participate in the patrol officer training. Participants also discussed whether law enforcement leadership, such as chiefs of police, should take training. The investigation training is also currently open to prosecutors, who receive continuing legal education credit. A prosecuting attorney from Chelan recently attended the training. Prosecuting attorneys are also subject to the case review program, which aims to identify changes to training and investigatory practices necessary to optimize outcomes in sexual assault investigations and prosecutions involving adult victims. WAPA recently reached out to CJTC to learn more about the program. Leah Griffin noted that the Sexual Violence Law Center also provides trauma-informed legal training.

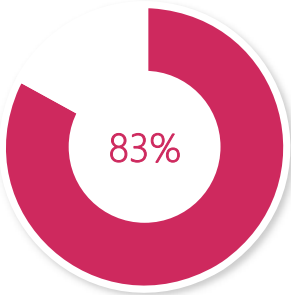
CJTC has developed a [reference card](#) for investigators and could, based on the patrol officer training, make one for patrol officers, who are often victims' initial point of contact. Once created, the reference card could potentially be distributed at the Basic Law Enforcement Academy. By the end of 2022, the Sexual Assault Coordinated Community Response Task Force is also charged with recommending best practices and protocols for a coordinated community response to sexual assault by hospitals, law enforcement, and advocates.



SAK Testing Progress

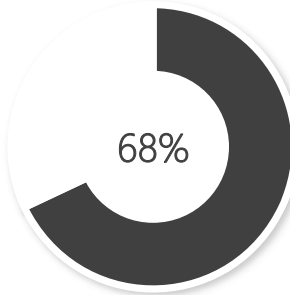
- September 2021-

1. FACILITATE THE TESTING OF 9,232 HISTORICAL SAKS BY DEC. 1, 2021



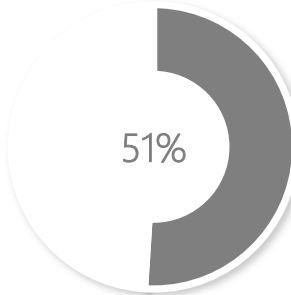
Phase 1: Outsource

As of 7/31/21, 7,703 SAKs have been shipped to and received by one of 3 vendor labs. 1,529 SAKs remain to outsource over the next 4 months.
Target Completion Date: 12/1/21



Phase 2: Test

As of 7/31/21, 6,255 SAKs have been tested by the vendor labs and WSP now has a copy of the results and their lab report for review. The results then need to be reviewed by WSP, and if eligible, uploaded into CODIS.



Phase 3: Review

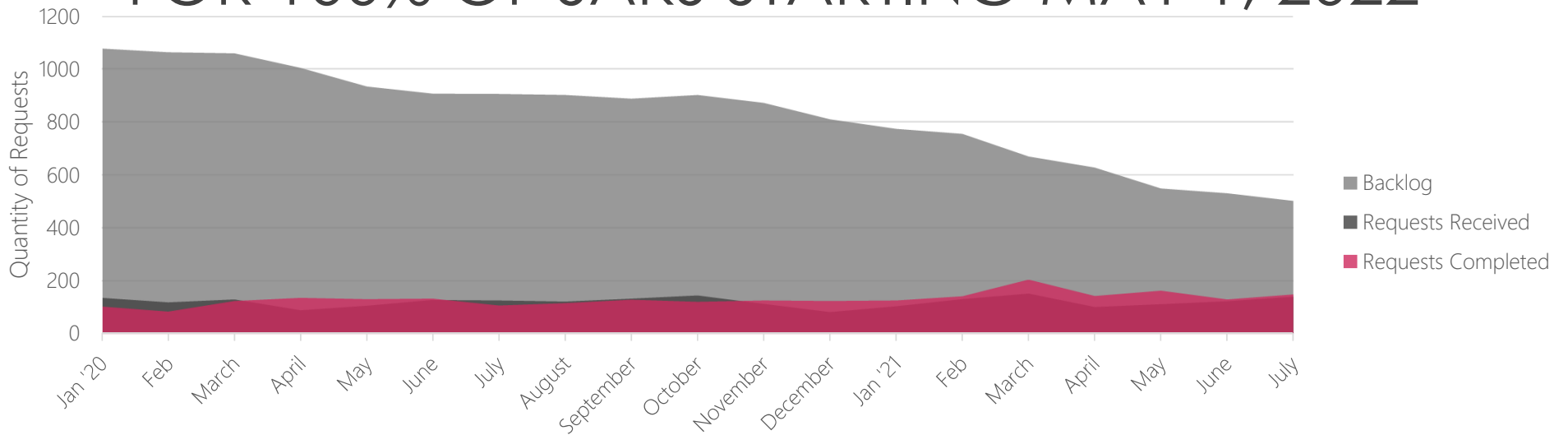
As of 7/31/21, 4,669 SAKs have had their test results reviewed by WSP and any eligible DNA profiles have been uploaded to CODIS. 1,927 DNA profiles have been uploaded, resulting in 738 hits to individuals, and 154 hits to another case.



Target completion Date: 12/31/22



2. ACHIEVE A TURNAROUND TIME OF ≤45 DAYS FOR 100% OF SAKS STARTING MAY 1, 2022



SAKs that are submitted as part of active investigations (“STR-SAKs”) are prioritized for testing. These kits are tested in-house by the regional WSP DNA labs.

51%
Had testing completed within 45 days or less in 2020



8 new scientists & 2 technicians

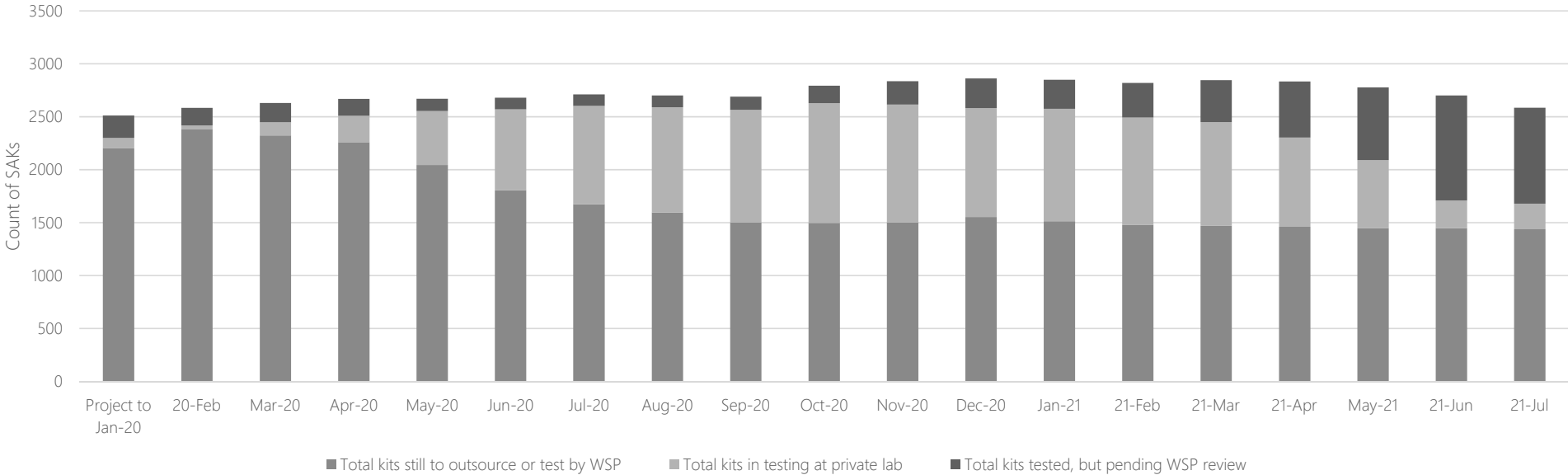


**May 2022
Deadline**



TESTING OF SAK-2 KITS IN WA

SAK-2 Backlog Over Time



SAKs that are submitted as part of inactive investigations ("SAK-2s") are tested in-house by the new WSP high-throughput lab or are outsourced to a vendor lab.

44% Of backlog has been outsourced and in progress
35% has been tested but awaiting review



8 new scientists & 1 technician



May 2022 Deadline



Executive Summary

Sexual Assault Nurse Examiners – Availability (Chapter 88, Laws 2018) required the Department of Commerce (Commerce) Office of Crime Victims Advocacy (OCVA) to:

“Develop best practices that local communities may use on a voluntary basis to create more access to sexual assault nurse examiners, including, but not limited to, partnerships to serve multiple facilities, mobile sexual nurse examiner teams, and multidisciplinary teams to serve sexual assault survivors in local communities. ... [It will] publish them on its web site. ...

“[It will] develop strategies to make sexual assault nurse examiner training available to nurses in all regions of the state without requiring the nurses to travel unreasonable distances or incur unreasonable expense ... the office of crime victims advocacy shall report the strategies to the governor and the appropriate committees of the legislature.”

In addition to the above required materials, this report includes a discussion of the principles, terminology and practices of sexual assault response in Washington to shed greater light on the topic and what can be done to improve it.

Recommended Best Practices

Commerce’s recommended best practices for providing examinations to adults, adolescents and pediatric patients who have experienced sexual assault can be found on the OCVA website¹ and in the report appendices. OCVA also developed best practices for creating, maintaining and sustaining sexual assault response teams (SARTs), multidisciplinary teams (MDTs) and partnerships to serve multiple facilities.

An important finding of this report is that no states employ “mobile” sexual assault nurse examiner (SANE) teams. This report, and a study conducted by the West Virginia Foundation for Rape Information and Services, found that no such model exists in practice and the idea is operationally impractical (see “[What Is a Mobile Team?](#)”).² Local communities looking to make SANEs more mobile can review the Commerce best practices for partnerships among multiple facilities.

¹ Washington State Department of Commerce, *Sexual Assault Response Best Practices*, <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/>

² West Virginia Foundation for Rape Information and Services, Mobile SANE Project Report, <http://fris.org/Resources/PDFs/Books/SANEMobile-Final.pdf>

Recommended Training Strategies

Commerce recommends a SANE training program and scholarship fund be created and that an established, experienced organization administer both. Investing in an existing program with expertise and extensive experience providing SANE trainings across Washington would standardize the methods medical staff use to perform sexual assault examinations.

Washington currently has a statewide program that offers specialized SANE trainings that align with the International Association of Forensic Nurses Education Guidelines and the Department of Justice's Office on Violence Against Women Act National Training Standards for Sexual Assault Medical Forensic Examiners Program.

Through this provider, SANE trainings are provided in both rural and urban areas across Washington. These trainings do not have a robust or reliable source of funding. They are paid for through federal grants and are free for attendees. However, trainings do not always occur in the municipality in which a nurse works. Consequently, nurses often incur travel-related costs to attend trainings. Medical staff surveyed for this report indicated their employing hospitals do not routinely compensate them for time spent traveling to and attending trainings.

The proposed scholarship and training fund would allow trainings to be provided more frequently, add a clinical skills lab training to Washington's statewide training program and offer scholarships to reimburse nurses for travel-related expenses.

Further Recommendations

Improving patient access to sexual assault nurse examiners is not only about training nurses. It is also about state and local community response to sexual assault as a whole. To improve sexual assault response across the state, Commerce recommends the Legislature take the steps outlined below.

Establish a State Sexual Assault Response Team (SART) Technical Assistant

Commerce recommends the Legislature fund a statewide SART technical assistant who would be associated with an established organization that has extensive experience and expertise in sexual assault response. This assistant would help local communities:

- Create, maintain and enhance SARTs
- Track the development of SARTs statewide
- Disseminate sexual assault response best practices and resources
- Report on sexual assault response across the state

Support Greater Coordination Between the Crime Victims Compensation Program (CVCP) and Hospitals

Commerce recommends increasing funding for CVCP so it can hire additional staff and conduct outreach and education about CVCP. Additional staff and funding would also help CVCP ensure victims never have to cover exam costs and that out-of-state jurisdictions cover exam costs when applicable.

Mandate That Every Hospital Have a Response

It is the position of Commerce that not every hospital in Washington needs to have a SANE program. However, every hospital should have a coordinated, victim-centered response plan.

Commerce recommends requiring every hospital to have a response plan that aligns with the best practices suggested in this report to ensure an advocate is promptly contacted no matter where a patient presents. If a hospital does not have SANEs on staff or on call, they should be prepared to refer and help transport a patient, with the assistance of an advocate, to the nearest hospital offering SANE-conducted medical forensic exams.

Explore Opportunities to Build New Partnerships

In addition to establishing a scholarship and training fund to expand access to the existing SANE program, Commerce would like to explore opportunities to allow a standardized statewide curriculum to be delivered by additional providers, through alternative modes of delivery. Establishing a standardized curriculum would require extensive stakeholder collaboration on several issues including SANE certification, ongoing training and experience requirements, education standards, exam guidelines, and the role of sexual assault advocates. This approach would require additional investment. Given the current constraints on SANE funding such an approach would be best justified if the state and alternate providers were able to leverage state and non-state funds to help cover the additional costs that would be incurred, in developing new training delivery models and building consensus around a standard statewide curriculum.

Recommendations

Improving SANE accessibility involves addressing the availability and coordination of resources between state and local communities and among local stakeholders. This section offers recommendations to further these goals.

Establish a Training Program and Scholarship Fund

To make SANE training uniformly available to nurses in all regions of the state, Commerce recommends the establishment of a statewide training program and scholarship fund. An established organization with extensive experience and expertise should provide these trainings, such as the Harborview Center for Sexual Assault and Traumatic Stress. Harborview currently offers most of the highly specialized trainings discussed below. These align with the IAFN Education Guidelines and DOJ's National Training Standards for Sexual Assault Medical Forensic Examiners.

With a robust, reliable state-level training and scholarship fund, trainings could be more frequent and held in more locations. This fund could annually procure the following services:

40-Hour In-Person Core SANE Trainings

These trainings would teach nurses how to perform sexual assault exams, including how to recognize genital trauma; collect forensic evidence; and collaborate with advocates, law enforcement, prosecutors and mental health professionals. This initial training could be a hybrid, containing both in-person and online portions to provide more flexibility for hospitals and attendees. These trainings would be offered multiple times a year in various locations across the state. Local community experts would be invited to present.

Three-Day In-Person SANE Trainings

These trainings would be for nurses in low population density areas of the state where five-day trainings significantly impact hospital staffing. Detailed didactic instruction and practice sessions on exam and evidence collection would be provided as well as training on a variety of issues related to the care of adult and adolescent patients. This introductory training could also be a hybrid (online and in-person) training to provide more flexibility for hospitals and attendees. These trainings would be offered multiple times per year in low population density areas of the state. Local community experts would be invited to present.

Five-Day In-Person Pediatric SANE Trainings

These trainings would be designed for nurses who want to provide pediatric exams in their communities. The training would cover how to perform a pediatric exam as well as the role of SART members and MDTs in caring for pediatric victims and their families. These trainings would be offered multiple times a year in various locations across the state. Local community experts would be invited to present.

One-Day Refresher SANE Trainings

These trainings would be offered to maintain and enhance the skills of practicing SANEs. Refresher trainings would provide a review of basic skills and introduction to new skills. They would also provide opportunities to update nurses on clinical practices. They would be offered multiple times a year in various locations across the state.

One-Day Advanced SANE Trainings

These trainings would be offered to continue the education of practicing SANEs. They would cover topics related to sexual assault care that were not detailed in the initial trainings. They would also provide opportunities for peer review of cases, because local community experts would be encouraged to bring specific cases for discussion. These trainings would be offered multiple times a year in various locations across the state.

One-Day Northwest Child Maltreatment Peer Review Trainings

These trainings would provide regular formal practice and peer review for SANEs serving CACs. This training would offer providers an opportunity to maintain up-to-date, evidence-based practices. They would be offered multiple times a year in areas with CACs.

Clinical Skills Labs

These labs would offer SANEs and P-SANEs an opportunity to further practice hands-on sexual assault examinations with live simulations. Medical history documentation, speculum insertion, toluidine blue dye use, documentation of evidence and courtroom testimony would be practiced. These trainings would be offered multiple times a year in various locations across the state. Local community experts would be invited to present.

Web-Based Case Reviews

These reviews would provide opportunities for SANEs across the state of Washington to further develop their skills, particularly those related to patient interviews, documentation of evidence and follow-up planning. These services have been widely requested. Cases would be submitted by SANEs from all regions of the state. Case reviews would be offered monthly and be accessible via secure video conferencing.

Scholarships

Scholarships would assist nurses with costs associated with attending trainings, such as hotel, food and other travel-related expenses. Financial support for training participants could help recruit and retain qualified nurses.

Maintenance and Updates to Washington State Sexual Assault Forensic Exam Website

This fund would support continued maintenance and updates to the Washington State Sexual Assault Forensic Exam website.⁶⁸ WASAFE.org is a statewide resource for sexual assault services. It includes information about where adult, adolescent, and pediatric examinations are

⁶⁸ WASAFE (Washington State Sexual Assault Forensic Exam), *A Washington State Resource for Sexual Assault Forensic Medical Care*, <http://depts.washington.edu/hcsats/ch/index.html>

available, where advocacy and support resources are located, and where and when statewide training events will be held.

Per-Year Cost of Training and Scholarship Fund

The training and scholarship fund proposed below would cost \$375,000 and result in the training of 115 new SANEs and the retraining of 290 others.⁶⁹

Table 3: Proposed Training and Scholarship Fund Costs

Training Program Item	Annual Cost
Training Event (venue, refreshments, models, guest speakers)	\$100,000
Professional Staff (instructors, consultants, event planners)	\$200,000
Travel (mileage, airfare, hotel, meals, rental vehicles, parking)	\$25,000
Scholarships (estimated for 210 nurses)	\$30,000
Supplies (kits, equipment, training materials, website maintenance, education certificate)	\$20,000
Total	\$375,000

Alternative Strategies Considered

Establishing Additional Training Programs

Commerce considered the option of establishing regionalized training programs across Washington. It found that the establishment of such programs would duplicate costs; marginally impact SANE staffing; and further fragment the state’s approach to sexual assault response through the potential bifurcation of training standards, skill evaluations and medical guidelines. When it comes to any missing components in the state’s current statewide SANE training program, Commerce recommends investing in improvements to the state’s current statewide SANE training provider for the benefit of all victims in Washington.

Unnecessary, Duplicative Costs

Establishing regional SANE training programs would require significant startup, fixed and ongoing costs. The programs would need to rent spaces, procure training equipment, hire instructors, and establish registration systems and ways to publish upcoming trainings. They would need curriculum in line with the IAFN’s Education Guidelines and DOJ’s Violence Against Women Act National Training Standards for its SAFE Program.

Additionally, administrative operations would need to be funded continuously. Rather than allocating funds to establish new programs, using those funds to support an established, experienced provider of statewide SANE training would allow trainings to be provided more regularly and would ultimately cost less than establishing and operating multiple training programs across Washington.

⁶⁹ This estimate is based on current OCVA training and technical assistance grants. It does not include any overhead expenses, such as an organization’s facility or administrative costs.

Marginal Impact on SANE Staffing

As discussed above, one of the primary reasons some communities in the state struggle to train and retain SANEs and P-SANEs is that medical staff report not being compensated for their time to attend trainings when trainings are offered in their local communities. In other words, medical staff must often take their own personal leave time to attend trainings. This discourages attendance — even when the trainings occur within miles of staff members' medical facilities. Commerce recommends offering scholarships to offset lost wages and travel-related costs.

Bifurcation of Sexual Assault Examination Practices

Having two programs in the state training SANEs rather than one program risks bifurcating sexual assault examination practices, leading to different quality levels of sexual assault examinations performed by SANEs across the state. To avoid this, Commerce recommends a standardized training program through one provider of SANE trainings across the state.

Benefits of a Statewide Training Program, Relative to Regional or Localized Ones

Diverting statewide funds to particular localities to address training issues that affect every victim of sexual assault in Washington state would represent a missed opportunity to invest in improving SANE trainings for all nurses in Washington. Thus, Commerce recommends investing in a statewide training provider to the benefit of all residents rather than investing in localized or regionalized programs.

Online Trainings

Commerce considered whether state funding should be put toward online IAFN training for Washington state nurses. IAFN training costs \$500 per nurse. At \$294, Washington's current provider's average per-person cost is cheaper. IAFN's training does not provide information on state-specific protocols governing sexual assault response. IAFN trainings do not provide the hands-on practice in-the-classroom trainings do. They also require nurses to expend their own time and resources outside work to get training. For these reasons, Commerce does not recommend this approach.

A Statewide SANE Certification Program

A few nurses interviewed for this report indicated an individual desire to achieve IAFN certification to increase their professional status and also boost their confidence testifying in court. Other stakeholders have suggested the state establish its own certification program to accomplish the same things. However, Commerce found no empirical evidence to suggest that certification translates into better outcomes for patients. It did find certification to be costly. IAFN certification costs up to \$575. Recertification costs up to \$575 as well. Commerce did not determine the cost for setting up a statewide certification of its own. However, the costs are estimated to be significant since a new certification program would have to be created and staffed.

In light of the shortage of SANEs across the state and the known benefits of training them, Commerce recommends putting funds that could go toward investing in a certification program toward training more SANEs.

Further Recommendations

Establish a SART Technical Assistant

To assist local communities in creating and maintaining SARTs, a statewide technical assistant position should be funded by the state and contracted out by OCVA to an established organization with extensive experience and expertise. This assistant would help communities:

- Create, maintain and enhance SARTs
- Track the development of SARTs statewide
- Disseminate best practices and resources
- Provide reports on sexual assault response

A SART technical assistant should have extensive knowledge of the theory and practice of SARTs, the demonstrated ability to work with local stakeholders and a deep appreciation for the need to craft SARTs to local circumstances while ensuring quality responses across Washington.

To support the work of a SART technical assistant, adequate funding should also be included for:

- Contracted interpreting services
- Ongoing education, webinars and online courses (venue, refreshments, audio/visual technology, contracted design services and software)
- Travel (mileage, airfare, hotel, meals, rental vehicles, parking)
- Publications (design, print, translation, postage)

Promote Greater Coordination Between CVCP and Hospital Billing Departments

CVCP should be empowered through additional staff and funding to conduct outreach and education about CVCP and liaise between the hospital billing department and insurance (as well as sexual assault victims in cases where the victims were billed for forensic exams and should not have been). Additional funding and staff would also assist CVCP in coordinating with other states' compensation programs to ensure the jurisdictions where assaults occurred cover the costs of exams.

Mandate That Every Hospital Have a Response Plan

Every hospital in Washington state need not have a SANE program, but every hospital should have a coordinated, victim-centered response. Such a response should be in line with the best practices suggested in this report. Principally, no matter where patients arrive following sexual assaults, advocates should be contacted immediately. If hospitals do not have SANEs on staff or on-call, they should be prepared to help transport patients with the assistance of advocates to the nearest SANE-staffed hospitals in a timely fashion.

Local Communities Should Adopt, Tailor and Add to This Report's Suggested Best Practices

The best practices included in the appendices of this report follow from extensive research of sexual assault response best practices in Washington state and nationally. Commerce highly recommends that local communities adopt, tailor and add to these best practices to best serve victims in their communities.

Explore Opportunities to Build New Partnerships

In addition to the establishing a scholarship and training fund to expand access to the existing SANE program, Commerce would like to explore opportunities to allow a standardized statewide curriculum to be delivered by additional providers, through alternative modes of delivery. Establishing a standardized curriculum would require extensive stakeholder collaboration on several issues including SANE certification, ongoing training and experience requirements, education standards, exam guidelines, and the role of sexual assault advocates. This approach would require additional investment. Given the current constraints on SANE funding, such an approach would be best justified if the state and alternate providers were able to leverage additional state and non-state funds to help cover the additional costs that would be incurred, in developing new training delivery models and building consensus around a standard statewide curriculum.