Interim Report

Sexual Assault Coordinated Community Response Task Force

December 2021

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Washington State Attorney General's Office	Katharine Hemann
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Washington State Legislature	Representative Gina Mosbrucker
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Overview

Over the course of four meetings and several subgroup meetings, the Sexual Assault Coordinated Community Response Task Force (the "Task Force") developed guiding principles, drafted model emergency response protocols for two responding disciplines working with adult survivors[1] of sexual assault, learned from experts across the country, held roundtable and panel discussions on a range of topics, and received briefings from staff. The Task Force implemented, and tracked, a proactive community outreach and engagement process to involve more participants and center the experiences of disproportionately targeted victims of sexual assault across the state. Building on the gaps in trauma-informed, victim-centered care identified in 2020, including limited connections to advocacy services and availability of sexual assault nurse examiners (SANEs), among other issues, Task Force members discussed the age of consent for adolescents seeking medical forensic exams, the need for more culturally specific and accessible services, and the importance of consistent, reliable access to quality care for survivors across the state.

Background

The Task Force was established pursuant to Senate Bill 6158 (2020), sponsored by Senator Dhingra. Previously, in 2019, the Sexual Assault Forensic Examination Best Practices Advisory Group, which is tasked with reducing the number of untested sexual assault kits in Washington and reviewing best practices for managing sexual assault investigations, issued a recommendation to the Legislature to convene a separate advisory group to develop standard protocols for access to victim advocacy services in hospitals. In addition, in 2017, Harborview Medical Center's Abuse and Trauma Center convened a multidisciplinary group to share information and identify topic areas for a sexual assault coordinated community response guideline.

The Task Force's objectives are to:

- 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.

In 2020, the Task Force convened two meetings. Members articulated the Task Force's vision to produce guidelines that can be customized to local communities, including identifying the entities involved in a coordinated community response, as well as their roles and responsibilities, and recommending how to overcome jurisdictional challenges (e.g., when an incident occurs in one county and is reported in another).

The Task Force will report its findings and recommendations to the Legislature and Governor by December 1st each year through 2022. This interim report addresses the Task Force's 2021 activities and plans for 2022.

2021 Activities

In 2021, the Task Force met on February 17, May 5, September 22, and October 28. After the February meeting, the Task Force convened the following subgroups for the purpose of working on key issues between Task Force meetings, as well as inviting non-Task Force member experts and community members to participate and advise on issues outside of the regularly held meetings.

Task Force Subgroup	Topics covered in 2021	Topics for 2022
Community Outreach & Engagement	Began coordinating efforts to reach and engage community in the work of the Task Force	Continue outreach, consultation, and collaboration with community stakeholders
Protocol Development	Drafted model adult protocols for advocacy and medical professionals	Draft model adult protocols for law enforcement and prosecutors

The Task Force identified additional gaps in trauma-informed, victim-centered care. Several themes emerged in the work, including the need for a targeted and proactive outreach and engagement plan.

Emergent Themes

Intersections between Sexual Assault and Systemic Oppression

Task Force members and participants received training from a national expert on sexual assault, oppression and racism at the Resource Sharing Project, an organization created to help sexual assault coalitions across the country access the resources they need in order to support survivors and end sexual assault. Participants discussed various lenses to view sexual assault and why some victims may be hesitant to report the violence they experienced, particularly in light of the broader social context in which it occurred. In small groups, participants discussed the terms oppression and underserved, including the factors that shape these terms and how they are reflected in our work and work environment.

While sexual assault impacts individuals, the root causes are interwoven in systems of oppression that have historic roots in our society.[2] For many years, community-based advocates have attempted to educate the wider community about the intersections of sexual assault and cultural beliefs about race, class, gender, sexual orientation, and ability. Many survivors representing intersections of marginalized identities experience compounded trauma and additional barriers accessing services or receiving care that is culturally appropriate and affirming.[3]

In 2018, Urban Indian Health Institute found that, according to a survey of Native women living in Seattle, 94% of respondents had been raped or coerced into sex at some point in their lives.[4] In 2015, the U.S. Transgender Survey found that 47% of transgender people are sexually assaulted at some point in their lifetime. The same survey found that among people of color, American Indian (65%), multiracial (59%), Middle Eastern (58%) and Black (53%) respondents were sexually assaulted in their lifetime.[5] Additionally, 85% of victim advocates surveyed by the National Coalition of Anti-Violence Programs reported having worked with an LGBTQ survivor who was denied services because of their sexual orientation or gender identity.[6]

Task Force members reflected on the training and developed "guiding principles" to model best practices as a multi-disciplinary group focused on centering the experience of marginalized survivors. Below are several examples:

- Everyone has something valuable to add, regardless of title or position.
- Be open-minded, create a "space of grace".
- Center survivors who are least resourced and communities most targeted.
- Commit to working together to solve problems.
- Maintain a culture of respect and inclusion.
- Admit mistakes.
- Keep a mindset of constant learning.
- Listen to understand, not respond.
- Call in peers who are victim blaming or displaying racial bias, sit with discomfort if it arises.

Outreach and Engagement for the Task Force

Following the training on intersections of sexual assault and systemic oppression, Task Force members addressed the need for more informed decision-making by centering the experience of people disproportionately impacted by sexual assault and less likely to have the ability to participate in a Task Force process. Envisioning a community outreach and engagement process, members and participants discussed three levels of engagement: outreach, consultation, and collaboration. Table A demonstrates the three levels of engagement and example activities for each. Members and participants identified three outcomes to work towards:

1) Increased participation in the Task Force and richer discussions as a result of diverse input;
2) Transparency and creativity in sharing the results of the input received from outreach; and
3) Continued investment in built relationships that are collaborative.

Table A.

Levels of Engagement[7]		
Outreach	**Consultation**	**Collaboration**
Initiating an effort to coordinate with community partners and provide information about the Task Force Identifying opportunities to "plug in" to community-led work that intersects with Task Force	Gathering information from the community to inform Task Force work Task Force presents information to community, asks questions, and seeks input	Developing relationships through improved communication and community involvement in an effort to collaborate on development of model policies, protocols and practices
Examples of Potential Engagement		
• One-way communication • Briefings at individual meetings • Taking steps to ensure information about the Task Force is readily accessible	• Community surveys • Consultation on specific issues • Focus groups	• Two-way communication • Participating in community-led events • Hosting public meeting(s) or forums • Working on recommendations in partnership[8]

To enhance the cultural responsiveness of the Task Force, members and participants identified individuals and organizations either directly representing survivors or providing services to disproportionately impacted communities. The following communities of survivors were identified for proactive outreach and engagement:

- Alaska Native and American Indian survivors
- Children and youth survivors
- Community health organizations and boards
- Cultural and ethnic communities
- Faith-based survivors
- LGBTQ+ survivors
- Older adults
- Organizations serving vulnerable survivors, including sex worker outreach projects
- Refugee and immigrant survivors
- Student survivors
- Survivors experiencing homelessness
- Survivors with disabilities

In 2021, initial outreach methods to organizations representing or serving survivors in the communities listed above included emails, virtual meetings, phone calls, and advertisements in newsletters. Additionally, specific messaging was created to invite survivors to provide direct feedback on what could have improved the response to their sexual assault.

Preliminary Review of the Process to Develop Model Protocols

According to the National Sexual Violence Resource Center protocols are, "agreements between agencies about the provision of sexual assault services and the roles and responsibilities of core responders."[9] The Task Force is developing model protocols for disciplines whose role includes the immediate response to adults seeking

services or care following a sexual assault. RCW 26.44.180 requires each county to develop a written protocol for handling investigations of criminal child sexual abuse. There is no existing requirement for localities to develop protocols for adult survivors of sexual assault.

Task Force members began by identifying the disciplines involved in responding to adult sexual assault, including but not limited to, law enforcement, community-based advocates, medical professionals, and prosecutors. National best practices call for the development of protocols for each discipline to follow in their respective jurisdiction, ensuring a coordinated response that ultimately allows the best outcome for a survivor. After identifying the disciplines, the Task Force drafted best practices that apply to all disciplines responding to sexual assault, roles and responsibilities of individual disciplines, and best practices for individual disciplines. From that, the Task Force developed a protocol checklist.

In 2021, the Task Force drafted best practices, roles and responsibilities, and protocol checklists for community-based advocates and medical professionals. In 2022, the Task Force will convene law enforcement and prosecutors to advise on the development of model protocols.

Below is an excerpt from the protocol development process for community-based advocates and medical professionals responding to adult sexual assault cases. The final report will include the full list of model protocols, including the protocol checklist for each responding discipline. Of note, the Task Force chose to use the terms victim and survivor or victim/survivor to indicate the necessity of both terms, and the use of either or both terms by different disciplines depending on the context. In a medical context however, victims and survivors are referred to as *patients*. Some individuals may self-identify as a survivor while others may prefer the term victim, the best practice for disciplines responding to sexual assault is to follow the individual's lead or ask their preference.[10]

Sexual Assault Emergency Response Best Practices for Adults across Disciplines

1. **Work to build trust** with a survivor by understanding the context for sexual assault. Many victims and survivors delay reporting or refuse to report at all for a variety of reasons, such as a fear of not being believed. The initial response to a survivor's disclosure of sexual assault can have a significant impact on their recovery.[11]
2. Ensure **accessibility and cultural sensitivity**. Offer the survivor accommodations and explain what can be provided (e.g., interpretation, translation, culturally appropriate services, advocacy services).[12] Use language and print materials that are accessible and explain next steps in a way that is understandable, including breaking down information, procedures, and practices.
3. Provide **victim-centered**, **trauma-informed** services. This means approaching service provision from the standpoint of, "What has happened to you?" rather than, "What is wrong with you?" While it may not be necessary for every discipline to know the details of an assault, trauma-informed care means responding to a survivor by modifying services in a way that reflects an understanding of how the survivor might be perceiving the events.[13]
4. **Inform victims and survivors of their rights** per RCW 70.125.110, including timeliness of follow-up.
5. **Participate in a Sexual Assault Response Team (SART)** following best practices.
6. **Recognize power dynamics and hierarchies** and how they impact multi-disciplinary team coordination and impede best case scenario outcomes for survivors.

Community-Based Advocates

<u>Roles and Responsibilities</u>

Advocates play a unique role in the community and systems response to sexual assault in that they are the only member of the response whose sole focus is to be a supportive person to the victim/survivor as well as secondary victims/survivors. Advocates offer information, options, and supportive assistance in navigating the healing and justice processes. Advocates can accompany a victim/survivor in nearly all parts of the response—providing support during medical forensic exams, law enforcement interviews, as well as going through the court processes, and providing aftercare. Advocates focus their efforts on validating and supporting a victim/survivor in all of their choices.[14]

Best Practices

- Ensure services are available 24 hours a day/365 days a year both on a crisis line and in person, as much as possible.
- Support the survivor in whatever way they need, acknowledge that this may look different for each person.
- Empower the survivor: ask permission at each step of the process validating the survivor's experience and feelings.
- Remain non-judgmental: respect each individual's wishes after informing them of rights and choices. Advocates do not encourage or discourage victims/survivors from reporting or participating in the criminal justice system.
- Advocates should have a staff team that represents the populations served and should practice thoughtful, intentional, and continuous training and discussions on cultural diversity and the impacts of systems of oppression on victims/survivors.
- Ensure confidentiality per RCW 70.125.110.
- Build intentional and reciprocal relationships with Tribes and culturally specific groups/organizations.
- Evaluate existing services and incorporate feedback from those utilizing services into the evaluation.

Sexual Assault Nurse Examiners (SANEs) and Medical Administrative Staff

Roles and Responsibilities

Health professionals provide patients with critical access to health care and evidence collection. Regardless of the recency of an assault, all victim/survivor patients should be provided the opportunity to access medical care. Above all, the medical forensic exam provides both medical care and forensic examination. In some cases, medical providers may participate in criminal proceedings and provide testimony, as requested. Throughout the response, the health professional focuses on the health and wellbeing of the patient and can uniquely give accurate health information and assistance.[15]

Best Practices

Medical Administrative Staff (e.g., intake staff)

- Ensure the patient is aware of the wait time for the SANE with regular updates, as timelines may change. Make sure their needs are being met during this wait. Patient comfort is a priority.
- Inform patient of their right to have a friend, relative or advocate present at the medical center or clinic per RCW 70.125.060.
- If no SANE is available, refer to RCW 70.41.367 and coordinate care with the local community sexual assault program (CSAP) to assist the patient in finding a facility with an appropriate provider available.
- To the extent possible, coordinate transportation to a facility that provides SANE services.

SANEs

- Collaborate with community-based and culturally-specific advocates as soon as possible, providing referrals to a local CSAP for mental health and other services, distinguishing between services that are covered by the Crime Victims Compensation Program (CVCP) and those that are not. When possible, and with the survivor's permission, invite the CSAP advocate to attend the medical exam.
- Provide physical and emotional reassurance to the patient about their health and safety during each element of the medical forensic examination (if the patient consents).
- Provide medically accurate information and education so the patient can make the best decision for themselves.
- Allow for patient feedback on SANE exams, considering a standardized evaluation or a third-party administrator, such as an advocate. Ensure this is done with consent of the patient, and in a manner that does not cause re-traumatization.
- Provide court testimony, as requested.

Hospital Administration

- Ensure that all administrators and staff have appropriate training.
- Provide information about resources (e.g., CVCP).
- Maintain chain-of-custody for evidence.

- Do not bill the patient or patient's insurance for the exam.
- Capture disaggregated data (e.g., demographics of populations served).
- Provide adequate compensation for medical professionals providing sexual assault-specific services as well as breaks for SANEs between exams, where possible.

Best Practices for Coordinated Community Responses to Sexual Assault across the U.S.

In an effort to understand how other states have developed coordinated community responses to sexual assault, the Task Force consulted with experts from across the U.S., including Illinois, Virginia, Minnesota, and Oregon. In accordance with the National Sexual Violence Resource Center's recommendation for communities to adopt a SART[16], representatives from Oregon and Virginia shared that their states require district attorneys to convene SARTs, while allowing for variability in how the teams operate at the county level. Minnesota has developed a starter kit for SARTs that includes assessments, facilitation tips, sample memoranda of understanding, and mission/vision handouts. The Task Force will look to these and other best practices to build on the development of SART-related recommendations. Several states noted the hesitation of law enforcement officers and prosecutors to involve community-based advocates in SARTs, including the struggle for survivors and advocates to be viewed and heard on equal footing with participating law enforcement officers and prosecutors.

Issues Surrounding Age of Consent for Adolescents Seeking Sexual Assault Forensic Exams

In Washington state, the age most individuals are able to consent to medical care is 18; however, minors can consent to behavioral health care at age 13 and reproductive health care at age 14 and to certain sexual health services at any age. When a minor presents at a hospital for medical care following a sexual assault, including for a forensic exam, staff are required to contact a parent or guardian for consent to proceed with care. Issues arise when nurses are unable to reach parents, or when parents are unsupportive, including when they are the perpetrator of the alleged crime. Further, some medical facilities in Washington interpret the age of consent for forensic exams as 13, others as 14, and others have policies that minors cannot consent to a forensic exam.

Task Force members discussed the difficulties interpreting age of consent laws in Washington with various ages to consider and potential cases where parents are unsupportive or cannot be reached, when they are forced to make the minor wait long hours or be turned away altogether. The group discussed interpretation of the Mature Minor Doctrine[17], debated issuing guidance around how to interpret existing age of consent laws, and learned about opportunities to recommend changes to existing statutes to offer greater clarity. Work on this issue will continue in 2022.

Improving the Response to Sexual Assault in Washington State

Task Force members and participants learned about the findings of two audits of systems responses to sex offense cases completed recently by the King County Auditor's office[18] and by the Bellingham-Whatcom County Commission on Sexual and Domestic Violence.[19] Themes from both of the audits included delays in the timely processing of sexual assault cases by law enforcement and prosecutors, missed opportunities to connect survivors to advocates and other services, the need to institutionalize trauma-informed interview training and techniques, and lack of accountability for offenders. In King County, out of 2,500 sex offenses reported, 162 perpetrators were ultimately convicted in Superior Court. About half of all cases did not get a detective assigned and half did not have any witness interviews. Defendants were convicted of a felony charge in 6% of cases overall.

"In King County, out of 2,500 sex offenses reported, 162 perpetrators were ultimately convicted in Superior Court"

Recommendations from audits included establishing protocols for practitioners to routinely refer survivors to community-based and Tribal sexual assault advocates, prepare survivors for defense interviews, ensure survivors are aware of their rights, provide trauma-informed and victim-centered interview training, and explore incorporating survivor input and feedback on the strengths and gaps in system responses. The Task Force incorporated referrals to community-based and Tribal advocates, informing survivors of their rights, and increasing opportunities for feedback into the draft emergency response protocols for advocates and medical professionals. The group will discuss incorporating further audit recommendations in model protocols for law enforcement and prosecutors in 2022.

2022 Plans

In 2022, the Task Force will continue its work to identify legislative policy options and non-state funding sources to address gaps in trauma-informed, victim-centered care statewide. The Task Force will also continue work on developing model protocols and identifying infrastructure, staff, and resources needed to support implementation locally. The following topics are planned for 2022.

Areas in which the Task Force will identify practices for local communities to implement and enhance coordination:

- Model protocols for law enforcement and prosecutors including respective best practices, roles, and responsibilities for each discipline;
- Support and technical assistance for SARTs and SANEs; and
- Opportunities to improve coordination between hospitals when survivors present at a facility that does not have SANE services available, including transportation for the survivor.

The Task Force will gather additional information about:

- State statutes across the U.S. and how they are working in practice regarding adolescents' access to medical forensic exams;
- Methods for law enforcement, prosecutors, advocates, and medical professionals to disaggregate data for a better picture of who is accessing services and how to improve service delivery;
- Opportunities and resources needed for CSAPs to develop and maintain culturally specific partnerships, training, and referrals;
- Capacity-building measures for organizations serving immigrant and refugee communities;
- Opportunities to obtain survivor input and feedback on strengths and gaps in system responses; and
- The viability of creating adult sexual assault advocacy centers (similar to child advocacy centers).

Endnotes

1. The terms "victim" and "survivor" serve different purposes and carry different meanings depending on the discipline using the term and the preference of an individual. The term *victim* typically refers to someone who has recently experienced a sexual assault and is commonly used when discussing a crime or when referencing the criminal justice system. The term *survivor* often refers to an individual who is going, or has gone through, the recovery process; and is most often used when discussing the short and long-term effects of sexual violence. Individuals may self-identify as a victim, while others prefer the term survivor. More information on terminology is available here: https://www.rainn.org/articles/key-terms-and-phrases
2. Guy, L. (2006, Fall). Re-visioning the sexual violence continuum. *Partners in Social Change*, IX(1), 4-7. Washington Coalition of Sexual Assault Programs. https://www.wcsap.org/sites/default/files/uploads/resources_publications/partners_social_change/RapeCulture2006.pdf
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7. Template from WA State Board for Community and Technical Colleges.
8. https://www.citizenshandbook.org/arnsteinsladder.html
9. https://www.nsvrc.org/sarts/protocols-and-guidelines
10. https://sakitta.org/toolkit/docs/Victim-or-Survivor-Terminology-from-Investigation-Through-Prosecution.pdf
11. Ullman, Sarah E., and Henrietta H. Filipas. Predictors of PTSD symptom severity and social reactions in sexual assault victims. *Journal of traumatic stress* 14.2 (2001): 369-389.
12. Vera Institute of Justice, Center on Victimization and Safety. 2021. https://www.endabusepwd.org/resource/just-ask-a-toolkit-to-help-advocates-meet-the-needs-of-crime-victims-with-disabilities/
13. Washington Coalition of Sexual Assault Programs. (2017). https://www.wcsap.org/resources/publications/special-editions/creating-trauma-informed-services
14. Id.
15. https://www.mncasa.org/sexual-violence-justice-institute/sarts-tools-resources/
16. Sexual Assault Response Teams are coalitions of agencies that serve sexual assault victims. Core membership for SARTs typically includes victim advocates, law enforcement officers, forensic medical examiners, forensic scientists, and prosecutors. Multidisciplinary SARTs work together to formalize interagency guidelines that prioritize victims' needs, hold offenders accountable, and promote public safety. https://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guide_SART-Development.pdf
17. The "mature minor doctrine" is the common-law rule that allows an adolescent who is mature to give consent for medical care. In order to designate a youth as a "mature minor" providers must determine, and clearly document, that the individual meets one or more of the following criteria: the youth is living apart from their parents or guardians and managing their own affairs, the youth is able to provide reliable information and make important decisions with good insight and judgment, the youth is financially independent from parents or guardians or is involved in a work-training program, the youth has sufficient training and experience to make knowing and intelligent health care decisions, the youth demonstrates the general conduct of an adult. https://kingcounty.gov/depts/health/locations/mature-minor-rule.aspx
18. https://kingcounty.gov/depts/auditor/auditor-reports/all-landing-pgs/2020/sai-2020.aspx
19. https://www.dvcommission.org/sanda