



Sexual Assault Coordinated Community Response Task Force

September 22, 2021 Virtual Meeting

Meeting Notes

Members in Attendance: Judge Sabrina Ahrens, Flora Diaz, Suzi Fodi, Lisa Henderson, Kate Hemann, Ali Hohman, Ashley Jackson (on behalf of Senator Manka Dhingra), Jessica Johnson, Katerina LaMarche, Susan Marks, Kole Musgrove (on behalf of Representative Gina Mosbrucker), Paula Newman-Skomski, Representative Tina Orwall, Paula Reed, Senator Shelly Short, Terri Stewart, DeAnn Yamamoto

Members Absent: Maria Aceves, Alicia Eycler, Desiree Hamilton, James McMahan, Ben Santos, Kasandra Turner, Stephanie Wahlgren, Tara Wolfe

Participants: Kelly Boyle, Leah Griffin, Monserrat Jauregui, Heather McLeod, Kelly Richburg, Jo Shelton, Sharon Swanson, Laura Twitchell, Lauren Vlas

1. Call to Order

Sixteen members were present, which is a quorum. By unanimous consent, the Task Force adopted the agenda for the September 22, 2021. By unanimous consent, the Advisory Group approved the notes from the May 5, 2021 meeting.

2. Updates

The Task Force reviewed and revised the list of outstanding issues that have been raised over the past year to inform the group's work going forward. Refer to the attached document.

3. Report Outs

Susan Marks provided information on the work of the outreach and engagement subgroup. Nine people participated in the August 30th subgroup meeting. This subgroup was formed to build community around the Task Force work and recognize that the appointed Task Force members cannot represent all communities of survivors across our state. Accordingly, the purpose of the subgroup is to proactively reach out to and engage survivors and organizations that serve survivors to lift up survivors' voices and reflect their feedback and input in our work. The subgroup discussed progress made in sharing information about the Task Force and learning more about issues facing survivors. Participants reported on outreach they have done, including sharing information with coalitions via email, newsletters, and social media. Going forward, the subgroup is considering whether and how to solicit feedback directly from survivors, such as through surveys, focus groups, interviews, and other methods.

The facilitator provided information about the Sexual Assault Forensic Examination Best Practices Advisory Group, which recently discussed increasing availability of and access to sexual assault nurse examiners across the state. More information is available [here](#).

4. Group Exercise: Review Advocacy and Medical Adult Emergency Response Protocols

The facilitator noted that the protocol development subgroup met twice over the summer to work on developing model protocols for the emergency response to adult sexual assault that are trauma-informed and victim-centered. The subgroup started with protocols for advocacy and medical facilities and approached the work by defining roles and responsibilities, outlining best practices for each of the disciplines, and then operationalizing those best practices into a list of example protocols.

During this meeting, Task Force members and participants broke up into small groups to review and edit the draft protocols, discussing the following questions:

- Is the language clear and understandable?
- Are the roles and responsibilities clearly defined?
- Do the best practices address accessibility needs? What could be added?
- Are the example protocols missing any critical steps for each of the disciplines?

When the larger group reconvened, each group had the opportunity to share feedback, which was incorporated.

Outstanding Sexual Assault Coordinated Community Response (SACCR) Task Force Issues – 10.27.21

Item	Topic	Notes & Next Steps
<i>Gaps in trauma-informed, victim-centered care</i>		
1.	Consistent connection to advocacy services: Immediately and routinely contacting community sexual assault program advocates and providing survivors with options if more than one program, such as a culturally-specific program, is available in their community. Assess need and cost for funding CSAPs to provide in-person advocacy during medical forensic exams*	-Consistent with findings in the King and Whatcom County audits. KCSARC worked with KC Sheriff’s office to update handout for survivors - Included in adult emergency response protocols for relevant disciplines *Note: All accredited CSAPs have a contract from OCVA to provide Core SA Services including 24/7 “medical advocacy” which involves responding to hospitals/clinics when a survivor presents for a SA exam. There is an opportunity to discuss this further with Task Force members and participants
2.	Developing and maintaining culturally specific partnerships, training, and referrals	-Recommendation from audits presented at the May 5 Task Force meeting
3.	Assessing language access policies to ensure safe, meaningful language access for survivors	-Recommendation from audits presented at the May Task Force meeting
4.	Increasing access to and availability of SANEs including addressing wait times and standardized training for SANEs, opportunities to incorporate Abigail Echo-Hawk’s training recommendations for forensic nurses caring for AI/AN patients	-SAFE Advisory Group also discussing this issue
5.	Billing the Crime Victims Compensation program rather than the survivor for forensic exams	-Refer to information presented at 9/1 SAFE Advisory Group meeting on CVCP billing
6.	Reducing repeated questioning of the victim by conducting joint interviews	-Consider opportunities to include in emergency response protocols
<i>Best practice models for a collaborative and coordinated response to sexual assault</i>		
7.	Central place for county child (and possibly other) protocols	-RCW requires the development of child protocols -Consider the coordinated community benefits of a central location for child protocols -Consider requiring counties to review and update their protocol on a regular basis. This should be coordinated by the prosecutor’s office in

		collaboration with all MDT members. A central location should verify the review/update took place
8.	<p>Emergency response protocols:</p> <ul style="list-style-type: none"> • LE + Prosecution protocols: timely case processing, addressing expected timelines for assigning cases, best practices for contacting survivors for interviews and case status updates, using guidance per IACP, EVAWI, and DOJ for report writing and investigations. Seek training opportunities • Advocacy: timely connections, include protocol to consult with and refer to culturally specific agencies when possible • SANEs/FNEs: research and implement best practices, consulting with IAFN and/or model SANE programs in other communities • General: establish guidance for practitioners to begin their interactions with statements of support or validation such as “I’m sorry this happened to you,” “I believe you,” or “I’m sorry to meet under these circumstances.” 	<p>-Recommendations from audits presented at the May 5 SACCR Task Force meeting</p> <p>-Reflected in emergency response protocol draft of advocacy and medical disciplines, opportunity to reflect recommendations when drafting LE and prosecution protocols</p>
9.	Template MOUs to improve communication among first responders, LE, community and system-based advocates	<p>-Issue for the broader system response subgroup to discuss, in addition to other SART and MDT-related issues.</p> <p><i>-Are there specific types of MOUs the group would like to consider?</i></p>
10.	Transporting survivors to a hospital that can provide SANE services, including communicating with the receiving facility	<p>-CVC covers one-way trip</p> <p>-Consider Oregon’s model policy to transfer SA victims to facilities that provide appropriate care</p>
11.	Establishing consent for a forensic examination if the victim is a minor child or vulnerable adult	Ongoing, “age of consent” subgroup meeting to be scheduled
12.	Raising public awareness about the importance of sexual assault forensic exams and how they can be obtained	-Recommend a public awareness campaign. Perhaps in conjunction with apology from WA State lawmakers re: backlog, destruction, and untested kits.
13.	Evaluating the effectiveness of community collaborative efforts, particularly the impact on survivors, and explore methods for increasing opportunities for survivor input and feedback on strengths and gaps in system responses	<p>-Topic for broader system response subgroup to consider in relation to SARTs and MDTs</p> <p>-Could also be a topic for outreach and engagement subgroup to consider related to input on Task Force recommendations (i.e. facilitating a victim</p>

		<p>input panel, survivor interviews, focus groups or surveys, a database for survivor input)</p> <ul style="list-style-type: none"> -Continue work to include evaluation and survivor input in emergency response protocols -Consider opportunities to recommend SARTs adopt values and norms as operating guidelines
14.	Exploring methods of disaggregating data	<ul style="list-style-type: none"> -Audit recommendation -Topic to continue discussing
15.	Adult advocacy centers (similar to child advocacy centers)	<ul style="list-style-type: none"> -Continue discussing