



Sexual Assault Forensic Examination (SAFE) Best Practices Advisory Group

DRAFT Meeting Notes

Tuesday, September 12th 1:00 – 3:00 p.m. PST

Attendees: Adam Hall, Andrea Piper-Wentland, Anita Petra, Annette Simpson, Carlyn Sampson, Elizabeth Hendren, Flora Diaz, Heather McLeod, Jacqueline Barton True, jd Nielsen, Jo Shelton, Katie Savage, Kristina Hoffman, Kyra Laughlin, Laura Twitchell, Lucy Wolf, Sen. Manka Dhingra, Rep. Tina Orwall, Rep. Gina Mosbrucker, Martha Phillips, Mike McNab, Nan Stoops, Natalie Evenson, Nicole Stephens, Paula Reed, Rick Torrance, Riddhi Mukhopadhyay, Sara Owen, Ryan Giannini, Sarah Hudson, Kelly Richburg, Mikah Semrow, Stephen Evitt, Victoria Sattler, Lindsey Hueer, Leah Griffin
Staff: Lauren Vlas

1.	Call to Order & Establishment of Quorum (AGO staff) <ul style="list-style-type: none">• Co-Chair Representative Mosbrucker welcomed members to the meeting.• Staff acknowledged Anita Petra, Deputy Prosecuting Attorney in Benton County, appointed to represent rural prosecutors, and facilitated introductions.• The agenda for the September 12 meeting was adopted.• The minutes from the July 25 meeting were approved.• Co-Chair Representative Orwall acknowledged members and participants, invited Senator Dhingra to provide opening remarks.• Senator Dhingra thanked members for their work on this issue and noted a chart on potential legislation that she intends to share at a future meeting.
2.	Updates (WSP and AGO) <ul style="list-style-type: none">• WSP shared an update on the progress of sexual assault kit testing (see attached slide deck).• The Crime Lab is still on track to finish testing and reviewing results from the (10,000+) backlog of kits by December 31st of this year.• Representative Orwall asked if WSP is confident SAKs will be fully tested and reviewed by the end of December, WSP said very likely, yes. Law enforcement agencies are still submitting kits they discovered (e.g., one law enforcement agency was moving all of their inventory to a different location, found and submitted an old kit).• WSP is currently auditing the list of historical SAKs in partnership with the AGO.• The Attorney General's Sexual Assault Kit Initiative (SAKI) team lead shared an update on investigations and prosecutions.• SAKI is helping drack down SAKs with WSP, pivoting from tracking kits to helping local jurisdictions with cold cases, advising on interviewing techniques, among other duties.

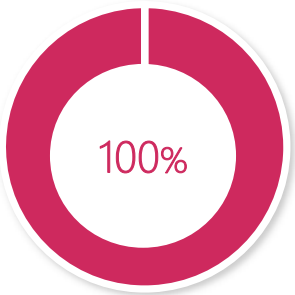
	<ul style="list-style-type: none"> As a reminder, new information on cases as well as general information on the AGO’s sexual assault kit initiative is available at this website: https://wasaki.atg.wa.gov/. Cases are featured here: https://wasaki.atg.wa.gov/data-and-results/case-summaries.
3.	<p>Forensic Services Workgroup Process and Outcomes</p> <ul style="list-style-type: none"> Staff provided a brief history on the formation of a workgroup in May to discuss issues facing sexual assault nurse examiners (SANEs) and forensic nurse examiners (FNEs). The workgroup met four times, for a total of eight hours, and included SANEs, FNEs, and other medical professionals from across the state, representatives of advocacy organizations, survivors, state agencies, and the legislative members of SAFE: Representatives Orwall and Mosbrucker and Senator Dhingra. The workgroup discussed issues and decided on three top recommendations to move forward to the SAFE Advisory Group: <ol style="list-style-type: none"> Establishing a statewide forensic nurse coordinator or team Extending the Hospital Grant and Nurse Stipend Program Establishing a Forensic Nurse Training Grant Program Several SANEs spoke to the recommendations of the workgroup including stories of their experience to illustrate the need for more resources and statewide coordination. Staff shared information on the outcome of the one-time funding allocated in the 2022 supplemental budget to the Department of Health (DOH) for a “SANE Stipend and Hospital Grant Program.” Of the \$750,000 allocated for SANE and forensic exam service cost reimbursements, \$945,789 was requested in a total of 28 applications, and \$690,534 was awarded. The application opening period was brief and DOH determined a high likelihood that there would have been even greater demonstrated need if the opportunity to apply for funding was longer. DOH supports creating a permanent fund.
4.	<p>Discussion: Community Sexual Assault Programs</p> <ul style="list-style-type: none"> Staff introduced the agenda item by explaining that a number of questions had been gathered related to community sexual assault programs (CSAPs). A number of representatives are available to present foundational information on the role, responsibilities, and training requirements of CSAPs. Rick Torrance and Carlyn Sampson presented information (see attached materials). Time ran out before the presenters could respond to questions or facilitate a discussion. Staff recommended follow-up on this topic at a future meeting.
5.	<p>Discussion and Review: Draft SAFE Advisory Group Recommendations</p> <ul style="list-style-type: none"> Staff compiled a list of draft recommendations proposed so far and briefly recapped the list, without time to discuss each <ol style="list-style-type: none"> Establishing a statewide forensic nurse coordinator or team Extending the Hospital Grant and Nurse Stipend Program Establishing a Forensic Nurse Training Grant Program Eliminating the statute of limitations for civil claims of child sexual abuse Amending three provisions in the survivor bill of rights to increase eligibility for federal funding Others? Leah Griffin briefly explained eliminating the statute of limitations for civil claims of child sexual abuse.



SAK Testing Progress

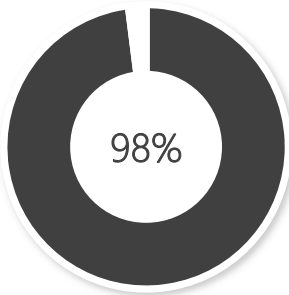
- September 2023 -

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



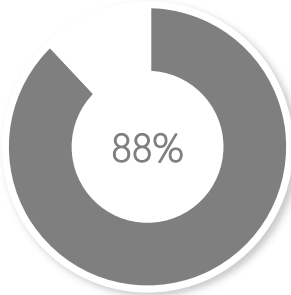
Phase 1: Facilitate Outsourcing

As of 8/31/23, 9,566 SAKs have been shipped to and received by one of 3 vendor labs. Any additional kits received will be outsourced as they come in.



Phase 2: Test

As of 8/31/23, 9,422 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 8/31/23, 8,377 SAKs have had their test results reviewed by WSP and any eligible DNA profiles have been uploaded to CODIS. 3,534 DNA profiles have been uploaded, resulting in 1,370 hits to individuals, and 291 hits to another case.

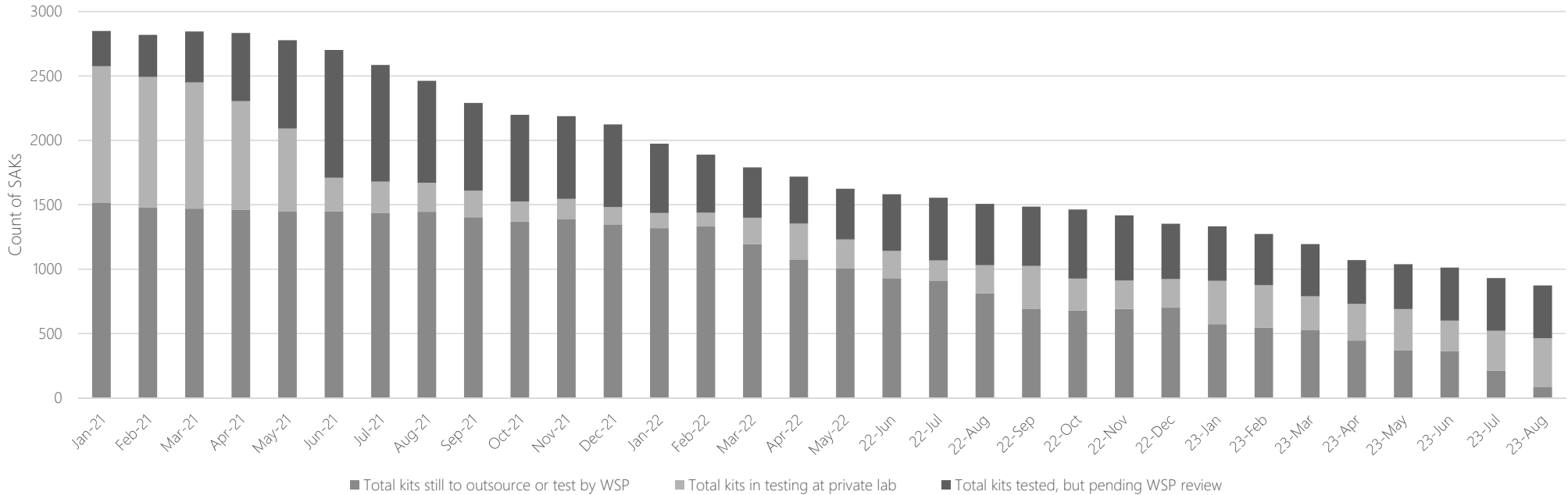


Target completion Date: 12/30/23



2. CLEAR BACKLOG OF KITS NEEDING TESTING

SAK-2 Backlog Over Time



SAKs that were submitted as part of inactive investigations ("SAK-2s") are tested in-house* or are outsourced to a vendor lab.

90% Of backlog has been outsourced and in progress
47% has been tested but awaiting review

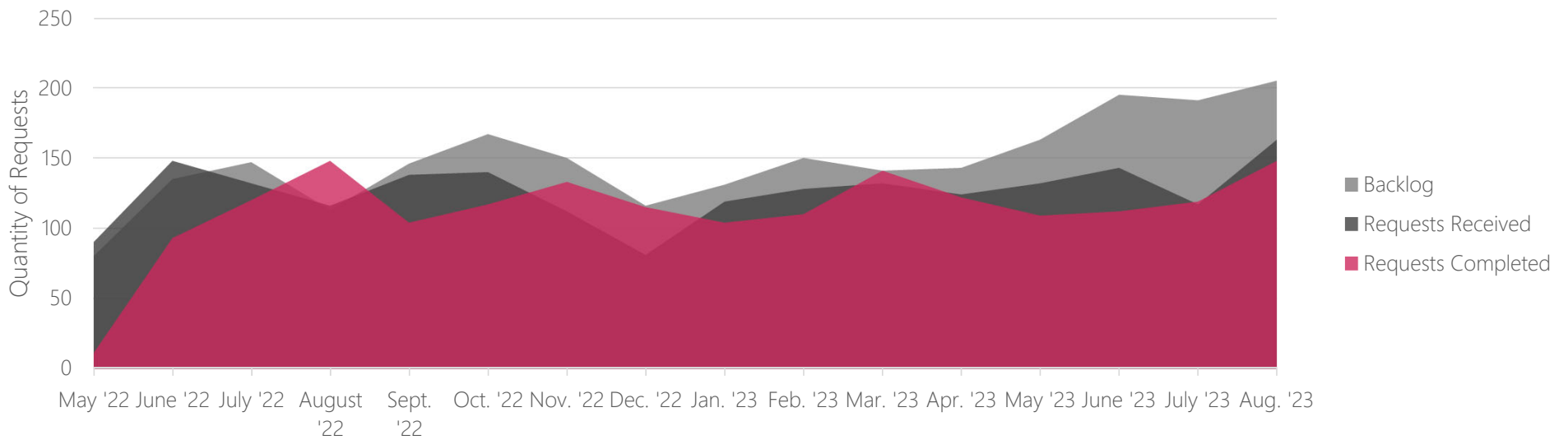


8 new scientists & 1 technician

Dec 2023 Goal



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



Effective 5/1/22, SAKs that are submitted to the crime lab are prioritized for testing regardless of investigation status to achieve a quick turnaround time. These kits are tested in-house by the WSP High-throughput laboratory, with assistance by the regional WSP DNA labs..

96%
Had testing completed within 45 days or less

 **38 days**
Average Turnaround Time



Community-Based Advocacy

Q&A

Contributions by OCVA, Rebuilding Hope and Beyond
Survival

Questions for Review

- 1. What does the state require?**
- 2. What does training for community-based advocates look like?**
- 3. Can we participate in, or observe, a future training?**
- 4. What are the skillsets CSAPs are looking for when hiring advocates?**
- 5. Are there any changes needed? (i.e., how can the state better support CSAPs?)**
- 6. How is trust built between advocates and the people they support?**
- 7. Why are some CSAPs providing in-person medical advocacy services and others not?**

OCVA Sexual Assault Services Background

- OCVA funds sexual assault services via funding formula, VOCA state plan and state prevention plan (created in 1990s, revised 2007)
- Intention = to create standardized sexual assault services available across the state
- Current formula = 4 funding types
 - CORE, Specialized, Marginalized Communities & Native American Communities
 - VOCA plan covers add'l Child Advocacy Centers (CAC) and Sexual Assault Medical Forensic Exams (SAMFE)

What does the state require?

- Provided in “Sexual Assault Service Standards”
- Required CSAP CORE Services:
 - Information, referral and awareness
 - Crisis intervention
 - General, medical and legal advocacy
 - System coordination
 - Most are required to be personally delivered 24/7

What does training for community-based advocates look like?

- Rebuilding Hope is now responsible for updating CORE training requirements
 - Collaborating with CACWA, WomenSpirit, Rosalinda Noriega and Social Strategies LLC
- All CSAP CORE advocates are required to complete
 - 30+ hour Advocate Core training (*prior* to delivering any CORE services) - see provided “clusters”
 - 12 hours of annual/ongoing training (content is approved if sourced by the CSAP)
- Rebuilding Hope ongoing training examples:
 - Supporting Queer Survivors, Vicarious Trauma, Legal Advocacy - CPOs, Supporting Elderly Survivors, Supporting Survivors with Disabilities, Intersections of IPV and SV, De-escalation, Supporting Survivors with Substance Use Disorders, Empowering Data

Can we participate in, or observe a future training?

- *Yes - please join us!*
- Rebuilding Hope is hosting a virtual 30+ hour Advocate Core October 3-6 and will again in February/March and May/June 2024
 - Registration via [Eventbrite](#)
- Lots of CSAPs are currently certified to host their own Advocate Core trainings (SafePlace, Emergency Support Shelter, etc.)
- Connect with your/nearest CSAP to see if they are offering an Advocate Core in FY 24 and attend/engage with them

What are the skillsets CSAPs are looking for when hiring advocates?

- No formal education is required by OCVA for community-based advocates
- CSAPs hope to find candidates who...
 - Understand root causes of sexual violence/gender-based violence
 - Understand trauma response and trauma-informed care
 - Demonstrate empathy and compassion
 - Appear teachable
 - Are adaptable to trauma/crisis work
 - Can pass a fingerprint/multijurisdictional background check
 - Have reliable access to a vehicle to support 24/7 in-person responses
- Realistically, CSAPs often rely on...
 - Available people who are curious or interested in sexual assault/victim services work
 - People with lots of time and flexibility for shift-work demands of 24/7 coverage requirements
 - Volunteers and interns

Are there any changes needed? How can the state better support CSAPs?

- OCVA receives feedback from grantees & tribal partners about funding
- Since CSAPS are in nearly every County statewide, needs and challenges vary widely
- Consistent challenges are tied to inadequate funding to support required level of services
- Impacts stem from shifts in cultural conversations about SV, communication methods and how survivors are impacted by broader issues (i.e. housing)
- OCVA is planning a formula revisioning in Q3 of FY 24 (January) with heavy stakeholder participation

How is trust built between advocates and the people they support?

- Access and consistency - are advocates able to answer, respond and be there when survivors make the brave decision to reach out or are referred?
 - This reflects on funding and staffing capacity
- Establish/re-establish power and control - micro and macro-behaviors, actions and responses that restore the power, choice and agency that was stolen from them
 - May I come in? May I sit here? May I introduce myself and talk to the services I can offer?
- Reflect the communities we serve - do advocates look, sound or present like they will believe, understand, support and possibly help me?

Why are some CSAPs providing in-person medical advocacy and others are not?

- OCVA requirement: “support of victims of sexual assault/abuse on a 24-hour basis to ensure their interests are represented and their rights upheld.”
- Does not specifically require in-person medical advocacy, but it is generally considered best practice in the field
- Reasons for why some may not provide in-person medical advocacy vary
 - Hospital administration/turnover may impact CSAP calls/requests for services
 - Rural communities face major commutes/delays for survivors/patients
 - Multiple hospital calls at once
 - Actual sick/symptom impacts of CSAP staff
- OCVA allowed some tele-advocacy during the pandemic and some programs may not have fully shifted over since the the state of emergency ended

Questions?

Thank you!



Appendix A

**Washington State
Department of Commerce
Office of Crime Victims Advocacy**

**State of Washington Sexual Assault
Services Standards**

**Core Services for Accredited
Community Sexual Assault
Programs Only**

Information, Referral and Awareness
Crisis Intervention
General Advocacy
Legal Advocacy
Medical Advocacy
System Coordination

OPTIONAL:
Primary Prevention

Specialized Services

Support Group
Therapy
Medical Social Work

**Services for Marginalized and Native
American Communities**

Community Organizing, Training and
Education
Community Responding
Primary Prevention
Therapy

**Washington State
Department of Commerce
Office of Crime Victims Advocacy**

State of Washington Sexual Assault Services Standards

Core Services for Accredited Community Sexual Assault Programs (CSAPs)

**Information, Referral and Awareness
Crisis Intervention
General Advocacy
Legal Advocacy
Medical Advocacy
System Coordination**

OPTIONAL:

Primary Prevention

INFORMATION, REFERRAL and AWARENESS

Definition	<p>This standard has two purposes:</p> <ul style="list-style-type: none"> ■ Responding 24 hours a day in person or by phone to direct requests for information or assistance related to sexual abuse/assault and available services. ■ Conducting community awareness activities related to sexual abuse/assault and available services to the community at-large.
Goal	To provide sexual abuse/assault related information and resources.
Duration	Information and referral contacts are usually one-time. Awareness activities are usually one-time, but may reoccur.
Activities	<ul style="list-style-type: none"> ■ Assist individuals in evaluating what is needed including available and appropriate services and/or resources. ■ Provide information verbally or in writing such as: <ul style="list-style-type: none"> ▪ Available services (including advocacy services provided by the CSAP) ▪ Referrals to appropriate and relevant resources addressing individuals' needs ▪ Information regarding sexual abuse/assault <p>Information may be provided through:</p> <ul style="list-style-type: none"> ▪ Individual contact ▪ Outreach to underserved communities ▪ Distribution of Materials ▪ Public Speaking/Presentations ▪ Community Education Events
Recipients	<p>Any community members such as:</p> <ul style="list-style-type: none"> ■ Non-offending parents of child victims ■ Victims/Survivors ■ Significant others who require assistance in order to address their own reactions to the victimization and to effectively support the victim ■ Those whose work brings them into contact with people who have been victimized: health care, mental health, education, law enforcement, legal, social service personnel ■ Community groups ■ Marginalized and Native American communities ■ General community
Qualifications	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training plus 12 hours of ongoing sexual abuse/assault training annually. Core trainings must be approved by the Office of Crime Victims Advocacy or their designated training provider(s). The volunteer/staff must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Volunteers/staff must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

CRISIS INTERVENTION

Definition	An immediately available 24-hour personal response provided in a variety of settings to an individual presenting a crisis related to sexual abuse/assault.
Goal	To alleviate acute distress of sexual abuse/assault, to begin stabilization, and assist in determining the next steps.
Duration	Short term. May be episodic.
Activities	<p>Activities to alleviate acute stress including:</p> <ul style="list-style-type: none"> ■ Information about the effects of victimization ■ General information about medical and legal issues (Case specific information – see Legal/Medical Advocacy) ■ Information on services available in the community
Service Recipients	<ul style="list-style-type: none"> ■ Child sexual abuse/assault victims ■ Adult or adolescent sexual abuse/assault victims ■ Non-offending parents whose children are sexual abuse/assault victims ■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim
Qualifications	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of crisis intervention, plus 12 hours of ongoing sexual abuse/assault training annually. Core trainings must be approved by the Office of Crime Victims Advocacy or their designated training provider(s). The volunteer/staff must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Volunteers/staff must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

GENERAL ADVOCACY

Definition	Personal support and/or assistance in accessing sexual abuse/assault related services.
Goal	To ensure needed services and adequate support to enhance recovery from sexual abuse/assault
Duration	Generally, 1 to 4 times per month; 3 months to a year
Activities	<p>All activities and services are client-focused and case specific.</p> <ul style="list-style-type: none"> ■ Ongoing personal support, including outreach calls/visits (including in-patient or residential care settings) ■ Practical help as needed; information and referrals which are case specific and client focused ■ Ongoing, repetitive crisis intervention ■ Arranging for services to enhance recovery (e.g., health, financial, housing) ■ Consulting with others (such as CPS, APS, Indian Child Welfare) regarding an individual case
Service Recipients	<ul style="list-style-type: none"> ■ Child sexual abuse/assault victims ■ Adult and adolescent sexual abuse/assault victims ■ Non-offending parents whose children are sexual abuse/assault victims ■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim
Qualifications	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of ongoing sexual abuse/assault training annually. Core trainings must be approved by the Office of Crime Victims Advocacy or their designated training provider(s). The volunteer/staff must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Volunteers/staff must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

LEGAL ADVOCACY

Definition	Acting on behalf of and in support of victims of sexual abuse/assault on a 24-hour basis to ensure their interests are represented and their rights upheld.
Goal	To assist gaining knowledge of the criminal justice system, gain access to all avenues of participation in the legal system and to promote the responsiveness of individual legal system participants.
Duration	Up to several years
Activities	<p>All activities and services are client-focused and case specific. For general information regarding legal advocacy, see Information & Referral.</p> <ul style="list-style-type: none"> ■ Assistance in making informed decisions about police reporting and the preparations needed, including the possibility of CVC benefits ■ Information about the criminal justice systems, civil remedies, and Dependency, Family and Juvenile Courts, including follow-up ■ Support at interviews, trial and sentencing ■ Assistance in preparing for court; informing the victim of her/his rights in legal settings ■ Active monitoring of case through the legal system ■ Assistance with protective/no-contact/anti-harassment orders
Service Recipients	<ul style="list-style-type: none"> ■ Child sexual abuse/assault victims ■ Adult and adolescent sexual abuse/assault victims ■ Non-offending parents whose children are sexual abuse/assault victims ■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim
Qualifications	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of legal advocacy, plus 12 hours of ongoing sexual abuse/assault training annually. Core trainings must be approved by the Office of Crime Victims Advocacy or their designated training provider(s). The volunteer/staff must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Volunteers/staff must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

MEDICAL ADVOCACY

Definition	Acting on behalf of and in support of victims of sexual abuse/assault on a 24-hour basis to ensure their interests are represented and their rights upheld.
Goal	To assist the victim to regain personal power and control as s/he makes decisions regarding medical care and to promote an appropriate response from individual service providers.
Duration	May vary significantly depending upon client's medical needs as related to the sexual assault.
Activities	<p>All activities and services are client-focused and case specific. For general information regarding medical advocacy, see Information & Referral.</p> <ul style="list-style-type: none"> ■ Assistance in making informed decisions about medical care and the preparations needed, including referral for possible forensic exam ■ Information about medical care/concerns, including assistance with needed follow-up ■ Support at medical exams and appointments ■ Information and/or assistance with Crime Victim Compensation applications
Service Recipients	<ul style="list-style-type: none"> ■ Child sexual abuse/assault victims ■ Adult and adolescent sexual abuse/assault victims ■ Non-offending parents whose children are sexual abuse/assault victims ■ Significant others who require help/assistance in order to address their own reactions to the victimization and to effectively support the victim
Qualifications	<p>All volunteer and paid staff must complete 30 hours of initial sexual abuse/assault training, which must include at least four hours of medical advocacy, plus 12 hours of ongoing sexual abuse/assault training annually. Core trainings must be approved by the Office of Crime Victims Advocacy or their designated training provider(s). The volunteer/staff must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault.</p> <p>Volunteers/staff must be supervised by a paid staff person who has completed the 30 hours of initial sexual abuse/assault training and has two years of relevant experience.</p>

SYSTEM COORDINATION

Definition	Coordination of the service system entails the development of working relationships and agreements (formal and informal) among programs and services with a role in the array of sexual abuse/assault service provision with the goal of improving service delivery
Goal	To operate a permanent, client-centered system which offers, or assures access to, a comprehensive continuum of specialized sexual abuse/assault services, which is mutually accountable despite individual changes over time in regulations, procedures or people who provide service.
Duration	An on-going process
Eligible Activities	<ul style="list-style-type: none"> ■ Develop partnerships ■ Increase collaboration ■ Assess gaps in service ■ Foster cooperation ■ Develop accountability process ■ Develop new ways of delivering services
Potential Participants	<ul style="list-style-type: none"> ■ Law enforcement ■ Prosecutors ■ Judiciary ■ Child Protective Services (CPS) ■ Schools ■ Social services (private and public) ■ Mental health services ■ Medical facilities/practitioners ■ Emergency services ■ Other relevant groups, task forces, networks and individuals
Qualifications	<p>System coordination should be initiated and led by a Community Sexual Assault Program.</p> <p>The staff and volunteers representing the Community Sexual Assault Program should represent the issues of sexual abuse/assault to the community accurately, fairly and regularly. They should understand the public policy-making process, build coalitions and articulate opinion to shape public policies that are beneficial for the organization and victims of sexual abuse/assault.</p> <p>They should commit to building community around sexual abuse/assault issues; promote effective relations among diverse agencies working with victims of sexual abuse/assault; facilitate cooperation between all of the agencies/organizations involved with victims of sexual abuse/assault.</p> <p>They also should encourage cooperation and collaboration with other organizations, seeking ways to improve services and/or reduce costs through cooperative efforts; share expertise with others to achieve partnerships; and organize and operate partnerships effectively.</p>

OPTIONAL STANDARD

Primary Prevention

PRIMARY PREVENTION	
Definition	Comprehensive activities that promote attitudes, behaviors, and social conditions aimed at preventing sexual violence before it happens. Primary prevention programming must be culturally and linguistically appropriate specific to the identified community.
Goal	To prevent sexual violence in communities and increase the willingness of communities to prevent sexual violence.
Activities	<p>Activities will vary from community to community and population to population. Appropriate activities are those aimed at preventing sexual violence before it occurs. Examples Include:</p> <ul style="list-style-type: none"> • A program or set of multi-session skill-building activities informed by community or cultural norms • A multisession set of activities on a topic logically connected with prevention (such as communication, parenting, trust, gender, boundaries, respect, building assets, social norms) • Prevention activities aimed at two or more of the four different levels of influence: individual, relationship, community, and society. This might combine education (individual) with policy examination (community) or media work (society) with peer education (relationship)¹ • Community development or other community-led processes and activities that are logically connected to preventing sexual violence and shifting ownership of prevention from the organization leading the initiative to the community. <p>The community development process is inclusive of:</p> <ol style="list-style-type: none"> 1. Establishing relationships within communities, ensuring the inclusion of marginalized and underserved communities 2. Recruiting stakeholders from a chosen community 3. Asking: Why does sexual violence happen here? (A) 4. Asking: What would it be like without sexual violence? (B) 5. Developing a plan to get from A to B 6. Asking: how will we know we are accomplishing anything? 7. Carrying out the plan 8. Evaluation and revision
Participants	<p>Individuals, a group of stakeholders or other groups within the identified community² such as:</p> <ul style="list-style-type: none"> ■ Youth ■ Parents/Caregivers ■ Community Members ■ Service Providers

¹ Levels of influence from the Social Ecological Model of Prevention, (National Center for Injury Prevention and Control, Centers for Disease Control and Prevention).

² A community is any definable group of people who share concerns or interests

Qualifications	<p>Services must be provided by a community sexual assault program (CSAP) or a community-based non-profit organization, with a primary mission and history of serving a marginalized community³ Tribe or tribal organization⁴.</p>	
	<p><u>Direct Service Provider</u></p> <p>Initial Training: 30 hours initial sexual assault training approved by OCVA or their designated training provider(s).</p> <p>5-hour prevention orientation.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p>	<p><u>Supervisor</u></p> <p>Initial Training: 30 hours initial sexual assault training approved by OCVA or their designated training provider(s).</p> <p>5-hour prevention orientation.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p> <p>Education/Experience:</p> <p>CSAP: two years of experience in sexual assault or domestic violence services.</p> <p>Marginalized community-based organization, Tribe, or tribal organization: two years of experience in culturally and linguistically appropriate sexual assault or domestic violence services.</p> <p>Other direct human service experience will be considered on a case-by-case basis.</p>

March 2015

³ Marginalized communities include, but are not limited to: lesbian, gay, bisexual, transgender and queer communities; individuals with disabilities; ethnic and racial communities; and Native American communities.

⁴ Tribal organizations are non-profit organizations administered by Native Americans and whose primary mission is to serve Native Americans.

**Washington State
Department of Commerce
Office of Crime Victims Advocacy**

State of Washington Sexual Assault Services Standards

Specialized Services

Support Group

Therapy

Medical Social Work

SUPPORT GROUP

Definition	Regular facilitated meetings of victims and/or secondary victims of sexual abuse/assault with a supportive and educational focus.
Goal	To provide emotional stability and promote the understanding of the impact of sexual abuse/assault.
Duration	1 to 2 hour average length of time per session; 1 to 4 sessions per month; 3 months to a year
Activities	Group meetings with a planned beginning and ending date and an outcome-based, structured agenda with a primary focus on sexual abuse/assault issues.
Service Recipients	<ul style="list-style-type: none"> ■ Adult or adolescent sexual abuse/assault victims ■ Non-offending parents of child sexual abuse/assault victims ■ Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim
Qualifications	<p>The facilitator must complete 30 hours of initial sexual abuse/assault training, plus 12 hours of ongoing sexual abuse/assault training annually. Core trainings must be approved by the Office of Crime Victims Advocacy or their designated training provider(s). The facilitator must be familiar with the dynamics of sexual abuse/assault and relevant community resources, as well as have an understanding of how medical, legal and social services respond to victims of sexual abuse/assault. The facilitator must also have training in group process and interpersonal dynamics, and experience as a facilitator or co-facilitator.</p> <p>The facilitator must be supervised by a paid staff person with a minimum of a BA degree in Human Services or a related field plus two years of relevant experience or a combination of six years of relevant experience, education and training. The facilitator must be, or receive consultation on group process from, a Masters level therapist.</p>

THERAPY

Definition	A professional relationship within a theoretical framework that involves a specified helper gathering, systematizing and evaluating information and using techniques to address the effects of sexual abuse/assault.	
Goal	To identify, understand and ameliorate the effects of sexual abuse/assault; to promote healing and to integrate the sexual abuse/assault experience.	
Duration	1 hour average length of time per session; 1 to 4 sessions per month; 3 months to several years; additional therapy could be indicated, depending on the individual case.	
Activities	<p>Assessment:</p> <ul style="list-style-type: none"> ■ Psychosocial history taking ■ Psychological testing, or psychiatric evaluation (including mental status exam) ■ In-person interviews with victims and/or family members ■ Collateral contacts, including review of relevant documents, telephone/in-person contact with other providers ■ Report writing 	<p>Therapy:</p> <ul style="list-style-type: none"> ■ Individual, group or family therapy, based on current clinical therapeutic principles generally accepted as being appropriate to sexual abuse/assault ■ In-person visits in the office, on location or by phone ■ Family therapy can include a <u>treated</u> sexual offender in the course of reunification ■ Interpretation of findings and expert testimony ■ Consultation to other disciplines/systems
Service Recipients	<ul style="list-style-type: none"> ■ Child sexual abuse/assault victims ■ Adult or adolescent sexual abuse/assault victims with acute or past history of sexual abuse/assault ■ Non-offending parents whose children are sexual abuse/assault victims ■ Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim 	
Qualifications	<p>Practitioners must complete 23 hours of initial sexual abuse/assault training, plus 6 hours of ongoing sexual abuse/assault training annually. All trainings must be consistent with the OCVA therapist-training standard. The practitioner must be knowledgeable about the principles of sound therapeutic practices with victims of sexual abuse/assault, including working with the continuum of sexual abuse/assault services and must understand victimization and demonstrate practices sensitive to sexual abuse/assault issues in therapy.</p> <p>Practitioners must be licensed psychiatrists or psychologists or be registered or certified professionals in the State of Washington and have a minimum of a master's degree in one or more the following: mental health counseling, marriage and family therapy, social work or related field. Practitioners who are completing an internship for a master's degree in any of the fields listed above and have completed the 23 hours of initial sexual abuse/assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above. Interns must also complete 6 hours of ongoing sexual abuse/assault training annually. For practitioners conducting assessments of children, refer to the guidelines from the American Professional Society on the Abuse of Children.</p> <p>Therapists, as well as individuals conducting assessments, must have regular supervision, consultation and/or review of cases, preferably by a Washington State licensed psychiatrist, psychologist or certified therapist.</p>	

**SOCIAL WORK FOR MEDICAL EVALUATIONS OF
CHILDREN & VULNERABLE ADULTS**

Definition	Preparing victim for medical evaluation; preparing and passing on a complete case history for purposes of contributing to investigation.
Goal	To complete the medical evaluation in a manner that minimizes the traumatization of the victim and caregivers.
Duration	Generally one hour by phone for intake with parent/caretaker; brief calls between intake and evaluation to prepare a victim for and reduce her/his anxiety about the evaluation and investigation; one hour in-person during evaluation; and subsequent contacts, usually by phone, as needed.
Activities	<p>Psychosocial history-taking, including assessment of parental protectiveness and parental coping, documentation of family structure, family dynamics, and dynamics of abuse/assault as related by parent/caretaker.</p> <ul style="list-style-type: none"> ■ Interpretation of stages of child physical and psychosexual development, signs of stress and of child sexual assault ■ Interpretation of medical evaluation process, indications for doing lab work, and meaning of possible physical findings ■ Interpretation of law enforcement investigation process and parent/caretaker role in same, including compliance with mandated reporting ■ Interpretation of child protective services functions and parent/caretaker role in same, including compliance with mandated reporting ■ Referral to appropriate CSAP for advocacy ■ Referral to therapy resources, including explanation of and assistance with Crime Victims Compensation application ■ When appropriate, communicate directly with child or adolescent victim to allay anxiety about medical evaluation ■ Crisis counseling for the purposes of preparing victim for the medical evaluation and to pass on a complete case history for purposes of investigation
Service Recipients	<ul style="list-style-type: none"> ■ Non-offending parent/caretakers of child and adolescent victims of sexual abuse/assault ■ Child and adolescent victims ■ Vulnerable adult victims and their caretakers or care managers
Qualifications	<p>Master's degree in social work or related field or licensure as a Registered Nurse, Nurse Practitioner, Medical Doctor or Physician's Assistant. Employed by or contracted with a licensed medical institution or provider. Twelve hours of initial sexual assault/abuse training, plus twelve hours per year ongoing training. Practitioners who are completing an internship for any of the fields listed above and have completed the 12 hours of initial sexual abuse/assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above.</p>

**Washington State
Department of Commerce
Office of Crime Victims Advocacy**

State of Washington Sexual Assault Services Standards

Services for Marginalized And Native American Communities

Community Organizing, Training and Education

Community Responding

Primary Prevention

Therapy

COMMUNITY ORGANIZING, TRAINING AND EDUCATION

Definition	Provide culturally and linguistically appropriate information and conduct activities to increase knowledge about sexual violence, its root causes, and promote access to services for victims and survivors in marginalized and Native American communities.		
Goal	To increase the community's awareness of sexual violence and ensure access to services for victims of sexual violence.		
Activities	<ul style="list-style-type: none"> ■ Sexual assault training and consultation to other professionals and institutions (e.g., law enforcement, mental health, and community sexual assault programs) on appropriate sexual assault service delivery, available services and ensure access to services for victims of sexual abuse/assault ■ Community events and outreach focused on raising awareness of sexual violence, its root causes, and available services for the community ■ Public speaking/presentations within the community focused on raising awareness of sexual violence, its root causes, and available services for the community ■ Educational groups for adults or adolescents, facilitated/led by an advocate. The group must have an agenda with a primary focus on sexual abuse/assault issues. These issues can be presented in cycles so that membership may begin at any point in the cycle (<i>If the focus of the group is on prevention of sexual violence, the group is considered a primary prevention activity</i>) ■ Distribution of sexual assault materials focused on raising awareness of sexual violence, its root causes, and available services for the community 		
Recipients	Community individuals and groups, service providers, schools, and faith communities.		
Qualifications	<p>Services should be provided by community-based non-profit organizations, with a primary mission and history of serving a marginalized community¹, Tribes or tribal organizations².</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Direct Service Provider</u></p> <p>Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours OCVA approved culturally and/or linguistically appropriate initial sexual assault training.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>Supervisor</u></p> <p>Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours OCVA approved culturally and/or linguistically appropriate initial sexual assault training.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p> <p>Education/Experience: Two years of demonstrated experience in culturally and linguistically appropriate sexual assault advocacy, support, or treatment,</p> <p>OR</p> <p>Two years of demonstrated experience in culturally and linguistically appropriate domestic violence advocacy and support.</p> <p>Other direct human service experience will be considered on a case-by-case basis.</p> </td> </tr> </table>	<p><u>Direct Service Provider</u></p> <p>Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours OCVA approved culturally and/or linguistically appropriate initial sexual assault training.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p>	<p><u>Supervisor</u></p> <p>Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours OCVA approved culturally and/or linguistically appropriate initial sexual assault training.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p> <p>Education/Experience: Two years of demonstrated experience in culturally and linguistically appropriate sexual assault advocacy, support, or treatment,</p> <p>OR</p> <p>Two years of demonstrated experience in culturally and linguistically appropriate domestic violence advocacy and support.</p> <p>Other direct human service experience will be considered on a case-by-case basis.</p>
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March, 2011

¹ Marginalized communities include, but are not limited to: lesbian, gay, bisexual, transgender and queer communities; individuals with disabilities; ethnic and racial communities; and Native American communities.

² Tribal organizations are non-profit organizations administered by Native Americans and whose primary mission is to serve Native Americans.

COMMUNITY RESPONDING

Definition	Culturally and linguistically appropriate personal support and/or assistance in accessing services and addressing sexual abuse/assault related issues for victims in marginalized and Native American communities.			
Goal	To ensure access to services and support that enhances recovery from sexual abuse/assault.			
Activities	<p>Consulting with others (such as Child Protection Services, Adult Protection Services, Indian Child Welfare, Law Enforcement, etc.) regarding an individual case.</p> <p>Culturally and linguistically appropriate advocacy to victims and survivors provided by phone or face-to-face:</p> <ul style="list-style-type: none"> • Support and assistance that may include the use of culturally specific healing methods • Information about and support with accessing services, medical care and resources • Information about and support with the criminal or civil justice systems (including tribal court) • Peer Support Groups for adults or adolescents, facilitated/led by an advocate. The group must have a planned beginning and ending date and an outcome-based structured agenda with a primary focus on sexual abuse/assault issues 			
Recipients	<ul style="list-style-type: none"> • Adult, adolescent or child victims of sexual abuse/assault • Non-offending parents or caregivers of child sexual abuse/assault victims • Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim 			
Qualifications	<p>Services should be provided by community-based non-profit organizations, with a primary mission and history of serving a marginalized community¹, Tribes or tribal organizations².</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Direct Service Provider</u></p> <p>Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours OCVA culturally and/or linguistically appropriate initial sexual assault training.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>Supervisor</u></p> <p>Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours OCVA culturally and/or linguistically appropriate initial sexual assault training.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p> <p>Education/Experience: Two years of demonstrated experience in culturally and linguistically appropriate sexual assault advocacy, support, or treatment, OR Two years of demonstrated experience in culturally and linguistically appropriate domestic violence advocacy and support.</p> <p>Other direct human service experience will be considered on a case-by-case basis.</p> </td> </tr> </table>		<p><u>Direct Service Provider</u></p> <p>Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours OCVA culturally and/or linguistically appropriate initial sexual assault training.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p>	<p><u>Supervisor</u></p> <p>Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours OCVA culturally and/or linguistically appropriate initial sexual assault training.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p> <p>Education/Experience: Two years of demonstrated experience in culturally and linguistically appropriate sexual assault advocacy, support, or treatment, OR Two years of demonstrated experience in culturally and linguistically appropriate domestic violence advocacy and support.</p> <p>Other direct human service experience will be considered on a case-by-case basis.</p>
<p><u>Direct Service Provider</u></p> <p>Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours OCVA culturally and/or linguistically appropriate initial sexual assault training.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p>	<p><u>Supervisor</u></p> <p>Initial Training: 15 hours OCVA approved initial sexual assault training. 15 hours OCVA culturally and/or linguistically appropriate initial sexual assault training.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p> <p>Education/Experience: Two years of demonstrated experience in culturally and linguistically appropriate sexual assault advocacy, support, or treatment, OR Two years of demonstrated experience in culturally and linguistically appropriate domestic violence advocacy and support.</p> <p>Other direct human service experience will be considered on a case-by-case basis.</p>			

March, 2011

¹ Marginalized communities include, but are not limited to: lesbian, gay, bisexual, transgender and queer communities; individuals with disabilities; ethnic and racial communities; and Native American communities.

² Tribal organizations are non-profit organizations administered by Native Americans and whose primary mission is to serve Native Americans.

PRIMARY PREVENTION

Definition	Comprehensive activities that promote attitudes, behaviors, and social conditions aimed at preventing sexual violence before it happens. Primary prevention programming must be culturally and linguistically appropriate specific to the identified community.
Goal	To prevent sexual violence in communities and increase the willingness of communities to prevent sexual violence.
Activities	<p>Activities will vary from community to community and population to population. Appropriate activities are those aimed at preventing sexual violence before it occurs. Examples Include:</p> <ul style="list-style-type: none"> • A program or set of multi-session skill-building activities informed by community or cultural norms • A multisession set of activities on a topic logically connected with prevention (such as communication, parenting, trust, gender, boundaries, respect, building assets, social norms) • Prevention activities aimed at two or more of the four different levels of influence: individual, relationship, community, and society. This might combine education (individual) with policy examination (community) or media work (society) with peer education (relationship)¹ • Community development or other community-led processes and activities that are logically connected to preventing sexual violence and shifting ownership of prevention from the organization leading the initiative to the community. <p>The community development process is inclusive of:</p> <ol style="list-style-type: none"> 1. Establishing relationships within communities, ensuring the inclusion of marginalized and underserved communities 2. Recruiting stakeholders from a chosen community 3. Asking: Why does sexual violence happen here? (A) 4. Asking: What would it be like without sexual violence? (B) 5. Developing a plan to get from A to B 6. Asking: how will we know we are accomplishing anything? 7. Carrying out the plan 8. Evaluation and revision
Participants	<p>Individuals, a group of stakeholders or other groups within the identified community² such as:</p> <ul style="list-style-type: none"> ■ Youth ■ Parents/Caregivers ■ Community Members ■ Service Providers

¹ Levels of influence from the Social Ecological Model of Prevention, (National Center for Injury Prevention and Control, Centers for Disease Control and Prevention).

² A community is any definable group of people who share concerns or interests

<p>Qualifications</p>	<p>Services must be provided by a community sexual assault program (CSAP) or a community-based non-profit organization, with a primary mission and history of serving a marginalized community³, Tribe or tribal organization⁴.</p>	
	<p><u>Direct Service Provider</u></p> <p>Initial Training: 30 hours initial sexual assault training approved by OCVA or their designated training provider(s).</p> <p>5-hour prevention orientation.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p>	<p><u>Supervisor</u></p> <p>Initial Training: 30 hours initial sexual assault training approved by OCVA or their designated training provider(s).</p> <p>5-hour prevention orientation.</p> <p>Annual Training: 12 hours ongoing sexual assault training annually.</p> <p>Education/Experience:</p> <p>CSAP: two years of experience in sexual assault or domestic violence services.</p> <p>Marginalized community-based organization, Tribe, or tribal organization: two years of experience in culturally and linguistically appropriate sexual assault or domestic violence services.</p> <p>Other direct human service experience will be considered on a case-by-case basis.</p>

March, 2015

³ Marginalized communities include, but are not limited to: lesbian, gay, bisexual, transgender and queer communities; individuals with disabilities; ethnic and racial communities; and Native American communities.

⁴ Tribal organizations are non-profit organizations administered by Native Americans and whose primary mission is to serve Native Americans.

THERAPY

Definition	A professional relationship within a theoretical framework that involves a specified helper gathering, systematizing and evaluating information and using techniques to address the effects of sexual abuse/assault.	
Goal	To identify, understand and ameliorate the effects of sexual abuse/assault; to promote healing and to integrate the sexual abuse/assault experience.	
Duration	1 hour average length of time per session; 1 to 4 sessions per month; 3 months to several years; additional therapy could be indicated, depending on the individual case.	
Activities	<ul style="list-style-type: none"> ■ Assessment: Psychological testing, or psychiatric evaluation (including mental status exam) ■ In-person interviews with victims and/or family members ■ Collateral contacts, including review of relevant documents, telephone/in-person contact with other providers ■ Report writing 	<ul style="list-style-type: none"> ■ Therapy: ■ Individual, group or family therapy, based on current clinical therapeutic principles generally accepted as being appropriate to sexual abuse/assault ■ In-person visits in the office, on location or by phone ■ Family therapy can include a <u>treated</u> sexual offender in the course of reunification ■ Interpretation of findings and expert testimony ■ Consultation to other disciplines/systems
Service Recipients	<ul style="list-style-type: none"> ■ Child sexual abuse/assault victims ■ Adult or adolescent sexual abuse/assault victims with acute or past history of sexual abuse/assault ■ Non-offending parents whose children are sexual abuse/assault victims ■ Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim 	
Qualifications	<p>Practitioners must complete 23 hours of initial sexual abuse/assault training, plus 6 hours of ongoing sexual abuse/assault training annually. All trainings must be consistent with the OCVA therapist-training standard. The practitioner must be knowledgeable about the principles of sound therapeutic practices with victims of sexual abuse/assault, including working with the continuum of sexual abuse/assault services and must understand victimization and demonstrate practices sensitive to sexual abuse/assault issues in therapy.</p> <p>Practitioners must be licensed psychiatrists or psychologists or be registered or certified professionals in the State of Washington and have a minimum of a master's degree in one or more the following: mental health counseling, marriage and family therapy, social work or related field. Practitioners who are completing an internship for a master's degree in any of the fields listed above and have completed the 23 hours of initial sexual abuse/assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above. Interns must also complete 6 hours of ongoing sexual abuse/assault training annually. For practitioners conducting assessments of children, refer to the guidelines from the American Professional Society on the Abuse of Children.</p> <p>Therapists, as well as individuals conducting assessments, must have regular supervision, consultation and/or review of cases, preferably by a Washington State licensed psychiatrist, psychologist or certified therapist.</p>	

**Washington State
Department of Commerce
Office of Crime Victims Advocacy**

**Children's Advocacy Center
Child Centered Services
VOCA Initiative**

Draft Service Standards

Forensic Interview

Multidisciplinary Team (MDT) Coordination

Therapy

Medical Social Work

FORENSIC INTERVIEW (DRAFT)

Definition	A forensic interview is a structured conversation with a child ¹ intended to elicit detailed information about a possible event(s) that the child may have experienced or witnessed.
Goal	To assess the child's safety and other needs, such as medical treatment, psychological care, social services and advocacy; and to obtain information that will either corroborate or refute allegations or suspicions of abuse, neglect, or sexual assault.
Duration	Generally, one in-person session; however, extended forensic interviews may require up to four sessions.
Activities	<p>Activities may include:</p> <ul style="list-style-type: none"> ■ Conduct forensic interviews of child and adolescents victims of abuse² ■ Participate pre/post interview multidisciplinary case reviews ■ Respond to subpoenas and testify when requested ■ Present cases when requested ■ Participate in case reviews
Service Recipients	Child abuse, neglect, or sexual assault victims
Qualifications	<p>Forensic interview services should be provided by an affiliated, developing, or accredited³ Children's Advocacy Center and be in line with the child abuse county protocols (RCW 26.44.180).</p> <p>Forensic interviewers must be knowledgeable about the principles of forensic interviewing, including child development, question design, implementation of protocol, dynamics of abuse, disclosure process, cultural competency, and suggestibility.</p> <p>Forensic interviewers must have regular supervision, consultation and/or review of cases, preferably by a Washington State licensed psychiatrist, psychologist or certified forensic interviewer.</p> <p>Forensic interviewers must complete an initial period of 30 hours of instruction related to research-based forensic interview guidelines that create an interview environment that enhances free recall, minimizes interviewer influence, and gathers information needed by all the multidisciplinary team members.</p> <p>Forensic interviewers must participate in 6 hours of ongoing training in the field of forensic interviewing.</p> <p>Forensic interviewers conducting assessments of children, refer to the guidelines from the American Professional Society on the Abuse of Children.</p>

September 2016

¹ Child refers to any person under age of 18

² Child abuse should be interpreted broadly to encompass abuse, neglect, and sexual assault

³ As defined by the National Children's Alliance

MULTIDISCIPLINARY TEAM (MDT) COORDINATION (DRAFT)	
Definition	Coordination between groups of professionals from diverse agencies and disciplines who come together to provide comprehensive assessment and consultation in child ⁴ abuse, neglect, and sexual assault cases to facilitate the provision of direct services.
Goal	To promote coordination between individuals and agencies providing direct services to victims of child abuse ⁵ ; to provide a “checks and balances” mechanism to ensure that the interests and rights of victims are addressed; and to identify and address service gaps and breakdowns in coordination between agencies or individuals; to enhance the professional skills and knowledge of individual team members by providing a forum for learning more about the strategies, resources, and approaches used by various disciplines.
Duration	An on-going process; generally meet at least quarterly
Activities	<p>Activities may include:</p> <ul style="list-style-type: none"> ■ Develop partnerships ■ Increase collaboration ■ Assess gaps in service ■ Foster cooperation ■ Develop accountability process ■ Develop new ways of delivering services ■ Coordinate case management meetings ■ Provide case status updates to family
Potential Participants	<ul style="list-style-type: none"> ■ Community based advocates, such as Community Sexual Assault Program victim advocates ■ Social service providers ■ Law enforcement ■ Prosecutors ■ Judiciary ■ Mental health service providers ■ Medical practitioners ■ Other relevant groups, task forces, networks and individuals
Qualifications	<p>Multidisciplinary team coordination activities should be provided by an affiliated, developing, or accredited Children’s Advocacy Center⁶ and be in line with the child abuse county protocols (RCW 26.44.180).</p> <p>Providers must have received 12 hours of initial training on crime victim services, plus 6 hours per year of ongoing training specific to crime victim services.</p>

September 2016

⁴ Child refers to any person under age of 18

⁵ Child abuse should be interpreted broadly to encompass abuse, neglect, and sexual assault

⁶ As defined by the National Children’s Alliance

THERAPY (CAC)

Definition	A professional relationship within a theoretical framework that involves a specified helper gathering, systematizing and evaluating information and using techniques to address the effects of child ⁷ abuse, neglect, or sexual assault.	
Goal	To identify, understand and ameliorate the effects of child abuse, neglect, or sexual assault; to promote healing and to integrate the child abuse, neglect, or sexual assault experience.	
Duration	1 hour average length of time per session; 1 to 4 sessions per month; 3 months to several years; additional therapy could be indicated, depending on the individual case.	
Activities	<p>Assessment:</p> <ul style="list-style-type: none"> ■ Psychosocial history taking ■ Psychological testing, or psychiatric evaluation (including mental status exam) ■ In-person interviews with victims and/or family members ■ Collateral contacts, including review of relevant documents, telephone/in-person contact with other providers ■ Report writing 	<p>Therapy:</p> <ul style="list-style-type: none"> ■ Individual, group or family therapy, based on current clinical therapeutic principles generally accepted as being appropriate to child abuse⁸ ■ In-person visits in the office, on location or by phone ■ Family therapy can include a <u>treated</u> sexual offender in the course of reunification ■ Interpretation of findings and expert testimony ■ Consultation to other disciplines/systems
Service Recipients	<ul style="list-style-type: none"> ■ Child abuse, neglect, and sexual assault victims ■ Non-offending parents of children are abuse victims ■ Significant others who require help/assistance in order to address their own reactions to victimization and to effectively support the victim 	
Qualifications	<p>Practitioners must complete 23 hours of initial training, plus 6 hours of ongoing training annually. All trainings must be consistent with the OCVA therapist-training standard.</p> <p>The practitioner must be knowledgeable about the principles of sound therapeutic practices with victims of child abuse, including working with the continuum of services and must understand victimization and demonstrate practices sensitive to child abuse issues in therapy.</p> <p>Practitioners must be licensed psychiatrists or psychologists or be registered or certified professionals in the State of Washington and have a minimum of a master's degree in one or more the following: mental health counseling, marriage and family therapy, social work or related field.</p> <p>Practitioners who are completing an internship for a master's degree in any of the fields listed above and have completed the 23 hours of initial training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above. Interns must also complete 6 hours of ongoing training annually. For practitioners conducting assessments of children, refer to the guidelines from the American Professional Society on the Abuse of Children.</p> <p>Therapists, as well as individuals conducting assessments, must have regular supervision, consultation and/or review of cases, preferably by a Washington State licensed psychiatrist, psychologist or certified therapist.</p>	

September 2016

⁷ Child refers to any person under the age of 18

⁸ Child abuse should be interpreted broadly to encompass abuse, neglect, and sexual assault

SOCIAL WORK FOR MEDICAL EVALUATIONS OF CHILDREN & VULNERABLE ADULTS (CAC)

Definition	Preparing victim for medical evaluation; preparing and passing on a complete case history for purposes of contributing to investigation.
Goal	To complete the medical evaluation in a manner that minimizes the traumatization of the victim and caregivers.
Duration	Generally one hour by phone for intake with parent/caretaker; brief calls between intake and evaluation to prepare a victim for and reduce their anxiety about the evaluation and investigation; one hour in-person during evaluation; and subsequent contacts, usually by phone, as needed.
Activities	<p>Psychosocial history-taking, including assessment of parental protectiveness and parental coping, documentation of family structure, family dynamics, and dynamics of abuse/assault as related by parent/caretaker:</p> <ul style="list-style-type: none"> ■ Interpretation of stages of child physical and psychosexual development, signs of stress and of child abuse, neglect, or sexual assault ■ Interpretation of medical evaluation process, indications for doing lab work, and meaning of possible physical findings ■ Interpretation of law enforcement investigation process and parent/caretaker role in same, including compliance with mandated reporting ■ Interpretation of child protective services functions and parent/caretaker role in same, including compliance with mandated reporting ■ Referral to appropriate community based advocacy (ex. CSAP) ■ Referral to therapy resources, including explanation of and assistance with Crime Victims Compensation application ■ When appropriate, communicate directly with child or adolescent victim to allay anxiety about medical evaluation ■ Crisis counseling for the purposes of preparing victim for the medical evaluation and to pass on a complete case history for purposes of investigation
Service Recipients	<ul style="list-style-type: none"> ■ Non-offending parent/caretakers of child and adolescent victims of abuse, neglect, or sexual assault ■ Child and adolescent victims
Qualifications	Master's degree in social work or related field or licensure as a Registered Nurse, Nurse Practitioner, Medical Doctor or Physician's Assistant. Employed by or contracted with a licensed medical institution or provider. Twelve hours of initial child ⁹ abuse, neglect, and sexual assault training, plus twelve hours per year ongoing training. Practitioners who are completing an internship for any of the fields listed above and have completed the 12 hours of initial child abuse, neglect, and sexual abuse/assault training are also eligible providers, as long as they are receiving supervision from a person who meets the qualifications above.

September 2016

**OFFICE OF CRIME VICTIMS ADVOCACY
SEXUAL ASSAULT CORE TRAINING HOURS BY CLUSTER**

Please complete the following grid with the number of hours (or parts of hours) your training spends on each cluster topic, and noting where in your training each topic is covered. All topics in each of the four clusters should be included. Please also indicate the total number of hours your training includes for each cluster.

Cluster #1 – Philosophical Foundations (minimum of 6 hours)	# of Hours (or partial hours)	Section of outline / curriculum where topic is covered
Mission/Philosophy		
Underlying Conditions Contributing to Sexual Violence		
Diversity		
Empowerment		
Ethics: Confidentiality		
Ethics: Boundaries		
Ethics: Conflict of Interest		
Ethics: Informed Consent		
CLUSTER #1 – TOTAL HOURS	6 hours	

Cluster #2 – Crisis Intervention / Support / Information and Referral (minimum of 15 hours)	# of Hours (or partial hours)	Section of outline / curriculum where topic is covered
Definitions and Continuum of Sexual Violence		
Dynamics of Child, Adolescent, and Adult Sexual Assault		
Male Victimization		
Effects of Victimization		
Crisis / Trauma Theory		
Advocacy and Counseling Skills		
Listening and Communication Skills		
Cultural Competency		
Grief and Coping Skills		
Empathy		
Community Resources		
CLUSTER #2 – TOTAL HOURS	15 hours	

Cluster #3 – Advocacy (minimum of 6 hours)	# of Hours (or partial hours)	Section of outline / curriculum where topic is covered
Support and Service Options for Victims (advocacy, medical, legal)	10 min	Day 2: Advocacy
Rights of Victims	25 min	Day 4: Rights of Sexual Assault Survivors

Crime Victims Compensation (CVC)		
Components of Legal Advocacy		
Criminal Justice Process		
Crime Reporting & Mandated Reporting – Processes and Options		
Civil Remedies		
Civil and Criminal Court Orders (e.g. restraining orders, etc.)		
Medical Concerns and Treatment for Sexual Assault Survivors		
Components of Medical Advocacy		
Medical Forensic Examination and Evidence Collection		
Paperwork (e.g. victim impact statements, CVC forms, etc.)		
Community Resources		
CLUSTER #3 – TOTAL HOURS	6 hours	

Cluster #4 – Working Collaboratively (minimum of 3 hours)	# of Hours (or partial hours)	Section of outline / curriculum where topic is covered
Role Clarification and Boundaries (re: work with clients, coworkers, the community, and other service providers)		
Professionalism and Service Standards		
How Local Agencies Are Connected and/or Interconnected		
Relationships with CPS and Law Enforcement re: Mandated Reporting		
Accessing Additional Services		
Paper Work and Documentation		
CLUSTER #4 – TOTAL HOURS	3 hours	

* Within each cluster, there are highlighted topics for which you must develop customized content that is specific to your organization and community. Therefore, no standard content is provided; nonetheless, these topics are required to be covered. See Storyboard and Checklists for suggested times/placement.

If you wish to extend the sexual assault core advocacy training, you may add one or both of the optional one-hour lessons on *Power* or *Cell Phone Safety*. See Storyboard and Checklists for optional content.