Sexual Assault Forensic Examination (SAFE) Best Practices Advisory Group

Meeting Notes

Wednesday, July 17th

1.	**Call to Order & Establishment of Quorum** • Establishment of quorum. See list below. • The Advisory Group adopted the agenda for the 7/17 meeting. • The Advisory Group approved the 5/29 meeting notes as drafted. • Co-Chair Mosbrucker welcomed attendees to the meeting and emphasized the important role that survivors have played in shaping sexual assault policy in Washington.
2.	**Updates and Report-outs** • Jacqueline Barton True shared that the Washington State Hospital Association developed a resource to inform hospitals about the new law impacting hospital sexual assault services. The bulletin specifically covers changes to age of consent for sexual assault evidence kit collection and crime victims' compensation coverage for exams following incidents that occurred outside of Washington. The bulletin is available here: www.wsha.org/articles/new-law-impacting-hospital-sexual-assault-services-rights-of-sexual-assault-survivors-and-change-to-age-of-consent-for-sexual-assault-evidence-kit-collection/. • Kristina Hoffman, the DNA Operations Manager at the Washington State Patrol Crime Laboratory Division, delivered the attached PowerPoint presentation, see page 4. Bottom line: WSP's review process is 99% complete, meaning the full process of testing the historical sexual assault kits in nearly complete. • Laura Twitchell with the Attorney General's Office (AGO) shared that 2,800 profiles have been added to CODIS database as a result of the Lawfully Owed DNA project. One-hundred two of these have resulted in "hits" in the database, though Laura cautioned that some of the cases have already been solved. Laura also shared that the victim of a 1977 cold case was recently identified by the Spokane Police through investigative genetic genealogy enabled by a grant from the AGO. • Martha Phillips with Harborview Abuse and Trauma Center reported out about the Forensic Services Subcommittee meeting. Implementing the law change, which enables crime victims compensation for roundtrip transportation, is challenging at this stage due to how systems were designed. A participant asked whether victims can be transported to any safe location of their choosing, or specifically their residence. This was not discussed during the Forensic Services meeting. (Post-Meeting Note: the statute states " a reasonable location of the victim's choice.") Martha reported that the

	requirement for victims to give reasonable cooperation with law enforcement for eligibility for crimes victims' compensation seems to be determined on a case-by-case basis. • Martha Phillips expressed appreciation and enthusiasm about the tour of the Toxicology Lab, which she attended along with Representatives Orwall and Goodman and Jo Shelton. The tour illuminated all of the checks and balances that contribute to the 12-16 month testing timeframe for sexual assault toxicology tests. Martha reported that a lab representative estimated that sexual assault toxicology tests could be turned around in 90 days in ideal conditions, i.e., if the lab was fully staffed and resourced. She recalled that the back-up at the lab was approximately 14,000 cases (Kristina Hoffman asked to check this figure). • Martha Phillips also noted that fewer than 5% of the lab's toxicology samples are from sexual assault cases, so this number could potentially be outsourced, if the lab received resources. Moreover, of the 300 substances the lab tests for, the top ten drugs they have consistently seen over the past 10-15 years are ethanol (alcohol), amphetamine, methamphetamine, acetone, bezoylecgonine (cocaine), lorazepam (anti-anxiety), citalopram (anti-depressant), diphenhydramine (antihistamine), alpha-ohal-alprazolam (anti-anxiety), and morphine. Cannabis is no longer tracked, which raised questions among the group, as it could still be used to facilitate an assault. • Anita Petra emphasized the importance of having a professional testify about the effects of alcohol/drugs on the human body. In her experience, the toxicology lab will not testify unless they performed testing; they will not provide general testimony about the effects of substances on the body, even though they are knowledgeable and provide this information in law enforcement training. Kristina Hoffman offered to follow-up to get clarification on the ability of toxicologists to testify and how often they have been asked to testify. • Nicole Stephens raised the possibility of a state toxicology subject matter expert who could testify. However, she noted that only a fraction of prosecutors are willing to charge drug-facilitated sexual assault cases in the first place. • Martha Phillips shared that some victims of drug-facilitated sexual assault are hesitant to report because they don't know if they were drugged. Laura Vlas noted that point-of-care or bedside drug testing could be an option, as Crime Victims Compensation will pay for it.
3.	**Presentation and Discussion: Community-Based Sexual Assault Advocacy & Prevention** • Carlyn Sampson with Rebuilding Hope, Mikah Semrow with the Office of Crime Victims Advocacy (OCVA), and Sara Owen with Beyond Survival delivered a wide-ranging presentation on community-based sexual assault services and prevention efforts (see attached presentation on page 8). • Of particular note, reductions in federal funding will mean that there are cuts to OCVA-funded sexual assault services across-the-board. The most significant cuts will be to child advocacy centers and sexual assault medical forensic examinations. Community sexual assault programs may have to close. • In regards to hiring community-based advocates, Representative Mosbrucker inquired about recruitment methods and how people are made aware that this is an attractive career opportunity. Carlyn Sampson and Sara Owen shared methods their sexual

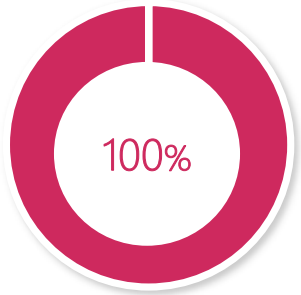
	assault programs use, including working with human service programs at local colleges and community colleges, using online platforms and community job boards, and publicizing opportunities on social media. • In regards to advocacy on college campuses, Carlyn and Sara recommended not recreating any wheels, but rather increasing partnerships between community sexual assault programs (CSAPs) and colleges. CSAPs can engage in outreach and provide training to college students and staff. To respond to assaults in campus housing, for example, CSAPs would need to weigh in on what it would take resource-wise. • The meeting reached its end time; the Advisory Group will discuss how to use this information at a future meeting.

Attendance		
Advisory Group Affiliation	***Name***	***Present***
Washington State House of Representatives	Rep. Gina Mosbrucker, Co-Chair	Yes
Washington State House of Representatives	Rep. Tina Orwall, Co-Chair	No
Washington State Senate	Sen. Manka Dhingra	No
Washington State Senate	<<Vacant>>	
Survivor Representative	Leah Griffin	Yes
Survivor Representative	Nicole Stephens	Yes
Washington State Patrol (WSP)	Kristina Hoffman	Yes
Washington Association of Sheriffs and Police Chiefs (WASPC)	Assistant Chief Michael McNab	No
Washington Association of Prosecuting Attorneys (WAPA)	<<Vacant>>	
Washington Defender Association (WDA)	Sarah Hudson	Yes
Office of the Attorney General (AGO)	Laura Twitchell	Yes
Association of Washington Cities (AWC)	Flora Diaz	Yes
Washington Association of County Officials (WACO)	Timothy Grisham	No
Washington Coalition of Sexual Assault Programs (WCSAP)	Blanche Barajas	No
Office of Crime Victims Advocacy (OCVA)	Mikah Semrow	Yes
Washington State Hospital Association (WSHA)	Jacqueline Barton True	Yes
Sexual Assault Nurse Examiner (SANE)	Annette Simpson	Yes
Criminal Justice Training Commission (CJTC)	Andrea Piper-Wentland	Yes
Law Enforcement Officer, Rural	Det. Steve Evitt	No
Law Enforcement Officer, Urban	Sgt. Katie Savage	No
Prosecuting Attorney, Rural	Anita Petra	Yes
Community-Based Advocate, Rural	Sara Owen	Yes
Community-Based Advocate, Urban	Carlyn Sampson	Yes

SAK Testing Progress

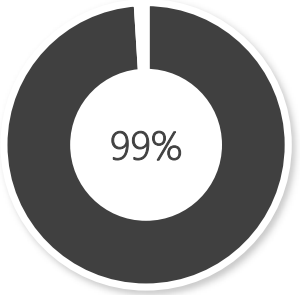
- July 2024-

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



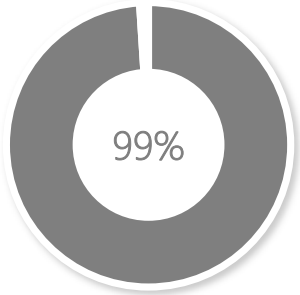
Phase 1: Facilitate Outsourcing

As of 6/30/24, 9,676 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

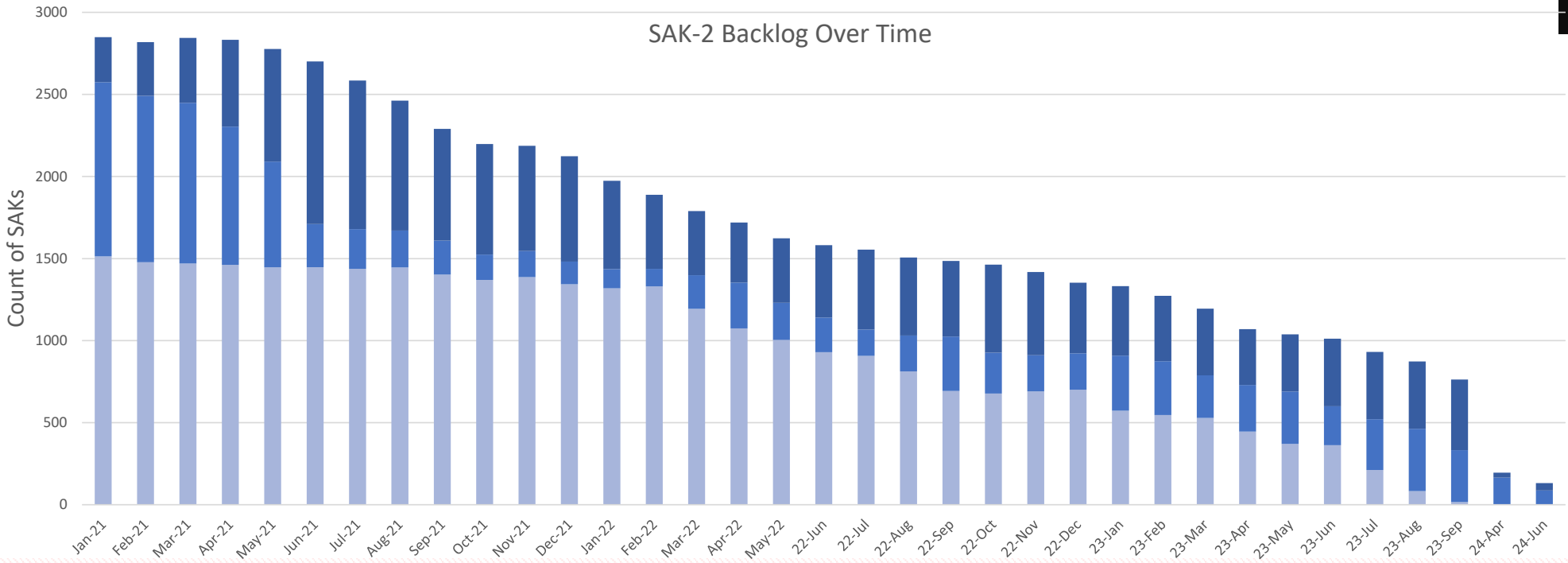
As of 6/30/24, 9,611 SAKs have been tested by the vendor labs and WSP now has a copy of the results and their lab report for review. The results then need to be reviewed by WSP, and if eligible, uploaded into CODIS.



Phase 3: Review

As of 6/30/24, 9,584 SAKs have had their test results reviewed by WSP and any eligible DNA profiles have been uploaded to CODIS. 3,766 DNA profiles have been uploaded, resulting in 1,458 hits to individuals, and 312 hits to another case.

2. CLEAR BACKLOG OF KITS NEEDING TESTING

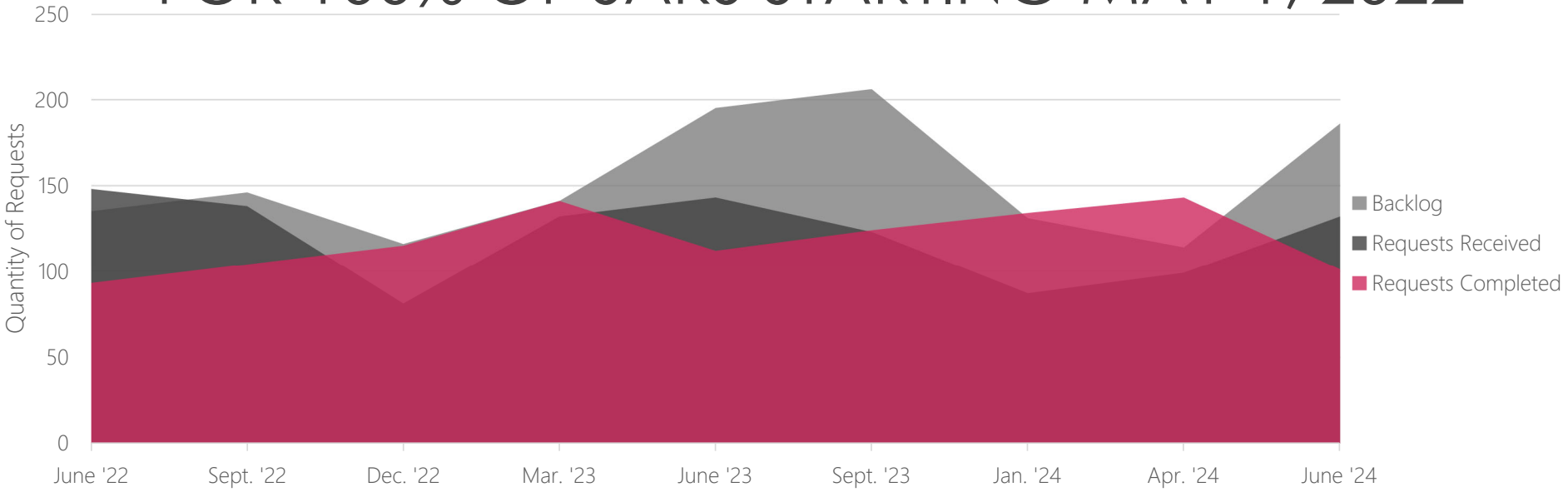


SAKs that were submitted as part of inactive investigations ("SAK-2s") are tested in-house* or are outsourced to a vendor lab.

100% Of backlog has been outsourced and in progress

34% has been tested but awaiting review

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 occasional assistance by the regional WSP DNA labs..

95%

Had testing completed within 45 days or less

38 days

Average Turnaround Time

DRAFT – not for dissemination

Community-Based Sexual Assault Advocacy & Prevention

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?
8. How do survivors work with/communicate with CSAPs?
9. What's an overview of Prevention practices
10. How do CSAPs and college campuses interact/engage?
11. What are additional/intersecting impacts survivors navigate?

OCVA Sexual Assault Services Background

- OCVA funds sexual assault services via funding formula, the VOCA state plan, and RPE funding from DOH
- Intention = to create standardized sexual assault services available across the state
- VOCA plan covers add'l Child Advocacy Centers (CAC) and Sexual Assault Medical Forensic Exams (SAMFE)

- Current formula = 4 funding types
  - CORE, Specialized, Culturally-Specific Services & Native American Sexual Assault Enhancement

VOCA Plan

Decides how Victims of Crime Act (VOCA) funding is allocated. VOCA is a Federal award provided to States for crime victim services.

A portion of this plan is dedicated to funding the Sexual Assault Formula.

Also funds a number of other initiatives received by SA grantees and Tribal partners, including Unmet Needs, SAMFE, Tribal Government Initiative, CACs, and By and For

General Funds State

This funding is allocated by the State Legislature for the Sexual Assault Formula

SASP Funding

This is Federal funding provided to States specifically to fund sexual assault services.

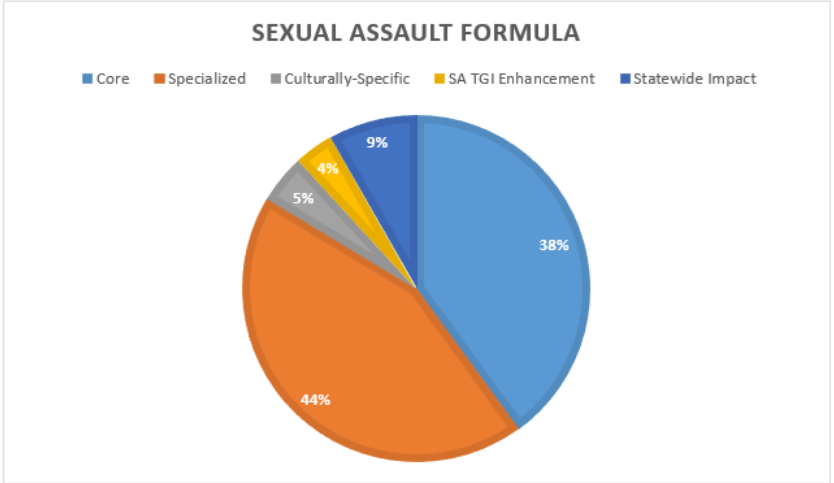
Was previously competitive funding, was recently added to the formula

Standalone VOCA Initiatives (funded by VOCA only)

Sexual Assault Medical Forensic Examinations

Children's Advocacy Centers

Tribal Government Initiative



Sexual Assault Services Funding Updates

- Federal VOCA reductions and stabilization efforts
  - Federal stabilization plan will mean stable funding at the second lowest level – far less than the system currently relies on
  - Impact on current funding amounts
  - OCVA is working with colleagues/stakeholders to discuss potential options to mitigate Federal cuts
  - This sort of cut would particularly devastate initiatives that are solely VOCA-Funded, like SAMFE and CAC
- SA Funding Formula revisioning
  - Doesn't add more money – just rethinking how that money is distributed, to who, and what it's paying for

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 via help/hotline & in-person responses
  - Accreditation reviews every 4 years

What does training for community-based advocates look like?

- Rebuilding Hope is now responsible for updating CORE training requirements
  - Collaborating with CACWA, WomenSpirit Coalition, Ripple Project and Social Strategies
- All CSAP CORE advocates (staff, volunteers, etc.) are required to complete
  - 30+ hour Advocate Core training (pre-service training) - see provided “clusters”
  - 12 hours of annual/ongoing training & management training requirements
- 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!*
- Beyond Survival is hosting a certified Advocate Core Training July 23-25, all in-person 8am-2:30pm at Sacred Healing Journey
  - Contact nickieg@ghbeyondsurvival.com or sarao@ghbeyondsurvival.com
- Rebuilding Hope is hosting a virtual 30+ hour Advocate Core Training in September and will again in February/March and May/June 2025
  - Contact Education@rebuildinghope.org
- Lots of CSAPs are currently certified to host their own Advocate Core trainings (Beyond Survival, SafePlace, Emergency Support Shelter, DVSAS, KCSARC, etc.)
- Connect with your/nearest CSAP to see if they are offering an Advocate Core in FY 25 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…
  - And many come to the work with a combination of relevant education and experience
- CSAPs hope to find candidates who…
  - Understand root causes of sexual violence/gender-based violence
  - Understand trauma response and trauma-informed care
  - Demonstrate empathy, compassion, understanding of healthy and ethical boundaries
  - Appear teachable
  - Are adaptable to trauma/crisis work
  - Acknowledge and are collaborative with responsive systems and partners (CACs, SAMFE, criminal/civil legal)
  - Can pass a fingerprint/multijurisdictional background check
  - Have reliable access to a vehicle to support 24/7 in-person responses*
- CSAPs often rely on…
  - Available people who are curious/interested/passionate in/about sexual assault/victim services work
  - People with lots of time and flexibility for shift-work demands of 24/7 coverage requirements
  - Volunteers and interns

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 client/survivor's 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 offer some support?
- Balance engagement with system and community partners with prioritization and attention to the client(s) choices and needs
  - This can and will look different responding to child cases and adult cases
- 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
  - Not enough funding to support 24/7 in-person medical advocacy responses
    - RH averages receiving 14 “hospital calls” each week, each averaging 3 hours/call = 42 hours solely at an ED serving clients (no documentation, supervision, admin, followup, etc.)
  - Hospital administration/turnover may impact calls/requests for services
  - Limited access to trained SANEs 24/7 available to respond for exams
  - Transportation barriers for clients to even access forensic exams and medical services
  - Rural communities face major commutes/delays for survivors/patients
  - Multiple SANE exams simultaneously in same communities
  - 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

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

- Examples
  - Pierce & Kitsap Counties
  - Grays Harbor County

Communications Access to CSAPs

- Rebuilding Hope (Pierce & Kitsap Counties)
  - 24/7 Helpline (phone) - 24/7 phone/language interpretation, RTT
  - Confidential online chat (DM) and Email options to communicate, text on case-by-case
  - Receive social media contact and immediately redirect to confidential platforms
  - In-person responses for medical and legal advocacy, and general (in-take) appointments
    - RH adapts to how the appointment is happening - in-person or join virtual
- Beyond Survival (Grays Harbor County)
  - 24/7 Hotline for all CORE services - 24/7 phone/language interpretation - always 2 people on-call
  - Email and text options - all advocates have crisis phones issued for client use
  - Remote contact as needed or client-preferred and in-person/immediate responses

Intersecting Impacts and Considerations

- Affordable housing
  - Current funding inadequacies to SA/crime victim programs to guarantee a liveable wage to afford housing across WA communities
  - Housing systems - alone - are overwhelmingly overburdened and responding to housing crisis is not something SA programs are able to respond to, but they try to help
  - There are confidentiality barriers to SA programs and Housing systems being able to safely and effectively work together
  - Lack of access can force clients to seek relocation assistance from providers, exchange sex for housing or face being unhoused
  - RH has a CHRP partnership with CE providers to expedite access to affordable housing
  - Beyond Survival - partnership with Destination Hope and Recovery to support unhoused/underhoused folks to find housing/help pay for it

Intersecting Impacts and Considerations

- Transportation
  - Geo/Region impacts - the broader the service region, the greater the need to reach more isolated people/families and overcome internet/broadband desserts
  - RH - continuing to add/evolve services to help clients overcome transportation barriers (providing gas cards, public transportation passes, rideshare coordination, agency car to transport clients, etc.)
  - Beyond Survival - agency van to provide some transportation for teens, some medical advocacy transportation

Intersecting Impacts and Considerations

- Health care
  - Where to begin…specific questions from the group?
  - Existing need for communities to even have access to ED facilities, then the critical value of funding and staffing 24/7 access to forensic nurses and responsive medical advocacy to survivors
  - SA providers offer information/awareness to Crime Victims Compensation program and benefits and assist in navigating those benefits
  - Gratitude for SANE exam coverage by CVC and CVC benefits expansion (out of state assaults, transportation coverage, etc.)

Intersecting Impacts and Considerations

- Affordable/accessible childcare
  - General crisis in lack of childcare…
  - General gaps in affordable childcare access in tandem with wage disparity (“threshold” households cannot afford available childcare without assistance, and make too much to qualify for assistance)
  - SA programs have limited facility and staffing capacity to offer or guarantee childcare for appointments
  - SA programs do/try to source alternatives/solutions to safely coordinate childcare for clients to ensure they can keep/maintain essential appointments for therapy, legal, etc.
  - Additional childcare access crisis for SA and other crime victim service program staffing given 24/7 responsive needs and staffing requirements

Intersecting Impacts and Considerations

- Language access and cultural responsiveness
  - Lack of adequate funding, in general, can limit programs' ability to recruit, staff and retain (with competitive compensation) bi-/multilingual professionals to deliver culturally-specific and accessible services and/or to afford 24/7 language interpretation services (phone and in-person)
  - "Scarcity" culture can create competition between standard SA programs and culturally-specific programs, rather than collaboration

CSAPs & College Campuses

- CSAP relationships with college campuses can be as unique and vary as they do with K-12 districts; dynamics are similar to military/DOD
- Pierce/Kitsap Counties
  - Tacoma Community College, University of Puget Sound, Pacific Lutheran University, UW Tacoma, Olympic College
  - Intern placements, outreach, prevention education and professional training, limited contact/coordination with Title IX
- Grays Harbor County
- Considerations and Recommendations

Prevention Education

- CSAP Prevention Capacity - Used to be a required CORE service, now an optional add-on without additional funding
- CDC 9 Principles of Primary Prevention & Evidence-based/informed curriculum
  - Prevention requests do not always allow for adherence to these practices
- Erin's Law: HB 1539 passed in 2018 requiring all public WA pre-K - 12 students to receive sexual abuse prevention education with coordination/oversight by OSPI & DCYF requiring rollout AY 23-24
- Challenges receiving access/buy-in with K-12 districts - both parties face barriers
- Additional focuses are investment in extracurricular/community child/youth programming (youth clubs and programs, YMCAs, Boys/Girls Clubs, Big Brothers/Sisters, etc.)

Prevention Education

- Primary Prevention Education Practices
  - Pierce/Kitsap - staff Prevention Advocates providing annual outreach packets to all K-12 districts & respond/attempt to accept all requests to deliver prevention curriculum to students, parents, families and training/TA to faculty/staff/administration
    - Tacoma Public Schools, PCJC/Remann Hall, Franklin-Pierce Schools, Bremerton SD
  - Grays Harbor

Prevention Education

- Challenges to offering, coordinating & delivering quality Prevention Education
  - Funding -> staff and organizational capacity
  - Collaboration -> all relevant stakeholders, particularly K-12 communities and prevention providers
- Threats of funding cuts to CDC RPE
  - House FY 25 Labor, Health and Human Services, Education and Related Agencies Appropriations bill to the CDC & Prevention
  - Threatens to cut by 22% - eliminate National Center for Injury & Control
  - Cut DV & SA Prevention altogether

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

- First, acknowledge and support ***all*** Sexual Assault Service providers
  - Core, Specialized, Culturally-specific and Native American, Child Advocacy Centers and Sexual Assault Medical Forensic Exams
- Focus **upstream** as well as downstream - cross-movement and community focuses on equitable investment in **prevention** as well as responses to violence - See later slide
- Listen to and be responsive to collaborative funding recommendations from programs/providers and OCVA
- OCVA receives feedback from grantees & tribal partners about funding
- Since CSAPS are in nearly every County statewide, needs and challenges vary widely
- Consistent challenges for ***all*** Sexual Assault Service providers are tied to inadequate funding to support the 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) - See later slide

Questions?

We are happy to receive any questions and thank you for your time!

Mikah Semrow - OCVA

Sara Owen - Beyond Survival

Carlyn Sampson - Rebuilding Hope

Thank you!