

Preliminary Report

Sexual Assault Coordinated Community Response Task Force

December 2020



Advisory Group Membership

Justice System

Washington Association of Prosecuting Attorneys	Ben Santos
Washington Association of Sheriffs and Police Chiefs	James McMahan
Washington Defender Association	Ali Hohman
Washington State Attorney General's Office	Katharine Hemann
Washington Superior Court Judges Association	Judge Sabrina Ahrens

Legislature

Washington State Legislature	Senator Manka Dhingra
Washington State Legislature	Representative Gina Mosbrucker
Washington State Legislature	Representative Tina Orwall
Washington State Legislature	Senator Shelly Short

Local Government

Association of Washington Cities	Flora Diaz
Washington Association of County Officials	Lisa Henderson

Medical

Sexual Assault Nurse Examiner (urban)	Terri Stewart
Sexual Assault Nurse Examiner (rural)	Desiree Hamilton
Washington State Hospital Association	Alicia Eyler
Washington State Medical Association	Katerina LaMarche
Washington State Nurses Association	Stephanie Wahlgren

Victims' Services and Advocacy

Office of Crime Victims Advocacy	Tara Wolfe
Provider from community sexual assault program (urban)	DeAnn Yamamoto
Provider from community sexual assault program (rural)	Suzi Fode
survivor representative	Maria Aceves
survivor representative	Kassandra Turner
Washington Coalition of Sexual Assault Programs	Susan Marks

Child-Specific Services and Advocacy

Children's Advocacy Centers of Washington	Paula Reed
Representative of children's advocacy center (urban)	Paula Newman-Skomski
Representative of children's advocacy center (rural)	Jessica Johnson

Background

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

The Task Force’s objectives are to:

- Recommend best practice protocols for coordinated community responses to sexual assault survivors beginning with their arrival at a hospital or clinic;
- Identify gaps in trauma-informed, victim-centered care and resources for sexual assault survivors; and
- Recommend legislative policy options and non-state funding sources to implement coordinated community response protocols for sexual assault survivors.

The Task Force will report its findings and recommendations to the Legislature and Governor by December 1st each year through 2022. This preliminary report addresses the Task Force’s 2020 activities and plans for the coming year.

2020 Activities

In 2020, the Task Force convened on October 15th and November 16th. During these meetings, the Task Force adopted its charter and engaged in a roundtable discussion among its experienced membership about what constitutes a coordinated community response and known gaps in trauma-informed, victim-centered services.

Vision

The Task Force’s vision is to produce guidelines or a framework that can be customized to each community,¹ including identifying the entities involved in a coordinated community response as well as their role and responsibilities, providing examples of interagency communication procedures, emphasizing at each touchpoint with survivors that they were not at fault, and recommending how to overcome jurisdictional challenges (e.g., when an incident occurs in one county and is reported in another). Members also stressed the importance of avoiding imposing unfunded mandates on localities.

The Task Force guidelines will be consistent with best practices, including those developed by the Office of Crime Victims Advocacy (OCVA) within the Washington State Department of Commerce, which state that a sexual assault advocate and trained sexual assault nurse examiner (SANE) should be contacted immediately in response to sexual assault.² The role of advocates is to provide survivors with the information they need to make informed decisions and navigate the various systems involved with responding to sexual assault. SANEs conduct exams after a sexual assault occurs, providing treatment and collecting forensic evidence, which can be used to identify and hold perpetrators accountable. SANEs are also responsible for providing expert testimony if a case is prosecuted. The involvement of advocates and SANEs as part of a coordinated, multidisciplinary response to sexual assault can provide survivors with better medical and legal outcomes and more compassionate, victim-centered care than when these professionals are not involved.³

Initial Gaps Identified in 2020

Consistent Connection to Advocacy Services

Task Force members discussed gaps in connecting sexual assault survivors to community-based advocacy services. In Washington, accredited community sexual assault programs funded through OCVA must provide

immediately available victim-centered, 24-hour medical advocacy services in person or by phone. However, advocates may not always be made aware when a sexual assault survivor presents for care at a hospital or seeks help elsewhere. Some progress has been made in connecting sexual assault survivors to advocacy services if they present at a hospital that does not perform sexual assault evidence kit collection or does not have appropriate providers available. In these situations, as of July 1, 2020, hospital staff must coordinate with the local community sexual assault program and assist the survivor in finding a facility with an appropriate provider available.⁴ Task Force members expressed interest in ensuring that hospitals have implemented these plans. They also noted that hospitals that provide forensic exams are not required to connect survivors with advocates.

Availability of Sexual Assault Nurse Examiners

Task Force members also discussed the importance of increasing the availability and retention of SANEs. According to OCVA, of the 39 counties in Washington, 30 provide sexual assault forensic exams.⁵ Nineteen of these counties have one hospital with trained SANEs. Despite the benefits SANEs provide to sexual assault survivors and the criminal justice system, Task Force members expressed concern about inadequate compensation and support for SANEs, which is exemplified by the limited public funds available to provide SANE training and to reimburse facilities for forensic exams.

Federal funding, set to expire in the fall of 2021, has enabled Washington to offer SANE training that is “free” for attendees. However, there are limited scholarships available to defray travel expenses and lost wages. OCVA found that hospitals do not routinely compensate nurses for the time they spend traveling to and attending trainings. To remedy this, in 2019, OCVA recommended creating a reliable state-level training and scholarship fund to train 115 new SANEs and provide ongoing training to 290 others at a cost of \$375,000 annually. The Legislature has not acted on this recommendation.

Once on the job, SANEs are not guaranteed any extra pay for an emotionally taxing job, though OCVA found that several large medical providers provide an extra \$1 per hour to certified SANEs. In addition, SANEs are often not compensated for being on-call and typically work 12-hour shifts while on call. Further, they may not have their employer’s support to take ongoing training to maintain and advance their skills.

On the other hand, there is no financial incentive for hospitals to provide SANE services, as they generally incur losses when doing so. All sexual assault forensic exams performed in Washington must be billed to the Crime Victims Compensation Program, jointly federally and state funded, to maintain compliance with the federal Violence Against Women Act, which prohibits charging sexual assault victims for forensic exams. OCVA found that the Crime Victims Compensation Program pays for approximately half of the program expenses for a sexual assault exam in Washington and none of the administrative costs.

2021 Plans

Task Force members plan to create tools to 1) enhance the immediate response to sexual assault and 2) promote longer-term collaboration and systems change to support survivors. For example, to improve communication among first responders, including law enforcement, community-based advocacy, medical and legal systems, the Task Force will develop a template memorandum of understanding.

Task Force members highlighted the need to identify or enhance procedures and practices for:

- Immediately and routinely contacting community sexual assault program advocates and providing survivors with options if more than one program, such as a culturally-specific program, is available in their community;
- Transporting survivors to a hospital that can provide SANE services, including communicating with the receiving facility;
- Reducing repeated questioning of the victim by conducting joint interviews;

- Establishing consent for a forensic examination if the victim is a minor child or vulnerable adult;
- Billing the Crime Victims Compensation program rather than the survivor for forensic exams;
- Raising public awareness about the importance of sexual assault forensic exams and how they can be obtained; and
- Evaluating the effectiveness of community collaborative efforts, particularly the impact on survivors.

Endnotes

1. Per RCW [26.44.180](#), counties are required to adopt and periodically review written protocols for investigating child sexual abuse. This Task Force has not yet determined if the guidelines it will produce are appropriate to implement at the county level. The jurisdictions involved in the community response may vary depending on the make-up of the local area.
2. OCVA has already done considerable research on the topic of increasing SANE accessibility and instituting best practices in response to sexual assault. In November 2019, OCVA issued the report “Sexual Assault Response: Increasing Sexual Assault Nurse Examiner Availability and Access Statewide” pursuant to Chapter 88, Laws 2018, which is available at <https://www.commerce.wa.gov/wp-content/uploads/2019/12/Report-SANE-Final.pdf>. Previously, in December 2016, OCVA issued “Sexual Assault Nurse Examiners: Study of Sexual Assault Nurse Examiner Availability, Adequacy, Costs, and Training” pursuant to Chapter 50, Laws of 2016, which is available at <https://www.commerce.wa.gov/wp-content/uploads/2017/03/Commerce-SANE-2016-Final.pdf>.
3. Ibid (2019 report).
4. RCW [70.41.367](#)
5. Three counties do not have a hospital.