



Oregon Attorney General's Sexual Assault Task Force

Testimony in support of SB 795

House Committee on Judiciary

Submitted by: Michele Roland-Schwartz, Executive Director

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Chair Barker, Vice Chair Williamson and Olson, and members of the House Committee on Judiciary:

On behalf of the Oregon Attorney General's Sexual Assault Task Force, I submit this testimony in support of SB 795, which will ensure a victim advocate is dispatched to the hospital whenever a victim presents for medical-forensic care.

SB 795 exemplifies our mission to support a multi-disciplinary, survivor-centered approach to the prevention of and response to sexual violence in Oregon. With over 100 multi-disciplinary members who serve as advisors to the Task Force,¹ we aim to prevent sexual violence from happening in the first place, while simultaneously improving our response efforts to mitigate trauma and ensure the safety and security of all victims.

The overarching goal of SB 795 is to decrease barriers to advocacy services when survivors of sexual assault present for medical-forensic care. SB795 asks us to think beyond the sexual assault forensic evidence kit by ensuring that victims have access to comprehensive healthcare services and wrap around advocacy services, reducing the long-term, negative impact of sexual assault when neither of these services are made available. The bill enables victims to speak with a victim advocate, in person, to learn about the breadth of services available to them, ensuring that victims are fully informed about their options² when they choose to accept or decline advocacy services. Providing advocacy during a medical-forensic exam is considered best practice nationally³, and allows the victim to receive immediate support and crisis intervention,

¹ The Sexual Assault Task Force is a private, non-profit, non-governmental statewide agency with over 100 multi-disciplinary members appointed by Attorney General Rosenblum. Members serve as advisors on 1 of 8 subcommittees including: Campus, Criminal Justice, Legislative & Public Policy, Medical-Forensic, Men's Engagement, Offender Management, Prevention Education, and Victim Response.

² Aequitas (2013) Presence of an Advocate During Sexual Assault Exams: Summary of State Laws. http://www.aequitasresource.org/Strategies_in_Brief_Issue_17.pdf

³ US Department of Justice, Office on Violence Against Women (2016). *National Protocol for Sexual Abuse Medical Forensic Examinations*. <https://www.ncjrs.gov/pdffiles1/ovw/249871.pdf>

and to be informed of additional resources to assist in their recovery, including: the Address Confidentiality Program, Crime Victim's Compensation, shelter services, victim's rights, and safety planning such as the availability of a Sexual Abuse Protective Order.

SB 795 addresses the following issues:

- Dispatching a victim advocate would not delay or compromise any emergency medical care or forensic evidence needed.
- Following a basic tenet of advocacy – victim autonomy - SB795 ensures that victims are told by the advocate that they can refuse services at any time.
- Medical personnel and/or law enforcement are directed to reference their local county Sexual Assault Response Team protocols to identify whether the advocacy program is the local community-based non-profit, the District Attorney Victim Assistance Program advocate, or the Tribal program advocate.
- SB 795 will not impede child abuse assessment protocols. SB 795 directs responders to comply with their local Multi-Disciplinary Response Team (MDT) protocols under ORS 418 and 419B.

The supportive response provided by a victim advocate, in tandem with a Sexual Assault Nurse Examiner, mitigates trauma and reduced symptoms of post-traumatic stress disorder (PTSD).⁴ Victims who receive support throughout the medical and legal process or more likely to continue to engage with the criminal justice system after the initial reporting of their sexual assault. Additionally, advocate participation during the medical-forensic process has been identified as a key component in reducing the backlog of untested kits⁵ and improving the system's response to sexual assault victims.

For these reasons we urge your support of SB 795.

⁴Campbell, Rebecca, et.al. (1999) *Community Services for Rape Survivors: Enhancing Psychological Well-Being or Increasing Trauma*. University of Illinois at Chicago

⁵ Campbell, Rebecca (2014). *Sexual Assault Action Research Project: Detroit, Michigan*.
https://www.youtube.com/watch?v=lui_vnoPDU0