

**Linn, Benton, Lincoln Partners for Health (Partners for Health)**  
**Virtual through Microsoft Teams**  
**1:00 p.m. – 2:05 p.m.**  
**January 9, 2024**  
**Meeting Summary**

**Participants:** JoAnn Miller, Luis Acosta, Maisa Athamneh, Shelagh Baird, Cassie Cruz, Kristen Dewey, Kiersten Erickson, Molly Gelinis, Glenda Lonstron, Michelle Means, Sommer McLeish, Jolynn Meza Wynkoop, Tasha Mosbrucker, Shannon Rose, Georgia Smith, Edelyn Solis Medina, Alli Stephenson, Jacob Stewart, Earlean Wilson Huey, and Shelley Hazelton

**Welcome:**

JoAnn Miller welcomed everyone to the meeting and led introductions.

**Meeting Minutes:**

The December 12, 2023, meeting minutes and the November 14, 2023, meeting minutes were presented. **Jolynn Meza Wynkoop made a motion and Shelagh Baird seconded the motion to approve the December 12, 2023, and November 14, 2023, meeting minutes as presented. The motion was voted upon and unanimously passed.**

**Health Resources and Services Administration (HRSA) Grant - Addressing Violence in Rural Oregon Communities:**

Sommer McLeish reported on the Addressing Violence in Rural Oregon Communities Grant.

- Yesterday the summit planning committee met on the Violence Prevention Summit scheduled for May 17, 2024, at Samaritan Lebanon Community Hospital. Will be talking with the keynote speaker this week. Will continue to reach out to presenters and those that will have resource tables at the event.
- Working in connection with Sarah's Place on the Strangulation Training. The date is May 3, 2024.
- Center Against Rape and Domestic Violence (CARDV) – Education Outreach Manager hired and have presented in 5 schools in Lebanon and outreach is picking up.
- Acosta Services – Doing translation and focus groups in Lincoln County.
- ABC House – Providing counseling services.

**CARDV and Sarah's Place Presentation:**

Kristen Dewey, Sexual Assault Response Coordinator, CARDV, shared information on CARDV.

- **Mission:**
  - a. To provide services and support to those affected by sexual and domestic violence.
  - b. To provide education and leadership within the community to change the societal conditions that cultivate these forms of violence.
- **What is CARDV?**
  - a. The Center Against Rape and Domestic Violence was founded in 1981. Our Crisis and Support hotline has been the same phone number for 42+ years! **(541) 754-0110**. The number is answered 24/7, 365 days a year.
  - b. We are a community based non-profit organization serving all Linn and Benton Counties. Our services are free, confidential, and available to anyone of any gender, race, sexual orientation, age, ability, socioeconomic status, etc.

- c. Just as our name implies, we are a dual Domestic Violence (DV)/Sexual Assault (SA) agency meaning we serve survivors of domestic violence AND sexual assault. We also serve survivors of stalking and sex trafficking.
- d. Advocates are TRULY confidential. We are NOT mandatory reporters. Certified advocates have Legal Privilege in the State of Oregon.
- **What is Advocacy?**
  - a. **Safety:** Advocates focus on physical as well as emotional safety. Safe relationships are consistent, predictable, nonviolent, non-shaming, non-blaming, and respectful.
  - b. **Trust:** Advocates ensure survivors have clear expectation of services by maintaining appropriate boundaries, being consistent and trustworthy, and holding their story and information confidential.
  - c. **Choice:** Advocates amplify survivor choice and decision-making; supporting a survivor's control over their own life decisions.
  - d. **Collaboration:** Advocates share power with survivors, we are peers working together toward the survivor's intended goals.
  - e. **Empowerment:** Advocates help identify strengths, strategize overcoming barriers, and prioritize building skills that promote healthy coping and growth.
  - f. **Culture and Identity competency:** Advocates are sensitive to the role of intersecting identities and cultures in lived experience, healing, and decision-making.
- **CARDV:**
  - a. 24-hour/365 Crisis and Support Line.
  - b. Safety Planning (Can look at digital footprint, pull apart life, and make as safe as possible).
  - c. Chat online with an advocate (Monday-Friday – 10 am-1 pm).
  - d. Emergency Shelter – Safety housing and confidential.
  - e. Legal Advocacy – At Linn County Courthouse and can also go to Benton County Courthouse as well.
  - f. Systems Advocacy – Peer support, side-by-side, can sit with them so they do not have to go through alone.
  - g. One-on-one peer support.
  - h. Support Groups.
  - i. Information and Referral to other Resources.
  - j. Community Education.
  - k. Spanish speaking advocates and Language Line.
  - l. Transportation.
  - m. In-Person Crisis Response and Accompaniment.
  - n. Sarah's Place.
  - o. Hospitals.
  - p. Police Stations.
  - q. DHS.
  - r. Court houses.
  - s. Public Places.
  - t. Other (if safe).
- **Intimate Partner Violence (IPV) Statistics:**
  - a. In the United States: An average of 24 people per minute are victims of rape, physical violence or stalking by an intimate partner in the United States — more than 12 million women and men over the course of a single year.

Over 1 in 3 women (35.6%) and 1 in 4 men (28.5%) in the US have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.

- b. In Oregon: 39.8% of Oregon women and 36.2% of Oregon men experience intimate partner physical violence, intimate partner sexual violence and/or intimate partner stalking in their lifetimes. 75% of domestic violence related homicides occur upon separation and there is a 75% increase of violence upon separation for at least two years. In 2019 Oregon lost 46 individuals in fatal domestic violence incidents.
- **Community Partnerships:**
  - a. Crisis response work often puts advocates side-by-side with survivors as they move through different systems in our community, and with different community partners. Advocates serve as a safe support, source of information, and boost for the survivor's voice. (Buddy system with survivors).
  - b. Advocates can make our community partners' jobs easier! (By providing transportation, shelter, emotional support, safety planning, and resources).
  - c. When we collaborate between agencies, we lower barriers for survivors to receive the help and services they need.
- **Our Community Partners:**
  - a. CARDV refers survivors to healthcare providers and vice versa. We value the care that survivors receive from our local clinics and hospitals. As safety is a top priority, we frequently work with survivors in the hospital, clinics, and Sarah's Place settings.
  - b. Sarah's Place SANEs and CARDV advocates create a team with the survivor/patient to meet their needs and honor their choices.
  - c. Oregon DHS Co-located CARDV advocates
  - d. Multi-Disciplinary Teams such as Benton County SART, Linn County SART, and the Linn-Benton Anti-Trafficking Coalition. These teams are made up of healthcare providers, law enforcement, District Attorney's offices, and advocacy.
- In 2019 Oregon made strangulation in circumstances of DV and SA a felony offense.  
Symptoms of Strangulation:
  - a. **Voice changes** - raspy and/or hoarse voice, coughing, unable to speak, complete loss of voice.
  - b. **Swallowing changes** - trouble swallowing, painful swallowing, neck pain, nausea/vomiting, drooling.
  - c. **Breathing changes** - difficulty breathing, hyperventilation, unable to breathe.
  - d. **Behavioral changes** - restlessness or combativeness, problems concentrating, amnesia, agitation, Post-traumatic Stress Syndrome, hallucinations.
  - e. **Vision changes** - complete loss or black & white vision, seeing 'stars,' blurry, darkness, fuzzy around the eyes.
  - f. **Hearing changes** - complete loss of hearing, gurgling, ringing, buzzing, popping, pressure, tunnel-like hearing.
  - g. **Other changes** - memory loss, unconsciousness, dizziness, headaches, involuntary urination or defecation, loss of strength, going limp.
- **Advocacy in Action:**
  - a. What might advocacy response look like when someone discloses dating/domestic violence?
  - b. What is the advocacy response for a Sexual Assault survivor?
  - c. What advocacy is available once the crisis has passed?

- We work with any survivor that is currently in our service area. So, if a survivor travels to Sarah's Place from the coast, we would still respond in-person and support them at Sarah's Place.
- Usually have a 20-minute response time.
- To help survivors and get help can contact advocates, Sarah's Place, support groups, etc.
- Not only a crisis organization. Provide support for a person's whole life.
- Her email – [kristen.dewey@cardv.org](mailto:kristen.dewey@cardv.org)
- **JoAnn Miller** – Do you take families now as well as outreach to men?
  - a. **Kristen Dewey** – “Yes,” they have a house for adult males and serve children of all ages and genders.
- **JoAnn Miller** – On average, how many call for the emergency shelter?
  - a. **Kristen Dewey** – Annually, 4,000-6,000 calls a year for services. Those are not all call for the shelter. There are 14 beds in the shelters and different locations.
- **Tasha Mosbrucker** – The core principles and safety, empowerment, trust is so important.
- **Michelle Means** – If knows someone in Lane County, if reach out would it be a referral?
  - a. **Kristen Dewey** – Only restriction is we cannot leave our service area, but if they come to her or use the hotline, can manage general safety questions.

### **Sarah's Place Presentation:**

Tasha Mosbrucker shared about Sarah's Place.

- Is the Sexual Assault Nurse Examiner and is located on the Samaritan Albany General Hospital campus and they are the hub for the whole hospital system.
- Sarah's Place is only 24/7 sexual assault clinic. Services are free.
- The goal is to increase awareness, support, and provide some education on domestic violence (DV)/intimate partner violence (IPV), non-fatal strangulation that exists within our communities and is presenting to our Emergency Departments (EDs). In the coming weeks we will be presenting to the other ED staff as well. There is computer-based learning (CBL) on non-fatal strangulation that will be released as well. We want to make sure everyone knows we not only provide medical forensic exams, for sexual assault, but can also provide medical forensic exams and Kits for DV, IPV and non-fatal Strangulation.
- April is Sexual Assault Awareness Month.
- 1 in 4 women in Oregon have experienced rape in her lifetime.
- The most significant risk factor for rape and sexual assault is being a woman. Oregon women and girls are raped and sexually assaulted at rates that far exceed the national average. Younger women ages 18-24 are at an elevated risk of sexual violence. College age women 18-24 are 3 times more likely than all women to be at risk and non-college age women are 4 x more likely than all women.
- 1 in 10 men will be a victim of rape within their lifetime.
- DV/IPV and non-fatal strangulation:
  - a. 40% of Oregon Women and ~36% of Oregon men experience DV/IPV.
  - b. Sarah's Place sees non-fatal strangulation co-occurring with sexual assault at a rate of 60%
  - c. These statistics are only representative of the folks that come forward and report. Majority of those who commit mass shootings and kill police officers have had strangled an intimate partner in their past. They are considered the most dangerous people in the world.
- Violent victimization by sexual orientation and gender identity, 2017-2020:
  - a. Lesbian or gay persons (43.5/1,000) aged 16 or older) 2 times the rate for straight persons (19.0 /1,000).

- b. Transgender persons (51.5/1,000) aged 16 or older) 2.5 times the rate among cisgender persons (20.5 per 1,000).
  - c. DV 8x as high among bisexual persons (32.3/1,000 aged 16 or older) 2 times as high among lesbian or gay persons (10.3/ 1,000) as it was among straight persons (4.2/ 1,000).
- College-age women are at risk. 18-24 age group in college 3 times more at risk and 18-24 age group not in college are 4 times at risk.
- College women are twice as likely to be sexually assaulted than robbed. 5 robberies for every 4 sexual assaults. 2 sexual assaults for every 1 robbery.
- Perpetrators of sexual violence often know the victim. 8 out of 10 rapes are committed by someone known to the victim.
  - a. 19.5% are committed by a stranger.
  - b. 39% are committed by an acquaintance.
  - c. 33% are committed by a current or former spouse, boyfriend, or girlfriend.
  - d. 6% are committed by more than one person or victim cannot remember.
  - e. 2.5% are committed by non-spouse relatives.
  - f. The image of the perpetrator that we guard ourselves against is most often different from a survivor's experience. Perpetrators of Sexual Violence often know the victim. As mentioned, 8 out of 10 are committed by someone known to the victim. When we think about these encounters they begin as a voluntary, consensual encounter. For example, a woman agrees to a date with a man she met through a mutual friend, a college student goes to a male student's dorm room to study or allows him into her apartment for non-sexual purposes, or a woman agrees to stay late at work to finish a project with her boss. These relationships are initiated in a socially acceptable way, then something goes wrong. The perpetrator demands sex and uses physical force or other forms of Intimidation to obtain it - Violates the boundaries of the victim's consent.
- Survivors of sexual assault:
  - Survivors of Sexual Assault are patients in Crisis:**
    - a. When someone is sexually assaulted, they are forced into a situation where they were not able to control what happened to their body. It is important to give control back to the patient.
    - b. Victims present with emotional responses that are inconsistent w/trauma they are reporting.
  - Role of the Health Care Provider:**
    - a. Most important: safety, control - options to care, and compassion.
    - b. Call your community advocates – Center Against Rape and Domestic Violence (CARDV).
    - c. Do not tell a survivor what they should do or what you think they need, do not try to figure out if it really did happen, Believe them!
- What is okay to say:
  - Use supportive phrases such as:
    - a. "I'm sorry this happened to you."
    - b. "I believe you."
    - c. "You did not do anything wrong."
    - d. "How can I support you."
    - e. "You are not alone."
    - f. "It is not your fault."
    - g. "What can I do to make you feel safe."

- h. Each phrase is valuable and important to hear on a patient's path to healing. If we can offer one or more of these statements it can help a patient, victim, survivor regain control that was taken from them.
- i. Research indicates that negative responses from friends and family can be separated into two types: overtly hostile reactions described as "turning against," (blaming, stigmatizing, or infantilizing) these survivors exhibit more harmful thinking and behavior, such as social withdrawal or self-blame and or is we neglect to acknowledge "where loved ones acknowledge the sexual assault but fail to provide a supportive response. Both types of negative responses are associated with harmful effects on survivors. Self-blame is particularly destructive for sexual assault victims; it is associated with a range of negative outcomes (for review, see Kennedy & Prock, 2016; Ullman, 1999) From health care providers, negative responses can include treatment that is experienced by victims as "cold, impersonal, and detached."
- j. Reference (Relyea, M. & Ullman, S. (2015). Unsupported or turned against: Understanding how two types of negative social reactions to sexual assault relate to post-assault outcomes. *Psychology of Women Quarterly*, 39 (1), 37-52
- k. All this points to a need for public education – both to prepare professionals and loved ones to respond positively to sexual assault disclosures, and to provide survivors with the support they need to report the crime and reach out for help.
- The Strangulation in Intimate Partner Violence Fact Sheet was shared.
- DV/IPV and non-fatal strangulation - "The best way to document strangulation is by autopsy...One study showed 40% of fatal strangulation had no visible injuries." These statistics are only representative of the folks that come forward and report. Majority of those who commit mass shootings and kill police officers have had strangled an intimate partner in their past. They are considered the most dangerous people in the world.
- Assessment, treatment, and documentation – Offer an advocate – HB 795 – Protection Order, CVC, Safety Training. Medical forensic exam – SKIRT (Strangulation Kit), history, physical injury, documentation, SKIT evidence collection (up to 120 hour). Anyone Affected by violence should be offered to have an advocate called for them, If the survivor has a component of sexual assault (SA), medical and LE are required by HB 795 to contact an advocate to respond to the hospital. For Sexual Assault. Do not need a full disclosure to consult Sarah's Place, Suspicion is enough.
- Sarah's Place services:
  - a. Medical Forensic Exams – SA/IPV/Non-Fatal:
    - Medical exam up to a month, evidential exams up to 5 days.
  - b. Access to Advocate Support:
    - CARDV, OSU CAPE.
  - c. Follow-up Care
    - 3 weeks/monitor injuries, HIV, STI testing.
  - d. Forensic Photography - Cortexflo:
    - Privacy, safety, storage.
  - e. Imaging Studies:
    - CTA neck, MRI, x-ray.
  - f. Electronic Medical Record (EMR) Documentation
    - MyChart – Add privacy exemption so partner cannot access notes.
- Chief complaints: Consult Sarah's Place:
  - a. "Blacked out."
  - b. "Don't remember what happened."

- c. “I was assaulted.”
- d. “I was choked – put in a choke hold.”
- e. “I was raped.”
- f. “I was in a fist fight.”
- g. “My head was pounded/hit against the ground.”
- h. “He pushed against my chest.”
- i. “I couldn’t breathe.”
- j. “I was seriously assaulted.”
- Invisible wounds: Consult Sarah’s Place:
  - a. Breathing difficulty.
  - b. Headache.
  - c. Ringing in ears.
  - d. Change in voice (hoarseness).
  - e. Coughing, sore throat.
- SA/IPV/Non-fatal Strangulation Oregon Medical Forensic Protocol:
  - a. Sexual Assault Forensic Kit (SAFE Kit).
    - Sexual assault history.
    - Head to toe trauma.
    - STI prophylaxis, EC, HIV assessment.
    - Forensic photography.
  - b. New Strangulation Kit (SKIRT).
    - Collect up to 120 hours.
    - Assault history.
    - Head to toe exam.
    - Imaging – CTA with angiogram.
    - Forensic photography.
- Shared sexual assault – CDC recommended prophylaxis.
- Sexual assault and IPV/Strangulation patient referrals:
  - a. **Please inform patient of the following:**
    - An Advocate is available to support you.
    - Timing of medical forensic exam is important.
    - Improved outcomes with prophylactic medications for EC, STI’s, HIV if initiated within 72 hours of assault.
    - Patient can have Evidentiary Exam, SAFE, SKIT collection up to 120 hours and medical exam up to a month post assault.
    - **All services at Sarah’s Place are free for patients.**
- Patient information/referrals:
  - a. **Please inform patient of the following:**
    - Do Not Need to be reporting to Law Enforcement.
    - Law Enforcement report is not mandatory for patients ages 18-64.
    - Encourage no shower /bathing and no change of clothes.
    - Can call Sarah’s Place anytime for information and/or to talk with/someone about sexual assault, IPV, non-fatal strangulation.
    - **All services at Sarah’s Place are free for patients.**
- When to make a mandatory report – Domestic violence and non-fatal strangulation is not automatically a mandatory report.
  - a. Report only if – Patient requests, patient is a child, witnessed by a child, is vulnerable adult, 65 or older, serious physical injury as determined by a physician, deadly weapon (knife, gun, etc.) used by assault.

- b. Need to mandatory report age 17 and younger and 65 and over.
- **The impact of trauma:**
  - a. 94% of women experience symptoms of post-traumatic stress disorder (PTSD) during the **two weeks following sexual assault** - Flashbacks dissociation, disrupted sleep patterns, disordered Eating, isolation, numbness.
  - b. 33% of women who are raped contemplate suicide.
  - c. 70% of rape or sexual assault victims experience moderate to severe distress, a larger percentage than for any other violent crime.
  - d. This is a call to action for any of you that work in mental health and have some ideas on how we can open the doors for immediate access to.
- Sarah's Place – We are closing in on 7 years now of operation and seen over 1,700 patients to date.
- **JoAnn Miller** – Are there other SANE clinics open in Oregon?
  - a. **Tasha Mosbrucker** – Portland Providence opened one – forensic and building a second clinic and recruiting for SANE nurses for on call bases only.
- **JoAnn Miller** – With the numbers we see in our area, you would think Multnomah County and other Portland area would open more facilities. As we look at the homeless, etc. appreciates the SANE program ad stepping in. Thanks for all the work you do!
- **Tasha Mosbrucker** – Would love to see more development in more counties. Rural areas struggle to get SANE Nurses 24/7 – Takes a lot of resources. Wants to be able to get patients transported and look at how we provide support to Lincoln County.
- **Georgia Smith** – How does it work at the coast such as in Newport and Lincoln City and with the hospitals in these two locations? Sometimes people want to leave the valley and go to the coast and services at the coast differ. Is there any assistance to get more training?
- **Tasha Mosbrucker** – They are actively working on different issues. They have someone in Labor/Delivery that is helping bridge the gap.

### **2024 Linn, Benton, Lincoln Partners for Health Summit:**

Discussed ideas for the 2024 summit.

- Date: August 23, 2024.
- Looking to finalize the location to either Linn-Benton Community College-Chinook Hall, Corvallis, or Boulder Falls Conference Center in Lebanon.
- Keynote speaker: Dr. Max Derenoncourt.
- Workshops:
  - a. Data workshop – Paulina Kaiser.
  - b. Bullying workshop – Jacob Stewart
  - c. Will have a youth prevention workshop.
- Will need to decide on a title that is youth focused. Different ideas were shared. It was agreed that a title around “Communities Supporting Youth Together” would be the best title.
- **JoAnn Miller** – Pulled the juvenile justice data for the three counties (Benton, Lincoln, and Linn) there is a lot of youth involved in juvenile justice so it would be beneficial and helpful to involve someone from the juvenile justice system in the summit. Also, tie in parent education/parent support as well.

### **Additional Business:**

Additional business was discussed.

- JoAnn Miller – Sorry to see Molly Gelinan leave. Her last day will be January 31, 2024. Thanks for everything you have done!



**Next Meeting:**

The next meeting of the Linn, Benton, Lincoln Partners for Health is scheduled for February 13, 2024, at 1:00 p.m.

**Adjourn:**

With no further business to discuss, the meeting was adjourned at 2:05 p.m.

Respectfully Submitted,  
Shelley Hazelton  
Community Health Promotion