

Sexual Assault Coordinated Community Response (SACCR) Task Force July 13, 2022 Meeting Notes

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| 1. | **Call to Order*** Staff accounted for who was in attendance, as noted below.
* No changes were proposed for the July 13th agenda.
* The Task Force tabled review and approval of the notes from the prior meeting.
* Staff reviewed the final meeting schedule for the Task Force, highlighting the last full Task Force meeting on **September 8th at 1:00 p.m**. and the meeting to vote on recommendations on **October 11th at 1:00 p.m.**

Members in Attendance: Megan Allen, Blanche Barajas, Michaela Banchero (on behalf of Jacqueline Barton True), Flora Diaz, Kate Hemann, Lisa Henderson, Ali Hohman, Ashley Jackson (on behalf of Senator Manka Dhingra), Representative Tina Orwall, Paula Reed, Senator Shelly Short, Terri Stewart, Shelby WiedmannParticipants: Becky Barton, Alison Forsyth, Tarassa Froberg, Kyra Laughlin, Heather McLeod, Emilee McNeilly, Kelly Richburg, Holly Stidham, Laura Twitchell, Lauren Vlas, Lucy Wolf |
| 2. | **Report-outs and Discussion*** Age of consent subgroup meeting

Staff reported on the work of the “age of consent” subgroup, which was formed in response to concerns that minors ages 13-17 may not be able to consent to a sexual assault forensic exam depending on the policies of the hospital where they present for care. Sometimes this does not present a problem, as the parent or guardian is supportive and reachable; however, this is not always the case. Medical professionals can utilize the “mature minor” rule in narrow circumstances (e.g., if a minor is emancipated, married, or experiencing homelessness). However, if the minor does not meet these criteria and the provider cannot reach a parent or guardian, the young person may not be able to get a forensic exam. In contrast, in Washington, minors can consent to behavioral health care at age 13 and treatment for sexually transmitted infections at age 14. The subgroup learned that 24 states explicitly allow minors to consent to forensic exams– four of those states provide an age at which minors can consent, ranging from age 12 to age 16. Subgroup participants and staff interviewed sexual assault nurse examiners in Colorado, Missouri, Oregon, and California where minors can to consent to forensic exams and they reported no concerns with the practice. Each state noted they are still required to report incidents to child protection authorities, per mandatory reporting laws. The subgroup recommends that the wider Task Force move forward in recommending amending the statute to allow minors age 13 and above to consent to sexual assault forensic exams. Terri Stewart advised that parents should be involved if at possible. The Task Force discussed incorporating language about the best interests of the youth when determining whether to contact a parent.* Broader system response subgroup

Staff reported on the work of the “broader system response” subgroup to develop a survey to send to participants of multidisciplinary teams (MDTs) across the state to get a better understanding of their needs and ways the Task Force may be able to support their work. When the survey link is available, please help distribute it to law enforcement agencies, community sexual assault program, and anyone else who may be interested in using MDTs to discuss sexual assault cases. * Protocol development subgroup

Staff reported that the “protocol development” subgroup reviewed a revised draft of the law enforcement protocols, which will be covered more extensively in a later agenda item.  |
| 3. | **Final Review of Draft Law Enforcement Protocols**The Task Force considered the latest version of the law enforcement protocols. During the meeting, participants suggested the track changes that appear on pages 6 and 7 of the attached document. |
| 4. | **Final Report** Staff reminded the Task Force that the group’s final recommendations are due to the Legislature and Governor on December 1, 2022. |

***Law Enforcement Model Guidelines for Responding to Adult Sexual Assault***

*Statement of Purpose*

Washington state [Substitute Senate Bill 6158](http://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/Senate%20Passed%20Legislature/6158-S.PL.pdf?q=20210809203806) outlines the duties of the Sexual Assault Coordinated Community Response Task Force, including researching, reviewing, and making recommendations for best practice models in this state and from other states for collaborative and coordinated responses to adult sexual assault victims and survivors. The Task Force is also responsible for collaborating with the legislature, state agencies, advocacy groups, people with lived experience, medical facilities, and local governments to implement coordinated community responses for sexual assault victims and survivors consistent with best practices and standardized protocols.

National best practices recommend a multi-disciplinary, victim-centered and trauma-informed approach to adult sexual assault crimes.[[1]](#footnote-1) This document aims topromote consistency across disciplines in response to adult sexual assault cases, including but not limited to, best practices promoting equity, inclusion, and a healing-centered approach.

*Sexual Assault Emergency Response Best Practices for Adults across Disciplines*

1. **Work to build trust** by understanding the prevalence, underlying conditions that support violence, and dynamics related to sexual violence. Many victims and survivors delay reporting or refuse to report at all for a variety of reasons, such as a fear of not being believed. The initial response to an individual’s disclosure of sexual assault can have a significant impact on their recovery and their capacity to continue forward with criminal justice pursuits.[[2]](#footnote-2)
2. Ensure **accessibility and cultural sensitivity** by offering the victim or survivor accommodations and explain what can be provided (i.e. interpretation, translation, culturally appropriate services, advocacy services).[[3]](#footnote-3) Use language and print materials that are accessible and explain next steps in a way that is understandable, including breaking down information, procedures, and practices.
3. Provide **victim-centered**, **trauma-informed** services. “Victim-centered and trauma-informed approaches are implemented in an attempt to avoid re-traumatizing victims while delivering services.”[[4]](#footnote-4) Specifically, a victim-centered services focus “…the crime victim’s priorities, needs, and interests at the center of the work with the victim.”[[5]](#footnote-5) And trauma-informed services, “…place priority on restoring the survivor’s feelings of safety, choice, and control.”[[6]](#footnote-6) Practically, this means holding a survivor’s needs at the center and approaching service provision from the trauma-informed lens of “What has happened to you?” rather than “What is wrong with you?” While it isn’t necessary for every discipline to know the full details of an assault, providing trauma-informed care is essential for all involved disciplines to observe. It best supports meeting survivor needs, removes barriers to seeking help, and fosters resilience by modifying services in a way that reflects an understanding of how trauma impacts survivors and how they may process information and the assault.[[7]](#footnote-7)
4. **Inform victims and survivors of their rights** per RCW 70.125.110. Be able to adequately explain the role of an advocate and have an established process with your local community sexual assault program (CSAP) to ensure connection to advocacy services. A list of CSAPs by county can be found at: <https://www.wcsap.org/help/csap-by-county>. .
5. **Participate in a Sexual Assault Response Team (SART)** following best practices including, but not limited not to,
	* deciding the appropriate structure,
	* defining the jurisdiction, and respective roles of each discipline,
	* adopting and regularly reviewing mission statement, group norms, guiding principles,
	* creating a barrier reduction plan,
	* agreeing on a regular meeting schedule,
	* establishing professional and public awareness,
	* avoiding duplication of other response teams,
	* incorporating team and victim feedback,
	* obtaining ongoing education,
	* addressing vicarious trauma,
	* conducting case reviews; and
	* recognizing power dynamics and hierarchiesand how they impact multi-disciplinary team coordination and impede best-case scenario outcomes for victims and survivors.

*Outline*

1. Law Enforcement Roles and Responsibilities……………………………………………………………………………………….2

2. Law Enforcement Best Practices………..………………………………………………………………………….….…….…….…….3

3. Law Enforcement Protocols: Operationalizing Best Practices…………………………………………....……….……….3

1. Dispatch Response……………………………………………………………………………………………………………………..5
2. Immediate Law Enforcement Response………………………………………………………………………………………6
3. Report Writing…………………………………………………………………………………………………………………………….9
4. Sexual Assault and Strangulation Forensic Evidence Collection…………………………………………….…..10
5. Sexual Assault Investigations………………………………………………………………………………………………..……11
6. Initiating a Collaborative Response/Sexual Assault Response Team (SART) approach…………….….11

PAGE 3

***Roles and Responsibilities***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The role of law enforcement in sexual assault cases involves ensuring the immediate safety and security of the victim, arranging for medical attention and connection to advocacy services, obtaining information, and preserving evidence. The primary responsibility of law enforcement is to investigate and determine if a sexual assault meets the criteria for a crime as defined by Washington state law.

While lower numbers of reports for certain crimes may be positive, sexual assault is a vastly underreported crime. An increase in reported cases can indicate an improved response to sexual assault. To respond effectively to the issue of sexual assault, victims need to be able to trust in a responding officer’s ability to handle their case with transparency and meaningful accountability, informed by training on victim-centered, trauma-informed policing.[[8]](#footnote-8)

The International Association of Chiefs of Police (IACP) published a Model Policy, updated in 2018, stressing the importance of officers’ and investigators’ attitudes towards victims. According to IACP, trauma-informed, victim-centered care towards victims may outweigh a successful criminal prosecution or conviction because “regardless of the investigative results, responding officers and investigators have the power to help a person heal from sexual assault.”[[9]](#footnote-9)

In summary, the role of law enforcement responding to sexual assault focuses on the following:

* Ensuring the safety and security of the victim,
* Informing the victim of their rights and options: per RCW 7.69.030 victims must be provided at the time of reporting, a written statement of their rights including the name(s), address(es), and telephone number(s) of local community sexual assault programs (CSAPs). Electronic copies may also be provided. Victim rights should be outlined, consistent with the RCW, in easy-to-understand language and offered in multiple languages.
* Identifying whether a crime has occurred,
* Conducting an investigation,
* Initiating a coordinated community response,
* Collecting and preserving the integrity of evidence as well as explaining to victims the reasons why certain evidence preservation procedures are in place,
* Developing case triage systems to deal with limited resources (e.g., lack of patrol officers, investigators)
* Assessing what disability accommodations, culturally appropriate services, and translation services are needed; and

Performing all duties in a manner that acknowledges the effects of trauma and does not re-traumatize an individual or promote behaviors that undermine sexual assault survivors.

***Best Practices***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Available Resources: * IACP: Enhancing Law Enforcement Response to Domestic and Sexual Violence [*“Gaining buy-in, building trust, and operationalizing values.”*](https://www.theiacp.org/sites/default/files/images/Gaining%20Buy-In%2C%20Building%20Trust%2C%20and%20Operationalizing%20Values.pdf)(2019)
* EVAWI’s *Start by Believing:* [Training Resources](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.startbybelieving.org%2Fresources%2F%23training&data=04%7C01%7Clauren.vlas%40atg.wa.gov%7C68bf299c77194182169508da0ca28d6b%7C2cc5baaf3b9742c9bcb8392cad34af3f%7C0%7C1%7C637836189888423647%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=Fj3CxfVZRDrM09sM%2BPiNOHZGCTfB1RNNXxuC14ahnpk%3D&reserved=0) + [Law Enforcement Action Kit](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.startbybelieving.org%2Fwp-content%2Fuploads%2F2020%2F08%2FLaw-Enforcement-Action-Kit.pdf&data=04%7C01%7Clauren.vlas%40atg.wa.gov%7C68bf299c77194182169508da0ca28d6b%7C2cc5baaf3b9742c9bcb8392cad34af3f%7C0%7C1%7C637836189888423647%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=bqiHCqyKkroNIjknAcOZ52%2BG%2Fre8DsPclLjqb1%2FxWNQ%3D&reserved=0) + [Effective Victim Interviewing Report (2021)](https://evawintl.org/wp-content/uploads/Module-6_Victim-Interview.pdf)
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1. Treat all victims with respect and employ trauma-informed interviewing tactics which promote victim engagement and ability to provide facts about the incident,

2) Investigate sexual assault complaints thoroughly and effectively,

1. Recognize and address biases, assumptions, and stereotypes about victims and approach the victim in a manner that is respectful and supportive. Understand that the attitude and conduct of a responding officer is key to gaining the victim’s trust and participation.

4) Consider potential barriers a victim may face when providing a statement including but not limited to, intellectual or developmental disabilities, cultural or religious factors, societal stigma, language barriers, and the manifestations of trauma,

5) Refer victims to appropriate services,

6) Appropriately classify reports of sexual assault,

7) Maintain, review, and act upon data regarding sexual assault;

8) Be aware of the effects of vicarious or “second-hand” trauma officers may experience as a result of serving and working with traumatized victims. It can be helpful to develop self-care plans, conduct internal debriefings, provide mentorship and employee support programs, and other resources to support the well-being of officers involved in sexual assault cases.[[10]](#footnote-10)

***Guidelines: Operationalizing Best Practices***

***Dispatch Response***

*Sexual assault is a traumatic experience that can cause victims to display a variety of emotional and behavioral responses ranging from crying and anger to laughter, calmness, or unresponsiveness. There is no one typical reaction and it is vitally important to refrain from judging or dismissing any victim’s report based on their demeanor.*

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| *Available Resources:* * Human Rights Watch: [Improving Police Response to Sexual Assault](file:///%5C%5CAtg.wa.lcl%5Catg%5CDIV%5CADM%5CACTIVE%5CExec%5CVlas%5CSACCR%20Task%20Force%5CIssues%20%2B%20Materials%5CAdult%20Protocols%5CModel%20LE%20protocols%5CHuman%20Rights%20Watch%20Improving%20Police%20Response%20to%20SA.pdf)
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A. Establish initial information: follow standard dispatch protocol

B. Evidence Preservation

* + Advise the victim to not eat, drink, wash, brush teeth, change clothes, or clean anything from which evidence might be collected. Reassure the victim that law enforcement and health care providers may still be able to collect evidence and that they did nothing wrong by taking care of themselves.
	+ If the victim describes loss of consciousness, or believe they may have been drugged, collecting a urine sample can be very important; some drugs are metabolized very quickly and may only be detected from an early urine sample. If the victim reports any of these circumstances, as appropriate, advise them to consider providing a urine sample as soon as possible at a facility that provides medical forensic evidentiary services.[[11]](#footnote-11)

C. Additional Considerations

* + Obtain any available history.
	+ Determine if any protection orders are in effect.
	+ Dispatch patrol officer(s) according to law enforcement agency policy.
	+ Keep victim on the line until patrol officer(s) arrive, if appropriate.
	+ Advise the victim of the officers’ expected arrival time.
	+ Follow appropriate law enforcement agency procedure for preserving the recording of the call for the investigation.

***Immediate Law Enforcement Response***

*The attitude and conduct of the responding officer is key to gaining the victim’s trust and participation. The victim will assess the officer’s demeanor and language for reaction. Approach the victim in a respectful, supportive manner. Remain objective and non-judgmental.*

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| *Available Resources:* * Michigan state: [Model LE Policy and First Responder Checklist](file:///%5C%5CAtg.wa.lcl%5Catg%5CDIV%5CADM%5CACTIVE%5CExec%5CVlas%5CSACCR%20Task%20Force%5CIssues%20%2B%20Materials%5CAdult%20Protocols%5C2015-michigan-model-policy-the-law-enforcement-respo.pdf)
* WA State Criminal Justice Training Commission: SAI Field Resource Card[[12]](#footnote-12)
* WA State Criminal Justice Training Commission: Victim-centered engagement and resiliency tactics (VCERT) Interview Framework/Sample questions
* WA SAFE Best Practices Advisory Group: [Victim notification best practices](file:///F%3A%5CACTIVE%5CExec%5CVlas%5CSAFE%20Best%20Practices%20Advisory%20Group%5CVictim%20Notification%20Best%20Practices%5CFinal_Victim%20Rights%20Attachment_LV.docx)

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A. Emergency Response: follow standard emergency response protocols (e.g., establish victim’s safety, secure the crime scene as needed)

B. Assisting the Victim

* Immediate support: “I’m sorry this happened to you.” “Is there anyone you would like to contact?”
* Identify access or language needs.
* Advise victim when wearing a body-worn camera (BWC) and obtain express consent to continue recording.
* Community support services: Ask the victim if they would like to receive support from a community-based advocate via calling the county’s 24-hour crisis line, provide a list of resources developed in partnership with the local CSAP (including locally available resources, such as making a referral to the local CSAP for immediate response, culturally-specific advocates, advocates that can meet language and accessibility needs, etc.).
* Medical/forensic exam: Inform victims that the purpose of sexual assault exams are to address their health needs, any possible injuries, and to document evidence.[[13]](#footnote-13) Notify the victim they are eligible to receive a medical forensic examination free of charge.[[14]](#footnote-14) Provide transportation to a hospital with sexual assault nurse examiner (SANE) services.
* Offer the victim a copy of their rights if they did not receive a copy from the initial responding officer or at a hospital, per RCW 7.69.030[[15]](#footnote-15).
* Victims have the right to be informed by law enforcement, or a prosecuting attorney, about the final disposition of the case as well as timely updates on the progress of the case. Detectives assigned to a sexual assault case are encouraged to follow-up with victims about relevant information pertaining to the case as soon as possible. Some departments in Washington encourage follow-up within 72 hours of the initial report, with the exception of victims who have refused contact. Follow victim notification best practices, including for cold cases.

C. Understanding sexual assault and the victim’s response to trauma

* Individuals respond to trauma in a variety of ways. Victims may display a range of emotions from crying and distress to extreme calmness and/or cheerfulness
* Trauma can affect an individual’s ability to give a detailed or chronological statement. Inability to remember things in sequence or recall all events in a timely manner is common due to how the human brain responds during a traumatic event. A person experiencing trauma often may recall and/or disclose information over a period of time as their memories are activated and as they establish trust with responders.
* Do not make judgments about credibility based on a victim’s demeanor or inability to articulate a chronological narrative.
* Be aware that offenders typically choose victims based on a perceived lack of credibility or perceived vulnerability knowing that this will make others doubt the victim’s report.

D. Understanding alcohol or drug facilitated sexual assault

* A victim’s voluntary use of alcohol, an illegal substance, or alcohol in the case of a minor, should not be a factor in determining whether or not the sexual assault occurred.
* Victims for whom alcohol and/or drugs were a factor in the assault may experience confusion, drowsiness, impaired judgment and/or impaired motor skills, among other symptoms.
* Be aware that the offender may have facilitated the victim’s intoxication or chosen the victim based on intoxication level hoping it would undermine the victim’s ability to consent and/or resist the assault, remember the assault, or report the assault. Offenders may hope that others will use the presence of alcohol or other substances as a reason to disregard or disbelieve the report.

E. Preparing for and conducting the minimal fact victim interview

*Sexual assault investigations typically include both a preliminary victim interview in the response phase and a subsequent in-depth interview in the investigative phase. The preliminary interview is intended to be a minimal fact interview to establish location and elements of the crime. It is best practice to conduct a second investigative interview, even when the first responder and the investigator are the same person. This practice allows the victim to recover from the initial assault and for memory to begin to consolidate after the trauma, and for individuals reporting a past trauma, it allows time to build trust.*

* **Assessment**: Determine whether an initial interview is necessary or appropriate at this time based on the victim’s condition, future availability, and the availability of a detective or other specially trained personnel to conduct the initial interview. If the crime has just occurred, consider that the sooner the interview can be done the more likely that proper search warrants, evidence collection, contact with the suspect, and witness statements can be completed. When interacting with victim’s use phrases such as, “start where you can” and “when you are ready.”
* **Secure a private location**: The location should be safe, free from distractions, and comfortable for the victim.
* **Support person**: Accommodate the victim’s wish to include a support person or advocate from a community-based sexual assault program in the initial interview, as required by RCW 7.69.030. The investigating officer should make every effort to ensure the person chosen to support the victim is unbiased and not influenced by the offender, to the extent possible, while honoring the victim’s choice to have that person present.
* **Special accommodations**: Assess any special needs of the victim and accommodate when possible (avoid using friends or family members as translators—family members may be witnesses and could taint the victim’s statement). Use the language line or an interpreter; if the victim has a cognitive disability they may be referred to a child forensic interviewer.
* **Written statement**: Do not require the victim to provide a sworn statement at this stage. Honor the victim’s request to write a statement, but do not ask them to write out their own statement instead of conducting an interview.
* **Prosecution inquiry**: Do not ask the victim if they want to pursue prosecution. It is neither reasonable nor realistic to expect the victim to be able to make an informed decision about their future involvement in the criminal justice process at this stage PAGE 7
* ~~Do not require perjury affidavits.~~

F. Contacting and Interviewing the Suspect

* The investigating officer(s) shall follow department procedures on identifying the suspect, conducting the suspect interview, and collecting evidence in a sexual assault investigation.
* Conduct a wants and warrants check, background and criminal history check specifically looking for accusations, criminal charges, and convictions for inter- connected crimes, especially crimes involving violence.
* Involvement of a victim in a pretext phone call to the suspect should take into consideration the victim’s emotional and physical state. A victim advocate should be present whenever possible to offer support.
* Conducting the suspect interview solely by phone is strongly discouraged unless it is part of an investigative strategy.

G. Sexual Assault Forensic Examinations for the Suspect

*This department will work with other agencies and community organizations to establish protocols regarding where the forensic examination of the suspect will take place, who will pay for it, and what steps will be involved. It is essential that the victim and suspect examinations must take place in different locations.*

* Protocol for Suspect Examination:
* Immediately after the preliminary suspect interview, the investigating officer shall determine whether a forensic sexual assault examination should be obtained for the suspect.
* A search warrant may be needed to collect any evidence from the body of the suspect or even to collect clothing. If the suspect consents to such evidence collection procedures, documentation of voluntary consent shall be provided in the police report. (Consent form)
* The investigator shall clearly document the suspect’s freedom to decline any part of the examination and to leave at any time.
* First-line officers and supervisors shall be trained to collect cells from inside a suspect’s cheek for DNA profiling. Cotton-tipped swabs or other buccal DNA collectors shall be readily available to investigators in the field.
* Evidence Collection
	+ The forensic examiner shall document the suspect’s medical history, photograph and document all injuries that are observed, and collect biological and trace evidence from the suspect’s body
	+ If in custody, the suspect shall be given a Miranda warning before being asked medical history questions by the forensic examiner or investigator
	+ If the suspect invokes his right to remain silent, the examiner shall bypass the medical history portion of the examination and continue documenting any visible injury and collecting the appropriate specimens
	+ Both the examiner and attending officer shall be prepared to document any spontaneous statements made by the suspect regardless of whether or not the suspect is in custody and whether or not the suspect was provided with a Miranda warning
* During the suspect’s sexual assault medical forensic examination, the investigator, evidence technician, or forensic examiner should do the following:
* Strongly consider penile swabbing, pubic hair combings, and collection of other potential DNA evidence
* Document information about the suspect’s clothing, appearance, scars, tattoos, piercings, and other identifiable marks

PAGE 8

***Report Writing***

*Effective prosecution of sexual assault cases relies in part on a strong written report. A thorough report will identify on-scene evidence and document details from the victim’s and suspect’s accounts of the incident. This will assist to overcome defense challenges and serve to refresh memories for court testimony.*

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| *Available Resources:* * <https://www.theiacp.org/sites/default/files/OVW%20Leadership/ResponsetoSexualAssaultChecklist2017.pdf>
* <https://www.theiacp.org/sites/default/files/all/i-j/IACP_SexAssaultRpt_TIPScard.pdf>
* Sample Sexual Assault Report (Vancouver Police Department)
* IACP Sexual Assault Supplemental Report Form (recommended for use in the reporting, recording, and investigation of all sexual assault incidents, for each and every incident reported)
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A. Officer Responsibilities

* Any officer who interviews a witness, victim, or suspect, identifies evidence, or processes a crime scene shall write their own report detailing actions they took, including any referrals provided to the victim.
* All reports shall be completed as soon as feasible.
* The investigating officer shall prepare an investigative report and follow-up reports regarding the incident. Attention to the language and wording of reports should be given to avoid perpetuating victim-blaming, perpetuating rape myths, or implicating that the victim is a potential suspect. Investigators should pay special attention to perpetuation victim-blaming and rape myths in substance-facilitated sexual assault cases. RCW 43.101.272 mandates training for persons involved in investigating adult sexual assault and provides research-based practices and standards for all aspects of the investigation.

B. Documenting the initial response

* List the primary and alternative contact information where it is safe to call the victim or where messages can be safely left. Include information about the victim’s preferred safe contact methods.
* Record the name, address, phone number, and email address of two close friends or relatives who will know the victim’s whereabouts 6-12 months from the time of investigation.
* Note any accessibility or language needs.
* If you use an interpreter to obtain a statement, document the interpreter’s identity and contact information. When available, audio record the victim’s statement and the interpretation.
* Capture exact words used by the victim and suspect to describe the assault. Specify the penetration or contact with specific references to body parts and/or objects used. Use quotation marks to denote direct quotes.
* Avoid language of consent to describe non-consensual sexual contact (e.g., “had sex” “performed/engaged in oral sex”, “had intercourse”). Rather, describe the actions of the suspect using objective language which references specific body parts.

C. Tracking key data points

* To the extent possible, input demographic data regarding victims and perpetrators; particularly input information regarding the race and/or ethnicity of victims and perpetrators.

PAGE 9

***Collection of Sexual Assault and Strangulation Forensic Evidence***

*Sexual Assault Nurse Examiners (SANEs) provide patients with critical access to health care and evidence collection. Regardless of the recency of an assault, all patients should be provided the opportunity to access medical care. Above all, the medical forensic exam provides, both, medical care and forensic examination. In some cases, medical providers may participate in criminal proceedings and provide testimony, as requested. Throughout the response, the health professional focuses on the health and well-being of the victim or survivor and can uniquely give accurate health information and assistance.[[16]](#footnote-16) Law enforcement is responsible for processing, transporting, and submitting sexual assault kits (SAKs) and should have an understanding of the sexual assault medical forensic examination process in order to refer a victim.*

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| *Available Resources:* * National Institute of Justice: [National best practices for sexual assault kits](https://www.ojp.gov/pdffiles1/nij/250384.pdf)
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A. Sexual Assault Medical Forensic Examination

* RCW 70.125.110 provides a sexual assault victim has the right to receive a medical forensic examination at no cost if the victim chooses. Law enforcement officers should be prepared to explain what a sexual assault medical forensic examination entails in order to help a victim make an informed decision.
* Inform victims of the ability to track the testing process and outcomes of a sexual assault kit, through Washington’s Sexual Assault Kit Initiative (SAKI) tracking system.

B. Processing, transporting, and submitting SAKs

* From a hospital: SAKs that have been released by the victim to the law enforcement agency must be retrieved from the health provider or SANE program. Within thirty days of its receipt, a request for laboratory examination must be submitted to the Washington state patrol crime laboratory for prioritization for testing by it or another accredited laboratory that holds an outsourcing agreement with the Washington state patrol, per RCW 5.70.040[[17]](#footnote-17).
* From another jurisdiction: If the law enforcement agency is notified by another law enforcement agency that it is in possession of an SAK associated with a sexual assault that took place within the law enforcement agency’s jurisdiction, the two agencies should coordinate transportation of the SAK in a timely manner.

C. Chain of custody

* The law enforcement agency is responsible for maintaining chain of custody for the SAK after it has been collected from the healthcare provider or referring jurisdiction. Obtain documentation of the chain of custody from the healthcare provider or referring jurisdiction prior to taking possession of the SAK.

D. Jurisdiction

* If the assault took place in a different jurisdiction, the law enforcement agency shall notify that jurisdiction as soon as possible.

PAGE 10

***Sexual Assault Investigations***

*Conducting a comprehensive, intelligent, informed and neutral investigation of a sexual assault is essential to promote community safety, justice for the victim, and accountability for the offender. DOJ statistics reveal that out of every 1000 instances of sexual assault, only 13 cases get referred to a prosecutor, and only 7 cases lead to a felony conviction.[[18]](#footnote-18) Key to achieving these purpose areas, it is imperative for investigators to follow developed standards of investigative practice. This includes interviews or attempted interviews, of all parties possessing information relevant to the assault and the collection of any and all material or digital evidence, social media content from the perpetrator and victim, as well as any digital communication between the victim and perpetrator and any communication from relevant witnesses. [[19]](#footnote-19)*

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| *Available Resources:* * WA State Criminal Justice Training Commission: [Victim-Centered Engagement and Resiliency Tactics (VCERT) for Sexual Assault Investigations](https://cjtc.wa.gov/training-education/special-investigations/sexual-assault-investigations-victim-centered-engagement-and-resiliency-tactics---virtual)
* Sexual Assault Kit Initiative (SAKI): Core Standards for Sexual Assault Investigations
* End Violence Against Women International (EVAWI): [OnLine Training Institute](https://evawintl.org/olti/)
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RCW 43.101.272 mandates training for persons investigating adult sexual assault. The Washington State Criminal Justice Training Commission (WSCJTC) provides a 24-hour course in which officers are trained to recognize and apply a trauma-informed, victim-centered lens and approach to sexual assault investigations from the original report through prosecution while working with the victim, advocates, and service providers to navigate the investigative/criminal justice system and recovery process. Visit WSCJTC’s [website](https://cjtc.wa.gov/training-education/special-investigations/sexual-assault-investigations-victim-centered-engagement-and-resiliency-tactics---virtual) for more information on the course.

***Initiating a Collaborative Response/SART approach***

*Communities can improve and strengthen their response to adult sexual assault by establishing a multidisciplinary team, sometimes referred to as a SART. Local law enforcement should participate in such teams, as they are able. When law enforcement is the first contact for a victim of sexual assault, a collaborative response should be initiated by calling the CSAP for an advocate. This could be at the scene, at the law enforcement agency, the hospital, or another location.*

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| *Available Resources** Template resource card (to be developed)
* Office of Justice Programs: [SART Toolkit](https://www.ncjrs.gov/ovc_archives/sartkit/)
* MNCASA: [SART Tools & Resources](https://www.mncasa.org/sexual-violence-justice-institute/sarts-tools-resources/)
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A. Contacting advocates

*There are CSAPs that serve every county in Washington State. These programs operate 24/7 and are accredited to provide services including: crisis intervention, information and referral, and advocacy (general, medical, and legal). The services provided by CSAPs are confidential, free, and focused on survivor-determined resources, healing, and justice.[[20]](#footnote-20)*

*Some CSAPs specialize in serving specific populations. Victims should be referred to programs that meet their needs, as appropriate. For example, Mother Nation offers cultural services, advocacy, mentorship and homeless prevention services for Native American women and Abused Deaf Women’s Advocacy Services (ADWAS) offers advocacy services to Deaf and DeafBlind survivors of sexual assault, domestic violence, and harassment.*

* If the victim is at a hospital, consult with the SANE or forensic nurse examiner (FNE) on contacting the local CSAP to connect the victim with a community-based advocate, if they so choose. Provide victims with contact information for local community-based advocates, systems-based advocates (as available), and culturally appropriate services.
* If the victim is not at, or chooses not to go to a hospital, a protocol should be established for contacting a CSAP and connecting them to the victim.

PAGE 12

1. National District Attorneys Association. 2018. <http://www.ciclt.net/ul/ndaajustice/WhitepaperFinalDraft-SA.pdf> [↑](#footnote-ref-1)
2. Ullman, Sarah E., and Henrietta H. Filipas. "Predictors of PTSD symptom severity and social reactions in sexual assault victims." *Journal of traumatic stress* 14.2 (2001): 369-389. [↑](#footnote-ref-2)
3. Vera Institute of Justice, Center on Victimization and Safety. 2021. <https://www.endabusepwd.org/resource/just-ask-a-toolkit-to-help-advocates-meet-the-needs-of-crime-victims-with-disabilities/> [↑](#footnote-ref-3)
4. Office for Justice Programs, Office for Victims of Crime. Glossary (n.d.). https://ovc.ojp.gov/sites/g/files/xyckuh226/files/model-standards/6/glossary.html [↑](#footnote-ref-4)
5. Ibid. [↑](#footnote-ref-5)
6. Ibid.

PAGE 1 [↑](#footnote-ref-6)
7. Washington Coalition of Sexual Assault Programs. 2017. <https://www.wcsap.org/resources/publications/special-editions/creating-trauma-informed-services>

PAGE 2 [↑](#footnote-ref-7)
8. Human Rights Watch. “Improving Police Response to Sexual Assault.” 2013. [↑](#footnote-ref-8)
9. IACP, “Response to Victims of Crime.” 2018.

PAGE 4 [↑](#footnote-ref-9)
10. U.S. Department of Justice. “Identifying and Preventing Gender Bias in Law Enforcement Response to Sexual Assault and Domestic Violence.” <https://www.justice.gov/opa/file/799366/download>. [↑](#footnote-ref-10)
11. Visit [wasafe.org](https://depts.washington.edu/uwhatc/ch/sexual-assault-medical-exams-patients.html) to view a list of hospitals that provide sexual assault forensic exams by county

PAGE 5 [↑](#footnote-ref-11)
12. Washington’s State’s Criminal Justice Training Commission provides training on victim-centered engagement and resiliency tactics for sexual assault investigations. The training is mandated for officers responsible for investigating sexual assaults involving adult victims. Visit [CJTC’s website](https://cjtc.wa.gov/training-education/special-investigations) for more information. [↑](#footnote-ref-12)
13. 120 hours, or five days, is the forensic evidentiary standard for gathering DNA evidence from a victim however, it’s important to note that examinations for injury and co-existing conditions includes documenting the findings and photographing when needed, collecting evidence, providing testing for STIs and pregnancy, treating, when appropriate, to reduce the chances of STIs and pregnancy, communicating with law enforcement and, for children, child protection professionals and coordinating care and follow-up as requested and as appropriate. [↑](#footnote-ref-13)
14. RCW 7.68.170 provides victims the right to a medical evidentiary exam at no cost [↑](#footnote-ref-14)
15. Washington Coalition of Sexual Assault Programs (WCSAP) [Crime Victim Rights handout](https://www.wcsap.org/sites/default/files/uploads/resources_publications/community_and_survivor/Crime_Victims_Rights.pdf)

PAGE 6 [↑](#footnote-ref-15)
16. <https://www.mncasa.org/sexual-violence-justice-institute/sarts-tools-resources/> [↑](#footnote-ref-16)
17. Beginning May 1, 2022 Washington state patrol is required to test SAKs within 45 days of receipt of the request as part of RCW 5.70.040. [↑](#footnote-ref-17)
18. Federal Bureau of Investigation, National Incident-Based Reporting System, 2012-2014 (2015); iv. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Felony Defendants in Large Urban Counties, 2009 (2013). [↑](#footnote-ref-18)
19. SAKI. “Core Standards for Sexual Assault Investigations.” (2019) [↑](#footnote-ref-19)
20. Access the Washington Coalition of Sexual Assault Program’s “Program Directory” to find local resources and support: <https://www.wcsap.org/help/support/sexual-assault-services>

PAGE 11 [↑](#footnote-ref-20)