Final Report

Sexual Assault Coordinated Community Response Task Force

December 2022

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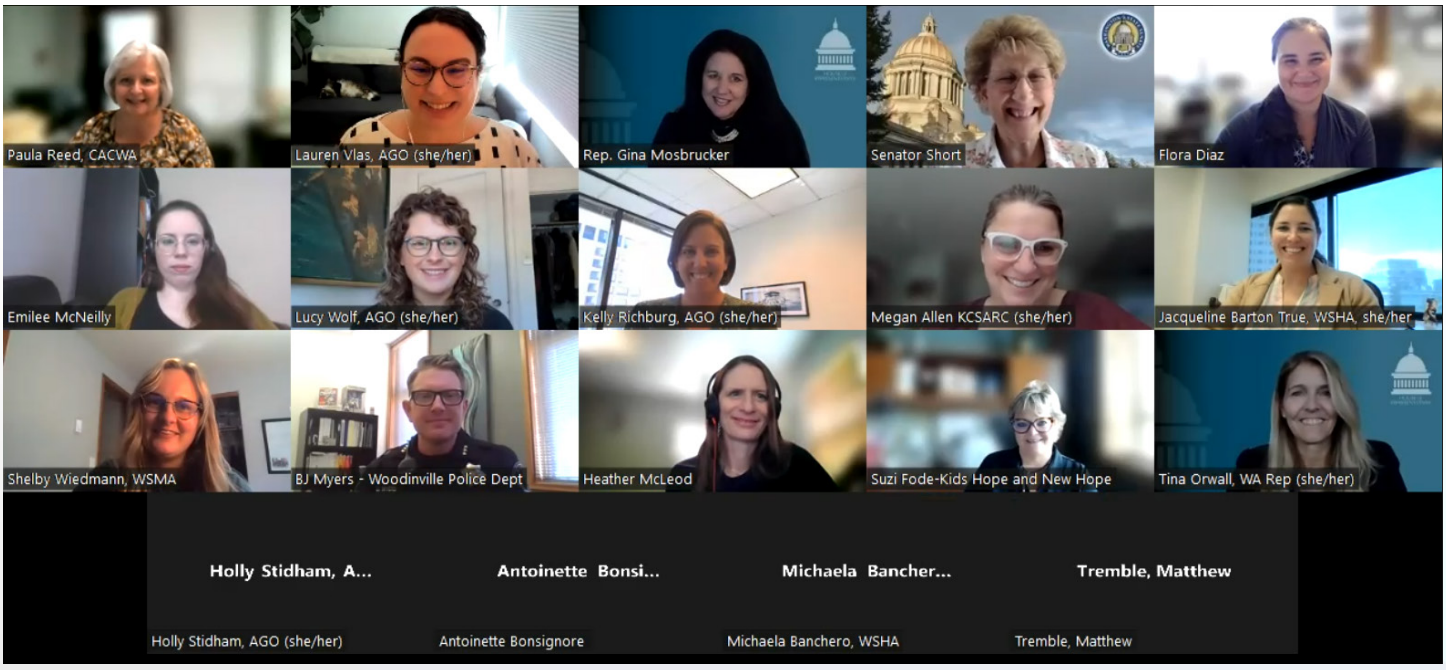
Overview

Over the course of five Task Force and eight subgroup meetings in 2022, the Sexual Assault Coordinated Community Response Task Force (the "Task Force") developed model guidelines for responding to adult sexual assault, learned from experts across the country, held roundtable and panel discussions on a range of topics, received briefings from staff, and voted on recommendations. The Task Force continued proactive community outreach and engagement, started in 2021, to involve more participants and center the experiences of disproportionately targeted victims of sexual assault across the state. Building on the gaps in trauma-informed, victim-centered care identified in 2020 and 2021, including a lack of connection to advocacy services and availability of sexual assault nurse examiners (SANEs) statewide, Task Force members discussed issues surrounding the age of consent for adolescents seeking medical forensic exams, needs and opportunities for multidisciplinary teams, and the importance of consistent, reliable access to quality care for survivors across the state. The Task Force adopted six key recommendations to improve Washington's coordinated community response to sexual assault.

- Establish an age of consent to provide adolescents age 13+ the freedom to consent to a sexual assault medical forensic examination.
- Increase funding to support community sexual assault programs (CSAPs) and child advocacy centers (CACs) in assessing counties' unique needs and determining when, where, and how often to provide in-person advocacy services.
- Examine training for advocates of domestic violence and sexual assault survivors and crime victims to create consistency across training programs and streamline the certification process for community-based advocates receiving grants from the Office of Crime Victims Advocacy (OCVA).
- Increase access of Office of Crime Victims Advocacy (OCVA) advocates to nurses by establishing a long-term, sustainable funding source for all aspects of SANE and forensic nurse examiner training (FNE), retention and re-hiring incentives, as well as implementation of a new "Assault Prevention and Crisis Services Program" consistent with the recommendations produced by the OCVA.
- Implement model guidelines for core disciplines responding to adult sexual assault and create a statewide coordinator position to provide technical assistance.
- Expand outreach efforts to ensure child abuse investigation protocols are updated.



Task Force members and participants at the September 8 meeting

Sexual Assault in Washington State

Sexual assault is any type of sexual contact or behavior that occurs without the informed consent of the recipient. A national survey found that 45 percent of women and 22 percent of men in Washington have experienced sexual violence during their lifetime.[1] The same survey found that 18 percent of women and 8 percent of men in Washington have experienced attempted or completed vaginal, oral or anal penetration through the use of force or threats of physical harm.[2] Those ages 12-34 face the highest risk for rape and sexual assault.[3] The Centers for Disease Control and Prevention estimates that 1 in 4 girls and 1 in 13 boys in the United States experience child sexual abuse.[4] Over 90 percent of children who are victims of sexual abuse know their abuser.[5]

Despite the prevalence of sexual assault, it remains one of the most underreported crimes. In 2021, approximately 46 percent of all violent crimes committed in the United States were reported to the police. At 61 percent, aggravated assault was the most likely to be reported to police. Rape and sexual assault, however, were the least likely to be reported, with 22 percent of such crimes reported to police in that year.[6] Victims do not report for a variety of reasons, including fear of not being believed, concerns for their safety, or the belief that nothing will be done.[7]

Further, a national survey of transgender and gender non-conforming individuals found that 14 percent of people who were out, or perceived as transgender, in K–12 settings across Washington reported being sexually assaulted because they were transgender.[8] The same survey found that nearly half (47%) of trans and gender non-conforming people have been sexually assaulted at some point in their lives with those who have participated in sex work (72%), those who have experienced homelessness (65%), and people with disabilities (61%) reporting the highest rates. In a study of 148 Alaska Native and American Indian women in Seattle, 139 (94%) reported being raped or sexually coerced at some point in their lives.[9]

The U.S. Department of Justice reports that out of every 1000 sexual assaults reported to the police, 46 will result in an arrest and 9 in a referral to prosecutors. Local data illustrates a similar picture. In 2017, 118 reports of rape were received by Whatcom County's law enforcement agencies. Of those reports, 17 cases (14%) resulted in an arrest. Two cases were resolved by a guilty plea, two were dismissed without a trial, and the remaining 13 had not yet been resolved.[10] In King County, between January 2015 and July 2018, 693 cases were referred to the Prosecuting Attorney's Office (27%) and charges were filed in 252 cases (10%).[11] While not all of the cases had resolved at the time of reporting, 163 (6%) resulted in a guilty plea or conviction at trial. Studies have shown the two most important factors contributing to arrest and referral to prosecutors are victim participation (over 12 times more likely) and forensic evidence (over 27 times more likely).[12] Victim participation refers to a victim's willingness to continue working with investigators and prosecutors to pursue a criminal justice outcome. The reasons for referring and charging cases are complex and depend on the specific details of each case.

- **Sexual assault is one of the most underreported crimes.**
- **Children, women of color, lesbian, gay, bisexual, transgender, and queer individuals, and people with disabilities experience disproportionately high rates of sexual assault.**
- **Victim participation and forensic evidence are two of the most important factors that contribute to arrest and referral to prosecutors.**

Task Force Background

The Task Force was established pursuant to Senate Bill 6158 (2020). 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 sexual assault coordinated community response guidelines.

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 met from October 2020 to October 2022.

2022 Activities

In 2022, the Task Force met on March 29, May 25, July 13, September 8, and October 11. At the beginning of the year, two new subgroups were formed, the "Age of Consent" and "Broader System Response" subgroups, in addition to the two existing subgroups "Community Outreach and Engagement" and "Protocol Development." Each subgroup met several times to continue working on key issues between Task Force meetings, as well as inviting non-Task Force member experts and community members to participate and advise on issues outside of the regularly held meetings.

	Task Force subgroup	Topics covered in 2022
1.	Community Outreach & Engagement	Continued outreach, consultation, and collaboration with community partners and stakeholders.
2.	Protocol Development	Finalized model protocols for community-based advocacy and medical professionals. Drafted and finalized protocols for law enforcement.
3.	Age of Consent (for adolescents seeking medical forensic exams)	Met with experts in Arizona, California, Colorado, Illinois, Missouri, and Oregon to discuss state laws allowing adolescents to consent to sexual assault forensic exams and related medical care.
4.	Broader System Response	Met with representatives of multidisciplinary teams to discuss existing barriers and opportunities. Developed a survey to gather information and assess needs of teams across the state.

Over the course of the year, the Task Force identified additional gaps in trauma-informed, victim-centered care and continued to discuss issues previously raised.

Outreach and Engagement for the Task Force

In 2021, Task Force members addressed the need for more informed decision-making by centering the experiences of people disproportionately impacted by sexual assault and less likely to have the ability to participate in a Task Force process. To enhance the cultural responsiveness of the Task Force, members and participants identified individuals and organizations either directly representing survivors or providing services to disproportionately impacted communities. The Task Force identified the following communities for proactive outreach and engagement:

1. Alaska Native and American Indian survivors
2. Children and youth survivors
3. Community health organizations and boards
4. Black, Hispanic, Latino/a survivors
5. Faith-based survivors
6. LGBTQ+ survivors
7. Older adult survivors
8. Organizations serving vulnerable survivors, including sex worker outreach projects
9. Refugee and immigrant survivors
10. Survivors with disabilities

In 2022, outreach and engagement efforts continued. Methods of outreach included emails, virtual meetings, phone calls, advertisements in newsletters, and specific messaging created to invite survivors to provide direct feedback on what could have improved the response to their sexual assault. Additionally, staff presented information on the Task Force to community groups and councils working on gender-based violence issues.

Process to Develop Model Guidelines for Core Responding Disciplines

According to the National Sexual Violence Resource Center, protocols, also referred to as guidelines, are "agreements between agencies about the provision of sexual assault services and the roles and responsibilities of core responders."[13] The Task Force developed model guidelines for disciplines whose role includes responding to adults seeking services or care following a sexual assault (See *Appendix B*). RCW 26.44.180 requires each county to develop a written protocol for handling investigations of criminal child sexual abuse. However, there is no existing requirement for localities to develop protocols for responding to adult survivors of sexual assault.

In 2021, Task Force members began by identifying the disciplines involved in responding to adult sexual assault, including but not limited to, law enforcement, community-based advocates, medical professionals, and prosecutors. National best practices call for the development of protocols for each discipline to follow in their respective jurisdiction, ensuring a coordinated response that ultimately allows the best outcome for a survivor.[14] After identifying the disciplines, the Task Force drafted best practices that apply to all disciplines responding to sexual assault, roles and responsibilities of individual disciplines, best practices for individual disciplines and ways to operationalize those practices. The Task Force utilized available research, examples from other states, trainings, and Washington-specific resources.

In 2022, the Task Force continued work by convening law enforcement professionals from 11 different urban and rural jurisdictions to provide initial feedback on a draft of roles and responsibilities, best practices, and guidelines for law enforcement involved in the response to sexual assault. The guidelines outline important considerations for each step of the process from dispatch to initial response, referrals to medical care and advocacy services, investigations, and report-writing.

Best Practices for Coordinated Community Responses to Sexual Assault across the U.S.

In an effort to understand how other states have developed coordinated community responses to sexual assault, the Task Force consulted with experts from across the U.S., including Illinois, Virginia, Minnesota, and Oregon. While responses differ, a common theme was the importance of a multidisciplinary approach, bringing together law enforcement, prosecutors, medical professionals, advocates, mental health professionals, and survivors.

In accordance with the National Sexual Violence Resource Center's recommendation for communities to adopt a Sexual Assault Response Team (SART), representatives from Oregon and Virginia shared that their states require district attorneys to convene SARTs, while allowing for variability in how the teams operate at the county level. SARTs are coalitions of professionals serving sexual assault victims—including victim advocates, law enforcement officers, forensic medical examiners, forensic scientists, and prosecutors—that convene to strategize ways to improve the community's response to sexual assault. For example, in Fairbanks, Alaska, a state with one of the highest rates of sexual assault, a SART team was established in 1997. Since inception, the SART has adopted community-wide multidisciplinary response guidelines to ensure that 1) advocates are contacted to respond to each case, 2) survivor interviews with nurse examiners and law enforcement are conducted together when possible, and 3) a supportive infrastructure is in place to promote safety and healing for victims.[15]

In Washington, each agency involved in investigating child sexual abuse is required to coordinate with other local agencies and adopt protocols based on state guidelines.[16] There is no such requirement for adult sexual assault cases, although some localities have organized multidisciplinary teams (MDTs) that review both child and adult cases. To identify strengths, opportunities, and barriers in Washington, the Task Force surveyed MDT members across the state. Ninety-one representatives of MDTs responded to the survey, representing every region of the state. Thirty-seven respondents participate in a child-focused MDT and 30 respondents participate in an MDT serving adults and children. Nine respondents participate in a tribal-affiliated MDT.

When asked to identify the most significant barriers facing their MDT, the following themes emerged:

- Communication between disciplines due to different viewpoints;
- Lack of participation/low attendance;
- Lack of time to attend meetings;
- Workforce shortages;
- Staff retention;
- Caseloads; and
- Lack of community resources.

When asked what kind of support, if any, the MDT would benefit from to be more successful, respondents identified the following, in order of importance:

1. Trainings;
2. Annual conferences (e.g., information-sharing sessions, workshops, networking);
3. Administrative assistance; and
4. Technical assistance.

The Task Force recommends supporting MDTs through a statewide coordinator position, as well as providing stipends for members who are not compensated through their employer for participating. In addition, though community coordination is already required in child abuse cases, the Task Force learned that not every jurisdiction has updated child abuse protocols, and some do not have protocols in place at all. CACWA, in partnership with Child Protective Services and WAPA, developed a child abuse investigation protocol framework document to assist local jurisdictions in the development of child abuse protocols. The Task Force recommends expanding outreach to counties through regional convenings, specialized trainings, individualized technical assistance, and other methods to increase take-up of these resources.

Enhancing In-Person Community-Based Advocacy Services

Washington state law permits survivors to be accompanied by a personal representative of their choice during a medical forensic exam, as well as legal proceedings concerning the assault.[17] In the immediate aftermath of a sexual assault, survivors may utilize advocates to talk about their feelings, provide comfort, and help process what has happened. They may have specific questions about the reporting process and/or the forensic examination process. Additionally, advocates may also help survivors develop a safety plan and connect with other support systems. Each organization may determine how, when, and where an in-person responder comes into play depending on the survivor's needs and the resources available by location.

Many CSAPs and CACs in Washington offer in-person medical advocacy services while others are limited in their ability to provide in-person advocacy and instead, primarily provide these services by phone. The Task Force recommends creating a fund to support CSAPs and CACs in assessing their county's unique needs and determining when, where, and how often to provide in-person advocacy services.

Streamlining Training Requirements for Community-Based Advocates

To receive funding from OCVA for community-based advocacy services for survivors of sexual assault in Washington, advocates are required to attend an initial 30-hour "Advocate Core" training and 12 hours of ongoing sexual assault training annually.[18] The "Advocate Core" curriculum, which must meet OCVA standards, is designed to help individuals who are new to the field provide responsive and effective advocacy to survivors. Organizations serving a range of crime victims (e.g., domestic violence, sexual assault, and human trafficking) may be required to facilitate multiple trainings, either by offering it themselves or sending advocates to trainings offered by another organization, to satisfy varying requirements for the populations served. The Task Force recommends studying the feasibility of a core training on the competencies of advocacy across crime types. Organizations offering training could develop program-specific modules that meet specific requirements, but a core training may streamline efforts and reduce the burden of coordinating multiple trainings. Table A outlines community-based advocacy training requirements for OCVA grantees.

Table A.

	Community-Based Advocacy Training Requirements for OCVA Grantees
Crime victim advocates*	30 hours of initial training** + additional 10 hours within the first year, 12 hours of continued education training every year thereafter
Domestic violence advocates	20 hours of initial training, 20 hours of continuing education training every year thereafter
Sexual assault advocates	30 hours of initial training, 12 hours of continuing education training every year thereafter

*crime victim advocates respond to victims of assault, burglary, child abuse, drunk/drugged driving, homicide, identity theft, trafficking, hate crimes, kidnapping, and property crimes

**the 30 hour requirement is waived for advocates who have taken either the sexual assault or domestic violence core trainings

Issues Surrounding Age of Consent for Adolescents Seeking Sexual Assault Forensic Exams

In Washington, the age most individuals are able to consent to medical care is 18; however, adolescents can consent to mental health care at age 13, reproductive health care at age 14, and abortion services at any age.[19] When an adolescent presents at a hospital without a parent or guardian seeking a sexual assault forensic exam, staff may be required by hospital policy to contact a parent or guardian for consent to proceed with care. Policies are not consistent across the state and some medical facilities interpret the age of consent for forensic exams as 13, others as 14, and others at 18. Issues arise when nurses are unable to reach parents, or when parents are unsupportive, including, for example, when they are in a relationship with the perpetrator. Alternatively, medical staff may proceed with care without a parent/guardian's approval, based on a Mature Minor Rule determination, meaning that the adolescent meets certain criteria (e.g., living apart from parent/guardians, self-supporting) and is sufficiently mature enough to make their own health care decisions.[20] Nurses and medical professionals may not be aware of the Mature Minor Rule, or may be uncomfortable making the determination given the subjectivity of the assessment.

The Task Force discussed the difficulties interpreting age of consent laws in Washington and situations where parents are unsupportive or cannot be reached, which can result in adolescents waiting long hours or not receiving services. The group learned about opportunities to create an explicit policy on the age adolescents can consent to sexual assault forensic exams in Washington. To understand the impact of existing laws across the country allowing adolescents to consent to sexual assault forensic exams, the Task Force met with SANE coordinators, SANE trainers, and statewide coalition leaders, in Arizona, California, Colorado, Illinois, Missouri, and Oregon. In general, representatives from each state encouraged Task Force members to consider recommending an explicit policy allowing adolescents of a particular age the ability to consent to a sexual assault forensic examination. Table B outlines information gained from meetings with representatives of each state.

Table B.

	Adolescent consent for sexual assault medical care and forensic examination	Parental notification
Arizona	Age 12+ may consent to sexual assault forensic exam and related medical care. AZ Rev Stat §13-1413	Medical professionals must attempt to contact a parent or legal guardian.
California	Age 12+ may consent to sexual assault forensic exam and related medical care. Cal. Family Code §6927	Must document attempt to contact parent or guardian unless it is believed that the parent or guardian is the offender.
Colorado	Minors can consent, no age specified. Colo. Rev. Stat. §13-22-106	Must make reasonable effort to notify parents or guardian.
Illinois	Minors can consent, no age specified. 410 ILCS 210/3(b).	Not required.
Missouri	Minors of any age may consent to sexual assault forensic exam, however rules and regulations related to the statute restrict consent to a forensic exam to age 14+.[21] MO ST. §595.220	Must provide written notice to parent or guardian that the exam has occurred.
Oregon	No explicit policy. Age 15+ can consent to hospital care, which would include a forensic exam and related medical care. Or. Rev. Stat. §109.640	Not required.
Washington	No explicit policy. Mature minor doctrine applies.	

According to a recent study on state-by-state variability in adolescent privacy laws, published in the *Journal of the American Academy of Pediatrics*, state laws on consent and privacy for adolescents vary.[22] In a summary of consent laws by state, 24 states have specific policies allowing adolescents of varying ages to consent to sexual assault evaluation and medical care. Task Force members determined age 13 to be consistent with the age at which adolescents in Washington can consent to substance use disorder treatment and mental health care.[23] Members recommend the Legislature adopt an explicit policy to reduce further confusion and ensure adolescents are not turned away for care. Adopting this change would not affect mandatory reporting laws.[24]

Access to and Availability of SANEs and FNEs Statewide

SANEs and FNEs play a critical role in the emergency response to sexual assault by providing patients with critical access to health care and evidence collection. Issues facing SANEs and FNEs in Washington have been well-documented by the Office of Crime Victims Advocacy (OCVA) in a 2016 report entitled, "Sexual Assault Nurse Examiners: Study of Sexual Assault Nurse Examiner Availability, Adequacy, Costs, and Training" as well as a 2019 report entitled, "Sexual Assault Response: Increasing Sexual Assault Nurse Examiner Availability and Access Statewide."[25,26] According to OCVA, of the 39 counties in Washington, 30 provide sexual assault forensic exams.[27]

Task Force members expressed concerns about inadequate compensation for SANEs, the lack of a dedicated funding source for SANE training statewide, nurse retention, burnout, and a general lack of support from hospital administrators. In 2021, Senate Bill 5183 required OCVA to develop strategies to make forensic nurse examiner training available to nurses in all regions of the state without requiring nurses to travel unreasonable distances and without requiring medical facilities or the nurses to incur unreasonable expenses. OCVA convened a workgroup to advise on the development of recommendations, which several Task Force members participated in. The Task Force recommends establishing a long-term, sustainable funding source for all aspects of sexual assault nurse examiner and forensic nurse examiner training, retention and re-hiring incentives, consistent with OCVA's recommended strategies, as required by Senate Bill 5183. See *Appendix A* for a list of the recommendations.

Non-state Funding Sources to Improve Washington's Response to Sexual Assault

Washington state utilizes a number of non-state funding sources for the response to sexual assault and provision of services to survivors. The Department of Commerce proactively procures non-state funding for various advocacy efforts including provider training, community coordination, and prevention services. Table C outlines the federal funding sources currently, or formerly, utilized by the Department of Commerce as awarded by the Department of Justice's Office on Violence Against Women and authorized by the Violence Against Women Act.

Table C.

Federal funding source	Applicable uses
Services-Training-Officers-Prosecutors Violence Against Women Formula Grant (STOP grant) funds	-Advocacy, crisis intervention, therapy and shelter to victims of domestic violence, dating violence, sexual assault or stalking; -Criminal justice equipment purchases, specialized crime units and training; and -Support for judicial statewide projects and training.
Rape Prevention Education (RPE) Program	-Comprehensive activities that promote attitudes, behaviors, and social conditions aimed at preventing sexual violence before it happens; -Multisession skill-building activities that address topics logically connected to sexual assault prevention; -Providers to train professionals and examine policy; and -Culturally competent primary prevention activities.

Sexual Assault Services Program (SASP) Formula Grant Funds	-Accompaniment and advocacy through medical, criminal justice, and social support systems, including medical facilities, police, and court proceedings; -24-hour hotline services providing crisis intervention services and referral; -Short-term individual and/or group therapy; -Support groups; and -Community-based, culturally and linguistically specific outreach activities for underserved communities.
Victims of Crime Act	-Funding for the provision of specific services (e.g., civil legal services, SANE services, therapy); -Funding for victims of specific crimes (includes sexual assault); -Set-asides for programs operated by and for historically marginalized populations, Tribes, programs serving child victims, system-based victim witness assistance programs; and -Funding for community sexual assault services, domestic violence emergency shelters, and crime victim service centers.

Final Recommendations

- **ESTABLISH AN AGE OF CONSENT FOR ADOLESCENTS SEEKING SEXUAL ASSAULT MEDICAL FORENSIC EXAMS:** The age at which minors and adolescents are allowed to independently consent to sexual assault medical forensic exams varies widely at hospitals across the state because a particular age is not set in statute. In contrast, Washington state law allows minors to consent to treatment for sexually transmitted diseases at age 14 and older, reproductive care services at any age, and mental health and substance use disorder treatment at age 13. The Task Force recommends allowing adolescents age 13 and older to consent to sexual assault medical forensic exams, while encouraging forensic nurses and sexual assault nurse examiners to contact a parent/guardian when a minor presents for care, when feasible. However, nurses should not be required to do so. Mandatory reporting laws will still apply.
- **INCREASE CAPACITY FOR IN-PERSON ADVOCACY SERVICES FOR SURVIVORS:** Washington state law permits survivors to be accompanied by a personal representative of their choice during a medical forensic exam, as well as legal proceedings concerning the assault (RCW 70.126.060). In the immediate aftermath of a sexual assault, survivors may utilize advocates to talk about their feelings, provide comfort, and help process what has happened. They may have specific questions about the reporting process and/or the forensic examination process. Additionally, advocates may also help survivors plan for ongoing safety and connect with other support systems. Many community sexual assault programs and child advocacy centers in Washington offer in-person medical advocacy services while others are limited in their ability to provide in-person advocacy and instead, primarily provide these services by phone. The Task Force recommends creating a fund to support community sexual assault programs and child advocacy centers in assessing their county's unique needs and determining when, where, and how often to provide in-person advocacy services.
- **EXAMINE CORE TRAINING FOR COMMUNITY-BASED ADVOCATES OF CRIME VICTIMS**: The Task Force recommends the Office of Crime Victims Advocacy form a workgroup of representatives from the Washington Coalition of Sexual Assault Programs, Washington State Coalition Against Domestic Violence, Children's Advocacy Centers of Washington, Victim Support Services, and other key stakeholders, to study the feasibility of a core training for community-based advocates to reduce the burden of training requirements for advocates of domestic violence, sexual assault survivors, and crime victims to create consistency across training programs and streamline the certification process for community-based advocates. A core training would help to address cross-jurisdictional issues with cases, promote relationship-building outside of the regions where advocates are working, create better efficiency in existing training models, allow advocates to add additional specialties to core competencies, and provide agencies flexibility if they provide their own training.

- **INCREASE AVAILABILITY AND ACCESS TO SEXUAL ASSAULT NURSE EXAMINERS AND FORENSIC NURSE EXAMINERS:** Nationwide, hospitals are facing a shortage of trained nurses. As a critical piece of the sexual assault response system, the Task Force recommends establishing a long-term, sustainable funding source for all aspects of sexual assault nurse examiner and forensic nurse examiner training, retention and re-hiring incentives, and implementation of a new "Assault Prevention and Crisis Services Program" consistent with the recommendations produced by the Office of Crime Victims Advocacy (see *Appendix A*).
- **IMPLEMENT MODEL GUIDELINES FOR CORE DISCIPLINES RESPONDING TO ADULT SEXUAL ASSAULT AND CREATE A STATEWIDE COORDINATOR POSITION**: Local law enforcement officials, prosecuting attorneys, medical professionals, and community-based advocates should review, customize, and adopt protocols based on the model guidelines for responding to adult sexual assault, which were produced by the Sexual Assault Coordinated Community Response Task Force (see *Appendix B*). Disciplines should share protocols in a multidisciplinary team setting and formalize agreements with memorandums of understanding and interlocal agreements, as appropriate. In addition, to support the implementation of adult protocols by the core responding disciplines, the Legislature should create a statewide coordinator position. Funding is needed to build capacity for more communities to form adult-focused multidisciplinary teams and should include stipends for medical and mental health professionals who may not be compensated for participating in a child and/or adult-focused multidisciplinary team. Importantly, a statewide coordinator should partner with Washington Coalition of Sexual Assault programs and Children's Advocacy Centers of Washington to determine how to work collaboratively and maximize available resources to support teams working across all ages.
- **UPDATE AND IMPLEMENT CHILD ABUSE INVESTIGATION PROTOCOLS BY COUNTY:** RCW 26.44.180 requires each agency involved in investigating child abuse, including child sexual abuse, to document its role in handling cases and coordinating with relevant local agencies and systems. As required by law, each county's prosecuting attorney must develop a written protocol to address the coordination of criminal investigations among multidisciplinary child protection team members and, review and update the protocol document every two years as needed. Regularly updated protocols ensure preparedness and community coordination in response to child abuse cases. Children's Advocacy Centers of Washington offers technical assistance to develop and update protocols based on best practices. While many counties routinely update and rely on protocols to guide their work, not every county has an updated child abuse protocol in place and some lack child abuse protocols altogether. The Legislature should make additional funds available to Children's Advocacy Centers of Washington to expand outreach to counties through regional convenings, specialized trainings, individualized technical assistance, and other methods of engaging prosecuting attorney offices, law enforcement, and other multidisciplinary partners in the development and/or updating of county child abuse investigation protocols.

Appendices

Appendix A

OCVA Recommended Strategies for SANE Training (Senate Bill 5183)

1. The state should provide long-term, sustainable funding for all aspects of FNE training including but not limited to:

- Supportive Comprehensive Forensic Nurse Examiner Training Program
    - Nurses' costs to attend state-approved FNE training courses including but not limited to:
        - All initial, ongoing and continuing education costs including travel and registration fees and
        - Compensation for wages lost while attending training.
    - Hospitals' back-staffing costs when nurses are gone to attend FNE training.
    - Development and provision of statewide forensic nurse examiner training.
    - The Forensic Medical Exam (FME) Telenursing Center that the workgroup will design.
- A new "Assault Prevention and Crisis Services Program" at a state agency to manage program recommendations including funding distributions, the FME Telenursing Center, Washington State Approved FNE Trainings, germane federal grant applications and other duties as assigned.

2. One year collaborative workgroup that shall include but is not limited to current state-funded training providers, state sexual assault coalitions, state agencies, hospital representatives and associations, task forces, and councils that have duties relating to the prevention, investigation, or prosecution of sexual assault or other sex offenses or services provided to survivors, forensic science experts, and/or individuals and organizations having knowledge and experience relating to the issues of forensic medical exams and testimony. Workgroup responsibilities include but are not limited to:

- Establish Washington State Health Care Facilities' Minimum Standards of Care for Emergency Assault Services:
    - Establish and adopt "Minimum Standards of Care" for all Washington state health care facilities with an emergency department.
    - All health care facilities with an emergency department will be required by law to provide defined standards of care to survivors of sexual assault, nonfatal strangulation and intimate partner violence including access to a forensic medical exam by a registered nurse who has completed the appropriate Washington State Approved Training Course or the equivalent education and training.
- Standardize Forensic Nurse Examiner (FNE) Protocols, Forms and Evidence Collection Procedures
    - Transition current FNE guidelines to standardized statewide FNE protocols with standardized forms and evidence collection procedures.
    - Create free, brief virtual trainings for currently practicing FNEs on the protocols, procedures and required forms.
- Standardize Washington State FNE Training Curriculum Requirements.

- Establish Washington State FNE Course Curriculum Requirements informed by but not limited to the new statewide protocols and procedures for hospitals and FNEs.
- Curriculum requirements shall be used to approve future FNE training providers to assure consistent training quality across the state.
- Statewide training providers collaboratively establish training opportunities:
    1. FNE training providers train other organizations who would like to become FNE training providers.
    2. Collaborate to coordinate innovative training schedules based on nurses' schedules with clinical/preceptorship training opportunities including mobile clinical/preceptorship trainings in rural areas.
    3. Ensure clinical/preceptorship trainings are offered multiple times throughout the year in all regions of the state.
    4. Create a website with all state-approved FNE training offerings.

- Design a statewide Forensic Medical Exam (FME) Telenursing Center that shall provide mentorship, continuing education, ongoing training, consultation services, guidance, or technical assistance for forensic medical exams across the state via video conferencing.

Appendix B

Washington State Model Guidelines for the Core Disciplines Responding to Adult Sexual Assault

December 2022

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Acknowledgments

The Sexual Assault Coordinated Community Task Force gratefully acknowledges the contributions of all Task Force members and participants across the state. The below list includes members of the Task Force as well as community partners and stakeholders who provided input, revisions, and written or verbal contributions to the model guidelines.

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Introduction

Statement of Purpose

Washington state's Substitute Senate Bill 6158 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. National best practices recommend a multidisciplinary, victim-centered and trauma-informed response to sexual assault.[1] This document aims to promote consistency across disciplines in response to adult sexual assault cases, including but not limited to, best practices promoting equity, inclusion, and a trauma-informed, victim-centered approach.

Language and Terminology

Appropriate language and terminology is important as part of a trauma-informed, victim-centered response to sexual assault. It is critical that language about sexual assault not further stigmatize or blame victims and survivors. Language should be chosen with intention as a means of building trust.

Victim, survivor, patient, client

The language responders use to identify victims and survivors can be dependent on their discipline and role. For example, community-based advocates may use the term "survivor" or "client" while medical professionals often use the term "patient," and justice-system practitioners use the term "victim." Within the criminal justice system the term "victim" describes a person who has been subjected to a crime. Victim also serves as a status that provides certain rights under the law. However, some people may self-identify as a victim, while others may self-identify as a survivor. The term survivor can be used as a term of empowerment to convey that a person has started the healing process and may have gained a sense of peace in their life. Unless there is a legal necessity for particular terminology, responders should ask the individual's preference, as necessary, while keeping in mind that the person may prefer not to be labeled at all. Never assume how a person may feel about their experience and the impact of their assault. Consistent and open communication about how the individual feels is a critical part of continued support.
For the purpose of the model guidelines, terms will be used in a manner that best reflects the relationship between the responder and the survivor. Terms may also be used interchangeably.[2]

Victim-centered, trauma-informed approach

Simply put, victim-centered and trauma-informed approaches are implemented for the purpose of attempting to avoid re-traumatizing victims. Trauma-informed means delivering services with an understanding of the vulnerabilities and experiences of trauma survivors, including the prevalence of sexual assault and the physical, social, and emotional impact of trauma. Trauma-informed approaches place priority on restoring the survivor's feelings of safety, choice, and control. Victim-centered means placing the victim's priorities, needs, and interests at the center of the work. By providing nonjudgmental assistance and an emphasis on client self-determination, where appropriate, victims can be empowered to make informed choices. Victim-centered also means ensuring victims' rights, voices, and perspectives are incorporated when developing and implementing systems- and community-based efforts.[3]

Culturally appropriate services

Cultural competence is the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each.[4] It is an ongoing process that requires relationship-building and partnership with different communities, as well as ongoing discussions within an agency or organization. Community sexual assault programs (CSAPs) in Washington state undergo an accreditation process required by the Office of Crime Victims Advocacy (OCVA). A requirement of compliance is the development of a cultural competency plan with specific objectives and documentation of the process. The Washington Coalition of Sexual Assault Programs (WCSAP) has a number of culturally specific resources and trainings available to build cultural competence skills in order to provide culturally appropriate services.[5]

1 "National Sexual Assault Investigation and Prosecution Best Practices Guide," *National District Attorneys Association*, January 3, 2018, https://www.ciclt.net/ul/ndaa-justice/WhitepaperFinalDraft-SA.pdf.
2 "Victim or Survivor: Terminology from Investigation through Prosecution," *SAKI, Sexual Assault Kit Initiative, 2015,* https://sakitta.org/toolkit/docs/Victim-or-Survivor-Terminology-from-Investigation-Through-Prosecution.pdf.
3 "Glossary," *Office for Victims of Crime*, Office of Justice Programs, https://ovc.ojp.gov/sites/g/files/xyckuh226/files/model-standards/6/.
4 "A Closer Look," *Child Welfare League of America*, March 2009, https://www.childwelfare.gov/pubPDFs/culturalcompetency.pdf.
5 "Cultural competency and accessibility," *Washington Coalition of Sexual Assault Programs*, https://www.wcsap.org/advocacy/program-management/new-directors/standards/cultural-competency-accessibility.

Coordinated community response to sexual assault

Survivors of sexual assault may access and interact with multiple systems including, but not limited to, medical, legal (law enforcement, prosecution, systems-based advocates), and community-based advocacy. Research has shown that when these systems work together, survivors and their families experience better outcomes and feel better supported. While each of the systems may have different goals, they are most effective when collaborating to provide a coordinated response to sexual assault. Coordination across disciplines involves making referrals to appropriate services, participating in a multidisciplinary team to share information, collaborating on cases, and addressing gaps in care for survivors and their families.[6]

Gendered pronouns

Gender pronouns refer to a specific person ("he", "she", "they", "ze"). Pronouns are a part of each person's gender expression and individuals may have multiple sets of pronouns for themselves (e.g., "he/him/his" and "they/them/theirs"). Pronouns are not "preferred" but are required for respectful communication. Never assume an individual's gender pronouns based on how the person presents or appears. The best way to encourage someone to share their pronouns is for responders to share their own. For example, "Hi, my name is Jordan I go by "she/her" pronouns. How should I refer to you?"[7]

Anti-Oppression Framework

Sexual assault is a form of oppression because it is perpetrated by those with greater power and control over those with little or no power or control. As a tool of oppression, sexual assault cannot be understood or adequately addressed without also understanding the multiple intersections with other forms of oppression, including but not limited to racism, sexism, classism, homophobia, transphobia, and ableism. As a result, sexual assault is a crime that disproportionately affects women of color, transgender, gender non-conforming, two-spirit people, immigrants and refugees, people with one or more disabilities, and people living in poverty.[8,9,10]

As responders to victims and survivors of sexual assault, it is important to acknowledge and consider the ways in which social structures and institutions reinforce imbalances of power and cause compounded trauma for people in marginalized identity groups. [11] Facing multiple intersecting oppressions may cause victims and survivors to experience considerable difficulty accessing services that are intended to provide support.[12] An anti-oppression framework means committing to consistent analysis of individual and organizational biases and practices, combined with active and intentional work to improve service delivery. [13] Washington State prioritizes community-driven strategies to address the root causes of violence. This approach emphasizes culturally and linguistically relevant methods, and works to empower communities to cooperatively prevent sexual assault before it occurs.[14]

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6 Mallios, JD, Christopher, and Jenifer Markowitz, ND. "Benefits of a Coordinated Community Response to Sexual Violence," Dec. 2011, https://sakitta.org/toolkit/docs/Benefits-of-a-Coordinated-Community-Response-to-Sexual-Violence-Issue-7.pdf.

7 "Pronouns and Inclusive Language," *LGBTQIA Resource Center*, https://lgbtqia.ucdavis.edu/educated/pronouns-inclusive-language.

8 "Sexual Violence and Women of Color: A Fact Sheet," *Ohio Alliance to End Sexual Violence*, https://oaesv.org/wp-content/uploads/2021/04/oaesv-sexual-violence-women-of-color.pdf.

9 "The Sexual Assault Epidemic No One Talks About," *NPR*, January 8, 2018, https://www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one-talks-about.

10 "Fact Sheet on Injustice in the LGBTQ Community," *National Sexual Violence Resource Center*, *https://www.nsvrc.org/blogs/fact-sheet-injustice-lgbtq-community.*

11 "Lessons for Local Programs," *Resource Sharing Project and National Sexual Violence Resource Center*, 2019, https://resourcesharingproject.org/wp-content/uploads/2021/11/FINAL20Lessons20for20Local20Programs20-20English.pdf.

12 Bach MH, Beck Hansen N, Ahrens C, Nielsen CR, Walshe C, Hansen M., "Underserved survivors of sexual assault: a systematic scoping review," 2021, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8043556/.

13 "Anti-Oppression and Rape Crisis Work," *Ohio Alliance to End Sexual Violence*, 2015, https://oaesv.org/wp-content/uploads/2021/04/oaesv-anti-oppression-resource.pdf.

14 "Sexual Violence Prevention Plan," *Washington State Department of Health*, 2017, https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/140-165-SexualViolencePreventionPlan.pdf?uid=63571b4302f20.

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.[15]

2. Ensure **accessible and culturally appropriate** services are provided by offering the victim or survivor accommodations and explaining what can be provided (e.g., interpretation, translation, culturally specific services).[16] 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.[17] Practically, this means 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 a survivor's 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.[18]

4. **Inform victims and survivors of their rights** as provided by RCW 70.125.110. Be able to adequately explain the role of a community-based advocate and have an established process with your local 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.

Participate in a multidisciplinary team (MDT) or 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;
- 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;
- Recognizing power dynamics and hierarchies and how they impact multidisciplinary team coordination and impede best-case scenario outcomes for victims and survivors; and
- Staying focused on offenders.

15 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. https://link.springer.com/article/10.1023/A:1011125220522.

16 "Just Ask: A Toolkit to Help Advocates Meet the Needs of Crime Victims with Disabilities," *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/.

17 "Glossary," *Office of Justice Programs, Office for Victims of Crime*, https://ovc.ojp.gov/sites/g/files/xyckuh226/files/model-standards/6/glossary.html.

18 "Creating Trauma Informed Services," *Washington Coalition of Sexual Assault Programs,* 2017, https://www.wcsap.org/resources/publications/special-editions/creating-trauma-informed-services.

Law Enforcement

Roles and Responsibilities

The role of law enforcement in sexual assault cases involves ensuring the immediate safety and security of the victim, connecting them to medical and 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, 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.[19]
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."[20]

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 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;
- Assessing what disability accommodations, culturally appropriate services, and translation services are needed;
- Identifying whether a crime has occurred;
- Conducting an investigation;
- 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);
- Initiating a coordinated community response; 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

Available Resources:

- End Violence Against Women International's (EVAWI) *Start by Believing* Initiative: Law Enforcement Action Kit and Training Resources
- IACP: Sexual Assault Response Policy and Training Content Guidelines to support law enforcement agencies with the development of comprehensive sexual assault polices
- Urban Indian Health Institute: Our Bodies, Our Stories a series of reports detailing the scope of violence against Native women and people in Seattle and across the nation

19 "Improving Police Response to Sexual Assault," *Human Rights Watch*, 2013, https://www.hrw.org/sites/default/files/reports/improvingSAInvest_0.pdf.
20 "Response to Victims of Crime," *International Association of Chiefs of Police: Law Enforcement Policy Center,* Updated August 2018, https://www.theiacp.org/sites/default/files/2018-08/VictimsPaper2018.pdf.

In addition to the best practices across disciplines, listed on page 7, best practices for law enforcement include the following:

- Investigate sexual assault reports thoroughly and effectively;
- 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;
- Consider potential barriers a victim may face when providing a statement, including but not limited to, intellectual and/or developmental disabilities, cultural or religious factors, societal stigma, language barriers, and the manifestations of trauma;
- Refer victims to appropriate services;
- Classify reports of sexual assault appropriately;
- Maintain, review, and act upon data regarding sexual assault; and
- 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.[21]

Guidelines: Operationalizing Best Practices

Available Resources:

- IACP: *Gaining buy-in, building trust, and operationalizing values* Enhancing the Law Enforcement Response to Domestic and Sexual Violence
- EVAWI: Free "OnLine Training Institute"
- Police Executive Research Forum (PERF): Practical Approaches for Strengthening Law Enforcement's Response to Sexual Assault

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.[22]

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.[23]-

21 "Identifying and Preventing Gender Bias in Law Enforcement Response to Sexual Assault and Domestic Violence," *U.S. Department of Justice*, https://www.justice.gov/opa/file/799366/download.
22 Chivers-Wilson KA. "Sexual assault and posttraumatic stress disorder: a review of the biological, psychological and sociological factors and treatments." *Mcgill J Med*. 2006 Jul;9(2):111-8. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2323517/.
23 Visit www.wasafe.org to view a list of hospitals that provide sexual assault forensic exams.

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; and
- 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.

Available Resources:

- Washington SAFE Best Practices Advisory Group: Patrol Officer Reference Card: https://agportal-s3bucket.s3.amazonaws.com/uploadedfiles/Patrol%20Officer%20Reference%20Card.pdf

A. Emergency Response

- Follow standard emergency response protocols (e.g., establish victim's safety, secure the crime scene as needed).

B. Assisting the Victim

- Provide 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;
- Offer the victim a copy of their rights, as required by RCW 7.69.030;[24]
- Ask the victim if they would like to receive support from a community-based advocate and provide a list of resources developed in partnership with the local CSAP (including 24/7 hotlines culturally-specific advocates, advocates that can meet language and accessibility needs, etc.);
- Inform victims that the purpose of sexual assault exams are to address their health needs, any possible injuries, and to document evidence.[25] Notify the victim they are eligible to receive a medical forensic examination free of charge, regardless of whether or not they decide to participate in an investigation.[26] Provide transportation to a hospital with sexual assault nurse examiner (SANE) services; and
- Ask the victim if they experienced strangulation. Record any visible signs or symptoms of non-fatal strangulation (NFS) including, but not limited to, scratches, bruising, blood-red eyes, red spots (known as "petechiae"), cord or rope burns, voice and throat changes, breathing changes, and neurological symptoms. Note that the seriousness of non-fatal strangulation is often overlooked, only half of victims have any visible sign of injury. Encourage victims who experienced NFS to seek prompt medical care.

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,[27]

24 "As a victim of a crime of sexual assault, you have these rights under RCW 7.69.030," *Washington Coalition of Sexual Assault Programs,* https://www.wcsap.org/sites/default/files/uploads/resources_publications/community_and_survivor/Crime_Victims_Rights.pdf.

25 120 hours, or five days, is the forensic evidentiary standard for gathering DNA evidence from a victim. A sexual assault exam can also include examining for injury, testing and treatment for STIs and pregnancy, communicating with law enforcement and, for children, child protection professionals, and coordinating care and follow-up as appropriate.

26 RCW 7.68.170 provides victims the right to a medical evidentiary exam at no cost.

27 Wilson, C., Lonsway, K.A., Archambault, J. (2020). "Understanding the Neurobiology of Trauma and Implications for Interviewing Victims." *End Violence Against Women International.* https://evawintl.org/wp-content/uploads/2016-11_TB-Neurobiology-1.pdf.

- 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 may recall and/or disclose information over a period of time as their memories are activated and as they establish trust with responders;[28]
- Do not make judgments about credibility based on a victim's demeanor or inability to articulate a chronological narrative; and
- 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; and
- 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 facts 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 facts 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 interpreter services, including those offered by phone; 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; and
- 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.

28 Id.

Suspect Identification, Interviewing, and Evidence Collection

Follow agency-specific procedures for identifying the suspect, conducting the suspect interview, and collecting evidence, including where the forensic examination of the suspect will take place, who will pay for it, and what steps will be involved. The exam and evidence collection may be performed by a trained detective, medical provider (nurse, doctor, or physician assistant), or technician. It is essential that the victim and suspect examinations take place in different locations.

Available Resources:
- Harborview Abuse and Trauma Center: Suspect Evidence Collection Guidelines

A. Suspect identification and interviewing
- Conduct wants and warrants, background, and criminal history checks specifically looking for accusations, criminal charges, and convictions for inter- connected crimes, especially crimes involving violence;
- Take into consideration the victim's emotional and physical state when involving them in a pretext phone call to the suspect. A victim advocate should be present whenever possible to offer support; and
- Conducting the suspect interview solely by phone is strongly discouraged unless it is part of an investigative strategy.

B. Suspect evidence collection
- Immediately after the preliminary suspect interview, determine whether a forensic sexual assault examination should be obtained for the suspect;
- If the suspect consents to evidence collection procedures, document voluntary consent in the police report. A search warrant may be needed to collect any evidence from the body of the suspect or even to collect clothing;
- Document clearly the suspect's freedom to decline any part of the examination and to leave at any time;
- Collect evidence as appropriate, including cells from inside a suspect's cheek for DNA profiling, penile swabs, and pubic hair combings. Cotton-tipped swabs or other buccal DNA collectors should be readily available to investigators in the field;
- If in custody, provide the suspect with a Miranda warning before the forensic examiner or investigator proceeds with medical history questions;
- Document the suspect's medical history, photograph and document all observable injuries;
- Collect biological and trace evidence from the suspect's body. Document information about the suspect's clothing, appearance, scars, tattoos, piercing, and other identifiable marks;
- If the suspect invokes their right to remain silent, bypass the medical history portion of the examination and continue documenting any visible injury and collecting the appropriate specimens; and
- 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.

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.

Available Resources:
- IACP: Sexual Assault Supplemental Report Form
- IACP: Sexual Assault Report Review Checklist

A. Officer responsibilities
- Officers interviewing witnesses, victims, suspects, or identifying evidence and processing a crime scene should write their own report detailing actions taken, including any referrals provided to the victim.;
- Complete reports as soon as feasible;
- Prepare an investigative report and follow-up reports regarding the incident. Be mindful of language and

wording in reports to avoid perpetuating victim-blaming or implying that the victim is a potential suspect, particularly in alcohol- or drug-facilitated sexual assault cases; and
- 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 primary and alternate 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; and
- 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 the race and/or ethnicity of victims and perpetrators.

Collection of Sexual Assault and Strangulation Forensic Evidence

Sexual Assault Nurse Examiners (SANEs) and Forensic Nurse Examiners (FNEs) 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.[29] *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.*

Available Resources:

- Harborview Abuse and Trauma Center and O: Washington state sexual assault medical forensic guidelines (2017)
- U.S. Dept. of Justice: National Best Practices for Sexual Assault Kits (A Multidisciplinary Approach)

A. Sexual assault medical forensic examination
- RCW 70.125.110 provides a sexual assault victim with 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; and
- Inform victims of the ability to track the testing process and outcomes of a SAK, 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, per RCW 5.70.040[30]; and

29 "Tools and Resources," Minnesota Coalition Against Sexual Assault (MNCASA), https://mncasa.org/tools/?_sft_resource_audience=sexual-assault-response-teamsmncasa.org/tools/?_sft_resource_audience=sexual-assault-response-teams.
30 As of 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.

- 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.

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. Department of Justice (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.[31] 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.[32]

Available Resources:

- WA State Criminal Justice Training Commission: Victim-Centered Engagement and Resiliency Tactics (VCERT) for Sexual Assault Investigations
- WA State Criminal Justice Training Commission (WSCJTC): Sexual Assault Investigation (SAI) Field Resource Card (Email WSCJTC at atd@cjtc.wa.gov with "SAI Admin" in the subject line to request materials)
- WA SAFE Best Practices Advisory Group: Victim Notification Best Practices (Contact the WA Attorney General's SAKI team at: 833-753-0900 to request a copy)
- EVAWI: Investigating Sexual Assault Against People with Disabilities
- Sexual Assault Kit Initiative (SAKI): Core Standards for Sexual Assault Investigations

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.[33]

Initiating a Collaborative/Multidisciplinary Response

Communities can improve and strengthen their response to 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.

31 Reaves, Brian A, Ph.D. "Felony Defendants in Large Urban Counties, 2009- Statistical Tables." Bureau of Justice Statistics. https://bjs.ojp.gov/library/publications/felony-defendants-large-urban-counties-2009-statistical-tables.
32 "Core Standards for Sexual Assault Investigations," *Sexual Assault Kit Initiative (SAKI),* 2019, https://sakitta.org/effective-practices/docs/Core-Standards-for-Sexual-Assault-Investigations.pdf.
33 The Washington State Criminal Justice Training Commission (WSCJTC) 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 https://cjtc.wa.gov/training-education/special-investigations for more information.

Available Resources

- Office of Justice Programs: SART Toolkit
- Minnesota Coalition Against Sexual Assault (MNCASA): SART Tools & Resources
- MNCASA: Sexual Assault Response Team Starter Kit (A guide for new SART teams)

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.[34]

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 Deaf-Blind survivors of sexual assault, domestic violence, and harassment.

- If the victim is at a hospital, consult with the SANE or forensic nurse examiner 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; and
- 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.

Community-Based Advocates

Roles and Responsibilities

Advocates play a unique role in the community and systems response to sexual violence in that they are the only member of the response whose sole focus is to be a supportive person to the victim/survivor as well as secondary victims/survivors. Advocates offer information, options, and supportive assistance in navigating the healing and justice processes. Advocates can accompany a victim/survivor in nearly all parts of the response—medical forensic exams, law enforcement interviews, and court proceedings. Advocates focus their efforts on validating and supporting a victim/survivor in all of their choices.[35]

Best Practices

Available Resources:

- Mending the Sacred Hoop: A Guide for Advocates Serving Native Survivors
- WCSAP: Native American advocacy considerations
- NW Network of Bisexual, Trans, Lesbian, and Gay Survivors of Abuse: Training and Resources
- EVAWI: "Start by Believing" Victim Advocacy Action Kit - Transform the response to sexual violence by knowing what to say, taking action, and exploring resources
- National Sexual Violence Resource Center (NSVRC): Best Practices for Community-Based Advocates

34 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.

35 "Comprehensive Services for Survivors of Sexual Assault," *Resource Sharing Project,* Sexual Assault Demonstration Initiative, 2019, https://nnedv.org/wp-content/uploads/2020/07/Library_TH_Comprehensive_Services_SA_Survivors.pdf.

In addition to the best practices across disciplines, listed on page 7, best practices for community-based advocates include the following:

Organizational Best Practices

- **Anti-oppression framework**: Promote continual learning to understand how to deliver culturally appropriate and accessible services to victims and survivors with marginalized identities.
- **Reflecting the populations being served**: Hire and retain staff that represent the populations served.
- **Building intentional and reciprocal relationships**: Build relationships with Tribes and culturally specific communities and organizations.
- **Availability**: Provide advocacy services 24 hours a day/365 days a year both on a crisis line and in person, as much as possible.
- **Evaluation**: Continuously evaluate services and incorporate feedback from those utilizing services.

Advocacy Best Practices

- **Non-Judgmental Support**: Respect each individual's wishes after informing them of their rights and choices. Do not encourage or discourage victims from reporting or participating in the criminal justice system.
- **Empowerment**: Ask permission at each step of the process, validating the survivor's experience and feelings.
- **Confidentiality**: Ensure confidentiality as required by RCW 70.125.110.

Guidelines: Operationalizing Best Practices

Available Resources:

- End Abuse of People with Disabilities: Assessment tool for measuring capacity to serve survivors with disabilities and deaf survivors
- Vera Institute of Justice: Toolkit to Help Advocates Meet the Needs of Crime Victims with Disabilities
- Asian Pacific Institute on Gender-Based Violence: Immigration Polices & Remedies Affecting Survivors
- WCSAP: Multidisciplinary Teams and Information on Sexual Assault Protection Orders
- Safety planning tools: (PowerPoint and Google Doc)

Initial contact and intake

- Assess immediate needs for safety and security;
- Gather basic demographic information and accessibility needs (e.g., translators, culturally specific services, etc.);
- Establish personal support and assistance to ensure victim's interests are represented throughout the process; and
- Explain confidentiality and privilege within the advocacy agency.

Informing victims and survivors of their choices and discussing options

- Explain the provisions of the survivor bill of rights (RCW 70.125.110);
- Provide information and choices (e.g., available medical care and forensic evidence collection, options for reporting including what happens if they choose not to report or delay reporting, legal resources, etc.);
- Discuss options based on available resources and provide a roadmap for accessing services; and
- Provide referrals to culturally-specific resources, as appropriate.

Providing services

- Accompany survivors to exams, appointments, interviews, and court hearings, as appropriate;
- Provide counseling, support, education, resource and referral linkages to meet the specific needs and requests of the survivor; and
- Provide safety planning (e.g., safe place to go after hospital, brainstorm options to enhance survivor's sense of security).

Participating in a coordinated community response

- Participate as an active partner in an area MDT or SART.

Medical Professionals

Roles and Responsibilities

Health professionals provide patients with critical access to health care and evidence collection. Regardless of the recency of an assault, all victim/survivor 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 wellbeing of the victim/survivor and can uniquely give accurate health information and assistance.[36]

Best Practices

Available Resources:

- Dept. of Commerce: WA Sexual Assault Response Best Practices for Adult, Adolescent, and Pediatric Patients
- Harborview Abuse and Trauma Center: WA State Resource for Sexual Assault Forensic Medical Care (wasafe.org)
- Find the nearest medical facility that offers sexual assault exams with forensic evidence collection
- OCVA: Non-fatal strangulation (NFS) Best Practices
- Washington State Patrol: Sexual Assault Kit Tracking System
- EVAWI: "Start by Believing" Health Care Action Kit - Transform the response to sexual violence by knowing what to say, taking action, and exploring resources
- DOJ: National Protocols for Sexual Assault Medical Forensic Examinations (www.safeta.org)

In addition to the best practices across disciplines, listed on page 7, best practices for medical professionals include the following, adapted from the 2017 recommended guidelines for sexual assault emergency medical evaluation in Washington State.[37]

Social/Psychological

- Respond to the patient's immediate emotional needs and concerns, assess safety and assist with intervention, provide information about typical reactions and coping strategies, explain the reporting process and the rights entitled to crime victims;
- Develop culturally responsive care and be aware of issues commonly faced by victims from specific populations;
- Prior to starting the exam and conducting each procedure, explain each step, its purpose, and what it involves, using accessible language delivered in a way patients will understand; and
- Provide information in the patient's language, including information that can be reviewed at their convenience.

Medical Exam

- Make patients aware of the ability to decline any aspect of the exam or evidence collection;
- Identify and treat injuries, assess risk of pregnancy and sexually transmitted infections (STI), document history and medical findings, provide prophylactic medication when indicated;
- Adapt the exam process to address the unique needs and circumstances of each patient;
- Accommodate patients' request for responders of a specific gender throughout the exam as much as possible; and
- Address physical comfort needs of patients prior to discharge. The medical forensic exam is done by the healthcare provider for the benefit of the patient.

36 "Sexual Assault Response Teams," *Minnesota Coalition Against Sexual Assault*, https://mncasa.org/our-work/systems-change/sexual-assault-response-teams/.
37 "Recommended Guidelines for Sexual Assault Emergency Medical Evaluation of Adults and Adolescents," *Harborview Abuse and Trauma Center and OCVA,* 2017, https://depts.washington.edu/uwhatc/ch/pdfs_docs/Recommended-Guidelines-Adult-and-Adolescent-2017.pdf.

Forensic and Legal

- Collect forensic evidence, preserve evidence integrity and maintain chain of custody, transfer to law enforcement with appropriate consent;
- Provide the necessary means to ensure patient privacy; and
- Inform patients of their right to have a friend, relative or advocate present during the exam and treatment (RCW 70.125.060).

Referrals and Reporting

- Refer for follow-up medical care, advocacy, and counseling; and
- Assist with law enforcement report as requested by patient. In cases of minors or vulnerable adults, report to authorities as required by RCW 20.44.030.

Hospital Administration

- For hospitals that do not provide sexual assault evidence kit collection, or have appropriate providers available at all times, develop a plan in consultation with the local CSAP, to assist individuals with obtaining sexual assault evidence kit collection in a timely manner (RCW 70.41.367);
- Provide print handouts of victim rights, crime victims compensation program information, and contact information for local CSAP(s) including organizations offering culturally-specific services;
- Develop and maintain relationships with the local CSAP in order to connect survivors to services as soon as they present for medical care, whether in-person or by phone;
- Support SANE and FNE participation in any local multidisciplinary teams;
- Ensure all administrators and staff have appropriate training;
- Do not bill the patient or patient's insurance for the exam;
- Capture disaggregated data (e.g., demographics of populations served);
- Provide adequate compensation for medical professionals providing sexual assault-specific services as well as breaks for SANEs/FNEs between exams, where possible; and
- Allow for patient feedback, including anonymous feedback, on SANE exams. Consider a standardized evaluation or a third-party administrator, such as an advocate.

Guidelines: Operationalizing Best Practices

Available Resources:

- Harborview Abuse & Trauma Center/OCVA: WA Sexual Assault Forensic Guidelines
- OCVA: Written notice of Crime Victims Compensation Program (CVCP) and right to receive referral
- WA State Dept. of Labor and Industries: Crime Victim and Provider Resources
- Washington State Hospital Association (WSHA): Guidance for hospitals on RCW 70.41.367 relating to hospitals who do not provide sexual assault evidence kit collection or have providers available at all times
- WSHA: Guidance for hospitals on RCW 70.125.110 providing sexual assault survivors with the right to receive written notice of free medical forensic examinations and a referral to CSAPs

Triage (Intake staff) Guidelines

- Prioritize sexual assault patients as emergency cases;
- Alert examiners immediately upon patient's request for treatment;
- As soon as possible, within two hours of a patient's request to receive a medical forensic examination, provide them with information on the availability of services including any estimated waiting time;
- Inform patient of their right to have a friend, relative or advocate present at the medical center or clinic (RCW 70.125.060);
- Provide regular updates on wait times for an examiner as timelines may change. Make sure their needs are being met during this wait. Patient comfort is a priority, even over evidence collection issues;
- Provide patients with a private room;
- Call an advocate immediately, or coordinate as appropriate, so the advocate can explain their role and offer

additional support during the medical process, as requested;
- Identify safety concerns upon arrival of patient at the site and any immediate medical and mental health interventions; and
- If medical forensic services are not available, coordinate transportation to a facility that provides SANE/FNE services. Note that Crime Victim's Compensation (CVC) will pay for a one-way trip.

Forensic and Medical Care Guidelines for SANEs and FNEs

- Address the patient's accessibility needs and offer available accommodations;
- Inform patients of their rights, including a no-cost exam regardless of their decision to report or participate in an investigation, kit tracking system, the right to have an advocate present, and the right to opt-in or out of any part of the examination, including the ability to stop at any time;
- Perform sexual assault forensic examination and evidence collection procedures, each step with informed consent from the patient;
- Provide follow-up care (e.g., safety planning, clothing, discharge medications, connection to ongoing advocacy services, referrals to counseling/mental health resources, culturally-specific services, ongoing STI surveillance, and sustenance for long wait times);
- Provide handouts as appropriate; and
- Prepare for and provide court testimony as needed.

Prosecutors

Roles and Responsibilities

The primary role of prosecution in sexual assault cases is to seek truth and justice, protect victims, and hold offenders accountable. Prosecutors are responsible for assessing reports to determine if enough evidence exists or could be obtained to file criminal charges. Many factors of sexual assault cases make them notoriously difficult to prosecute. From under-resourced offices handling resource-intensive cases, to victims reluctance to pursue cases fearing retribution and criticism among other concerns, to lack of witnesses, difficulty corroborating evidence, statutes of limitation, and, in general, underreporting of this serious crime.[38] Myths and misinformation surrounding sexual assault present unique opportunities and challenges for prosecutors to educate the community about sexual assault dynamics and offender tactics. In addition to these responsibilities, prosecutors should also ensure survivors are aware of their rights, and the advocacy services available to them both system and community-based.

Best Practices

AEquitas, in partnership with the Justice Management Institute (JMI) and the Urban Institute, developed the "Model Response to Sexual Violence for Prosecutors" or "RSVP Model" intended to serve as a comprehensive tool for making decisions on office policy and individual sexual assault cases. When implemented, the policies and practices described are intended to allow for all adult sexual assault victims who interact with prosecutors to experience prosecution practices that are trauma-informed, victim-centered, offender-focused, informed by research, and sustainable over the course of changes in administration and personnel. The RSVP Model also provides a performance management system as a tool for offices and individual prosecutors to measure their effectiveness in achieving intended outcomes.[39]

Available Resources:

- AEquitas: A Model Response to Sexual Violence for Prosecutors (RSVP Model)
- AEquitas: Re-framing performance measures for prosecutors: from conviction rates to accountability-related outputs and outcomes
- EVAWI's *Start by Believing*: Prosecutor Action Kit, Effective Victim Interviewing Report (2021), Training Resources

38 Morabito, Melissa, et al. "Decision Making in Sexual Assault Cases: Replication Research on Sexual Violence Case Attrition." 2019. https://www.ojp.gov/pdffiles1/nij/grants/252689.pdf.

39 "Model Response to Sexual Violence for Prosecutors (RSVP Model)," *AEquitas, et al,* https://AEquitasresource.org/wp-content/uploads/2020/01/RSVP-Vol.-I-1.8.20.pdf.

See *Appendix B* of AEquitas' "Model Response to Sexual Violence for Prosecutors:" *Core Competencies for Prosecuting Sexual Violence*.

Guidelines: Operationalizing Best Practices

The Bureau of Justice Statistics estimates that between 2018 and 2019, 29% of sexual assaults were reported to police.[40] *Reasons survivors may not report vary widely and include fear of retaliation, believing it was a personal matter, fear police and prosecutors will not believe them, and distortion of allegations.*[41] *Building trust with a survivor is an essential first step in providing trauma-informed, victim-centered prosecution. The "Model Response to Sexual Violence for Prosecutors" or "RSVP Model" developed in partnership by AEquitas, the Justice Management Institute, and the Urban Institute outlines case-level steps for individual prosecutors to use in the course of preparing and trying a sexual assault case. Not every step may be appropriate or necessary in every case and the list is not intended to be exhaustive, but rather a guide to track steps typically necessary and appropriate for addressing cases involving sexual violence with a trauma-informed, victim-centered, and offender-focused lens.*[42]

Available Resources:

- AEquitas: RSVP Model Office-Level and Case-level checklists
- AEquitas: Prosecuting Sexual Assault of Victims with Intellectual and Developmental Disabilities
- SAKI: Nine Tips for Conducting Victim-Centered Prosecution in Cold Case Sexual Assaults

- See Chapter 3 of AEquitas' "Model Response to Sexual Violence for Prosecutors:" *Case-Level Leadership*

40 Morgan, Rachel, et al. "Criminal Victimization, 2019." Published September 2020. https://bjs.ojp.gov/content/pub/pdf/cv19.pdf.
41 "Female Victims of Sexual Violence, 1994-2010," *Bureau of Justice Statistics,* Published March 2013. https://bjs.ojp.gov/library/publications/female-victims-sexual-violence-1994-2010.
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Endnotes

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2 Id.

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4 "Fast Facts: Preventing Child Sexual Abuse," *Centers for Disease Control and Prevention*, https://www.cdc.gov/violenceprevention/childsexualabuse/fastfact.html.

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9 Echo-Hawk, A. "Our Bodies, Our Stories: Sexual Violence among Native Women in Seattle, WA." *Urban Indian Health Institute*; 2018. https://www.uihi.org/projects/our-bodies-our-stories/.

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11 "Sex Offense Cases: Some Victims and Their Cases May Be Harmed by Gaps," *King County Auditor's Office,* July 22, 2020, https://kingcounty.gov/~/media/depts/auditor/new-web-docs/2020/sai-2020/sai-2020.ashx?la=en.

12 Tasca, Melinda, et al., 2013. "Police Decision Making in Sexual Assault Cases: Predictors of Suspect Identification and Arrest." *Journal of Interpersonal Violence* 28: 1157–77.

13 "Protocols and Guidelines for Sexual Assault Response Teams," *National Sexual Violence Resource Center,* https://www.nsvrc.org/sarts/protocols-and-guidelines.

14 Id.

15 "SART History," *National Sexual Violence Resource Center,* https://www.nsvrc.org/sarts/history.

16 RCW 26.44.180.

17 RCW 70.126.060.

18 Training requirements only apply to community-based advocates of organizations who receive OCVA grant funding, as a requirement of the funding.

19 "Providing Health Care to Minors under Washington Law," *Columbia Legal Services,* et al., https://depts.washington.edu/uwhatc/PDF/guidelines/Minors%20Health%20Care%20Rights%20Washington%20State.pdf.

20 The Mature Minor Rule was created as a result of a Washington state court case, Smith v. Seibly (1967). See: https://kingcounty.gov/depts/health/locations/~/media/depts/health/locations/documents/smith-selby.ashx. The "mature minor doctrine" is a common-law rule that allows an adolescent who is mature to give consent

for medical care. https://kingcounty.gov/depts/health/locations/mature-minor-rule.aspx.

21 https://revisor.mo.gov/main/OneSection.aspx?section=595.220.

22 English, Abigail, and Ford, Carol A. "Adolescent Consent and Confidentiality: Complexities in Context of the 21st Century Cures Act." Pediatrics 149.6 (2022).

23 For minors of any age, the Mature Minor Rule could still be applied.

24 The Federal Child Abuse Prevention and Treatment Act (CAPTA) requires each State to have provisions or procedures for requiring certain individuals to report known or suspected instances of child abuse and neglect. According to RCW 74.34.020 (10), mandatory reporters in Washington state include: Department of Social and Health Services employees, law enforcement, social workers and professional school personnel, individual providers and operators of a facility, employees of social service, welfare, mental health, home care, home health agencies, County coroner or medical examiner, Christian Science practitioner, and health care providers under RCW 18.130, such as physicians, nurses, and naturopaths, among others.

25 "Sexual Assault Nurse Examiners," *Washington state Department of Commerce,* December 2016, https://www.commerce.wa.gov/wp-content/uploads/2017/03/Commerce-SANE-2016-Final.pdf.

26 "Sexual Assault Response: Increasing Sexual Assault Nurse Examiner Availability and Access Statewide," *Office of Crime Victims Advocacy,* https://www.commerce.wa.gov/ocva-updates/sexual-assault-response-increasing-sexual-assault-nurse-examiner-availability-and-access-statewide/.

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