



2016

(The 2015 version was reprinted in January 2016 with minor revisions.)

King County, Washington State

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## KING COUNTY SPECIAL ASSAULT PROTOCOL

<b>MISSION STATEMENT</b>
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The purpose of this agreement is to provide guidelines for cooperative investigations and services in cases involving allegations of child sexual and physical abuse, neglect, and sexual assault of teenagers and adults in King County. This agreement promotes more effective and efficient responses by agencies in order to help ensure that the actions of one agency do not compromise the goals of another and that appropriate services are available to all victims and their families. In addition, the agreement serves to improve the reliability and integrity of investigations and protect the interests of victims, suspects, and communities. Primary participants are the law enforcement agencies of King County, the Office of the Prosecuting Attorney, and the Department of Social and Health Services Children’s Administration Region II – South.

The following principles, as set forth in RCW 26.44.180 and 26.44.185, provide the foundation for the conduct of cooperative investigations in King County.

Efforts shall be made to:

- Conduct thorough, objective, and complete investigations.
- Minimize distress for persons interviewed during investigations.
- Reduce the number of investigative interviews of victims.
- Recognize and address the needs of special populations.

<b>CORE TEAM AGENCIES</b>
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King County Office of the Prosecuting Attorney /  
Special Assault Unit – Adult / Juvenile

Other Municipal Police Departments within King  
County

Department of Social and Health Services –  
Children’s Administration / Division of Children  
and Family Services / Division of Licensed  
Resources

Washington State Attorney General's Office

Harborview Center for Sexual Assault and  
Traumatic Stress (HCSATS)

King County Sheriff's Office / Special Assault Unit

King County Sexual Assault Resource Center  
(KCSARC)

Seattle Police Department / Sexual Assault and  
Child Abuse Unit

Seattle Children’s Hospital

Bellevue Police Department

Swedish Medical Center

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## I. DEFINITIONS

**Advocacy** - Services provided by community or system-based advocates or organizations that help victims and their families navigate the criminal justice system.

**CAC** - Children's Advocacy Center. There are more than 700 CACs accredited by The National Children's Alliance in the US. CACs offer a community specific, coordinated approach to effective, efficient and child-centered casework.

**CA/N** - Child Abuse or Neglect. "Abuse or neglect" shall mean the sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety; or the negligent treatment or maltreatment of a child by a person responsible for providing care to the child. (RCW 26.44.020(12))

**Child Interview Specialist** - Individual employed by the Office of the Prosecuting Attorney, Special Assault Unit, to conduct initial detailed criminal investigative interviews in cases involving young children or victims where special skill and experience is needed.

**Child Interview Guide** - Developed by the Washington State Criminal Justice Training Commission and the Harborview Center for Sexual Assault and Traumatic Stress. The guide provides empirically based investigative interview strategies and techniques for child interviews.

**CJCKC** - The Children's Justice Center of King County is the multi-agency and multi-disciplinary team of professionals who respond as a coordinated unit when child abuse is reported. The CJCKC is the CAC for King County and is accredited by The National Children's Alliance. This document - The King County Special Assault Protocol - describes the role of the agencies and their coordination protocol on all cases of sexual assault. The CJCKC provides coordinated services to children and some vulnerable adults.

**CPS Sufficiency Screen** - The criteria used by CPS intake to determine whether or not a report will be accepted for investigation.

- 1) Is the child under 18 years of age?
- 2) If the allegations were true, does the allegation minimally meet the Washington Administrative Code child abuse/neglect definition?
- 3) Does the alleged subject have the role of parent/caregiver, is acting *in loco parentis*, or is the role of the alleged subject is unknown?

**CPS Response Time** - Referrals accepted for investigation are rated "Emergent" or "Non-emergent." DSHS/CPS social workers are required to have face-to-face contact with all alleged child abuse or neglect victims in emergent referrals within 24 hours from the time and date DSHS/CPS receives the referral. Social workers are required to have face to face contact with all alleged child abuse or neglect victims in non-emergent referrals within 72 hours from the time and date DSHS/CPS receives the referral. Referrals accepted for Family Assessment Response (FAR) require social worker contact with the family within 72 hours.

**Central Intake** - DSHS Statewide child abuse reporting service. It serves King County during regular business hours and it serves statewide after regular business hours and on the weekend. It is accessed by calling 1-800-562-5624. Law enforcement can press "9" to go to the front of the queue.

**DCFS** - Division of Children and Family Services, State of Washington

**DLR** - Division of Licensed Resources, State of Washington

**DSHS/CPS** - Department of Social and Health Services, Child Protective Services, State of Washington

**FAR** - Family Assessment Response. A Child Protective Services alternative to investigations of low to moderate risk screened-in reports of child maltreatment. FAR involves an assessment of family needs and the provision of services, rather than a CPS investigation.

**FTDM** - Family Team Decision Meeting. A meeting facilitated by DSHS/CPS that is designed to engage families, community members, service providers, professionals, and agency staff in deciding placement for a child as well as developing a safety plan for the child.

**Joint Interview** - An interview conducted jointly by the detective and the prosecutor. An advocate should be present at all joint interviews to support the client and/or their family.

**Mandatory Reports** - Any case where an agency or individual is required by law to report incidents of abuse or neglect to law enforcement or DSHS as identified in RCW 26.44.030, and 74.13.031 (3).

**Negligent Treatment or Maltreatment** - An act or failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child's health, welfare, or safety. RCW 26.44.020(14).

**Proper Law Enforcement Agency** - Any police agency that has geographical jurisdiction over the location where the crime occurred. If it cannot be ascertained where the crime occurred, the report shall be made to the law enforcement agency with jurisdiction where the victim resides.

**RCW** - Revised Code of Washington. The codification of current statutes as enacted and amended by the Washington State Legislature. An addendum of applicable RCW's is attached to this protocol. (Check the Washington State Legislature website for statutory amendments.)

**SANE** - Sexual Assault Nurse Examiner. A registered nurse specifically trained to provide care to sexual assault patients.

**SAPO** - Sexual Assault Protection Order. A court order that prohibits the alleged perpetrator from having contact with a victim of sexual assault. RCW 7.90 Violation of a SAPO is grounds for arrest and may result in the filing of charges.

**SCAN** - Suspected Child Abuse or Neglect Team. Seattle Children's Hospital Team of physicians and social workers specializing in child abuse and neglect cases.

**Special Assault** - Term used to denote the crimes of rape, sexual assault, child fatality, and child sexual or physical abuse. It is intended to convey that these crimes require special handling because of the psychological harm associated with the crimes and the crime-specific considerations for investigation and prosecution.

**SRO** - Statutory Referral Only. Referrals to the prosecutor by the proper law enforcement agency which are required because there is reason to believe abuse or neglect involving death, non-accidental injury or sexual abuse of a child or a vulnerable adult has occurred, but there is no reasonable expectation that criminal charges can be filed. Typical reasons charges cannot be filed, even though abuse or neglect occurred, are victim refusal to give statements or prosecute, a victim and family who leave, move out of state, passage of the statute of limitations, etc. (RCW 26.44.030 (5))

**Third Party Offender** - The offender is not the victim's parent, guardian, legal custodian or sibling, is not the caretaker, nor is acting *in loco parentis*.

**Victim Services** - A program or organization that provides comprehensive services to victims and their families including access to specialized medical services, support, crisis response, information and referral, legal advocacy and counseling services. Victim services programs also provide information, referral, and consultation to community members.

## **II. COORDINATION BETWEEN AGENCIES**

The purpose of these guidelines is to accomplish more effective and efficient responses by agencies and to ensure that the actions of one agency do not compromise the goals of another. Furthermore, agencies should coordinate their responses to minimize possible negative outcomes to the victim and to ensure that all victims have access to appropriate services. These guidelines are intended to be general and flexible.

### **A. NOTIFICATION**

Law enforcement will immediately notify the Prosecutor's Office of investigations in cases involving child fatalities/seriously injured child victims, complex cases (e.g., possible multiple victim/multiple offender), and high profile cases. During non-business hours, law enforcement will notify a supervisor from the Special Assault Unit using the after-hours contact numbers.

When DSHS/CPS receives an emergent report involving a child or adult dependent who has died or has had non-accidental physical injury inflicted upon them or who has been subjected to sexual abuse, DSHS/CPS intake shall notify the proper law enforcement agency within 24 hours after a report is received. If this initial report is made by telephone, a written report shall also be made to law enforcement within 5 days.

In all other cases, DSHS/CPS shall notify the law enforcement agency within 72 hours after a report is received by DSHS/CPS. It is not the responsibility of DSHS/CPS to determine whether or not a crime is chargeable before reporting to the proper law enforcement agency. For instance, DSHS/CPS intake shall make mandatory reports to law enforcement regardless of whether or not the time of the offense may be beyond the statute of limitations. (RCW 26.44.030 (4))

Referrals from DSHS/CPS to law enforcement will be on the DSHS/CPS intake form and marked "confidential". All reports shall include all information relevant to the alleged child abuse or neglect, including all statements made by the child regarding the incident. Referent information needs to be included. Personal or background information not relevant to abuse or neglect shall be withheld, however, DSHS/CPS shall inform law enforcement of the existence and nature or any information withheld. (RCW 26.44.040)

DSHS/CPS will make every effort to determine proper jurisdiction prior to forwarding referrals. However, if law enforcement receives a DSHS/CPS referral where the victimization did not occur within their jurisdiction, they will forward it to the proper law enforcement agency based on that agency's referral procedure. If there is a referral regarding an incident that occurred in an out-of-state jurisdiction, DSHS/CPS intake shall send the information to the proper law enforcement agency in the state where the incident occurred.

Law enforcement agencies and DSHS/CPS investigating child abuse complaints where both are involved shall notify each other of their involvement, coordinate their investigations, and keep each other apprised of progress. (RCW 26.44.035)

Law enforcement agencies and DSHS/CPS should inform identified victims and their families about victim services programs and the Victim Bill of Rights. Law enforcement and DSHS/CPS should ensure that all victims have been provided a community or system-based legal advocate. Direct referrals to legal advocacy services can minimize the delay in outreach and services being offered to clients.

When law enforcement receives an emergent report that has not originated from DSHS/CPS in which the child/youth or adult dependent's welfare is endangered, the law enforcement agency shall notify DSHS/CPS intake within 24 hours. In all other cases in which a report has not originated from DSHS/CPS, the law enforcement agency shall notify DSHS/CPS intake within 72 hours after a report is received by law enforcement. (RCW 26.44.030 (5))

Upon receiving a non-emergent mandatory criminal referral from any reporter, law enforcement may intervene immediately to ensure the safety of those involved. After law enforcement makes initial contact, joint investigation protocol will be followed.

All agencies/programs involved with the investigation/prosecution of cases or providing advocacy/treatment services to victims will make every effort to respond in a timely way to telephone and/or email contacts.

In cases where a dependency petition is filed in Juvenile Court, the assigned assistant attorney general and the prosecutor's office and/or law enforcement shall communicate and share information as necessary to keep each agency apprised as to the status of the case or investigation.

## **B. JOINT INVESTIGATIONS**

**Joint Investigations** – Joint investigations and information sharing shall take place between DSHS/CPS and law enforcement when there is reason to believe that a crime has been committed against a child by a child's parent, guardian, caretaker or someone acting in loco parentis, or the parent is being negligent in protecting the child from third party abuse. (RCW 26.44.030 (4),(5) and (14)(a)(ii))

**Disclosure of Information** – Disclosure of information can often create complex issues between agencies and should be addressed on a case-by-case basis by the DSHS/CPS supervisor, the attorney general's office, and the prosecutor and/or victim services. As a general rule, information that is considered privileged by statute and is not directly related to reports required by this section shall not be divulged without a valid written waiver of the privilege. (RCW 26.44.030 (7)(9))

**Conflict** - If a conflict develops in the coordination of a joint investigation, the detective and the DSHS/CPS social worker should make every attempt to resolve it with their respective supervisors. If this cannot be accomplished, then the supervisors should consult with the DSHS/CPS area manager and police division commander. Under no circumstances will these channels be bypassed in an attempt to resolve an issue between DSHS/CPS and law enforcement.

**Timeline** - For purposes of coordinating efforts and information, the investigation shall be considered ongoing until the matter is resolved by all agencies involved.



### C. Role of the Children’s Justice Center of King County (CJCKC)

The CJCKC is the network of agencies in King County that comprise the county’s CAC (Children’s Advocacy Center). The CJCKC is accredited by The National Children’s Alliance and is the coordinated team of the many agencies that become involved when a child makes a report of sexual assault, severe physical assault or is a witness to a crime.

Unlike many communities, King County does not have a singular physical site where the members of the the CAC are co-located. The logistical hub of the CJCKC is considered to be the sites where children are interviewed - the downtown Seattle Courthouse and Maleng Regional Justice Center in Kent. The King County Prosecuting Attorney’s Office manages the CJCKC and employs the Child Interview Specialists who work in each courthouse.

In October 2015, the CJCKC launched a public website: [cjckc.org](http://cjckc.org) The goal of the website is to describe to both professionals and to the public the structure and nature of the CAC and to provide an understanding of how child abuse concerns are handled in King County.

**III. PROTECTIVE CUSTODY (DSHS/CPS and Law Enforcement)**

- A. Law enforcement may take or cause a child to be taken into protective custody without a court order if there is probable cause to believe that the child is abused or neglected and that the child would be injured or could not be taken into custody if it were first necessary to obtain a court order. (RCW 26.44.050)
- B. Law enforcement may be called to the scene by either DSHS/CPS, a mandated reporter of child abuse and neglect, or a call from the community. Law enforcement will investigate and determine safety and risk to the child. (RCW 26.44.050)
- C. If the need for protective custody is determined, law enforcement will provide a written statement to the parent or leave it at the parent's residence if no parent is present. The statement shall include reasons for removal and the telephone number of the local DSHS/CPS office. (RCW 26.44.110)
- D. If a child is taken into custody without a court order by law enforcement under RCW 26.44.050, the child shall immediately be released to DSHS/CPS for placement in shelter care (temporary care in a licensed facility/home or a home not required to be licensed under RCW 74.15.030).
- E. Law enforcement will document the reasons for the child being taken into protective custody which may include reports, photographs of injuries or of the living conditions which present safety and health risks to the child, for purposes of providing documentary evidence. (RCW 26.44.050)
- F. A referral to DSHS/CPS will be made when a child is taken into protective custody. Under RCW 26.44.030(5), law enforcement must make a referral within 24 hours if the child's life is endangered. (Under RCW 13.34.060, a child taken into custody without a court order shall immediately be placed in shelter care.)
- G. If law enforcement removes the child from the home and places the child into a relative's home rather than into the custody of DSHS/CPS, this is not considered protective custody but rather an informal agreement between the child's parent and the relative. The parent, as legal guardian, has the authority to discontinue this arrangement at any time.
- H. If necessary to adequately protect the child, a dependency petition will be filed. There must be a shelter care hearing held within 72 hours (excluding Saturdays, Sundays, and holidays) after a child has been taken into custody by law enforcement if continued shelter care as defined by RCW 13.34.060(1) is necessary.
- I. If a child is taken into custody pursuant to a court order issued under RCW 13.34.050, DSHS/CPS shall make reasonable efforts to inform the parents, guardian, or legal custodian of the fact that the child has been taken into custody, and their legal rights within 24 hours. The notice of custody and rights may be given by any means reasonably certain of notifying the parents, including, but not limited to, written, telephone, or in person oral notification. If DSHS/CPS is unable to determine the whereabouts of the parents, notification shall be sent to their last known address.

## IV. INVESTIGATIONS OF SEXUAL OFFENSES AGAINST CHILDREN

### A. ROLE OF DSHS

#### 1. Child Protective Services (CPS)

- a) The goal of DSHS/CPS is to protect children from child abuse and/or neglect (CA/N) while preserving the family's integrity and cultural and ethnic identity to the maximum extent possible, consistent with the safety and permanency needs of the children. DSHS/CPS is a program available in all geographic areas of the State of Washington on a 24-hour basis.
- b) The purposes of DSHS/CPS are to:
  - Receive, assess, and investigate referrals from the community alleging child abuse/neglect
  - Assess the safety of all children throughout the life of a case through the use of the Child Safety Framework tools
  - Determine the existence of child abuse/neglect
  - Prevent or remedy child abuse/neglect in the shortest reasonable time
  - Prevent or reduce the need for out-of-home placement
- c) Safety Plan Policy
  - Safety of the child is the priority in making any placement decision
  - Safety includes psychological safety
  - The history of child abuse and neglect must be considered, as well as any patterns indicated in the current and previous referrals and investigations
  - In cases of sexual abuse by an immediate family member (regardless of age or relationship, i.e.. juvenile siblings), DSHS/CPS will arrange for immediate separation of the victim and alleged perpetrator until the criminal investigation is substantially complete. If the sexual misbehavior was committed by a child under age 12, separation is optional based on an assessment by DSHS/CPS in consultation with the victim service provider.
  - Foster children must be removed from the foster home placement if the perpetrator remains in the home
  - If there is a protective parent, the preference is for the alleged perpetrator to move out of the family home
  - Child victims will be referred to victims service providers for clinical assessment and assignment of a legal advocate
  - Prior to initiating contact between the child victim and the alleged perpetrator, the social worker should consult with the victim service provider, law enforcement and others involved with the family

- d) Service Outcomes: The DSHS/CPS social worker shall achieve one of these outcomes for investigations:
- Closure of the case
  - A dependency action filed by juvenile court
  - A written voluntary service agreement / safety plan with the family signed by the participants. In cases where there is an identified safety threat of serious physical abuse or sexual abuse, the safety plan is to include the following elements:
    - Separation of the child from the person who poses the safety threat
    - Independent safety monitors
    - A caregiver who will assure protection
    - Regular contact by the social worker
2. Division of Licensed Resources (DLR) – Child Protective Services
- a) DLR/CPS investigations of CA/N in DSHS licensed, certified, and state-operated care facilities for children (childcare, foster care, group care, hospitals, in-patient mental health treatment facilities, and institutional care) have five main goals:
- Ensure immediate safety of alleged child victims and other children determined in the course of an investigation to be at risk
  - Investigate allegations of CA/N and make determinations regarding the existence of child abuse and neglect
  - Assess whether the child in question or other children in the setting under investigation have been abused or neglected in ways that have not been alleged
  - Identify risk factors within the facility which create a substantial risk of future harm to children
  - Ensure consistency and equity toward providers in the investigation of abuse and neglect
3. Referrals to DSHS Central Intake (1-800-562-5624)
- a) Information Only (No investigation): Referrals that fail to pass the DSHS/CPS sufficiency screen and do not meet the criteria for a mandatory report to law enforcement will not be investigated by either DSHS/CPS or law enforcement, but will be documented by DSHS/CPS for information purposes only.
- b) Non-criminal Referral (Investigated by DSHS/CPS only or referred to FAR): Referrals that pass the DSHS/CPS sufficiency screen but do not fall within criteria for a mandatory report to law enforcement (e.g., non-criminal neglect) will be investigated

by DSHS/CPS only or referred to Family Assessment Response (FAR) for assessment and services.

- c) **Mandatory Criminal Referrals:** Referrals that pass the DSHS/CPS sufficiency screen which also fall within the criteria for a mandatory report to law enforcement will be investigated by DSHS/CPS (and not referred to FAR) and will be investigated by law enforcement. RCW 26.44.030 (11)(b)(vi)(C)
- d) **Third Party Offender Referrals (Investigated by law enforcement only):** Referrals that meet the criteria for a mandatory report to law enforcement and the perpetrator is a third party offender by definition will be referred to law enforcement for investigation unless the parent or guardian is failing to protect the child from the perpetrator, in which case a parallel DSHS/CPS referral will be generated. Third party offender referrals reported to DSHS/CPS intake shall be reported to law enforcement. (RCW 26.44.030(4))
- e) **Incident Report Referrals:** Referrals that include reports of child abuse or neglect within licensed facilities as well as those subject to licensing (e.g., unlicensed day care center) will be investigated by DSHS/CPS unless the allegation falls within the criteria for a mandatory report to law enforcement, in which case both DSHS/CPS and law enforcement will investigate.

## B. ROLE OF THE ASSISTANT ATTORNEY GENERAL

1. **Dependency Petition Filed** - The Attorney General's Office represents DSHS/CPS in dependency proceedings brought in Juvenile Court. A dependency petition may be filed to ensure the safety of the child and the child may be placed out of the home. The assistant attorney general assigned to the specific case will maintain contact with the appropriate law enforcement agency and the prosecutor's office as appropriate or requested.
2. **No Dependency Petition Filed** - The Attorney General's Office may provide legal advice and consultation to DSHS/CPS regarding specific reports of abuse or neglect.
3. **Licensed Facility Investigations** - The Attorney General's office should be consulted when necessary for legal advice and consultation during the course of a licensed facility investigation.
4. **Coordination** - The Attorney General's Office will coordinate with and notify law enforcement and the prosecutor's office of any action taken or decision made by the juvenile court that affects the criminal investigation. Information that comes to the attention of the Attorney General's Office may be shared with law enforcement pursuant to RCW Chapters 13.50 and 26.44. The Attorney General's Office will notify the Prosecuting Attorney's Office in the event that a parent's dependency attorney requests an interview with the victim for the pending dependency case.

**C. ROLE OF VICTIM SERVICE ORGANIZATIONS**

Victim service organizations provide a range of services including access to specialized medical services, support, crisis response, information and referral, legal advocacy and counseling. Advocacy and counseling/mental health services are available regardless of ability to pay.

**1) Advocacy**

- a) Advocacy involves providing emotional support, information about the criminal justice system, in-person support at meetings, interviews, and/or court hearings per the victim's request, and assistance in preparing victims for what to expect, their rights as a crime victim, and options in the criminal justice system. Advocates will communicate directly with law enforcement, prosecutors, DSHS/CPS, and other system personnel with the victim's permission. Advocates can assist victims in safety planning, obtaining protective orders, and accessing other resources (e.g. Crime Victims Compensation) that victims and their families may need. Advocacy services are limited to victims and non-offending family members only.
- b) Referrals to Law Enforcement - Advocacy programs will assist victims/families in making a police report through the 911 operator (24-hours).
- c) Notification of Victim's Rights – Advocates will inform victims and/or families of the Child Victim/Witness Bill of Rights (RCW 7.69A.030) and, when possible, provide them with a copy.
- d) Protection Orders - Victim advocates will inform all sexual assault victims of their right to seek a Sexual Assault Protection Order (SAPO) pursuant to RCW 7.90 and/or the availability of other protection orders. The advocate will ensure that the victim is provided the necessary information and support to complete the process.
- e) Sexual assault advocates' communications with their clients are privileged. (RCW 5.60.060(7)) They are, however, mandated reporters of child abuse and neglect.

**2) Counseling/Mental Health**

- a) Guidelines in Initial Contacts - Prior to the investigative interview, specific questioning about the possible crime(s) should be reserved and the details elicited only to the extent that is necessary for the physical or psychological treatment of the child or to initiate a report.
- b) Crisis Intervention and Support - 24-hour access to immediate support is offered through KCSARC's Resource Line. HCSATS provides access to crisis care and

support during regular business hours and after hours through the Harborview Medical Center Emergency Department Social Worker, who has specialized training.

- c) Counseling/Mental Health Professionals communications with their clients are privileged. (RCW 70.02.020) They are, however, mandated reporters of child abuse and neglect.

#### D. ROLE OF LAW ENFORCEMENT

1. Law enforcement's role is to determine if a crime occurred, to identify suspects in crime, and to gather all pertinent facts and information related to a case for presentation to the Prosecutor's Office for review.
2. Cases Referred by DSHS/CPS and/or Victim Service Agencies
  - a) Procedure - Upon receipt of the referral, law enforcement will assign a detective as soon as possible.
  - b) Timelines – The response time depends on the situation, but generally the following activities will be initiated within 24 hours. Law enforcement will:
    - Complete an offense report and assign a case number
    - Contact the referent for any additional information not contained on the standard form
    - Arrange for an investigative interview and notify all appropriate persons, specifically including DSHS/CPS social worker and victim advocate
    - Refer for medical exam as appropriate, based on timeline (see Medical Evaluation p. 43)
3. Referrals Made Directly to Law Enforcement
  - a) Procedure - A detective will be immediately assigned to contact the victim and arrange an investigative interview. DSHS/CPS should be notified, if not already aware, in the following cases:
    - The alleged offender is a member of the household of the victim
    - The alleged offender has continuing access to the child
    - The alleged abuse occurred in a licensed facility
  - b) Timelines - In emergency cases, DSHS/CPS will be notified within 24 hours. In all other cases, DSHS/CPS will be notified within 72 hours. (RCW 26.44.030 (5))
  - c) Refer for medical exam as appropriate, based on timeline (see Medical Evaluation p. 43).

#### 4. Investigative Steps

- a) The following investigative tools should be employed where appropriate and at the earliest possible time in the investigation to preserve evidence:
  - Interviews (see below)
  - Documentation and processing of crime scene(s) and other evidence
  - Search Warrants (e.g., crime scene, cell phones, computer, suspect's person)
  - Trace evidence
  - Biological evidence (including evidence from the suspect's body)
  - Document relevant injuries of all parties
  - Obtain medical records

#### 5. Interviews

- a) Victim Interviews – The victim interview will take place as soon as possible pursuant to the protocols outlined in Section F - Victim Interview Process (Page 17). Whenever possible an in-person interview should be conducted.
- b) Advocacy Referral - Upon initial contact, law enforcement shall provide the victim with advocacy information including referrals to victim services programs (see Community Resources in the Appendices for contact information). All victim requests to have an advocate or other support person present at interviews shall be honored pursuant to RCW 7.69A.030.
- c) First Person Report – A complete and detailed interview will be conducted of any person to whom the initial report of sexual abuse was made to determine facts relevant to the investigation, to include:
  - The circumstances under which the report occurred
  - What precipitated the report
  - What each party said
  - The demeanor of the child and/or witness
  - Who was present during the report
- d) Collateral Witnesses – All corroborative, familial, and alibi witnesses shall be interviewed.
- e) Suspect – Law enforcement will always attempt to interview all suspects and these interviews will occur face-to-face whenever feasible.
- f) In cases where DSHS/CPS is involved and required to interview a parent or guardian who is also a suspect, or anyone who is the subject of an investigation, DSHS/CPS



and LE will coordinate to avoid interference with the criminal investigation and allow both agencies to meet their statutory and policy requirements.

- g) In cases in which the parent(s) of the victim are uncooperative with the investigation (for example by refusing to provide statements or refusing to allow a victim interview) and the offender continues to have access to the victim, it is appropriate to contact DSHS/CPS for assistance. The prosecutor's office may also be contacted.
- h) The investigative process should be sensitive to a person's ability to understand his or her rights and a person's ability to effectively communicate. An interpreter will be provided when necessary.

#### 6. Upon Completion of Law Enforcement Investigation

- a) Mandatory Referral to Prosecutor (RCW 26.44.030(5)) – Whenever the law enforcement agency's investigation reveals that a crime may have been committed against a child, the case shall be referred to the prosecutor's office for review. Even in circumstances where there is no expectation that criminal charges will be filed, as long as the investigation reveals that a crime may have been committed, the case shall be referred to the prosecutor's office (SRO – Statutory Referral Only).
- b) Law enforcement will make every effort to complete and submit the case to the Prosecutor's Office within 60 days of the victim's interview.
- c) Juvenile Defendants - Cases involving juvenile defendants must be referred to the Prosecutor's Office within two weeks of completion of the detective's investigation. Cases received by the Prosecutor's Office after two weeks may be subject to dismissal. (LJuCR 7.14(b))

- 7. Case Status - In the event the case is not forwarded to the prosecutor, the detective will inform the victim's family, and DSHS/CPS when applicable, of the case status.

### E. ROLE OF THE PROSECUTOR'S OFFICE

- 1. Cases Referred From Law Enforcement - The prosecutor's job is to review all cases referred from law enforcement for the filing of criminal charges. In reviewing the cases the prosecutor's office may file charges, may decline the case and no charges are filed, or may request further investigation.
- 2. Cases Referred From Others - When the prosecutor's office receives a case from another jurisdiction, another official, or from a citizen complaint, the prosecutor's office will refer the case to the appropriate law enforcement agency for investigation.

3. Timelines - The prosecutor will make every effort to make a filing decision within 60 days after receipt of a completed case.
4. Emergency Situation/Rush file – When necessary, the case will be filed immediately to keep a suspect in custody or to issue a warrant.
5. A Sexual Assault Protection Order (SAPO) prohibiting the alleged offender from having contact with the victim will be sought by the prosecutor in all cases where charges are filed (RCW 7.90). "No contact" includes no supervised contact and no indirect contact. Violation of a SAPO is grounds for arrest and may result in the filing of charges. A violation of a SAPO that was issued pursuant to a pending criminal case should additionally be reported to the Prosecutor's Office for revocation of bond proceedings or detention hearings. In general, in the case of conflicting or overlapping court orders, the most restrictive order regarding contact should be followed.
6. Once a victim advocate is involved, the prosecutor's office will attempt to inform them of all scheduled victim contacts such as defense attorney interviews and substantive court hearings.
7. Notification of Filing Decision by the Prosecutor's Office - After receiving a completed investigation from law enforcement the prosecutor will notify by letter the victim, any person the victim requests, law enforcement and the local office of DSHS/CPS (if involved) of the decision to charge or decline to charge a crime (known as a finding of "insufficient evidence" in juvenile court) within 5 days of making the decision. (RCW 26.44.030 (6)) When requested by the victim, victim's family, or advocate, the prosecutor will be available by phone or in-person to explain how legal decisions are made and to answer questions regarding the investigation, legal process, and filing decision.
8. Notification of Guilty Plea - The prosecutor will make all reasonable attempts to seek victim input and to notify the investigating officer prior to a guilty plea when that plea will result in a reduced charge.
9. The Prosecuting Attorney's Office will attempt to notify the Attorney General's Office and/or CPS in cases of physical or sexual abuse when a no contact order is obtained against a parent. The Attorney General's Office will notify the Dependency Court regarding the no contact order and appropriate modifications will be made to the parent's court-ordered visitations, if any.
10. Case Management - The prosecutor's office will be responsible for:
  - Employing the Child Interview Specialist.
  - Activating the Complex Case Protocol. (see p. 23)
  - Coordinating case staffings under this protocol.

- Notifying the victim, law enforcement, and DSHS/CPS when involved, of its charging decisions as required by RCW 7.69.030(2), 26.44.030(6).
11. CJC Coordinator - The prosecutor's office is responsible for employing the CJC Coordinator. The Coordinator is responsible for collecting basic demographic information, criminal case filing decisions, services provided, and outcomes on all cases presented to the CJC, from the relevant MDT partners. This information shall be compiled quarterly by location (Seattle, Kent and juvenile court) but also aggregated for purposes of NCA reporting. This information shall be shared quarterly with the MDT. At least one monthly "Network" meeting a year shall be dedicated to evaluating the data in order to identify populations served and underserved, as well as any other gaps in service.

## E. VICTIM INTERVIEW PROCESS

### 1. Initial Interviews

- a) Detectives, uniformed police officers, and/or DSHS/CPS may conduct an initial interview to ascertain the basic facts or to determine if there is sufficient reason to believe a crime occurred. When possible, an advocate should be present at the initial interview to provide support to the victim. In most cases, an advocate can be available even on short notice.
- b) DSHS/CPS and law enforcement should follow the Washington State child interviewing guidelines when interviewing young children, including narrative practice, explaining ground rules, and introducing the topic of possible abuse using open-ended, invitational questions that allow the child to tell what happened in their own words. Questions should encourage narrative responses that give a general description of the abuse. A child should not be interrupted if they are making a statement in response to open-ended prompts. During this initial interview, it is not necessary for DSHS/CPS or the detective to ask detailed questions about the extent, nature or circumstances of the abuse. The initial interview by DSHS/CPS and/or law enforcement should not be considered the formal investigative interview. If the child makes statements about possible sexual abuse, the child will be scheduled for an interview with the Child Interview Specialist.
- c) When a child does not make a statement of sexual abuse during the initial DSHS/CPS or law enforcement interview but the DSHS/CPS social worker, police officer, or advocate continues to have significant concerns that the child may have been sexually abused, the prosecutor's office may be consulted regarding whether an interview with the Child Interview Specialist is appropriate. If the prosecutor's office agrees that an interview is appropriate, an interview will be scheduled.

2. Timelines - The investigative interview will be arranged as soon as possible upon receiving a request from a detective. Whenever possible the interview shall be set within two weeks of the case being opened by law enforcement. In emergency situations, the interview will be set immediately.
  
3. **Child Interview Specialist Cases** - The Child Interview Specialist will have the training required by RCW 43.101.224. Interview Specialists are responsible for interviewing children who may be victims or witnesses to a crime. The Child Interview Specialist will conduct the investigative interview of the child in the following cases:
  - a) Ages 4 - 11 - When there is a clear statement of abuse or reason to believe that a child may have been abused. Exceptions to this age range include:
    - Interviews with children and adults who are over the age of 11 but require a specialized interviewer (e.g., because of developmental delays, mental health concerns, dementia).
    - Interviews with 3 year old children where corroborative evidence exists that would lead one to believe that a crime has occurred (e.g., medical evidence, the presence of a witness to the crime, a confession).
    - Law enforcement is encouraged to contact a prosecutor or the Child Interview Specialist when they have a case that falls outside of these guidelines but they believe that a Child Interview Specialist should conduct the investigative interview.
  
  - b) Two Related Children and One is Under 12 - When there are two related children and one is under the age of 12 and therefore eligible to be interviewed by the Child Interview Specialist, the older child may be interviewed by the Child Interview Specialist as well. In addition, when several children are interviewed regarding the same offender and at least one victim is between the ages of 4 to 11 years old, the Child Interview Specialist may conduct interviews of all victims involved.
  
  - c) Unavailability of Child Interview Specialist - Occasionally a situation may arise where the Child Interview Specialist is not available or it is determined that waiting for a scheduled child interview may jeopardize the safety of the child and/or an investigation. In these circumstances, if law enforcement and/or DSHS/CPS believe that the interview cannot be delayed the interview should be conducted by a person who has completed the training required by RCW 43.101.224 and/or 74.14B.010. If a trained interviewer is not available, and delaying the interview would jeopardize the safety of a child and/or an investigation, an interview may be conducted in accordance with the procedures set forth in section 6 that follows.

- d) Information Sharing –
- 1) **Pre-Interview:** Prior to the interview, the detective will meet with the Child Interview Specialist, advocate, and DSHS/CPS social worker, if one is assigned. The detective will provide information to the team participants regarding how the referral was received, what the child has reported thus far, who they reported it to, and the circumstances surrounding the report. The detective will also provide information that may impact the child interview, such as whether the child has special needs or has been removed from their home because of the allegation.
  - 2) **During the Interview:** A break will occur during the interview, allowing the interviewer to consult with team members, ensuring that important information is not missed and that issues central to the case investigations (law enforcement and DSHS/CPS) are fully explored.
  - 3) **Post-Interview:** Following the completion of the interview, the detective and/or Child Interview Specialist will inform the advocate of what was reported by the child. The detective and advocate will discuss next steps in the investigation and assistance that the family may require.
4. **Joint Interviews** – The initial investigative interview will be conducted jointly by the prosecutor and the detective in the following cases:
- Potential high profile cases
  - Youth ages 12 up (at the discretion of the detective)
5. **Detective Interview** - The detective will conduct the investigative interview in all other cases where the identified victim is 12 or older.
- In cases where the detective has taken the victim statement on his/her own, the prosecutor will attempt to reach a filing decision without re-interviewing the victim. Frequently, phone contact with the detective or victim may resolve concerns. If there is a need to re-interview the victim, the interview should be limited to the areas of concern. The detective and advocate shall be present to document any clarifications, supplements, or changes to the previously obtained statement.
6. **Interview Procedures**
- a) **Interviewing** – All interviews with victims should be conducted in a thorough and unbiased manner, using techniques that enhance free recall. The interviewer should ask open-ended questions that elicit detailed accurate information and minimize the use of leading questions that could contaminate the child’s statement and/or memory of the event(s). Coercive questioning should never be used. The interview should be

conducted in a developmentally-appropriate manner with regard to the victim's language ability and cognitive level and with consideration for the victim's emotional state.

- b) Interview Arrangements - The interview will be set as soon as possible following a clear statement of abuse by the child and the opening of a police investigation. For those interviews that require a Child Interview Specialist or a joint interview, the detective will arrange the interview with either the Child Interview Specialist or the Special Assault Unit filing deputy and will notify the DSHS/CPS worker. The location of the interview (King County Courthouse/Seattle or Maleng Regional Justice Center/Kent) is generally dependent upon the jurisdiction of the investigating law enforcement agency. Seattle Police and law enforcement jurisdictions north of I-90 shall contact the interviewer in the Seattle Courthouse. Law enforcement agencies south of I-90 shall contact the Child Interview Specialist at the Maleng Regional Justice Center. The prosecutor's office will notify either of the two advocacy programs (SPD or KCSARC) of scheduled interviews in order to ensure that an advocate is present at the investigative interview. Advocates will have the opportunity at this interview to explain and offer their services to victims and/or adult guardians.
- c) Interview Logistics - Interviews conducted by the Child Interview Specialist will generally be conducted in the child interview room located in the King County Prosecuting Attorney's Office. Typically only the interviewer will be present in the room with the child during the interview. The detective and DSHS/CPS social worker can observe the interview through a one-way mirror and will be able to confer with the interviewer to ensure that appropriate questions are asked during the interview. When it is determined to be in the best interest of the child or necessary for a thorough investigation of an allegation, the interview specialist may conduct interviews at alternative locations. Interviews conducted jointly by the detective and the prosecutor will generally be conducted at the Prosecuting Attorney's Office. A victim may have an advocate present for the interview.
- d) Interpreters – When it is determined that there is a need for an interpreter one will be provided. If criminal charges have not yet been filed, it will be law enforcement's responsibility to pay for the interpreter. If criminal charges have been filed, it will be the prosecutor's office responsibility to pay for the interpreter. Interpreters may be needed when a child's first language is not English, when a child is hearing impaired, and/or possibly when the family member who is supporting the child through the forensic interview process has the same language needs.

#### 7. Note on Special Populations

- a) Consideration should be made for special populations that may have additional needs, including those with developmental delays, hearing or vision impairments, as well as those whose primary language is not English. These differences may need to be

accommodated within the investigation and provision of services. Difficulties in communicating with these individuals may be reduced by the use of sign language systems or interpreters (being aware of the possibility that a person may prefer the interpreter to be someone outside their cultural community), or the presence of an advocate.

#### 8. Documentation of Interviews

- a) Child Interview Specialist: Interviews conducted by the Child Interview Specialist will be audio and video recorded on two DVDs simultaneously except in situations where a child states that they do not wish to be recorded. In those cases, near verbatim notes will be taken. If the Child Interview Specialist conducts the interview at the Prosecuting Attorney's Office, they will be responsible for the documentation of the interview. At the conclusion of the interview, the detective will be provided with one DVD recording of the interview and the other will be retained at the Prosecuting Attorney's Office. If the Child Interview Specialist conducts the interview in the field, the detective is responsible for providing the recording equipment, the documentation of the interview, and providing the Prosecuting Attorney's Office with a copy of the recorded interview.
- b) Detective Interviews: Interviews conducted by the detective or jointly with the detective and the prosecutor, the detective will be responsible for documenting the interview. Reasonable efforts should be made to audio record the interview whenever possible and appropriate.
- c) DSHS/CPS Interviews: If an employee of DSHS/CPS conducts the interview they are responsible for documenting the interview, which must include at minimum a near verbatim record of any questions asked and responses given regarding the abuse allegation (RCW 26.44.035). Reasonable efforts should be made to audio record the interview whenever possible and appropriate.

#### 9. Information Sharing

- a) When the documentation of the interview is the responsibility of the Child Interview Specialist, a DVD of the interview will be provided to law enforcement and law enforcement will be the custodian of that record. The detective will enter the DVD into evidence and is prohibited from duplicating the DVD absent a court order. Absent a court order, DVD recordings will only be made available for viewing. Upon the request of DSHS or the Attorney General's Office, an audio recording of the interview will be provided. In the event a court order is sought requiring the production of the DVD, the prosecutor will request a protective order prohibiting duplication in any manner or viewing by those not associated with the case and requesting the return of the DVD at the conclusion of the proceedings.

- b) 72-hour Shelter Care Hearings – If a child is taken into custody without a court order by law enforcement under RCW 26.44.050, the child shall immediately be released to CPS for placement in shelter care (temporary care in a licensed facility/home or a home not required to be licensed under RCW 74.15.030). DSHS/CPS is required to provide discovery to the child’s parents at the 72-hour shelter care hearing. If the child interview/joint interview has taken place before the 72-hour shelter care hearing and a copy of the documentation is in the possession of DSHS/CPS, they may be required to provide it to the parents. If law enforcement believes that such disclosure will compromise the criminal investigation, then law enforcement will not provide the documentation to DSHS/CPS. The DSHS/CPS social worker may need to disclose sufficient information to support the filing of the petition and the need for shelter care. If the documentation is provided to DSHS/CPS after the 72-hour shelter care hearing, DSHS/CPS will be required to provide a copy to all parties to the dependency proceeding when they receive it as part of the discovery process. Law enforcement will notify DSHS/CPS if this disclosure will compromise the law enforcement investigation and a protective order will be requested. If the investigative interview with the child has not yet taken place, DSHS/CPS will inform the court of that fact.
- c) Dependency Proceeding – DSHS/CPS and the Attorney General’s Office will coordinate with law enforcement and the Prosecutor’s Office regarding the sharing of information and any subsequent reports to any of the parties in the dependency proceedings. The Attorney General’s Office is required to provide discovery to all of the parties prior to the dependency fact finding hearing. As appropriate, the dependency proceeding may be delayed until the criminal proceeding is resolved.

#### G. SPECIAL CONSIDERATIONS FOR COMPLEX “MULTI-VICTIM” CASES

These are cases that potentially involve multiple child victims who are not living in the same household. Typically one child has made a statement about possible abuse or there is evidence that other children may be at risk in the setting. These cases involve settings such as daycare centers, schools, clubs, sports teams, youth organizations, or other contexts where children may be at risk from non-family members. The purpose of this protocol is to ensure a coordinated investigation process and to maintain the clarity of roles.

##### 1. Role of Law Enforcement

- a) Law enforcement is to notify the supervisor of the law enforcement investigative unit and the supervisor is to assign a single investigator to coordinate the case. The supervisor is also to notify the Prosecutor’s Office.
- b) Law enforcement is to identify all possible victims and arrange for interviews of victims through the Prosecutor’s Office according to the Interview protocols set forth on page 15. As many victims and witnesses should be interviewed as possible and interviews should be conducted as close in time to each other as feasible. Interviews should



include an exploration of other possible victims and suspects. Parents should also be interviewed regarding other possible victims and suspects. Law enforcement is to investigate all allegations thoroughly.

- c) Surveillance, search warrants, criminal records checks, evidence collection, lab analysis, etc. should be used as appropriate.
- d) Law enforcement is to attempt to interview all suspects to obtain a statement.

## 2. Role of the Prosecutor's Office

- a) The prosecutor's office is to identify representatives from other relevant systems (e.g., victim services, DSHS/CPS, DLR-CPS and law enforcement) to respond. The prosecutor's office is also to decide which representatives are appropriate to attend the multi-victim staffing and the prosecutor's office will convene the meeting.

## 3. Role of the Multi-Victim Staffing

- a) At the multi-victim staffing, the attendees will decide on the case approach including criteria for interviewing additional possible victims, who will conduct the interviews, and who will contact the suspect/s.
- b) The attendees will designate one individual as the media contact if necessary and an agreement will be made regarding disclosure of information.
- c) The attendees will discuss who the media contact should be depending on the stage of the investigation.

## 4. Responses to Victims, Possible Victims, and their Parents/Guardians

- a) Families will be provided with encouragement and assistance in seeking victim services, including a forensic medical exam, support, crisis response, legal advocacy, and counseling from an experienced therapist.
- b) Families will be instructed on activities that may jeopardize the criminal case, such as questioning their children, allowing others to question their children, having potential victims discuss the case with each other, and carrying out investigative activities themselves. They will be instructed to report information and/or spontaneous statements made by their children to the law enforcement investigator.
- c) In some cases a meeting may be arranged with a group of parents/guardians. A team that includes victim services will be designated to attend the meeting to provide the above listed information and to answer questions.

## H. SPECIAL CONSIDERATIONS FOR SEXUALLY EXPLICIT DEPICTIONS OF CHILDREN

Sexually explicit depictions of children is a serious form of victimization of children. Individuals who view and possess these depictions, even when they are not the producers of the depictions, are victimizing the children in the images because the victims must live with knowledge that others are receiving sexual gratification from their image. Possessors of these depictions are often pedophiles and are at significant risk for sexually abusing children.

### 1. Role of Law Enforcement

- a) Law enforcement will report to DSHS/CPS all cases involving possession of sexually explicit depictions of children.
- b) Law enforcement will ensure that all children in the family, over the age of two, are interviewed regarding possible sexual abuse. They will make efforts to coordinate child interviews with DSHS/CPS.
- c) Law enforcement will refer non-offending parents of identified sexual abuse victims to victim services for advocacy, counseling, and child safety education.

### 2. Role of DSHS/Child Protective Services

- a) DSHS/CPS will accept referrals of all cases involving possession of sexually explicit depictions of children.
- b) DSHS/CPS will coordinate with law enforcement to conduct interviews of all children in the family, over the age of two, regardless of sex.
- c) DSHS/CPS will refer non-offending parents of identified sexual abuse victims to victim services for advocacy, counseling, and child safety education.
- d) If DSHS/CPS receives a risk-only referral they will verify that it has also been referred to law enforcement.
- e) If upon investigation of a case, sexually explicit depictions of children are discovered and the case was not originally referred to DSHS/CPS regarding this issue, DSHS/CPS will immediately notify law enforcement and will call in a DSHS/CPS referral.

3. Role of Victim Services

- a) Victim services will offer advocacy and counseling services for all identified victims and their families.
- b) Victim services will offer safety education for all non-offending parents in cases of sexually explicit depictions of children possession.

## **V. INVESTIGATION OF PHYSICAL ABUSE AND NEGLECT OF CHILDREN**

System personnel each have detailed protocols and procedures that specify the steps to be included in the investigation of child physical abuse and neglect and the provision of services to children and families. This section addresses the coordination of these processes at the earliest possible point. In “serious” physical abuse cases, the window of opportunity to gather information and evidence and to formulate an initial plan that preserves all of these interests is often small. In “very serious” physical abuse cases, conducting an immediate, thorough criminal investigation, and separating the victims from potential offenders and non-protective parents, may be the only means of ensuring the long-term safety and well-being of the child.

### **DEFINITIONS:**

**“Very Serious” Physical Abuse** is defined as cases where the child is hospitalized for injuries. Very serious abuse injuries include, but are not limited to:

- Head injury
- Broken bones
- Burns (water, chemical, flame, electrical)
- Use of an instrument producing scarring
- Abdominal injuries (liver, pancreas, spleen, stomach, intestines)
- Intentional withholding of food or water requiring hospitalization
- Intentional administration of poison or controlled substance
- Death

**“Serious” Physical Abuse** is defined as cases where the injuries may or may not require immediate medical care, but may leave lasting consequences or are a part of a pattern of physical abuse. Serious abuse injuries include, but are not limited to:

- Unexplained or healing fractures
- Significant bruising
- Pattern of scarring
- Chronic physical abuse (including imprisonment)
- Bruising to the face/ears/neck/trunk on a particularly vulnerable victim (i.e., victim less than 12 months old)
- Use of instrument on a particularly vulnerable victim or location of injury on the body
- Lower level of injury accompanied by a previous history of abuse and/or neglect
- Bite marks attributed to an adult
- Intentional withholding of food or water

**A. “VERY SERIOUS” PHYSICAL ABUSE****1. ROLE OF HOSPITAL**

- a) Hospital staff will notify both law enforcement and DSHS/CPS immediately when there is a concern regarding possible non-accidental injury.
- b) Child abuse attending physicians are available for consultation at all times via Seattle Children's Protection Program (206-987-2194). After hours, call the Seattle Children's Operator at 206-987-2000 to be connected to the on-call SCAN (Suspected Child Abuse or Neglect) physician.
- c) The child abuse attending physician may notify the supervisor of the King County Prosecutor's Office Special Assault Unit.
- d) Hospital staff will avoid extensive questioning about the cause of injury once concern of child abuse rises to the level of suspicion that would lead to a DSHS/CPS report, except as required to provide proper medical diagnosis and treatment.
- e) Documentation of injuries (by photography and radiology) will be in writing and according to child abuse program guidelines.
- f) Hospital staff shall coordinate with DSHS/CPS and law enforcement to ensure there is a safe discharge plan for the child.
- g) For children transferred to Harborview (Level 1 trauma center) or Seattle Children's Hospital for specialized care from *jurisdictions outside of Seattle*:
  - Hospital staff will attempt to contact the law enforcement agency from the jurisdiction where the crime is believed to have occurred to coordinate specialized law enforcement response.
  - When the law enforcement agency from the jurisdiction where the crime is believed to have occurred is unable to respond immediately, hospital staff will call local 911 for an immediate response from the Seattle Police Department (SPD).
    - The Seattle Police Department will dispatch an officer to the hospital to take a report. The responding officer may contact the supervisor of SPD's Sexual Assault and Child Abuse Unit for additional investigation.
    - If an officer cannot respond or hospital personnel believe that further investigation is necessary, hospital staff may contact local 911 dispatch to request that the supervisor of SPD's Sexual Assault & Child Abuse Unit be contacted.
    - SPD personnel will coordinate with the law enforcement agency from the jurisdiction where the crime occurred.

**2. ROLE OF LAW ENFORCEMENT**

- a) Law enforcement will respond immediately and this will include, whenever possible, an on-site specialized unit/detective response. They will assume the lead in the investigation, including timing and order of interviews.
- b) The case detective or their supervisor will immediately contact (even if after hours) a supervisor for the King County Prosecuting Attorney's Office Special Assault Unit.
- c) Law enforcement will ensure that DSHS/CPS has been notified, at a minimum, within 24 hours of the initial law enforcement response and they will share information with DSHS/CPS as it is received.
- d) Law enforcement will ensure documentation, including photographs, of injuries.
- e) Law enforcement will consult with the physician caring for the injured child. If there are further concerns regarding the injury, the child abuse specialist physician, via the Seattle Children's Operator (206-987-2000), may be consulted.
- f) If the injured child will be released from the hospital, law enforcement will coordinate with DSHS/CPS in the decision regarding placement. During the initial stages of investigation, the law enforcement investigative process has priority over the DSHS/CPS investigation.
- g) Law enforcement will consider protective custody placement, medical evaluation, and investigative interviews of other children in home. As appropriate, they will arrange for a forensic interview of the victim/child witnesses with the Child Interview Specialist. Interviews may be conducted at the hospital or other locations as necessary.
- h) The case detective or investigating officer/s will participate in a Family Team Decision Meetings (FTDM) in order to be a part of the decision regarding placement of the child. If there are concerns about participant inclusion in the FTDM or the results of the FTDM, law enforcement may contact the DSHS/CPS supervisor or area administrator.
- i) Law enforcement will notify the appropriate victim service agency for advocacy services, within 48 hours of law enforcement response.

**3. ROLE OF DSHS/CPS**

- a) Referrals received by DSHS/CPS will be classified according to DSHS/CPS intake protocols.

- b) DSHS/CPS will defer to law enforcement regarding the investigation and they will share available information with law enforcement as it is received. DSHS/CPS will provide DSHS/CPS history to law enforcement immediately, or at a minimum, within 24 hours of initial law enforcement notification to DSHS/CPS.
- c) Safety Plan Policy
  - Safety of the child is the priority in making any placement decision.
  - Safety includes psychological safety.
  - The history of child abuse and neglect must be considered, as well as any patterns indicated in the current and previous referrals and investigations.
  - In cases of serious or very serious physical abuse by an immediate family member DSHS/CPS will arrange for immediate separation of the victim and alleged until the criminal investigation is substantially complete and a service plan is in place.
  - Foster children must be removed from the foster home placement if the perpetrator remains in the home.
  - If there is a protective parent, the preference is for the alleged perpetrator to move out of the family home.
  - Child victims will be referred to victim service providers for clinical assessment and assignment of a legal advocate.
  - Prior to initiating contact between the child victims and the alleged perpetrators, the social worker should consult with the victim service provider, law enforcement and others involved with the family.
- d) When it is not clear who the perpetrator is, those who had access to the child at the time of injury must be considered safety threats and investigated accordingly.
- e) DSHS/CPS will invite the case detective, investigating officer and victim services to participate in a Family Team Decision Meeting (FTDM), if one is arranged, in order to be a part of the decision regarding the child's placement.
- f) Participant exclusion from the FTDM may be necessary when there is a police investigation and inclusion may jeopardize the investigation, or participation would result in the violation of a no contact order, or participation could create a physically or psychologically unsafe situation for other participants. Any member of the Children's Justice Center of King County may request participant exclusion. If there are concerns about participant inclusion in the FTDM meeting or the result of the FTDM, victim services may contact the DSHS/CPS supervisor or area administrator.
- g) If the injured child is released from the hospital, the DSHS/CPS social worker will follow DSHS/CPS placement policy and coordinate the placement plan with the case detective and/or investigating officers. Relative placement should be considered only when the child's health, safety or welfare will not be jeopardized. The case detective

and/or investigating officers will provide appropriate information and/or recommendation to DSHS/CPS regarding relative placement.

- h) DSHS/CPS will consider removal and protective custody placement of other children in the home with law enforcement assistance. They will coordinate with law enforcement to ensure medical examinations and investigative interviews with other children in the home are conducted.
- i) DSHS/CPS will arrange for review of the medical assessment with a child abuse medical consultant, if appropriate.
- j) The initial case plan will include strong consideration of the filing of a dependency petition and consultation with the Attorney General's Office.
- k) DSHS/CPS will ensure that the appropriate victim service agency is involved.

#### 4. ROLE OF MEDICAL EXAMINER

- a) The King County Medical Examiner's Office (KCMEO) receives reports of deaths at scenes from law enforcement agencies or from medical and care facilities where death occurred. KCMEO medico-legal death investigators will respond to the location of death, conduct an investigation, and transport the deceased child to the KCMEO facility. If the death occurs in a medical or care facility, the investigator also procures records and any laboratory samples that may be available.
- b) In deaths involving infants or young children, a KCMEO pathologist will accompany the investigator. KCMEO scene investigations of infants and young children are performed using a standard protocol consistent with national standards and in cooperation with the investigating agency.
- c) In cases involving the death of a child, KCMEO communicates with DSHS/CPS to report the death and learn of previous incidents involving the child or family.
- d) Suspicion of homicide does not rule out organ donation. The KCMEO pathologist shall determine what organs may be donated (refer to KCMEO policy).
- e) Autopsies are performed at the KCMEO facility generally within 24 hours of taking jurisdiction of the deceased child.
- f) If the death appears suspicious at the scene, during records review, or during the autopsy, the KCMEO pathologist will immediately notify the King County Prosecuting Attorney's Office and appropriate law enforcement agency.



- g) Following the autopsy, KCMEO will complete the death certificate and coordinate with the family for release of the decedent to a funeral home.

## 5. ROLE OF VICTIM SERVICE ORGANIZATIONS

Victim service organizations provide a range of services including access to specialized medical services, support, crisis response, information and referral, legal advocacy and counseling. Advocacy and counseling/mental health services are available regardless of ability to pay.

### a) Advocacy

- 1) Advocacy involves providing emotional support, information about the criminal justice system, in-person support at meetings, interviews, and/or court hearings per the victim's request, and assistance in preparing victims for what to expect, their rights as a crime victim, and options in the criminal justice system. Advocates will communicate directly with law enforcement, prosecutors, DSHS/CPS, and other system personnel with the victim's permission. Advocates can assist victims in safety planning, obtaining protective orders, and accessing other resources that victims and their families may need. Advocacy services are limited to victims and non-offending family members only.
- 2) Referrals to Law Enforcement - Advocacy programs will assist victims/families in making a police report through the 911 operator (24-hours).
- 3) Notification of Victim's Rights – Advocates will inform victims and/or families of the Child Victim/Witness Bill of Rights (RCW 7.69A.030) and, when possible, provide them with a copy.
- 4) Protection Orders - Victim advocates will inform all assault victims and their families of possible civil orders for protection (separate and apart from a criminal No Contact Order). The advocate will ensure that the victim is provided the necessary information and support to complete the process.
- 5) Advocates communications with their clients are privileged. (RCW 5.60.060(7)) They are, however, mandated reporters of child abuse and neglect.

### b). Counseling/Mental Health

- 1) Guidelines in Initial Contacts - Prior to the investigative interview, specific questioning about the possible crime(s) should be reserved and the details

elicited only to the extent that is necessary for the physical or psychological treatment of the child or to initiate a report.

- 2) Crisis Intervention and Support - 24-hour access to immediate support is offered through KCSARC's Resource Line. HCSATS provides access to crisis care and support during regular business hours and after hours through the Harborview Medical Center Emergency Department Social Worker, who has specialized training.
- 3) Counseling/Mental Health Professionals communications with their clients are privileged. (RCW 70.02.020) They are, however, mandated reporters of child abuse and neglect.

## **B. "SERIOUS" PHYSICAL ABUSE**

### **1. ROLE OF HOSPITAL**

- a) Hospital staff will contact DSHS/CPS and law enforcement immediately when a concern of abuse or inflicted injury arises.
- b) Hospital staff will avoid extensive questioning about the cause of injury once concern of child abuse rises to the level of suspicion that would lead to a DSHS/CPS report, except as required to provide proper medical diagnosis and treatment.
- c) The child abuse attending physician may notify the supervisor of the King County Prosecutor's Office Special Assault Unit.
- d) Hospital Hold: When a hospital administrator or physician believe that a child would be in imminent danger if released to a parent, guardian, or other person or is in imminent danger if left in the custody of a parent, guardian, custodian, or other person, the administrator or physician will place the child on an Administrative Hospital Hold. (RCW 26.44.056)

### **2. ROLE OF LAW ENFORCEMENT**

- a) Law enforcement will respond immediately or within 24 hours at the most.
- b) Law enforcement will share information with DSHS/CPS and coordinate their investigative response.
- c) Law enforcement will arrange for a medical consultation with the child abuse physician consultant for clarification of medical issues if appropriate.
- d) Law enforcement will ensure documentation, including photographs, of injuries.

- e) Law enforcement will arrange for a forensic interview of the victim or child witnesses with the Child Interview Specialist as appropriate. They will consult with the prosecutor regarding the appropriateness of child interviews as needed.
- f) Law enforcement will notify the appropriate victim service agency within 48 hours of a law enforcement response.
- g) Hospital Hold: The law enforcement agency shall take the child into custody or cause the child to be taken into custody when they deem that the child would be at imminent risk of harm if the child was released to the parent, guardian, custodian, or other person. The law enforcement agency shall release the child to the custody of child protective services. (RCW 26.44.056)

### 3. ROLE OF DSHS/CPS

- a) Referrals received by DSHS/CPS will be classified according to DSHS intake protocols.
- b) DSHS/CPS will notify the appropriate law enforcement agency immediately or, at a minimum, within 24 hours of receiving the DSHS/CPS referral. DSHS/CPS will contact the supervising law enforcement Sergeant to ensure receipt of the report and to obtain the name of the assigned investigator. DSHS/CPS will share information with the law enforcement investigator and will coordinate the investigative response. DSHS/CPS will coordinate with law enforcement for the removal and placement of any child.
- c) Safety Plan Policy
  - Safety of the child is the priority in making any placement decision.
  - Safety includes psychological safety.
  - The history of child abuse and neglect must be considered, as well as any patterns indicated in the current and previous referrals and investigations.
  - In cases of serious or very serious physical abuse by an immediate family member DSHS/CPS will arrange for immediate separation of the victim and alleged until the criminal investigation is substantially complete and a safety plan is in place.
  - Foster children must be removed from the foster home placement if the perpetrator remains in the home.
  - If there is a protective parent, the preference is for the alleged perpetrator to move out of the family home.
  - Child victims will be referred to victim service providers for clinical assessment and assignment of a legal advocate.

- Prior to initiating contact between the child victims and the alleged perpetrators, the social worker should consult with the victim service provider, law enforcement and others involved with the family.
  - d) When it is not clear who the perpetrator is, those who had access to the child at the time of injury must be considered to be safety threats and investigated accordingly.
  - e) DSHS/CPS will invite the case detective or investigating officer and victim services to participate in a Family Team Decision Meeting (FTDM), if any, in order to be a part of the decision regarding the child's placement.
  - f) Participant exclusion from the FTDM may be necessary when there is a police investigation and inclusion may jeopardize the investigation, or participation would result in the violation of a no contact order, or participation could create a physically or psychologically unsafe situation for other participants. Any member of the Children's Justice Center of King County may request participant exclusion. If there are concerns about participant inclusion in the FTDM meeting or the result of the FTDM, victim services may contact the CPS supervisor or area administrator.
  - g) DSHS/CPS will arrange for medical consultation with a child abuse physician consultant for clarification of medical issues, if appropriate.
  - h) DSHS/CPS will ensure that the appropriate victim service agency is involved.
  - i) Hospital Hold:
    - Child protective services shall detain the child until the court assumes custody or upon a documented and substantiated record that in the professional judgment of the child protective services the child's safety will not be endangered if the child is returned. If the child is returned, the department shall establish a six-month plan to monitor and assure the continued safety of the child's life or health. The monitoring period may be extended for good cause.
    - The CPS Social Worker is not to determine when a child should be placed on an Administrative Hospital Hold. This determination should be between the hospital administrator and/or physician and the law enforcement agency responding. The CPS Social Worker will provide any historical information as to the caretaker, parent or guardian in the Children's Administration database to law enforcement and hospital administrator and/or physician. (RCW 26.44.056)
4. **ROLE OF VICTIM SERVICE ORGANIZATIONS:** See this section, Page 32 (5.a.b.)

**C. NEGLECT AND OTHER ABUSE****1. ROLE OF LAW ENFORCEMENT**

- a) The responding officer will determine if an assault or neglect has occurred, as opposed to reasonable parental discipline (see RCW 9A.16.100), and if so, complete an incident report, gather evidence, and any collateral paperwork associated with the physical abuse/assault or neglect. This includes any victim/witness/suspect statements.
- b) If probable cause exists that assault or neglect has occurred, the complete incident report with accompanying statements will be forwarded to the prosecutor of the appropriate court.
- c) If the child is 16-17 years old and judged to be the primary aggressor by the responding officer, domestic violence laws apply (see RCW 10.99.020).
- d) Officers should photograph any child/juvenile persons for evidence of the injuries, however slight, or condition of the person.
- e) Officers have the authority to contact DSHS/CPS and take the child into protective custody.
- f) Patrol officers should complete the investigations involving non-felony child abuse neglect cases if possible.
- g) Law enforcement will notify DSHS/CPS of incidents involving child abuse or neglect with the understanding that DSHS/CPS is not responsible for the criminal investigation or criminal charges.

**2. ROLE OF DSHS/CPS**

- a) All other DSHS/CPS referrals coded for "Physical Abuse" will be sent to the appropriate law enforcement agency.
- b) Referrals coded for "Neglect" that contain information that a crime against a child may have occurred, will be sent to the appropriate law enforcement agency.
- c) DSHS/CPS caseworkers will follow DSHS policy on investigation and referral for services.
- d) DSHS/CPS will ensure that the appropriate victim service agency is involved if the abuse or neglect constitutes a crime.

## **VI. INVESTIGATION OF SEXUAL OFFENSES AGAINST ADULTS**

### **A. ROLE OF LAW ENFORCEMENT**

1. Law enforcement's role is to determine if a crime occurred, to identify suspects in crime, and to gather all pertinent facts and information related to a case for presentation to the Prosecutor's Office for review.
2. Procedure
  - a) Upon receipt of referral, law enforcement will assign a detective as soon as possible. The assigned detective will determine whether a victim is willing or able to cooperate with prosecution. In cases involving the use of a weapon or other evidence, prosecution may proceed with or without the victim's cooperation.
  - b) The victim will be referred for victim's services including a forensic medical exam, support, crisis response, information and referral, legal advocacy, and counseling. Victims will be informed of their rights as a victim (RCW 7.69.030) including the right to have an advocate present during interviews and to be informed of what happens in the case.
3. Investigative Steps
  - a) The following investigative tools should be employed where appropriate and at the earliest possible time in the investigation to preserve evidence:
    - Interviews (see below)
    - Documentation and processing of crime scene(s) and other evidence
    - Search Warrants (i.e., crime scene, cell phones, cellular records, computer, suspect's person)
    - Trace evidence
    - Biological evidence (including evidence from the suspect's body)
    - Document relevant injuries of all parties
    - Obtain medical records
4. Interviews
  - a) Initial Interview - Uniformed police officers may conduct an initial interview to ascertain the basic facts or to determine if there is sufficient reason to believe a crime occurred.
  - b) Investigative Victim Interview – Whenever possible, the victim interview shall take place in person and will occur as soon as possible pursuant to the protocols outlined in Section D – Victim Interview Process (page 40). The detective will inform the victim

of their right to have an advocate or support person present as outlined in the Crime Victims Bill of Rights RCW 7.69A.030 and will coordinate having an advocate present if requested.

- c) First Person Report - A complete and detailed interview will be conducted of any person to whom the initial report of sexual abuse was made to determine facts relevant to the investigation, to include:
    - The circumstances under which the report occurred
    - What precipitated the report
    - What each party said
    - The demeanor of the witness
    - Who was present during the report
  - d) Collateral Witnesses – All corroborative, familial, and alibi witnesses will be interviewed.
  - e) Suspect - Law enforcement will always attempt to interview all suspects and these interviews will occur face-to-face whenever possible.
  - f) The investigative process should be sensitive to a person's ability to understand his or her rights and a person's ability to effectively communicate. Interpreters will be provided when necessary.
5. Upon Completion of the Law Enforcement Investigation
- a) Law enforcement will make every effort to complete and submit the case to the Prosecutor's Office within 60 days of the victim's interview.
  - b) Juvenile Defendants - Cases involving juvenile defendants must be referred to the Prosecutor's Office within two weeks of completion of the detective's investigation. Cases received by the Prosecutor's Office after two weeks may be subject to dismissal. (LJuCR 7.14(b))

**B. ROLE OF THE PROSECUTOR'S OFFICE**

1. Cases Referred From Law Enforcement - The prosecutor's job is to review all cases referred from law enforcement for the filing of criminal charges. In reviewing the cases the prosecutor's office may file charges, may decline the case and no charges are filed, or may request further investigation.
2. Cases Referred From Others - When the prosecutor's office receives a case from another jurisdiction, another official, or from a citizen complaint, the prosecutor's office will refer the case to the appropriate law enforcement agency for investigation.
3. Timelines - The prosecutor will make every effort to make a filing decision within 60 days after receipt of a completed case.
4. Emergency Situation/Rush file – When necessary the case will be filed immediately to keep a suspect in custody or to issue a warrant.
5. A Sexual Assault Protection Order (SAPO) prohibiting the alleged offender from having contact with the victim will be sought by the prosecutor in all cases where charges are filed. (RCW 7.90). "No contact" includes no indirect contact. Violation of a SAPO is grounds for arrest and may result in the filing of charges. A violation of a SAPO that was issued pursuant to a pending criminal case should additionally be reported to the Prosecutor's Office for revocation of bond proceedings or detention hearings. In general, in the case of conflicting or overlapping court orders, the most restrictive order about contact should be followed.
6. Once a victim advocate is involved, the prosecutor's office will attempt to inform them of all scheduled victim contacts such as defense attorney interviews and substantive court hearings.
7. Notification of Filing Decision by the Prosecutor's Office - After receiving a completed investigation from law enforcement the prosecutor will notify by letter the victim, any person the victim requests and law enforcement of the decision to charge or decline to charge a crime (known as a finding of "insufficient evidence" in juvenile court) within 5 days of making the decision. When requested by the victim, victim's family, or advocate, the prosecutor will be available by phone or in-person to explain how legal decisions are made and to answer questions regarding the investigation, legal process, and filing decision.
8. Notification of Guilty Plea - The prosecutor will make all reasonable attempts to seek victim input and to notify the investigating officer prior to a guilty plea, when that plea will result in a reduced charge.



**C. ROLE OF VICTIM SERVICES PROGRAMS**

1. Victim services programs provide a range of services including access to specialized medical care, support, crisis response, information and referral, legal advocacy, and counseling. All victims should be referred to a victim service program.
2. Victim services and advocates will communicate directly with law enforcement, prosecutors, and other system personnel with the victim's permission.
3. Advocacy involves:
  - Providing emotional support, including in-person support at meetings, interviews, and/or court hearings, per the victim's request
  - Providing information about the criminal justice system
  - Providing assistance in preparing victims for what to expect
  - Informing the victims of their rights as a crime victim and options in the criminal justice system
4. Referrals to Law Enforcement - Victim service programs will assist victims in making a police report through the 911 operator (24-hours).
5. Notification of Victim's Rights – Victim advocates and specialists will inform victims of the Victim Bill of Rights (RCW 7.69.030) and when possible provide them with a copy.
6. Protection Orders - Victim advocates will inform all sexual assault victims of their right to seek a civil Sexual Assault Protection Order (SAPO) pursuant to RCW 7.90 and/or the availability of other protection orders. The advocate will ensure that the victim is provided the necessary information and support to complete the process.
7. Sexual assault advocates' communications with their clients are privileged (RCW 5.60.060(7)). They are still, however, mandated reporters of child abuse and neglect.

**D. VICTIM INTERVIEW PROCESS**

1. Timelines - The investigative interview will be set as soon as possible, preferably within two weeks, of the case being opened by the police.
2. Procedure - The detective will arrange the time and location of the interview. The purpose of the interview, conducted prior to charges being filed is:
  - To obtain the formal, detailed version of events from the victim
  - To assess victim credibility and potential case problems

- To inform the victim about decision making processes regarding case filing, the criminal justice system, and timelines for decision making
3. In cases where the detective has taken the victim's statement on their own, the prosecutor will attempt to reach a filing decision without re-interviewing the victim. Frequently, phone contact with the detective or victim may resolve concerns. If there is a need to re-interview the victim, the interview should be limited to the areas of concern. The detective will be present to document any clarifications, supplements, or changes to the statement obtained earlier.
  4. Joint Interview
    - a) A joint interview will be conducted in all high profile cases.
    - b) In all other cases, a joint interview may be conducted at the discretion of the detective. These interviews will be conducted at the prosecutor's office and scheduled by the detective.
    - c) The detective will be responsible for documentation of the interview, and will include a detailed summary in the case file to be reviewed by the prosecutor.

## **VII. OUT OF COUNTY CASES**

In cases of sexual assault or physical abuse involving children, adolescents, and adults that are reported in King County but occurred in another jurisdiction (i.e., out of state or out of county), the following are procedures for responding.

### **1. Reporting**

- Children and youth under 18 years of age: If King County DSHS/CPS or law enforcement receives a report of a sexual assault that occurred in a jurisdiction outside King County, the King County agency should file a report and refer it to the correct law enforcement jurisdiction. If the alleged abuse occurred out of state, the CPS agency in that state should be notified.

### **2. Interview Process**

- At the request of the investigating agency, courtesy interviews may be conducted by the law enforcement agency where the victim currently resides. If the child is under 12 or the reported victim requires a specialized interviewer, the Child Interview Specialist may conduct the interview at the request of the local law enforcement agency.

### **3. Victim Services**

- The victim will be referred for victim's services including a forensic medical exam, support, crisis response, information and referral, legal advocacy, and counseling. Victims will be informed of their rights as a victim (RCW 7.69.030) including the right to have an advocate present during interviews and to be informed of what happens in the case.

**VIII. SEXUAL ASSAULT MEDICAL EVALUATIONS / MEDICAL ADVOCACY**

The purposes of the medical forensic exam are to:

- Provide specialized medical diagnosis and treatment
- Provide information and support
- Assess safety
- Collect and preserve medical findings and forensic evidence
- Facilitate connection to ongoing victim services.

More extensive information can be obtained from the Washington State Guidelines for Medical Care after sexual assault at [www.hcsats.org](http://www.hcsats.org). > Professional Guidelines.

**A. CONSENT FOR CARE**

1. **FOR ALL PATIENTS** - Any patient, child or adult, with medical conditions requiring urgent medical care may be evaluated and treated **WITHOUT** medical consent.

**2. CHILDREN - 11 YEARS AND YOUNGER**

- a) The parent or legal guardian must sign consent for care for patients under 15 years of age. It is preferable for the parent or legal guardian to sign consent for care for patients up to age 18.
- b) If the child's parent or legal guardian is unavailable or unwilling to sign consent for care, and the medical providers deem that an exam for sexual abuse must be done emergently, the following steps should occur:
  - 1) Medical provider notifies law enforcement to take the child into protective custody (call 911, state "This is not an emergency" and state the reason for requesting assistance).
  - 2) Law enforcement takes the child into emergency protective custody.
  - 3) DSHS/CPS then authorizes medical exam (this may be done over the phone with appropriate witness).
  - 4) DSHS/CPS then arranges discharge plan or placement.

**3. TEENS - 12 YEARS AND OLDER**

- a) The parent or legal guardian must sign consent for care for patients under 15 years of age. It is preferable for the parent or legal guardian to sign consent for care for patients up to 18 years of age. There are special exceptions for reproductive health care, and these exceptions apply in part to medical care after sexual assault. A female may obtain confidential care for pregnancy or birth control regardless of age. A person age 14 or older may obtain confidential care for sexually transmitted diseases. The patient must be

able to give informed consent. That is, they should understand the risks and benefits of the medical treatment and treatment alternatives.

- b) Other exceptions to the requirement for parental consent may also apply.
  - 1) A minor may be legally emancipated by court decree. In this case the minor has the same rights as an adult regarding consent for medical care.
  - 2) A minor may be emancipated for the purposes of specific medical care, without court decree. This decision may be made by the health care provider. This decision should be based on the consideration of the following factors: Patient's maturity and decision making capacity, independence from parents in residence and financial support. If a minor signs for his/her own care, document patient's maturity, independence, decision making capacity, understanding of treatment, and plans for safety.
- c) The minor patient should be clearly informed of the limitations of confidentiality and the requirements for DSHS/CPS or police reporting. Mandated reports are required when there is a reasonable suspicion of a crime committed against a person who is under 18 years of age. The medical provider or advocate should emphasize that privacy is not assured after a police report is made. The medical provider or advocates should talk with the patient about the possibility of contacting parents and discuss how best to talk with parents and/or guardians. Mandatory reporting still applies, even when the minor has signed for care.
- d) Refusal of Care
  - 1) The patient may choose to refuse all or part of the examination and evidence collection. For example, he or she may consent to the physical exam but not forensic collection, or may decline hair plucking while consenting to other exam procedures.
  - 2) The patient should be informed of the consequences of declining evidence collection procedures, specifically that this may impede criminal prosecution.
- e) When the Patient is Not Able to Consent
  - 1) If the patient is not capable of informed consent due to a transitory condition (e.g., intoxication) the sexual assault exam should be delayed until the patient is capable of consent. This judgment should be made by the health care provider.
  - 2) If the patient is not capable of informed consent due to longer-term medical or developmental condition, or is imminently terminal or if evidence will be lost (e.g., patient going in for surgery) the health care provider shall determine whether the

evidence collection is in the patient's best interest. With this assessment, it is legally permissible to collect forensic evidence, including clothing, hair, and swabs from skin and orifices.

- 3) The evidence should be stored until appropriate consent from patient or legally authorized surrogate decision-maker is obtained. Evidence kit and dry clothing may be stored in a locked cabinet at room temperature.

#### 4. ADULTS

- a) The forensic exam is not a medical emergency. The patient should provide informed consent for the collection of evidence. That is, they should understand the consequences of consent and of refusal of forensic evidence collection. The patient should be informed specifically about urine or blood specimen collection which will test for drugs which the patient has been given or has taken.
- b) Refusal of Care (see above)
- c) When a Patient Is Not Able To Consent (see above)

#### 5. VULNERABLE ADULTS

The patient or legally authorized surrogate decision-maker should sign for all medical care, including care after a sexual assault. A report to the police, Adult Protective Services (APS) or State Residential Care Services is mandated when there is a suspicion of sexual assault. If the surrogate decision maker is not available, evidence may be collected from the patient, but released only after permission from the court or legally authorized surrogate decision-maker is obtained.

### B. MEDICAL EVALUATIONS

#### 1. CHILDREN - 11 YEARS AND YOUNGER

- a) A specialized medical exam by an expert medical examiner should be considered for all children where there is a report of a sexual contact offense. The potential benefits of a specialized exam include the opportunity to obtain a medical history from the child as well as a physical exam. The physical exam may provide confirmation or alternative diagnosis for physical signs or symptoms. The medical evaluation can provide reassurance for the child and family about the child's physical well-being and direction for ongoing victim services.
- b) A medical exam is appropriate whether or not the contact included "penetration," and at times may be appropriate even when the contact is reported to have been over clothing. The Intake Specialist and medical staff at Harborview Center for Sexual Assault and Traumatic

Stress (HCSATS) are available for consultation when there are questions about the appropriate timing for a medical exam.

- **Weekdays:** (206) 744-1600 - Intake Specialist or (206) 744-3000 - Attending on call.
  - **After hours and weekends:** (206) 744-4028, HMC ED Social worker.
- c) The exam includes history from caregivers, history from the child when appropriate, physical examination, photo-documentation, forensic evidence collection when appropriate, and a written report.
- d) At Harborview and Seattle Children’s Hospital, the exam will always include a meeting with a social worker to provide support, information, and plan for follow-up care. Other medical facilities typically will also have a social worker to provide support, information, and plan for follow-up care.
- e) Medical Exam
- i) **Urgent or emergency** exam is recommended when:
- There has been a clear report by the child, or witnessed sexual contact, which occurred **within the previous 72 hours** (exception: child to child contact with no apparent injury, since forensic exam in these cases is not urgent).
  - Other reasons for urgent or emergency exam are: active vaginal or rectal bleeding of unknown etiology and concern for abuse or high risk situation, such as abduction.

These exams may be done at the HCSATS clinic, Harborview Medical Center ED, or Seattle Children’s Hospital ED. Other community hospitals are NOT capable of providing forensic exams for children.

Call the clinic or hospital ED prior to referring patient for exam.

- HCSATS Intake Specialist at 206 744-1600 (weekdays)
- Harborview Medical Center ED social worker at 206-744-4028 (after hours)
- Seattle Children’s Hospital ED 206-987-2222

Families should be advised of the following:

- Do not bathe the child before exam
- Bring in the clothes worn at time of incident, if possible
- Bring a change of clothing
- Come to the clinic or the hospital with a support person (family, friend, advocate) as the exam may take several hours

- ii) **Scheduled specialized evaluation** is recommended when:
  - There is a clear report by child, or witnessed sexual contact which occurred more than 72 hours prior.
  - These evaluations are done at the HCSATS clinic. Call HCSATS Intake Coordinator 206-744-1600 to schedule an appointment.
- iii) **Examination by the patient's primary medical care provider** is indicated when:
  - Child has concerning symptoms, such as pain with urination, vaginal discharge, or signs such as genital redness, and no clear report or witnessed abuse
  - Visible vaginal or anal abnormality with no definite abuse event
  - A young child has made vague statements which might have a variety of interpretations
  - The primary care provider may request consult with HCSATS or Seattle Childrens' Hospital child abuse medical providers.

f) Mandated Reports

Medical providers are mandated to report to police or DSHS/CPS when there is a reasonable suspicion of child abuse or neglect. This includes reasonable suspicion of a crime committed against any person who is under 18 years of age. The parent or guardian may be encouraged to make the report, with assistance by medical staff.

## 2. ADULTS AND TEENS - 12 YEARS AND OLDER

a) Medical Exam

- 1) If the assault occurred **within prior 120 hours**: In general, the medical/forensic exam is indicated on an **urgent basis** when the assault or suspected assault occurred within the prior 120 hours. This time frame is not rigid – in some circumstances the reasonable time frame may be longer.
- 2) If the assault was **more than 120 hours prior**: The medical/forensic exam is **generally not indicated on an emergency basis**. In certain circumstances a forensic exam may be appropriate even after 120 hours. Examples include: cases of abduction and cases of suspected abuse of vulnerable adults. This decision should be made by the medical provider in consultation with social work and law enforcement.



- 3) The forensic examination may be performed at Seattle Children's Hospital, HCSATS, Harborview emergency department, and several other emergency departments in King County. The provider should have experience in performing these exams, and the emergency department must be fully prepared to collect, store and transfer forensic evidence.
- 4) Patient should be advised of the following:
  - Do not bathe before exam
  - Bring in clothes worn at time of incident, if possible
  - Bring a change of clothing
  - Come to clinic or hospital with a support person (family, friend, advocate) as exam may take several hours

b) Medical Advocacy

Social Work staff at HCSATS, Harborview Medical Center Emergency Department (ED) and Seattle Childrens', offer medical advocacy for all sexual assault victims evaluated, as well as those who may call the ED with a concern. This service is available 24-hours a day, seven days a week. In addition, medical advocacy is available through community sexual assault programs identified in the community resource section of this document (see page 68). Medical advocacy ensures that rights are being upheld and victims/families have access to information about appropriate community services.

Medical Advocacy includes:

- Assessment to gather information for making decisions regarding needs
- Assistance in making informed decisions about medical care and the preparations needed, including referral for a forensic exam
- Information about medical care, including assistance in arranging follow-up care
- Support during the actual medical exam, as appropriate
- Assistance with Crime Victim Compensation
- Assessment of safety prior to discharge
- Reporting to required authorities as appropriate (police or DSHS/CPS)
- Provision of appropriate literature and resources to the caretaker or victim
- Documentation of needs and concerns for follow-up

c) **KEY CONTACTS**

Harborview Center for Sexual Assault and Traumatic Stress (HCSATS)  
Intake Specialist: (206) 744-1600 (weekdays)

Harborview Medical Center (HMC) - Emergency Department Social Work  
(206) 744-4028

King County Sexual Assault Resource Center (KCSARC)  
(425) 226-5062 (weekdays)  
1-888-99-VOICE (24 hr. Resource Line)

Seattle Children's Hospital (SCH) - Emergency Department  
(206) 987-2222

Sexual Assault Nurse Examiner (SANE) programs in King County:

- Harborview Medical Center
- Expansion to all UW Medicine entities including Northwest Hospital, University Medical Center, and Valley Medical Center in 2015
- Seattle Children's Hospital
- Swedish First Hill. To be expanded to all Swedish sites
- Evergreen Hospital

## **IX. MULTIDISCIPLINARY CASE STAFFING**

A core element of the **Children’s Justice Center of King County** is our Multidisciplinary Team (MDT). An MDT is a group of professionals from various disciplines who work collaboratively to promote a thorough understanding of case issues in order to ensure the most effective system response possible. The purpose of interagency collaboration is to coordinate intervention so as to reduce potential traumas to children and families, while preserving and respecting the rights and obligations of each agency to pursue their respective mandates. Our MDT’s primary purpose is to ensure the health, safety, and well-being of an affected child.

An MDT Case Staffing may be sought in any case in which a professional who is involved wishes to bring the case forward for greater review by the MDT at either the scheduled monthly Network Meeting (see below) or specialized case review.

### **MULTIDISCIPLINARY CORE TEAM**

King County Deputy Prosecuting Attorney  
Law enforcement  
DSHS/CPS social worker / Supervisor  
Victim services / Advocacy  
Child Interview Specialist  
Physician / Nurse examiner  
Mental health professional / Medical social worker

### **OTHER PARTICIPANTS WHO MAY BE INVITED AS NEEDED**

Assistant Attorney General (AAG)  
Guardian ad litem (GAL)  
Court appointed special advocate (CASA)  
Family court services  
School district representative

#### **A. CORE TEAM STAFFINGS: Regularly scheduled meetings**

- 1) **Network Meetings** (meets on the second Wednesday of the month at Odessa Brown Children’s Clinic): selected case reviews, interagency system issues, cultural considerations, legislative issues, membership education and research, agency updates and personnel changes/updates. These meetings are facilitated by the the Chair of the Special Assault Unit of the PAO (Director of the **CJCKC**). At each meeting, members in attendance sign a confidentiality agreement.
- 2) **SCAN Meetings** (meets weekly at Seattle Children’s Hospital every Tuesday afternoon: selected case review of serious physical abuse cases. These meetings are facilitated by the SCAN social worker.
  - The meeting facilitator will designate which recommendations are to be completed by each MDT member.

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## KING COUNTY SPECIAL ASSAULT PROTOCOL

### **B. CORE TEAM STAFFINGS: Case Specific Meetings**

Case staffings shall be convened and facilitated by the prosecutor in the following types of cases:

- Disagreements over Agency Case Management
- Multi-Victim Cases (p 23)
- Medical Child Abuse (formerly known as Munchausen Syndrome By Proxy)
- Legal Child Abuse (repeated referrals or reports of abuse to DSHS/CPS or law enforcement by a parent or guardian that cause agencies/workers to question the report(s))

To schedule a case staffing for any of the above situations, a professional should contact the Filer for the King County Prosecutor's Office Special Assault Unit at the appropriate courthouse.

The Prosecutor's Office is responsible for contacting the parties involved and informing them of when the staffing will be held. The prosecutor will determine what information should be provided in advance of the staffing and will arrange for distribution of the information.

### **C. ADDITIONAL MDT MEMBER CASE REVIEWS/STAFFINGS**

These meetings provide opportunity for further information sharing between MDT member regarding specific categories of cases.

- Criminal Case Review - monthly meeting between prosecutors and advocates.
- Juvenile Round Table - quarterly meeting between prosecutors, advocates, mental health providers, DSHS/CPS
- Pre & Post Child Interview briefing - brief meeting prior to interview involving Child Interview Specialist, law enforcement/detective, DSHS/CPS and advocate; post interview meeting involves all disciplines with the exception of the Child Interview Specialist

### **D. CONFIDENTIALITY**

Information shared at the case staffings and reviews remains confidential to the parties/agencies participating.

Mental Health/Counseling professionals and advocates are proscribed by statutory privileges with their clients which may prevent them from participating in an MDT with respect to that case but shall not prohibit the involvement of a representative from that discipline. (RCW 70.02.020) (RCW 5.60.060(7))

### **E. CULTURAL CONSIDERATIONS**

In cases where the victim, suspect, or their families are from an underrepresented population, representation from a culturally appropriate agency may be requested.

**X. APPENDICES**

**A. RCWs (Revised Code of Washington)**

- **7.69.030 Rights of Victims, Survivors, and Witnesses (Bill of Rights)**
- **7.69A.030 Rights of Child Victims and Witnesses**
- **7.69B.030 Dependent Persons - Rights Enumerated**
- **26.44.020 Definitions**
- **26.44.030 Mandatory Reporting Responsibilities**
- **26.44.035 Agency Coordination and Reports**
- **26.44.040 Contents of Report**
- **26.44.050 Protective Custody**
- **26.44.080 Violation of Mandatory Reporting Responsibility**
- **26.44.180 Protocols for Investigation of Child Sexual Abuse**
- **26.44.185 Revision of Protocols for Child Fatality, Child Physical Abuse, and Criminal Child Neglect**
- **70.02.020 Disclosure by Health Care Provider**

**B. Law Enforcement Agencies**

**C. Community Resources**

**D. Contacts - King County Special Assault Network**

**RCW 7.69.030**

**Rights of victims, survivors, and witnesses.**

There shall be a reasonable effort made to ensure that victims, survivors of victims, and witnesses of crimes have the following rights, which apply to any criminal court and/or juvenile court proceeding:

(1) With respect to victims of violent or sex crimes, to receive, at the time of reporting the crime to law enforcement officials, a written statement of the rights of crime victims as provided in this chapter. The written statement shall include the name, address, and telephone number of a county or local crime victim/witness program, if such a crime victim/witness program exists in the county;

(2) To be informed by local law enforcement agencies or the prosecuting attorney of the final disposition of the case in which the victim, survivor, or witness is involved;

(3) To be notified by the party who issued the subpoena that a court proceeding to which they have been subpoenaed will not occur as scheduled, in order to save the person an unnecessary trip to court;

(4) To receive protection from harm and threats of harm arising out of cooperation with law enforcement and prosecution efforts, and to be provided with information as to the level of protection available;

(5) To be informed of the procedure to be followed to apply for and receive any witness fees to which they are entitled;

(6) To be provided, whenever practical, a secure waiting area during court proceedings that does not require them to be in close proximity to defendants and families or friends of defendants;

(7) To have any stolen or other personal property expeditiously returned by law enforcement agencies or the superior court when no longer needed as evidence. When feasible, all such property, except weapons, currency, contraband, property subject to evidentiary analysis, and property of which ownership is disputed, shall be photographed and returned to the owner within ten days of being taken;

(8) To be provided with appropriate employer intercession services to ensure that employers of victims, survivors of victims, and witnesses of crime will cooperate with the criminal justice process in order to minimize an employee's loss of pay and other benefits resulting from court appearance;

(9) To access to immediate medical assistance and not to be detained for an unreasonable length of time by a law enforcement agency before having such assistance administered. However, an employee of the law enforcement agency may, if necessary, accompany the person to a medical facility to question the person about the criminal incident if the questioning does not hinder the administration of medical assistance;

(10) With respect to victims of violent and sex crimes, to have a crime victim advocate from a crime victim/witness program, or any other support person of the victim's choosing, present at any prosecutorial or defense interviews with the victim, and at any judicial proceedings related to criminal acts committed against the victim. This subsection applies if practical and if the presence of the crime victim advocate or support person does not cause any unnecessary delay in the investigation or prosecution of the case. The role of the crime victim advocate is to provide emotional support to the crime victim;

(11) With respect to victims and survivors of victims, to be physically present in court during trial, or if subpoenaed to testify, to be scheduled as early as practical in the proceedings in order to be physically present during trial after testifying and not to be excluded solely because they have testified;

(12) With respect to victims and survivors of victims, to be informed by the prosecuting attorney of the date, time, and place of the trial and of the sentencing hearing for felony convictions upon request by a victim or survivor;

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(13) To submit a victim impact statement or report to the court, with the assistance of the prosecuting attorney if requested, which shall be included in all pre-sentence reports and permanently included in the files and records accompanying the offender committed to the custody of a state agency or institution;

(14) With respect to victims and survivors of victims, to present a statement personally or by representation, at the sentencing hearing for felony convictions;

(15) With respect to victims and survivors of victims, to entry of an order of restitution by the court in all felony cases, even when the offender is sentenced to confinement, unless extraordinary circumstances exist which make restitution inappropriate in the court's judgment; and

(16) With respect to victims and survivors of victims, to present a statement in person, via audio or videotape, in writing or by representation at any hearing conducted regarding an application for pardon or commutation of sentence.

**RCW 7.69A.030**

**Rights of Child Victims and Witnesses.**

In addition to the rights of victims and witnesses provided for in RCW 7.69.030, there shall be every reasonable effort made by law enforcement agencies, prosecutors, and judges to assure that child victims and witnesses are afforded the rights enumerated in this section. Except as provided in RCW 7.69A.050 regarding child victims or child witnesses of violent crimes, sex crimes, or child abuse, the enumeration of rights shall not be construed to create substantive rights and duties, and the application of an enumerated right in an individual case is subject to the discretion of the law enforcement agency, prosecutor, or judge. Child victims and witnesses have the following rights, which apply to any criminal court and/or juvenile court proceeding:

- (1) To have explained in language easily understood by the child, all legal proceedings and/or police investigations in which the child may be involved.
- (2) With respect to child victims of sex or violent crimes or child abuse, to have a crime victim advocate from a crime victim/witness program, or any other support person of the victim's choosing, present at any prosecutorial or defense interviews with the child victim. This subsection applies if practical and if the presence of the crime victim advocate or support person does not cause any unnecessary delay in the investigation or prosecution of the case. The role of the crime victim advocate is to provide emotional support to the child victim and to promote the child's feelings of security and safety.
- (3) To be provided, whenever possible, a secure waiting area during court proceedings and to have an advocate or support person remain with the child prior to and during any court proceedings.
- (4) To not have the names, addresses, nor photographs of the living child victim or witness disclosed by any law enforcement agency, prosecutor's office, or state agency without the permission of the child victim, child witness, parents, or legal guardians to anyone except another law enforcement agency, prosecutor, defense counsel, or private or governmental agency that provides services to the child victim or witness.
- (5) To allow an advocate to make recommendations to the prosecuting attorney about the ability of the child to cooperate with prosecution and the potential effect of the proceedings on the child.
- (6) To allow an advocate to provide information to the court concerning the child's ability to understand the nature of the proceedings.
- (7) To be provided information or appropriate referrals to social service agencies to assist the child and/or the child's family with the emotional impact of the crime, the subsequent investigation, and judicial proceedings in which the child is involved.
- (8) To allow an advocate to be present in court while the child testifies in order to provide emotional support to the child.
- (9) To provide information to the court as to the need for the presence of other supportive persons at the court proceedings while the child testifies in order to promote the child's feelings of security and safety.
- (10) To allow law enforcement agencies the opportunity to enlist the assistance of other professional personnel such as child protection services, victim advocates or prosecutorial staff trained in the interviewing of the child victim.
- (11) With respect to child victims of violent or sex crimes or child abuse, to receive either directly or through the child's parent or guardian if appropriate, at the time of reporting the crime to law enforcement officials, a written statement of the rights of child victims as provided in this chapter. The written statement shall include the name, address, and telephone number of a county or local crime victim/witness program, if such a crime victim/witness program exists in the county.



**RCW 7.69B.030**

**Dependent Persons - Rights enumerated.**

(1) In addition to the rights of victims and witnesses provided for in RCW 7.69.030, there shall be every reasonable effort made by law enforcement agencies, prosecutors, and judges to assure that dependent persons who are victims or witnesses are afforded the rights enumerated in this section. The enumeration of rights under this chapter shall not be construed to create substantive rights and duties, and the application of an enumerated right in an individual case is subject to the discretion of the law enforcement agency, prosecutor, or judge. Dependent persons who are victims or witnesses in the criminal justice system have the following rights, which apply to any criminal court or juvenile court proceeding:

(a) To have explained in language easily understood by the dependent person, all legal proceedings and police investigations in which the dependent person may be involved.

(b) With respect to a dependent person who is a victim of a sex or violent crime, to have a crime victim advocate from a crime victim/witness program, or any other advocate of the victim's choosing, present at any prosecutorial or defense interviews with the dependent person. This subsection applies unless it creates undue hardship and if the presence of the crime victim advocate or other advocate does not cause any unnecessary delay in the investigation or prosecution of the case. The role of the crime victim advocate or other advocate is to provide emotional support to the dependent person and to promote the dependent person's feelings of security and safety.

(c) To be provided, whenever possible, a secure waiting area during court proceedings and to have an advocate or support person remain with the dependent person prior to and during any court proceedings.

(d) To allow an advocate to make recommendations to the prosecuting attorney about the ability of the dependent person to cooperate with prosecution and the potential effect of the proceedings on the dependent person.

(e) To allow an advocate to provide information to the court concerning the dependent person's ability to understand the nature of the proceedings.

(f) To be provided information or appropriate referrals to social service agencies to assist the dependent person with the emotional impact of the crime, the subsequent investigation, and judicial proceedings in which the dependent person is involved.

(g) To allow an advocate to be present in court while the dependent person testifies in order to provide emotional support to the dependent person.

(h) To provide information to the court as to the need for the presence of other supportive persons at the court proceedings while the dependent person testifies in order to promote the dependent person's feelings of security and safety.

(i) To allow law enforcement agencies the opportunity to enlist the assistance of other professional personnel such as victim advocates or prosecutorial staff trained in the interviewing of the dependent person.

(j) With respect to a dependent person who is a victim of a violent or sex crime, to receive either directly or through the dependent person's legal guardian, if applicable, at the time of reporting the crime to law enforcement officials, a written statement of the rights of dependent persons as provided in this chapter. The statement may be paraphrased to make it more easily understood. The written statement shall include the name, address, and telephone number of a county or local crime victim/witness program, if such a crime victim/witness program exists in the county.

(2) Any party may request a preliminary hearing for the purpose of establishing accommodations for the dependent person consistent with, but not limited to, the rights enumerated in this section.

**RCW 26.44.020**

**Definitions.**

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Abuse or neglect" means sexual abuse, sexual exploitation, or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety, excluding conduct permitted under RCW 9A.16.100; or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child. An abused child is a child who has been subjected to child abuse or neglect as defined in this section.

(2) "Child" or "children" means any person under the age of eighteen years of age.

(3) "Child protective services" means those services provided by the department designed to protect children from child abuse and neglect and safeguard such children from future abuse and neglect, and conduct investigations of child abuse and neglect reports. Investigations may be conducted regardless of the location of the alleged abuse or neglect. Child protective services includes referral to services to ameliorate conditions that endanger the welfare of children, the coordination of necessary programs and services relevant to the prevention, intervention, and treatment of child abuse and neglect, and services to children to ensure that each child has a permanent home. In determining whether protective services should be provided, the department shall not decline to provide such services solely because of the child's unwillingness or developmental inability to describe the nature and severity of the abuse or neglect.

(4) "Child protective services section" means the child protective services section of the department.

(5) "Children's advocacy center" means a child-focused facility in good standing with the state chapter for children's advocacy centers and that coordinates a multidisciplinary process for the investigation, prosecution, and treatment of sexual and other types of child abuse. Children's advocacy centers provide a location for forensic interviews and coordinate access to services such as, but not limited to, medical evaluations, advocacy, therapy, and case review by multidisciplinary teams within the context of county protocols as defined in RCW 26.44.180 and 26.44.185.

(6) "Clergy" means any regularly licensed or ordained minister, priest, or rabbi of any church or religious denomination, whether acting in an individual capacity or as an employee or agent of any public or private organization or institution.

(7) "Court" means the superior court of the state of Washington, juvenile department.

(8) "Department" means the state department of social and health services.

(9) "Family assessment" means a comprehensive assessment of child safety, risk of subsequent child abuse or neglect, and family strengths and needs that is applied to a child abuse or neglect report. Family assessment does not include a determination as to whether child abuse or neglect occurred, but does determine the need for services to address the safety of the child and the risk of subsequent maltreatment.

(10) "Family assessment response" means a way of responding to certain reports of child abuse or neglect made under this chapter using a differential response approach to child protective services. The family assessment response shall focus on the safety of the child, the integrity and preservation of the family, and shall assess the status of the child and the family in terms of risk of abuse and neglect

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including the parent's or guardian's or other caretaker's capacity and willingness to protect the child and, if necessary, plan and arrange the provision of services to reduce the risk and otherwise support the family. No one is named as a perpetrator, and no investigative finding is entered in the record as a result of a family assessment.

(11) "Founded" means the determination following an investigation by the department that, based on available information, it is more likely than not that child abuse or neglect did occur.

(12) "Inconclusive" means the determination following an investigation by the department, prior to October 1, 2008, that based on available information a decision cannot be made that more likely than not, child abuse or neglect did or did not occur.

(13) "Institution" means a private or public hospital or any other facility providing medical diagnosis, treatment, or care.

(14) "Law enforcement agency" means the police department, the prosecuting attorney, the state patrol, the director of public safety, or the office of the sheriff.

(15) "Malice" or "maliciously" means an intent, wish, or design to intimidate, annoy, or injure another person. Such malice may be inferred from an act done in willful disregard of the rights of another, or an act wrongfully done without just cause or excuse, or an act or omission of duty betraying a willful disregard of social duty.

(16) "Negligent treatment or maltreatment" means an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100. When considering whether a clear and present danger exists, evidence of a parent's substance abuse as a contributing factor to negligent treatment or maltreatment shall be given great weight. The fact that siblings share a bedroom is not, in and of itself, negligent treatment or maltreatment. Poverty, homelessness, or exposure to domestic violence as defined in RCW 26.50.010 that is perpetrated against someone other than the child does not constitute negligent treatment or maltreatment in and of itself.

(17) "Pharmacist" means any registered pharmacist under chapter 18.64 RCW, whether acting in an individual capacity or as an employee or agent of any public or private organization or institution.

(18) "Practitioner of the healing arts" or "practitioner" means a person licensed by this state to practice podiatric medicine and surgery, optometry, chiropractic, nursing, dentistry, osteopathic medicine and surgery, or medicine and surgery or to provide other health services. The term "practitioner" includes a duly accredited Christian Science practitioner. A person who is being furnished Christian Science treatment by a duly accredited Christian Science practitioner will not be considered, for that reason alone, a neglected person for the purposes of this chapter.

(19) "Professional school personnel" include, but are not limited to, teachers, counselors, administrators, child care facility personnel, and school nurses.

(20) "Psychologist" means any person licensed to practice psychology under chapter 18.83 RCW, whether acting in an individual capacity or as an employee or agent of any public or private organization or institution.

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(21) "Screened-out report" means a report of alleged child abuse or neglect that the department has determined does not rise to the level of a credible report of abuse or neglect and is not referred for investigation.

(22) "Sexual exploitation" includes: (a) Allowing, permitting, or encouraging a child to engage in prostitution by any person; or (b) allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child by any person.

(23) "Sexually aggressive youth" means a child who is defined in RCW 74.13.075(1)(b) as being a sexually aggressive youth.

(24) "Social service counselor" means anyone engaged in a professional capacity during the regular course of employment in encouraging or promoting the health, welfare, support, or education of children, or providing social services to adults or families, including mental health, drug and alcohol treatment, and domestic violence programs, whether in an individual capacity, or as an employee or agent of any public or private organization or institution.

(25) "Supervising agency" means an agency licensed by the state under RCW 74.15.090 or an Indian tribe under RCW 74.15.190 that has entered into a performance-based contract with the department to provide child welfare services.

(26) "Unfounded" means the determination following an investigation by the department that available information indicates that, more likely than not, child abuse or neglect did not occur, or that there is insufficient evidence for the department to determine whether the alleged child abuse did or did not occur.

**RCW 26.44.030**

**Reports — Duty and authority to make — Duty of receiving agency — Duty to notify — Case planning and consultation — Penalty for unauthorized exchange of information — Filing dependency petitions — Investigations — Interviews of children — Records — Risk assessment process.**

(1)(a) When any practitioner, county coroner or medical examiner, law enforcement officer, professional school personnel, registered or licensed nurse, social service counselor, psychologist, pharmacist, employee of the department of early learning, licensed or certified child care providers or their employees, employee of the department, juvenile probation officer, placement and liaison specialist, responsible living skills program staff, HOPE center staff, or state family and children's ombuds or any volunteer in the ombuds's office has reasonable cause to believe that a child has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040.

(b) When any person, in his or her official supervisory capacity with a nonprofit or for-profit organization, has reasonable cause to believe that a child has suffered abuse or neglect caused by a person over whom he or she regularly exercises supervisory authority, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency, provided that the person alleged to have caused the abuse or neglect is employed by, contracted by, or volunteers with the organization and coaches, trains, educates, or counsels a child or children or regularly has unsupervised access to a child or children as part of the employment, contract, or voluntary service. No one shall be required to report under this section when he or she obtains the information solely as a result of a privileged communication as provided in RCW 5.60.060.

Nothing in this subsection (1)(b) shall limit a person's duty to report under (a) of this subsection.

For the purposes of this subsection, the following definitions apply:

(i) "Official supervisory capacity" means a position, status, or role created, recognized, or designated by any nonprofit or for-profit organization, either for financial gain or without financial gain, whose scope includes, but is not limited to, overseeing, directing, or managing another person who is employed by, contracted by, or volunteers with the nonprofit or for-profit organization.

(ii) "Organization" includes a sole proprietor, partnership, corporation, limited liability company, trust, association, financial institution, governmental entity, other than the federal government, and any other individual or group engaged in a trade, occupation, enterprise, governmental function, charitable function, or similar activity in this state whether or not the entity is operated as a nonprofit or for-profit entity.

(iii) "Reasonable cause" means a person witnesses or receives a credible written or oral report alleging abuse, including sexual contact, or neglect of a child.

(iv) "Regularly exercises supervisory authority" means to act in his or her official supervisory capacity on an ongoing or continuing basis with regards to a particular person.

(v) "Sexual contact" has the same meaning as in RCW 9A.44.010.

(c) The reporting requirement also applies to department of corrections personnel who, in the course of their employment, observe offenders or the children with whom the offenders are in contact. If, as a result of observations or information received in the course of his or her employment, any department of corrections personnel has reasonable cause to believe that a child has suffered abuse or neglect, he or she shall report the incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040.

(d) The reporting requirement shall also apply to any adult who has reasonable cause to believe that a child who resides with them, has suffered severe abuse, and is able or capable of making a report. For the purposes of this subsection, "severe abuse" means any of the following: Any single act of abuse that causes physical trauma of

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sufficient severity that, if left untreated, could cause death; any single act of sexual abuse that causes significant bleeding, deep bruising, or significant external or internal swelling; or more than one act of physical abuse, each of which causes bleeding, deep bruising, significant external or internal swelling, bone fracture, or unconsciousness.

(e) The reporting requirement also applies to guardians ad litem, including court-appointed special advocates, appointed under Titles 11, 13, and 26 RCW, who in the course of their representation of children in these actions have reasonable cause to believe a child has been abused or neglected.

(f) The reporting requirement in (a) of this subsection also applies to administrative and academic or athletic department employees, including student employees, of institutions of higher education, as defined in RCW 28B.10.016, and of private institutions of higher education.

(g) The report must be made at the first opportunity, but in no case longer than forty-eight hours after there is reasonable cause to believe that the child has suffered abuse or neglect. The report must include the identity of the accused if known.

(2) The reporting requirement of subsection (1) of this section does not apply to the discovery of abuse or neglect that occurred during childhood if it is discovered after the child has become an adult. However, if there is reasonable cause to believe other children are or may be at risk of abuse or neglect by the accused, the reporting requirement of subsection (1) of this section does apply.

(3) Any other person who has reasonable cause to believe that a child has suffered abuse or neglect may report such incident to the proper law enforcement agency or to the department of social and health services as provided in RCW 26.44.040.

(4) The department, upon receiving a report of an incident of alleged abuse or neglect pursuant to this chapter, involving a child who has died or has had physical injury or injuries inflicted upon him or her other than by accidental means or who has been subjected to alleged sexual abuse, shall report such incident to the proper law enforcement agency. In emergency cases, where the child's welfare is endangered, the department shall notify the proper law enforcement agency within twenty-four hours after a report is received by the department. In all other cases, the department shall notify the law enforcement agency within seventy-two hours after a report is received by the department. If the department makes an oral report, a written report must also be made to the proper law enforcement agency within five days thereafter.

(5) Any law enforcement agency receiving a report of an incident of alleged abuse or neglect pursuant to this chapter, involving a child who has died or has had physical injury or injuries inflicted upon him or her other than by accidental means, or who has been subjected to alleged sexual abuse, shall report such incident in writing as provided in RCW 26.44.040 to the proper county prosecutor or city attorney for appropriate action whenever the law enforcement agency's investigation reveals that a crime may have been committed. The law enforcement agency shall also notify the department of all reports received and the law enforcement agency's disposition of them. In emergency cases, where the child's welfare is endangered, the law enforcement agency shall notify the department within twenty-four hours. In all other cases, the law enforcement agency shall notify the department within seventy-two hours after a report is received by the law enforcement agency.

(6) Any county prosecutor or city attorney receiving a report under subsection (5) of this section shall notify the victim, any persons the victim requests, and the local office of the department, of the decision to charge or decline to charge a crime, within five days of making the decision.

(7) The department may conduct ongoing case planning and consultation with those persons or agencies required to report under this section, with consultants designated by the department, and with designated representatives of Washington Indian tribes if the client information exchanged is pertinent to cases currently receiving child protective services. Upon request, the department shall conduct such planning and consultation with those persons required to report under this section if the department determines it is in the best interests of the child. Information considered privileged by statute and not directly related to reports required by this section must not be divulged without a valid written waiver of the privilege.

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## KING COUNTY SPECIAL ASSAULT PROTOCOL

(8) Any case referred to the department by a physician licensed under chapter 18.57 or 18.71 RCW on the basis of an expert medical opinion that child abuse, neglect, or sexual assault has occurred and that the child's safety will be seriously endangered if returned home, the department shall file a dependency petition unless a second licensed physician of the parents' choice believes that such expert medical opinion is incorrect. If the parents fail to designate a second physician, the department may make the selection. If a physician finds that a child has suffered abuse or neglect but that such abuse or neglect does not constitute imminent danger to the child's health or safety, and the department agrees with the physician's assessment, the child may be left in the parents' home while the department proceeds with reasonable efforts to remedy parenting deficiencies.

(9) Persons or agencies exchanging information under subsection (7) of this section shall not further disseminate or release the information except as authorized by state or federal statute. Violation of this subsection is a misdemeanor.

(10) Upon receiving a report of alleged abuse or neglect, the department shall make reasonable efforts to learn the name, address, and telephone number of each person making a report of abuse or neglect under this section. The department shall provide assurances of appropriate confidentiality of the identification of persons reporting under this section. If the department is unable to learn the information required under this subsection, the department shall only investigate cases in which:

(a) The department believes there is a serious threat of substantial harm to the child;

(b) The report indicates conduct involving a criminal offense that has, or is about to occur, in which the child is the victim; or

(c) The department has a prior founded report of abuse or neglect with regard to a member of the household that is within three years of receipt of the referral.

(11)(a) Upon receiving a report of alleged abuse or neglect, the department shall use one of the following discrete responses to reports of child abuse or neglect that are screened in and accepted for departmental response:

(i) Investigation; or

(ii) Family assessment.

(b) In making the response in (a) of this subsection the department shall:

(i) Use a method by which to assign cases to investigation or family assessment which are based on an array of factors that may include the presence of: Imminent danger, level of risk, number of previous child abuse or neglect reports, or other presenting case characteristics, such as the type of alleged maltreatment and the age of the alleged victim. Age of the alleged victim shall not be used as the sole criterion for determining case assignment;

(ii) Allow for a change in response assignment based on new information that alters risk or safety level;

(iii) Allow families assigned to family assessment to choose to receive an investigation rather than a family assessment;

(iv) Provide a full investigation if a family refuses the initial family assessment;

(v) Provide voluntary services to families based on the results of the initial family assessment. If a family refuses voluntary services, and the department cannot identify specific facts related to risk or safety that warrant assignment to investigation under this chapter, and there is not a history of reports of child abuse or neglect related to the family, then the department must close the family assessment response case. However, if at any time the department identifies risk or safety factors that warrant an investigation under this chapter, then the family assessment response case must be reassigned to investigation;

(vi) Conduct an investigation, and not a family assessment, in response to an allegation that, the department determines based on the intake assessment:

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## KING COUNTY SPECIAL ASSAULT PROTOCOL

(A) Poses a risk of "imminent harm" consistent with the definition provided in RCW 13.34.050, which includes, but is not limited to, sexual abuse and sexual exploitation as defined in this chapter;

(B) Poses a serious threat of substantial harm to a child;

(C) Constitutes conduct involving a criminal offense that has, or is about to occur, in which the child is the victim;

(D) The child is an abandoned child as defined in RCW 13.34.030;

(E) The child is an adjudicated dependent child as defined in RCW 13.34.030, or the child is in a facility that is licensed, operated, or certified for care of children by the department under chapter 74.15 RCW, or by the department of early learning.

(c) The department may not be held civilly liable for the decision to respond to an allegation of child abuse or neglect by using the family assessment response under this section unless the state or its officers, agents, or employees acted with reckless disregard.

(12)(a) For reports of alleged abuse or neglect that are accepted for investigation by the department, the investigation shall be conducted within time frames established by the department in rule. In no case shall the investigation extend longer than ninety days from the date the report is received, unless the investigation is being conducted under a written protocol pursuant to RCW 26.44.180 and a law enforcement agency or prosecuting attorney has determined that a longer investigation period is necessary. At the completion of the investigation, the department shall make a finding that the report of child abuse or neglect is founded or unfounded.

(b) If a court in a civil or criminal proceeding, considering the same facts or circumstances as are contained in the report being investigated by the department, makes a judicial finding by a preponderance of the evidence or higher that the subject of the pending investigation has abused or neglected the child, the department shall adopt the finding in its investigation.

(13) For reports of alleged abuse or neglect that are responded to through family assessment response, the department shall:

(a) Provide the family with a written explanation of the procedure for assessment of the child and the family and its purposes;

(b) Collaborate with the family to identify family strengths, resources, and service needs, and develop a service plan with the goal of reducing risk of harm to the child and improving or restoring family well-being;

(c) Complete the family assessment response within forty-five days of receiving the report; however, upon parental agreement, the family assessment response period may be extended up to ninety days;

(d) Offer services to the family in a manner that makes it clear that acceptance of the services is voluntary;

(e) Implement the family assessment response in a consistent and cooperative manner;

(f) Have the parent or guardian sign an agreement to participate in services before services are initiated that informs the parents of their rights under family assessment response, all of their options, and the options the department has if the parents do not sign the consent form.

(14)(a) In conducting an investigation or family assessment of alleged abuse or neglect, the department or law enforcement agency:

(i) May interview children. If the department determines that the response to the allegation will be family assessment response, the preferred practice is to request a parent's, guardian's, or custodian's permission to interview the child before conducting the child interview unless doing so would compromise the safety of the child or the integrity of the assessment. The interviews may be conducted on school premises, at day-care facilities, at the



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## KING COUNTY SPECIAL ASSAULT PROTOCOL

child's home, or at other suitable locations outside of the presence of parents. If the allegation is investigated, parental notification of the interview must occur at the earliest possible point in the investigation that will not jeopardize the safety or protection of the child or the course of the investigation. Prior to commencing the interview the department or law enforcement agency shall determine whether the child wishes a third party to be present for the interview and, if so, shall make reasonable efforts to accommodate the child's wishes. Unless the child objects, the department or law enforcement agency shall make reasonable efforts to include a third party in any interview so long as the presence of the third party will not jeopardize the course of the investigation; and

(ii) Shall have access to all relevant records of the child in the possession of mandated reporters and their employees.

(b) The Washington state school directors' association shall adopt a model policy addressing protocols when an interview, as authorized by this subsection, is conducted on school premises. In formulating its policy, the association shall consult with the department and the Washington association of sheriffs and police chiefs.

(15) If a report of alleged abuse or neglect is founded and constitutes the third founded report received by the department within the last twelve months involving the same child or family, the department shall promptly notify the office of the family and children's ombuds of the contents of the report. The department shall also notify the ombuds of the disposition of the report.

(16) In investigating and responding to allegations of child abuse and neglect, the department may conduct background checks as authorized by state and federal law.

(17)(a) The department shall maintain investigation records and conduct timely and periodic reviews of all founded cases of abuse and neglect. The department shall maintain a log of screened-out nonabusive cases.

(b) In the family assessment response, the department shall not make a finding as to whether child abuse or neglect occurred. No one shall be named as a perpetrator and no investigative finding shall be entered in the department's child abuse or neglect database.

(18) The department shall use a risk assessment process when investigating alleged child abuse and neglect referrals. The department shall present the risk factors at all hearings in which the placement of a dependent child is an issue. Substance abuse must be a risk factor.

(19) Upon receipt of a report of alleged abuse or neglect the law enforcement agency may arrange to interview the person making the report and any collateral sources to determine if any malice is involved in the reporting.

(20) Upon receiving a report of alleged abuse or neglect involving a child under the court's jurisdiction under chapter 13.34 RCW, the department shall promptly notify the child's guardian ad litem of the report's contents. The department shall also notify the guardian ad litem of the disposition of the report. For purposes of this subsection, "guardian ad litem" has the meaning provided in RCW 13.34.030.

**RCW 26.44.035**

**Response to complaint by more than one agency —**

**Procedure — Written records.**

- (1) If the department or a law enforcement agency responds to a complaint of alleged child abuse or neglect and discovers that another agency has also responded to the complaint, the agency shall notify the other agency of their presence, and the agencies shall coordinate the investigation and keep each other apprised of progress.
  - (2) The department, each law enforcement agency, each county prosecuting attorney, each city attorney, and each court shall make as soon as practicable a written record and shall maintain records of all incidents of suspected child abuse reported to that person or agency.
  - (3) Every employee of the department who conducts an interview of any person involved in an allegation of abuse or neglect shall retain his or her original written records or notes setting forth the content of the interview unless the notes were entered into the electronic system operated by the department which is designed for storage, retrieval, and preservation of such records.
  - (4) Written records involving child sexual abuse shall, at a minimum, be a near verbatim record for the disclosure interview. The near verbatim record shall be produced within fifteen calendar days of the disclosure interview, unless waived by management on a case-by-case basis.
  - (5) Records kept under this section shall be identifiable by means of an agency code for child abuse.

**RCW 26.44.040**

**Reports — Oral, written — Contents.**

An immediate oral report must be made by telephone or otherwise to the proper law enforcement agency or the department of social and health services and, upon request, must be followed by a report in writing. Such reports must contain the following information, if known:

- (1) The name, address, and age of the child;
- (2) The name and address of the child's parents, stepparents, guardians, or other persons having custody of the child;
- (3) The nature and extent of the alleged injury or injuries;
- (4) The nature and extent of the alleged neglect;
- (5) The nature and extent of the alleged sexual abuse;
- (6) Any evidence of previous injuries, including their nature and extent; and
- (7) Any other information that may be helpful in establishing the cause of the child's death, injury, or injuries and the identity of the alleged perpetrator or perpetrators.

**RCW 26.44.050**

**Abuse or neglect of child — Duty of law enforcement agency or department of social and health services — Taking child into custody without court order, when.**

Except as provided in RCW 26.44.030(11), upon the receipt of a report concerning the possible occurrence of abuse or neglect, the law enforcement agency or the department of social and health services must investigate and provide the protective services section with a report in accordance with chapter 74.13 RCW, and where necessary to refer such report to the court.

A law enforcement officer may take, or cause to be taken, a child into custody without a court order if there is probable cause to believe that the child is abused or neglected and that the child would be injured or could not be taken into custody if it were necessary to first obtain a court order pursuant to RCW 13.34.050. The law enforcement agency or the department of social and health services investigating such a report is hereby authorized to photograph such a child for the purpose of providing documentary evidence of the physical condition of the child.

**RCW 26.44.080**

**Violation — Penalty.**

Every person who is required to make, or to cause to be made, a report pursuant to RCW 26.44.030 and 26.44.040, and who knowingly fails to make, or fails to cause to be made, such report, shall be guilty of a gross misdemeanor.

**RCW 26.44.180**

**Investigation of child sexual abuse — Protocols —  
Documentation of agencies' roles.**

(1) Each agency involved in investigating child sexual abuse shall document its role in handling cases and how it will coordinate with other local agencies or systems and shall adopt a local protocol based on the state guidelines. The department and local law enforcement agencies may include other agencies and systems that are involved with child sexual abuse victims in the multidisciplinary coordination.

(2) Each county shall develop a written protocol for handling criminal child sexual abuse investigations. The protocol shall address the coordination of child sexual abuse investigations between the prosecutor's office, law enforcement, children's protective services, children's advocacy centers, where available, local advocacy groups, community sexual assault programs, as defined in RCW 70.125.030, and any other local agency involved in the criminal investigation of child sexual abuse, including those investigations involving multiple victims and multiple offenders. The protocol shall be developed by the prosecuting attorney with the assistance of the agencies referenced in this subsection.

(3) Local protocols under this section shall be adopted and in place by July 1, 2000, and shall be submitted to the legislature prior to that date

**LAW ENFORCEMENT AGENCIES IN KING COUNTY**

**RCW 26.44.185**

**Investigation of child sexual abuse — Revision and expansion of protocols — Child fatality, child physical abuse, and criminal child neglect cases.**

(1) Each county shall revise and expand its existing child sexual abuse investigation protocol to address investigations of child fatality, child physical abuse, and criminal child neglect cases and to incorporate the statewide guidelines for first responders to child fatalities developed by the criminal justice training commission. The protocols shall address the coordination of child fatality, child physical abuse, and criminal child neglect investigations between the county and city prosecutor's offices, law enforcement, children's protective services, children's advocacy centers, where available, local advocacy groups, emergency medical services, and any other local agency involved in the investigation of such cases. The protocol revision and expansion shall be developed by the prosecuting attorney in collaboration with the agencies referenced in this section.

(2) Revised and expanded protocols under this section shall be adopted and in place by July 1, 2008. Thereafter, the protocols shall be reviewed every two years to determine whether modifications are needed.

**RCW 70.02.020**

**Disclosure by health care provider.**

(1) Except as authorized elsewhere in this chapter, a health care provider, an individual who assists a health care provider in the delivery of health care, or an agent and employee of a health care provider may not disclose health care information about a patient to any other person without the patient's written authorization. A disclosure made under a patient's written authorization must conform to the authorization.

(2) A patient has a right to receive an accounting of disclosures of health care information made by a health care provider or a health care facility in the six years before the date on which the accounting is requested, except for disclosures:

- (a) To carry out treatment, payment, and health care operations;
- (b) To the patient of health care information about him or her;
- (c) Incident to a use or disclosure that is otherwise permitted or required;
- (d) Pursuant to an authorization where the patient authorized the disclosure of health care information about himself or herself;
- (e) Of directory information;
- (f) To persons involved in the patient's care;
- (g) For national security or intelligence purposes if an accounting of disclosures is not permitted by law;
- (h) To correctional institutions or law enforcement officials if an accounting of disclosures is not permitted by law; and
- (i) Of a limited data set that excludes direct identifiers of the patient or of relatives, employers, or household members of the patient.

<b>Location of alleged crime:</b>	<b>Agency responsible for investigation:</b>	<b>Detective Unit Responsible: Mailing address:</b>	<b>Office Phone: Fax Phone:</b>
Unincorporated King County	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Algona	Algona P.D.	Algona CSO 402 Warde St., Algona 98001	Office: (253) 833-2743
Auburn	Auburn P.D.	340 E. Main St., Ste.201 Auburn, WA 98002	Office: (253) 931-3080
Beaux Arts Village	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Bellevue	Bellevue P.D.	Crimes Against Persons Unit PO Box 90012, Bellevue 98009-9012	Office: (425) 452-6917 Fax: (425) 452-2812
Black Diamond	Black Diamond PD	P.O. Box 309 Black Diamond, WA 98010	Office: (253) 631-1012 Fax: (253) 886-2901
Bothell	Bothell P.D.	18410 101 Ave NE Bothell, WA 98011	Office: (425) 486-1254 Fax: (425) 487-0650
Burien	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Carnation	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Clyde Hill	Clyde Hill P.D.	9605 NE 24 <sup>th</sup> St. Clyde Hill, WA 98004	Office: (425) 454-7187 Fax: (425) 462-1936
Covington	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Des Moines	Des Moines P.D.	21900 11 Ave S. Des Moines, WA 98198	Office: (206) 878-3301 Fax: (206) 870-7626
Duvall	Duvall P.D.	P.O. Box 1500 Duvall, WA 98019	Office: (425) 788-1519 Fax: (425) 788-1169
Enumclaw	Enumclaw P.D.	1705 Wells St. Enumclaw, WA 98022	Office: (360) 825-3505 Fax: (360) 825-0184
Federal Way	Federal Way P.D.	33325 - 8 <sup>th</sup> Ave. S. P.O. Box 9718 Federal Way, WA 98063-9718	Office: (253) 835-6700 Fax: (253) 835-6898
Hunts Point	Medina P.D.	P.O. Box 114 Medina, WA 98039	Office: (425) 454-1332 Fax: (425) 688-7813

Issaquah	Issaquah P.D.	130 E. Sunset Way Issaquah, WA 98027	Office: (425) 837-3200 Fax: (425) 837-3209
Kenmore	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Kent	Kent P.D.	220 4 <sup>th</sup> Ave. S. Kent, WA 98032	Office: (253) 856-5800 Fax: (253) 856-6900
Kirkland	Kirkland P.D.	11750 NE 118th St Kirkland, WA 98034	Office: (425) 577-5656 Fax: (425) 587-3410
Lake Forest Park	Lake Forest Park PD	17425 Ballinger Way NE Lake Forest Park, WA 98155	Office: (206) 364-8216 Fax: (206) 361-8156
Maple Valley	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Medina	Medina P.D.	P.O. Box 114 Medina, WA 98039	Office: (425) 233-6420 Fax: (425) 637-3989
Mercer Island	Mercer Island P.D.	9611 SE 36 St. Mercer Island, WA 98040	Office: (425) 577-5656 Fax: (206) 275-7941
Newcastle	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Normandy Park	Normandy Park P.D.	801 SW 174 St. Normandy Park, WA 98166	Office: (206) 248-7600 Fax: (206) 246-9732
North Bend	Snoqualmie P.D.	34825 SE Douglas Street Snoqualmie, WA 98065	Office: (425) 888-3333 Fax: (425) 831-6121
Pacific	Pacific P.D.	133 Third Ave. SE Pacific, WA 98047	Office: (253) 929-1130 Fax: (253) 929-1194
Port of Seattle SEATAC Airport	Port of Seattle P.D.	PO Box 68727 Seattle, WA 98168	Office: (206) 787-3490 Fax: (206) 787-5741
Redmond	Redmond P.D.	8701 160 <sup>th</sup> Ave NE Redmond, WA 98073	Office: (425) 556-2500 Fax: (425) 556-2609
Renton	Renton P.D.	1055 S. Grady Way Renton, WA 98055	Office: (425) 430-7500 Fax: (425) 430-7505
Sammamish	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Seatac	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Seattle	Seattle P.D.	610 - 5 <sup>th</sup> Ave. P.O. Box 34986 Seattle, WA 98124-4986	Office: (206) 684-5575 Fax: (206) 684-0217

Shoreline	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Snoqualmie	Snoqualmie P.D.	34825 SE Douglas St. Snoqualmie, WA 98065	Office: (425) 888-3333 Fax: (425) 831-6121
Tukwila	Tukwila P.D.	6200 Southcenter Blvd. Tukwila, WA 98188	Office: (206) 433-1808 Fax: (206) 244-6181
University of Washington Police	UW Police	1117 NE Boat St. Seattle, WA 98105	Office: (206) 543-0507 Fax: (206) 685-8042
Woodinville	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Yarrow Point	Clyde Hill P.D.	9605 NE 24 <sup>th</sup> St. Clyde Hill, WA 98004	Office: (425) 454-7187 Fax: (425) 462-1936

## COMMUNITY RESOURCES

### Child Abuse & Neglect

CPS Region 4 (King County) - during business hours	1-800-609-8764
CPS Centralized Intake - after hours, weekends, holidays	1-800-562-5624
Seattle Children's Hospital <ul style="list-style-type: none"> <li>Children's Protection Program / Medical Consultation Network</li> </ul> <a href="http://www.seattlechildrens.org">www.seattlechildrens.org</a>	206-987-2194
King County Crime Victims Assistance Center <ul style="list-style-type: none"> <li>24-hour crisis line</li> </ul>	1-800-346-7555

### Victim Services

Harborview Center for Sexual Assault & Traumatic Stress (HCSATS) <a href="http://www.hcsats.org">www.hcsats.org</a>	counseling, medical, advocacy	206-744-1600 After Hrs: 206-744-4028
King County Sexual Assault Resource Center (KCSARC) <a href="http://www.kcsarc.org">www.kcsarc.org</a>	counseling, medical coordination, advocacy	Office: 425-226-5062 24 hr: 1-888-998-6423 Fax: 425-235-7422
Abused Deaf Women's Advocacy Services (ADWA) <a href="http://www.adwas.org">www.adwas.org</a>	counseling, advocacy	Office: 206-922-7088 Videophone: 1-855-812-1001 TTY: 1-800-787-3224 Fax: 206-726-0017 <a href="mailto:Adwas@adwas.org">Adwas@adwas.org</a>
Refugee Women's Alliance (ReWA) <a href="http://www.rewa.org">www.rewa.org</a>	counseling, advocacy	Office: 206-721-0243 WA Telecommunications Relay: 7-1-1 Fax: 206-721-0282



**Other**

Community Information Line		211
Crisis Clinic - 24 hr. www.crisisclinic.org	counseling	1-866-4CRISIS (427-4747) Local: 206-461-3222 TYT/TDD: 206-461-3219
Crime Victim Compensation (CVC)	financial assistance	1-800-762-3716
Domestic Violence State Hotline		1-800-562-6025
King County Prosecutor's Office <ul style="list-style-type: none"> <li>• Special Assault Unit - Seattle</li> <li>• Special Assault Unit - Kent</li> <li>• Child Interviewer – Seattle</li> <li>• Child Interviewer - Kent</li> <li>• Victim Assistance Unit</li> </ul>	TDD 296-296-0100	206-296-9470 206-205-7411 206-477-1973 206-477-6192 206-296-9552

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