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King County Special Assault Network Agreement

2008

MISSION STATEMENT

The purpose of this agreement is to provide guidelines for cooperative investigations in King County of child sexual and physical abuse and neglect and sexual assault of teenagers and adults. This agreement promotes more effective and efficient investigations by agencies in order to help ensure that the actions of one agency do not compromise the goals of the other agency. 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 Service's Children's Administration Region IV.

The following principles, as set forth in SB 5127 and passed by the Washington State Legislature in 1999, 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.

COOPERATING AGENCIES

King County Office of the Prosecuting Attorney/Special Assault Unit - Adult/Juvenile

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

King County Sheriff's Office/Special Assault Unit

Seattle Police Department /Sexual Assault and Child Abuse Unit

Other Municipal Police Departments within King County

Washington State Attorney General's Office

Abused Deaf Women's Advocacy Services (ADWAS)

Children's Response Center

Harborview Center for Sexual Assault and Traumatic Stress (HCSATS)

King County Sexual Assault Resource Center (KCSARC)

Children's Hospital and Regional Medical Center

Special Thanks to King County Sheriff's Detective Michael Mellis for cover design.
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I. DEFINITIONS

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 (9/02). Provides empirically based investigative interview strategies and techniques for child interviewers.

Central Intake – DSHS Statewide child abuse reporting service after hours and weekends accessed by calling 1-800-562-5624.

Region 4 Intake – King-County-wide child abuse reporting service during business hours, accessed by calling 1-800-609-8764.

Child Protective Services (CPS) Sufficiency Screen - The criteria used by CPS intake to determine whether or not a report will be accepted for investigation.

Is there sufficient identifying information to locate the child?

Was the alleged perpetrator a caretaker of the child or acting in loco parentis; or is the parent negligent in protecting the child from further abuse or neglect?

Is there a specific allegation of abuse or neglect that meets the legal and/or WAC definition?

Is there a risk factor(s) which places the child in danger of imminent harm?

Answers to questions 1 and 2, AND either 3 and/or 4 must be YES to pass the sufficiency screen and be eligible for investigation.

CPS Intake Risk Tagging - A tool used by CPS to assign a numerical rating to a referral, based upon the severity of abuse/neglect and related risk factors. A six point scale is used, with zero being no risk and five being high risk.

CPS Response Time - Referrals accepted for investigation are rated "Emergent" or "Non-emergent." 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 CA 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 CA receives the referral.

DCFS – Division of Children and Family Services, State of Washington

DLR – Division of Licensed Resources, State of Washington

DSHS/CA - Department of Social and Health Services, Children's Administration, State of Washington

Joint Interview – When both a detective and/or prosecutor/child interview specialist interviews special assault victims.

DEFINITIONS (continued)

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(15).

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.

Revised Code of Washington (RCW) - 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.)

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.

Statutory Referral Only (SRO) - 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 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, and is not the caretaker, or is not acting in loco parentis.

II. COORDINATION BETWEEN AGENCIES

The purpose of these guidelines is to accomplish more effective and efficient investigations by agencies and to ensure that the actions of one agency do not compromise the goals of the other agency. Furthermore, agencies should coordinate their investigations to minimize possible negative outcomes to the victim from the investigative process. These guidelines are intended to be general and flexible.

A. NOTIFICATION

1. 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.
2. When DSHS/CA receives an emergent report involving a child, adult dependent, or developmentally disabled person (less than 18 years old) 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 sexual abuse, DSHS/CA 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.
3. In all other cases, DSHS/CA shall notify the law enforcement agency within 72 hours after a report is received by DSHS/CA. It is not the responsibility of DSHS/CA to determine whether or not a crime is chargeable before reporting to the proper law enforcement agency. For instance, DSHS/CA 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))
4. Referrals from DSHS/CA to law enforcement will be on the DSHS/CA 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/CA shall inform law enforcement of the existence and nature or any information withheld. (RCW 26.44.040)
5. DSHS/CA will make every effort to determine proper jurisdiction prior to forwarding referrals. However, if law enforcement receives a DSHS/CA referral where the victimization did not occur within their jurisdiction, they will forward it to the proper law enforcement agency. If there is a referral regarding an incident that occurred in an out-of-state jurisdiction, DSHS/CA intake shall send the information to the proper law enforcement agency in the state where the incident occurred.
6. Law enforcement agencies and DSHS/CA 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)

7. When law enforcement receives an emergent report that has not originated from DSHS/CA in which the child, adult dependent, or developmentally disabled person's welfare is endangered, the law enforcement agency shall notify DSHS/CA intake within 24 hours. In all other cases in which a report has not originated from DSHS/CA, the law enforcement agency shall notify DSHS/CA intake within 72 hours after a report is received by law enforcement. (RCW 26.44.030 (5))
8. If, upon receiving a non-emergent mandatory criminal referral from any reporter, law enforcement believes that immediate intervention is necessary in a situation where DSHS/CA is also involved, the detective will contact the assigned DSHS/CA social worker or supervisor and advise that law enforcement will be making the initial contact. After making the initial contact, joint investigation protocol will be followed.
9. 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 /email contacts.
10. 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

1. Joint Investigations - take place between DSHS/CA 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 3rd party abuse.
2. Disclosure of Information - can often create complex issues between agencies and should be addressed on a case-by-case basis by the DSHS/CA supervisor, the attorney general's office, and the prosecutor. 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)).
3. Problems - If a problem develops in the coordination of a joint investigation, the detective and 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/CA area manager and police division commander. Under no circumstances will these channels be bypassed in an attempt to resolve an issue between DSHS/CA and law enforcement.
4. Timeline - For purposes of coordinating efforts and information, the investigation shall be considered ongoing until the matter is resolved by all agencies involved.

C. VICTIM INTERVIEWS (For cases involving allegations of *sexual* victimization.)

1. Initial Interviews

a) Uniformed police officers (in cases of teenage or adult rape victims), detectives and/or CPS may conduct an initial interview to ascertain the basic facts or to determine if there is sufficient reason to believe a crime occurred.

b) CPS and law enforcement should follow the Child Interview Guide when interviewing young children including introduction/rapport building, explaining ground rules, and introducing the topic of possible abuse using open-ended, invitational questions that allow the child to tell what happened in his/her own words. Questions should encourage narrative responses that give a general description of the abuse. A child should not be interrupted if he/she is making a statement in response to open-ended prompts. During this initial interview, it is not necessary for CPS or the detective to ask detailed questions about the extent, nature or circumstances of the abuse. The initial interview by CPS 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 CPS or law enforcement interview:

d) If the CPS worker, police officer, detective, or advocate continues to have significant concerns that the child was sexually abused, the prosecuting attorney's office may be consulted regarding whether or not an interview with the child interview specialist is appropriate. If the prosecutor agrees, an interview will be scheduled.

2. Investigative Interview With The Victim Or Suspected Victim

a) A formal investigative interview will be conducted by a detective, detective and prosecutor, or child interview specialist in almost all cases. Exceptions include situations where the victim is incapable (e.g., infant victim of assault, incapacitated victim).

b) Children under 4 years old will not routinely be interviewed by the child interview specialist, nor will these cases normally be prosecuted lacking independent evidence (e.g. medical findings, confessions, eye witness). However these cases will be handled in the same manner as any other case pursuant to RCW 26.44.030.

c) The prosecutor's office will notify advocacy programs of scheduled interviews in order to ensure an advocate is present. Advocates will have the opportunity at this interview to explain and offer their services to victims and/or adult guardians.

3. Procedures For Scheduling Interviews

- a) Law enforcement will be responsible for scheduling investigative interviews including interviews with the child interview specialist or a joint interview.
- b) Law enforcement will notify DSHS of the schedule of an interview with any child in which there is DSHS involvement prior to the interview.
- c) Law enforcement will inform all victims of the right to have an advocate present and provide information concerning advocacy services.

4. Note on Special Populations

- a) Consideration should be made for special populations that may include persons who are developmentally disabled, deaf or blind, have English as a second language, and/or have cultural differences. These differences may well need to be accommodated within the investigation and medical evaluation process. Difficulties in communicating with these persons may be reduced by the use of augmentative communication systems, 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.

III. INVESTIGATION OF SEX OFFENSES INVOLVING CHILDREN

A. ROLE OF DSHS/CHILDREN'S ADMINISTRATION

1. Goal of DSHS/Child Protective Services (CPS)

a) The goal of CPS is to protect children from child abuse and/or neglect 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. CPS is a program available in all geographic areas of the state of Washington on a 24-hour basis.

b) DLR/CPS investigations of CA/N in DSHS licensed, certified, and state-operated care facilities for children (child day care, 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.

2. Service Description – DCFS/CPS

The purposes of DCFS/CPS are to:

- Receive and assess referrals from the community alleging child abuse and neglect (CA/N);
- Assess risk of future abuse or neglect to children;
- Investigate referrals alleging CA/N or the risk of CA/N;
- Determine the existence of CA/N;
- Assess risk of abuse and neglect to children by performing a comprehensive assessment, using the risk assessment model;
- Provide early intervention information and referral services to advise parents about services to strengthen families and prevent serious or continuing CA/N;
- Develop culturally responsive case plans which:
 - Prevent or remedy CA/N in the shortest reasonable time;
 - Prevent or reduce the need for out-of-home placement;
 - Provide a safe and permanent home for a child.

3. Ongoing Case Management

DSHS/CA will remain involved as long as necessary to complete its investigation and to ensure the safety of children. This may entail out of home placement of the children by a voluntary placement agreement with the parents or the filing of a dependency petition by DSHS/CA in Juvenile Court. In cases where there is a protective non-offending parent, DSHS/CA may close the case once protective measures have been assured through

criminal proceedings, family law department action, orders of protection, or other means.

4. Service Outcomes

The DCHS/CA social worker shall achieve one of three outcomes for investigations:

- A written voluntary service agreement with the family signed by the participants;
- A dependency action filed by juvenile court;
- Closure of the case.

5. Referrals to DSHS Central Intake (1-800-562-5624) or Region 4 Daytime Intake (1-800-609-8764)

a) Information Only (No investigation): Referrals that fail to pass the DSHS/CA sufficiency screen and do not meet the criteria for a mandatory report to law enforcement will not be investigated by either DSHS/CA or law enforcement, but will be recorded by DSHS for information purposes only.

b) Non-criminal Referral (Investigated by DSHS/CA only): Referrals that pass the DSHS/CA 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/CA only.

c) Mandatory Criminal Referrals: Referrals that pass the DSHS/CA sufficiency screen which also fall within the criteria for a mandatory report to law enforcement will be investigated by both DSHS and law enforcement.

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 investigated by law enforcement unless the parent or guardian is failing to protect the child from the perpetrator, in which case a parallel DSHS/CA referral will be generated. Third party offender referrals reported to DSHS intake shall be reported to law enforcement. (See Coordination Between Agencies, I. Notification B.) (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/CA unless the allegation falls within the criteria for a mandatory report to law enforcement, in which case both DSHS/CA and law enforcement will investigate.

B. ROLE OF THE ASSISTANT ATTORNEY GENERAL

1. Dependency Petition Filed - The Attorney General's Office represents the DSHS/CA social worker 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/CA 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.

C. ROLE OF ADVOCACY/TREATMENT AGENCIES

1. Referrals to Law Enforcement - Victim service programs/agencies will assist victims/families in making a police report through the 911 operator (24-hours).
2. Notification of Victim's Rights – Victim advocates and specialists 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.
3. 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.
4. Involvement of Advocate - Upon initial contact, law enforcement shall provide the victim with advocacy information including referrals to victim advocacy agencies (see Addendum on Community Resources). All victim requests to have their advocate present at interviews shall be honored pursuant to RCW 7.69A.030. Once a victim advocate has become involved in a case, the prosecutor's office will attempt to inform them of all scheduled victim contacts such as defense attorney interviews.

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/CA and/or Victim 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 investigative interview and notify all appropriate persons, specifically including DSHS/CA social worker and victim advocate;
- refer for medical exam as appropriate, based on timeline.

3. Referrals Made Directly to Law Enforcement

a) Procedure - A detective shall be immediately assigned to contact the victim and arrange an investigative interview. DSHS/CA should be notified, if not already aware, in the following cases:

- Abuse when the alleged offender is a member of the household of the victim;
- The offender has continuing access to the child;
- Alleged abuse occurred in a licensed facility.

b) Timelines -

In emergency cases, DSHS/CA shall be notified within 24 hours. In all other cases, DSHS/CA shall be notified within 48 hours. (RCW 26.44.030 (5)).

c) Refer for medical exam as appropriate, based on timeline.

4. Investigative Steps

The following investigative tools should be employed where appropriate and at the earliest possible time in the investigation to preserve evidence

- Search Warrants (ie. Crime scene, cellular records, suspect's person)
- Documentation and processing of crime scene(s) and other evidence
- Trace evidence
- Biological evidence (including evidence from the suspect's body)
- Interview of corroborative and alibi witnesses
- Document relevant injuries of all parties
- Obtain medical records

5. Suspect and Witness Interviews

a) Law enforcement shall always attempt to interview all suspects.

b) A complete and detailed interview shall be conducted of any person to whom the initial report of sexual abuse was made to determine facts relevant to the investigation.

c) The interview of the person to whom the initial report of sexual abuse was made should cover the following:

- 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) In cases where 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, CPS and law enforcement will coordinate to avoid interference with the criminal investigation and allow both agencies to meet their statutory and policy requirements.

(1) In cases in which a parent or parents 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 CPS for assistance. The Prosecutors Office may also be contacted.

e) The investigative process should be sensitive to a person's abilities to understand his or her rights and a person's ability to effectively communicate. Interpreters will be provided when necessary.

6. Mandatory Referral to Prosecutor

a) Procedure - Whenever the law enforcement agency's investigation reveals a crime may have been committed, the case shall be referred to the prosecutor's office for filing. (RCW 26.44.030 (5))

b) Timelines - Cases will ordinarily be referred to the prosecutor within 90 days.

7. Case Status - In all cases not being forwarded to the prosecutor, the detective will inform the victim's family, and DSHS/CA when applicable, of the case status.

E. ROLE OF THE PROSECUTOR'S OFFICE

1. Cases Referred From Law Enforcement - It is the prosecutor's job to review all cases referred from law enforcement for the filing of criminal charges. In reviewing these 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. Case Management - The prosecutor's Office will be responsible for:

- Employing the Child Interview Specialist.
- Activating the Complex Case Protocol.
- Coordinating case staffings under this protocol.
- Notifying the victim, law enforcement, and CPS when involved, of its charging decisions required by RCW 7.69.030(2), 26.44.030(6).

F. INTERVIEW PROCESS

1. 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 the police. In emergency situations, the prosecutor's office will set the interview immediately.

2. Child Interview Specialist Cases - The Child Interview Specialist shall have the training required by RCW 43.101.224. Interview specialists are responsible for interviewing children who may be or are victims of a crime, as well as, in some circumstances, children who are witnesses to a crime.

The child interview specialist will conduct the investigative interview in the following cases:

a) When there is a clear statement of abuse and the child is 4 through 11 years old. The interview specialist may conduct interviews with children and adults who are over the age of 11 should they have special needs (e.g. developmental delays, severe mental health issues, dementia, etc.) and it is determined that they would benefit from an interview conducted by an interview specialist. Children, age 3 and younger, may be interviewed by the child interview specialist when corroborative evidence exists (e.g. medical evidence, a witness to the crime, a confession).

b) When there are two related children and one is under the age of 12 and therefore eligible to be interviewed by the specialist, the older child may be interviewed by the specialist as well. In addition, when several children are interviewed regarding the same offender and at least one victim is 4 to 11 years old, the interview specialist may conduct interviews of all victims involved.

c) Occasionally a situation may arise where the child interview specialist is not available or waiting may jeopardize a case:

d) In these circumstances, if law enforcement/ DSHS/CA believe the interview cannot be delayed, the interview should be conducted by a person who has had 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 or the criminal investigation, an interview may be conducted in accordance with the procedures set forth in section 6 that follows. Law enforcement officers conducting the interview may use Safety Check forms based on the Child Interview Guide to assist them in the interview process (See www.hcsats.org)

3. Joint Interviews – The initial investigative interview will be conducted by the prosecutor and the detective in the following cases:

- High Profile Cases
- Youth ages 12 and up at the discretion of the detective.

4. Detective Interview - The detective will conduct the investigative interview in all other cases.

5. Interview Procedures

a) Interviewing - The interview should be conducted in a thorough and open-minded way, and in a manner which enhances free recall. The interviewer should maximize the use of techniques that will elicit reliable information and minimize the use of highly leading or coercive questions that could change or contaminate the child's memory of the event(s). The interviewer should be aware of the child's developmental level with regard to language and cognition. Interviews should be conducted with consideration to the emotional comfort of the child.

b) Interview Arrangements - In those interviews that require a child interview specialist, or Joint Interview, the detective will arrange the interview with either the Child Interview Specialist or the Special Assault Unit filing deputy and notify the DSHS/CA worker. 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.

c) Interview Logistics - In those interviews that require a Child Interview Specialist, the interview will generally be conducted in the Special Assault Unit interview room with the two-way mirror. The interview will ordinarily be one-on-one, unless a child requests the presence of an advocate or support person. The detective and DSHS/CA social worker, if involved, will observe the interview from the observation area and have the capability of contacting the interviewer for additional questions. When it is determined to be in the best interest of the child, interview specialists may conduct interviews in the field and may document these interviews with the use of audio recording equipment. If the prosecutor conducts the interview, the child may be interviewed in the prosecutor's office. A child may have an advocate or support person present if the parent, or child, requests.

d) Challenging/Unusual Cases - If the detective determines before the interview that the filing decision will be particularly problematic or high profile, a deputy prosecutor will be assigned to observe the interview.

6. Documentation of Interviews

Documentation of all interviews shall be accurate and complete. Interviews conducted by the child interview specialist will be documented electronically (audio/videotaped/digitally recorded) or near verbatim. If the child interview specialist conducts the interview, he/she is responsible for the documentation. Interviews conducted in the Special Assault Interview room will be simultaneously recorded on two DVDs unless the child objects to recording. The law enforcement detective present at the interview will be provided with one of the two recordings at the conclusion of the interview. The other recording shall be retained by the prosecutor's office. In Joint Interviews the detective will be responsible for documenting the interview. In all other interviews the participants will determine who will be responsible for documenting the interview, and how it will be documented. However, if an employee of DSHS/CA conducts the interview, DSHS/CA must be responsible for documenting the interview, which must include, at a minimum per RCW 26.44.035, a near verbatim record of any questions asked and responses given regarding abuse of the child being interviewed.

7. Information Sharing

a) When the documentation of the interview is the responsibility of the child interviewer, the record of the interview will be provided to law enforcement who will be the custodian of that record. If digitally recorded, the detective shall enter the DVD into evidence and shall be prohibited, absent court order, from duplicating the recording. This record and documentation of law enforcement interviews should be shared with DSHS/CA in DSHS involved cases as soon as possible without jeopardizing the criminal investigation. Absent a court order, digital recordings shall only be made available for viewing. Upon request of DSHS or the Attorney General's Office, an audio recording of the interview shall be provided. In the event a court order is sought requiring the production of the digital recording, the prosecutor shall request a protective order prohibiting duplication or viewing by those not associated with the case.

b) 72-hour Shelter Care Hearings – DSHS/CA is required to provide discovery to the child's parents at the 72-hour shelter care hearing. If the joint interview has taken place and a copy of the documentation is in the possession of DSHS/CA, they may be required to provide it to the parents. If law enforcement believes that such disclosure will compromise the criminal investigation, the Department will not provide the documentation and seek a protective order. The DSHS/CA 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 not yet in the possession of DSHS/CA, when it is provided to DSHS/CA, DSHS/CA will be required to provide a copy to the other parties to the dependency proceeding as part of the discovery process. Law enforcement shall notify DSHS/CA 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, the DSHS/CA will inform the court of that fact.

c) Dependency Proceeding – DSHS/CA and the Attorney General's Office will coordinate with law enforcement and the Prosecutor's Office regarding the sharing of information and any subsequent disclosures 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.

8. Following Interview

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 Court cases 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))

c) In cases when only the detective took the victim statement, the prosecutor will attempt to reach a filing decision without re-interviewing. Frequently, phone contact with the detective or victim may resolve concerns. If there is a need to re-interview, the interview should be limited to the areas of concern. The detective shall be present to document any clarifications, supplements, or changes to the statement obtained earlier.

d) The prosecutor will make every effort to make a filing decision (file or decline) within 60 days after receipt of a completed case.

e) Emergency situation/Rush file - The case will be filed immediately when necessary to keep a suspect in custody or issue a warrant.

f) A Sexual Assault Protection Order 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. Violation of a Sexual Assault Protection order is grounds for arrest and may result in the filing of charges. A violation of a Sexual Assault Protection order 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.

g) Attempts will be made to keep prosecutors who conducted or observed the initial interview involved in the ongoing case. However, in most cases prosecutors will be assigned to a case when the case is set for trial. The detective may request assignment of a prosecutor at the outset of the investigation when the detective anticipates the need for ongoing legal advice or case consultation. Status questions from the victim, or victim's family, regarding a case prior to trial should be referred to the victim advocate who will coordinate with the paralegal for the Special Assault Unit. Questions or concerns other than status questions should be directed to the Special Assault Unit supervisor.

9. Notification of Case Decision by Prosecutor's Office

A prosecutor, after receiving a completed investigation from law enforcement, shall notify, by letter, the victim, any person the victim requests, law enforcement and the local office of CPS (if involved) of the decision to charge or decline (or in juvenile court a finding of "insufficient evidence") to charge a crime within 5 days of making the decision. [RCW 26.44.030 (6)] The prosecutor will return statutory referral only (SRO) cases to the proper law enforcement agency and DSHS/CA when they are involved.

10. Notification of Guilty Plea

The prosecutor will notify the victim and law enforcement, prior to a guilty plea, when that plea will result in a reduced charge.

G. COMPLEX CASES

Definition - These cases involve multiple victims who are not living in the same household, children who have been identified as potential victims but who have not made statements about abuse, multiple perpetrators, or multiple jurisdictions. The special challenge of these cases include risk of contaminating the investigation, therefore an immediate and coordinated response is required.

1. Procedure

a) Initial Response by Law Enforcement

- Immediate referral to supervisor of law enforcement investigative units.
- Law enforcement supervisor assigns a single investigator to coordinate the case and notifies the Prosecutor's Office.
- The prosecutor identifies representatives from other relevant systems (e.g., victim advocates, CPS, day care licensing and law enforcement) to respond.
- Investigative team decides on case approach (who will conduct the interviews, who will contact the suspect/s, what steps will be taken to avoid contamination of possible victims), creates documentation system and designates outside resources available.
- Investigative team identifies outside resources that may be consulted who have the expertise and who are experienced in the investigation of child sexual assault cases and are willing to assist in investigating complex cases.

- Investigator designates one person as media contact if necessary.
 - Prior agreement upon information to be disclosed is made.
 - Referral to DLR if the case involves a licensed facility.
- b) Investigation by Law Enforcement
- Identify all possible victims.
 - Arrange for interviews through the prosecutor's office utilizing their protocol.
 - Interview as many victims and witnesses as possible, as close in time to each other, as possible.
 - Explore with victims all other possible victims and suspects at initial interview.
 - Elicit from parents any information regarding possible victims and suspects.
 - Investigate ALL allegations thoroughly.
 - Use surveillance, search warrants, criminal records checks, evidence collection,
 - Lab analysis, etc., as required.
 - Interview all suspects and obtain a statement.
- c) Response to Victims
- Set up a forensic medical evaluation as soon as possible with one of the specialized sexual assault medical providers, including colposcopic exam, drug/toxicology screen when indicated. It is preferable in cases involving multiple victims that medical exams be obtained at the same facility.
 - Therapy - therapists will not conduct investigative interviewing or act as agents of the criminal justice system. Unless the child makes a spontaneous disclosure, there should not be contact between the investigator and therapist/counselor.
- d) Response to Parents and/or Guardians
- (1) Parents/guardians will be:
- given information about the investigative process and time lines;
 - instructed on activities that may jeopardize the cases (e.g., questioning their children, allowing others to question their children, having potential victims discuss the case with each other, carrying out investigative activities themselves);
 - encouraged to report information and/or spontaneous statements made by children to the law enforcement investigator;
 - provided access to an advocate;
 - encouraged to seek therapy from a qualified and experienced therapist.
- (2) In some cases a meeting may be arranged with a group of parents/guardians. A team will be designated to attend a meeting to provide the above listed information and answer questions.

H. PROTECTIVE CUSTODY

1. 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)
2. Law enforcement may be called to the scene by 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) (The statute says that upon receiving a report of possible abuse or neglect, law enforcement or DSHS/CA shall investigate and provide protective services.)
3. 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 CPS office (RCW 26.44.110).
4. 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.)
5. 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)
6. A referral to 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.)
7. Note: If law enforcement removes the child from the home and places the child into a relative's home rather than into the custody of 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.
8. CPS must file a dependency petition and 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. If necessary to adequately protect the child, a dependency petition will be filed.
9. If a child is taken into custody pursuant to a court order issued under RCW 13.34.050, 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 CPS is unable to determine the whereabouts of the parents, notification shall be sent to their last known address.

IV. INVESTIGATION OF SEX OFFENSES INVOLVING ADULTS

A. ROLE OF LAW ENFORCEMENT

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.

1. 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, prosecution may proceed with or without the victim's cooperation.
- b) Referrals for a medical exam, therapy and an advocate will be provided.
- c) 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.

2. Investigative Steps

The following investigative tools should be employed where appropriate and at the earliest possible time in the investigation to preserve evidence.

- Search warrants
- Documentation and processing of crime scenes and other evidence
- Trace evidence
- Biological evidence (including evidence from the suspect's body)
- Interview of corroborative and alibi witnesses
- Document relevant injuries of all parties
- Obtain medical records

3. Suspect and Witness Interviews

- a) Law enforcement shall always attempt to interview all suspects.
- b) A complete and detailed interview shall be conducted of any person to whom the initial report of sexual abuse was made to determine facts relevant to the investigation.
- c) The interview of the person to whom the initial report of sexual abuse was made should cover the following:
 - 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) The investigative process should be sensitive to a person's abilities to understand his or her rights and to effectively communicate and will include providing interpreters when necessary.

B. ROLE OF ADVOCACY/TREATMENT PROGRAMS

1. Referrals to Law Enforcement - Victim service programs/agencies will assist victims in making a police report through the 911 operator (24-hours).
2. 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.
3. Involvement of Advocate - Upon initial contact, law enforcement shall provide the victim with advocacy information including referrals to victim advocacy agencies (see Addendum on Community Resources). All victim requests to have an advocate present at interviews shall be honored pursuant to RCW 7.69.030. Once a victim advocate has become involved in a case, the prosecutor's office will attempt to inform the advocate of all scheduled victim contacts such as defense attorney interviews.

C. 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. Joint Interview
 - a) A joint interview shall 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 the detailed summary in the case file, to be reviewed by the prosecutor.
4. Following Interview
 - 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) In juvenile court cases involving an adult victim of sexual assault, cases must be referred 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)
 - c) The prosecutor will make every effort to make a filing decision (file or decline) within 60 days after receipt of a completed case.

d) In cases when only the detective took the victim statement, the prosecutor will attempt to reach a filing decision without re-interviewing. Frequently, phone contact with the detective or victim may resolve concerns. If there is a need to re-interview, the interview should be limited to the areas of concern. The detective shall be present to document any clarifications, supplements, or changes to the statement obtained earlier.

e) Emergency situation/Rush file - The case will be filed sooner (immediately) when necessary to keep a suspect in custody or issue a warrant.

f) A "No contact order" between the victim and alleged offender will be sought by the prosecutor in all cases where charges are filed. Violations should be reported to the prosecutor's office for revocation of bond proceedings. In general, in the case of conflicting or overlapping court orders, the most restrictive order about contact should be followed.

g) Attempts will be made to keep prosecutors who conducted the initial interview, involved in the ongoing case. However, in many cases prosecutors will be assigned to a case when the case is set for trial. The detective may request assignment of a prosecutor at the outset of the investigation when the detective anticipates the need for ongoing legal advice or case consultation. Status questions from the victim, or victim's family, regarding a case prior to trial should be referred to the victim advocate who will coordinate with the paralegal in the Special Assault Unit. Questions or concerns, other than status questions, should be directed to the Special Assault Unit supervisor.

5. Notification of Case Decision by Prosecutor's Office

a) In cases where charges are filed, the Prosecutor's Office is responsible to notify the victim.

b) In charged cases, the prosecutor will seek input from the victim on all plea negotiations, particularly if the plea negotiations involved reduced charges.

c) For all declined cases, the prosecutor will contact the victim and provide an opportunity to discuss the decision.

d) For all cases not forwarded to the prosecutor, the detective will inform the victim of the case status and explain their case disposition.

V. OUT OF COUNTY SEXUAL ASSAULT CASES

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

A. REPORTING

In cases involving children or teenagers, DSHS/CA may receive reports as may law enforcement. The report should be filed with the DSHS/CA office or law enforcement agency *where the victim currently resides*. In addition, if appropriate, and not already involved, DSHS/CA in the state *where the abuse is alleged to have occurred*, should be contacted to determine if there are additional potential vulnerable victims.

In cases involving adults, the report can be made with the local police jurisdiction *where the incident is alleged to have occurred*.

B. INTERVIEWING

Courtesy interviews may be conducted by the local police agency where the victim is currently residing. King County Police or Seattle Police Department's Special Assault Units may agree to consult and assist smaller departments if requested by the department to do so.

The exceptions to the general policy of detective interviews are particularly difficult child cases where assistance of the prosecutor's child interview specialist is needed. The child interview specialist should only be used on rare occasions.

In cases that are to be referred to jurisdictions that typically video or audio-tape interviews, taping may be done with the victim's permission. A written courtesy interview statement will be sent in lieu of video or audio taping in the usual case.

C. FOLLOW-UP

Interviewers who take statements from victims will advise them of local advocacy and counseling resources that are available in the community in which they now reside.

VI. SEXUAL ASSAULT MEDICAL EVALUATIONS / MEDICAL ADVOCACY

KEY CONTACTS:

Harborview Center for Sexual Assault and Traumatic Stress (HCSATS),
Patient Care Coordinator:
(206) 744-1600 (weekdays)

Harborview Medical Center 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)

Children's Hospital and Regional Medical Center (CHRMC) Emergency Department
(206) 987-2222

The purposes of the medical forensic exam are: to provide needed medical care, to provide social and psychological support and assess safety, and to collect and preserve medical findings and forensic evidence. More extensive information can be obtained from the Washington State Guidelines for Medical Care after sexual assault at www.hcsats.org. > Professional Guidelines.

A. CHILDREN - 11 YEARS AND YOUNGER

A specialized medical exam by an expert examiner should be considered for all children where there is 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. In addition to aiding the investigation, the medical evaluation can provide reassurance for the child and family about the child's physical well being, and direction for psychosocial care.

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 Patient Care Coordinator and Medical Staff at Harborview Center for Sexual Assault and Traumatic Stress are available for consultation when there are questions about the appropriate timing for a medical exam. Weekdays: (206) 744-1600, Medical Patient Care Coordinator or Attending on call, 206-744-3000. After hours and weekends: (206-744-4028, HMC ED Social worker.

The exam includes history from caregivers, history from child when appropriate, physical examination, photo-documentation of injuries, forensic evidence collection when appropriate, and a written report. The family always meets with a social worker for psychosocial care and planning for follow-up.

1. Medical Exam:
 - a) ***Urgent or emergency*** exam is recommended when:
 - There has been a clear report by child, or witnessed sexual contact which occurred within the previous **48 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 office, HMC ED, or CHMC 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 Patient care coordinator at 206 744-1600 (weekdays)
- HMC ED social worker at 206-744-4028 (after hours)
- CHMC ED 206-987-2222

Families should be advised of the following:

- Do not bathe child 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) **Scheduled specialized evaluation** is recommended when:

There is a clear report by child, or witnessed sexual contact which occurred more than 48 and up to 72 hours prior.

These evaluations are done at:

- HCSATS clinic (Central or South Location).
- Call HCSATS Patient Care Coordinator 206-744-1600.

c) **Examination by the patient's primary medical 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 provider may request consult with child sexual abuse specialist.

2. Consent For Care - **Children:**

In general, the parent or legal guardian must sign consent for care for patients under 18 years of age.

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: 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). Law enforcement takes the child into emergency protective custody. CPS then authorizes medical exam (this may be done over the phone with appropriate witnesses). CPS then arranges discharge plan or placement.

3. Mandated Reports:

Medical providers are mandated to report to police or Child Protective Services (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.

B. ADULTS AND TEENS - 12 YEARS AND OLDER

1. Medical Exam:

a) If the assault occurred **within prior 96 hours**:

In general, the medical – forensic exam is indicated on an urgent basis when the assault or suspected assault occurred within the prior 96 hours. This time frame is not rigid – in some circumstances the reasonable time frame may be longer.

b) If assault was **more than 96 hours prior**:

- Medical/forensic exam is generally not indicated on emergency basis.
- In certain circumstances a forensic exam may be appropriate even after 96 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.

The forensic examination may be performed at 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.

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

2. Consent For Care – **Adults**:

The forensic exam is not a medical emergency. The patient should provide informed consent for the collection of evidence, that is, 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.

3. Consent For Care – **Teens**:

In general, the parent or legal guardian must sign consent for care for patients under 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, understand the risks and benefits of the medical treatment and treatment alternatives.

Other *exceptions* to the requirement for parental consent may also apply.

- 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.
- 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 her own care, document patient's maturity, independence, decision making capacity, understanding of treatment, and plans for safety.* Mandatory reporting still applies, even when the minor has signed for care.

The minor patient should be clearly informed of the limitations of confidentiality and the requirements for 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. Medical provider or advocates should talk with the patient, and discuss how to tell parents or guardian.

4. Refusal Of Care

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. The patient should be informed of the consequences of declining evidence collection procedures, specifically that this may impede criminal prosecution.

5. When The Patient Is Not Able To Consent

- 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.
- If the patient is not capable of informed consent due to *longer-term medical or developmental condition*, or if evidence will be lost (e.g., patient going in for surgery) the health care provider determines whether in his/her opinion 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

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.

6. Vulnerable Adults

The patient or legally authorized surrogate decision-maker should sign for all medical care, including care after sexual assault. A report to police, Adult Protective Services (APS), or State Residential Care Services is mandated when there is suspicion of sexual assault. If 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.

C. MEDICAL ADVOCACY

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

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/concerns, including assistance in arranging follow-up care.
- Support during the actual medical exam as appropriate.
- Assistance with Crime Victim Compensation.
- Assessment of safety issues prior to discharge.
- Reporting to required authorities as appropriate (police or CPS).
- Provision of appropriate literature and resources to the caretaker or victim.
- Documentation of needs and concerns for follow-up.

VII. PHYSICAL ABUSE AND NEGLECT

Purpose: The purpose of this guideline is to ensure that the protection and safety needs of children and families as well as society's interest in holding offenders accountable, are addressed at the onset of a case involving child physical abuse. This is accomplished through a specific, coordinated response from key system personnel including law enforcement, CPS, medical child abuse experts, prosecutors, and victim services.

Investigation of Serious and Very Serious Physical Abuse: System personnel each have detailed protocols and procedures that specify the steps to be included in the investigation and/or documentation of child physical abuse. This guideline addresses the coordination of these processes at the earliest possible point.

Immediate Response Required: Serious physical abuse refers to death or non-accidental injuries that require immediate medical treatment or may result in lasting injuries to the child. 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.

For the purposes of this section:

Very Serious 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)
- Intentional withholding of food or water requiring hospitalization
- Intentional administration of poison or controlled substance
- Death

Serious 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 on a particularly vulnerable victim (i.e. victim less than 6 mo. 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 ABUSE

1. Hospital response:

- Hospital staff notifies both law enforcement and Child Protective Services (CPS) immediately when a concern arises indicating possible non-accidental injury.
- Child abuse attending physicians are available for consultation at all times via Children's Hospital Children's Protection Program at 206-987-2194. After hours, call the Children's Hospital Operator at 206-987-2000 to be connected to the on-call SCAN (Suspected Child Abuse or Neglect) physician.

- The child abuse attending physician may notify the supervisor of the King County Prosecutor's Office Special Assault Unit.
- Hospital staff will avoid interviewing about the cause of injury once concern of child abuse rises to the level of suspicion that would lead to a CPS report, except as necessary for the purpose of medical diagnosis and treatment, or care coordination.
- Hospital staff shall coordinate with CPS and law enforcement to ensure there is a safe discharge plan for the child.
- For children transferred to Harborview (Level 1 trauma center) or 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 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 shall 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 Child Abuse and Sexual Assault 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 Child Abuse and Sexual Assault Unit be contacted.
 - SPD personnel will coordinate with the law enforcement agency from the jurisdiction where the crime occurred.

2. Law enforcement response:

- Immediate response, and whenever possible, include on-site specialized unit/detective response.
- The case detective or his/her supervisor shall contact a supervisor for the King County Prosecuting Attorney's Office (KCPAO) Special Assault Unit.
- Ensure that CPS has been notified, at a minimum, within 24 hours of the initial law enforcement response.
- Assume the lead in the investigation, including timing and order of interviews.
- Share available information with CPS as it is received.
- Ensure documentation, including photographs, of injuries.
- If the injured child will be released from the hospital, coordinate with CPS in the decision regarding placement. During the initial stages of investigation, the law enforcement investigative process has priority over the CPS investigation.
- Consider protective custody placement, medical evaluation, and investigative interviews of other children in home.
- Consult with the physician caring for the injured child. If there are further concerns regarding the injury, the child abuse specialist physician via the Children's Hospital Operator at 206-987-2000 may be consulted.
- Arrange forensic interview of victim/child witnesses with KCPAO Child Interviewer, as appropriate (e.g., consider child age, medical condition). Consult with prosecutor. Interviews may be arranged at the hospital or other location as necessary.

- The case detective or investigating officer/s shall 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 CPS supervisor or area administrator.
- Notify the appropriate victim service agency within 48 hours of law enforcement response.

3. CPS response:

- Case shall be classified according to DSHS protocols.
- Defer to law enforcement regarding investigation.
- Share available information with law enforcement as it is received.
- Provide CPS history to law enforcement immediately, at a minimum, within 24 hours of initial law enforcement notification to CPS.
- 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.
- Invite the case detective or investigating officer/s to participate in a Family Team Decision Meeting (FTDM) in order to be a part of the decision regarding the child's placement.
- Participant exclusion from 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. CPS shall invite law enforcement and the appropriate victim service agency. Any member of the King County Special Assault Network may request participant exclusion.
- If the injured child is released from the hospital, the caseworker shall follow DSHS placement policy and coordinate 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 shall provide appropriate information and/or recommendation to CPS regarding relative placement.
- Separation from the alleged perpetrator will typically occur until the criminal investigation is substantially complete and a service plan is in place. Contact between the child and the alleged perpetrator will only be considered after consultation with the involved criminal justice personnel and victim services.
- Consider removal and protective custody placement of other children in home with law enforcement assistance. Coordinate with law enforcement to ensure medical examinations and investigative interviews with other children in the home are conducted.
- Arrange for review of medical assessment with a child abuse medical consultant, if appropriate.
- The initial case plan shall include strong consideration of the filing of a dependency petition and consultation with the Attorney General's Office.
- Ensure that the appropriate victim service agency is involved.

* A Family Team Decision Meeting (FTDM) is a meeting to engage families, community members, resource families, service providers, professionals, and agency staff in deciding where a child should live (placement) as well as developing a safety plan around the child. A FTDM should not be used as an extension of a criminal or CPS investigation or in lieu of either of these investigations; the investigation should take place outside of a FTDM.

4. Medical Examiner response:

- 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 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.
- In deaths involving infants or young children, a KCMEO pathologist accompanies 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
- In cases involving the death of a child, KCMEO communicates with CPS to report the death and learn of previous incidents involving the child or family.
- Suspicion of homicide does not rule out organ donation. The KCMEO pathologist shall determine what organs may be donated – refer to KCMEO policy.
- Autopsies are performed at the KCMEO facility generally within 24 hours of taking jurisdiction of the deceased child.
- If the death appears suspicious at the scene, during records review, or during the autopsy, the KCMEO pathologist immediately notifies the King County Prosecuting Attorney's Office and appropriate law enforcement agency.
- Following the autopsy, KCMEO completes the death certificate and coordinates with the family for release of the decedent to a funeral home.

5. Victim Service Response:

- Provide services to victim and/or family, to include: process for obtaining a protection order; counseling; relocation; safety planning; legal advocacy.
- Victim services will be invited by CPS to participate in FTDM meetings. If there are concerns about participant inclusion in the FTDM meeting or the results of the FTDM victim services may contact the CPS supervisor or area administrator.
- Harborview Center for Sexual Assault and Traumatic Stress (HCSATS): 206-744-1600
- Children's Response Center (CRC): 425-688-5130
- King County Sexual Assault Resource Center (KCSARC):
 - 24hr Resource Line 1-888-99-VOICE
 - During Business Hours 425-226-5062

C-POD Guidelines: Additional considerations and approaches are included within the C-POD (Collaboration, Preservation, Observation, Documentation) Guidelines for First Responders and may be incorporated as deemed appropriate. Information on this resource and training information can be found on the Criminal Justice Training Commission website at www.cjtc.state.wa.us.

B. SERIOUS ABUSE

1. Hospital response:

- Hospital staff shall contact CPS immediately when a concern of abuse or inflicted injury arises.
- Hospital staff should also contact law enforcement if they believe the child is at imminent risk of harm.
- Hospital staff will avoid interviewing about the cause of injury once concern of child abuse rises to the level of suspicion that would lead to a CPS report, except as necessary for the purpose of medical diagnosis and treatment, or care coordination.

2. Law Enforcement response:

- Respond immediately, within 24 hours at the most.
- Share information with CPS and coordinate investigative response.
- Arrange medical consultation with child abuse physician consultant for clarification of medical issues, if appropriate.
- Ensure documentation, including photographs, of injuries.
- Arrange forensic interview of victim/child witnesses with KCPAO Child Interviewer as appropriate (e.g., consider child age, medical condition). Consult with prosecutor.
- Notify appropriate victim service agency within 48 hours of law enforcement response.

3. CPS response:

- Case classified according to DSHS policy.
- Fax referral to the appropriate law enforcement agency immediately (at a minimum, within 24 hours of receipt).
- Contact the supervising law enforcement Sergeant to ensure receipt of the report and to obtain the name of the assigned investigator.
- Share information with law enforcement investigator and coordinate investigative response.
- 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.
- Coordinate with law enforcement for removal and placement of any child.
- Separation from the alleged perpetrator will typically occur until the criminal investigation is substantially complete and a service plan is in place. Contact between the child and the alleged perpetrator will only be considered after consultation with the involved criminal justice personnel and victim services.
- Arrange medical consultation with child abuse physician consultant for clarification of medical issues, if appropriate.
- Ensure that the appropriate victim service agency is involved.

4. Victim Service Response:

- Provide services to victim and/or family to include: process for obtaining a protection order; counseling; relocation; safety planning; legal advocacy.
- Victim services will be invited by CPS to participate in FTDM meetings. If there are concerns about participant inclusion in the FTDM meeting or the results of the FTDM victim services may contact the CPS supervisor or area administrator.
 - Harborview Center for Sexual Assault and Traumatic Stress (HCSATS): 206-744-1600
 - Children's Response Center (CRC): 425-688-5130
 - King County Sexual Assault Resource Center (KCSARC):
 - 24hr Resource Line 1-888-99-VOICE
 - During Business Hours 425-226-5062

C. OTHER ABUSE AND NEGLECT

5. Law Enforcement response:

- The responding officer shall determine if an assault 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.
- If probable cause exists that assault or neglect has occurred, the complete incident report with accompanying statements shall be forwarded to the prosecutor of the appropriate court.
- 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).
- Officers should photograph any child/juvenile persons for evidence of the injuries, however slight, or condition of the person.
- Officers have the authority to contact CPS and take the child into protective custody.
- Patrol officers should complete the investigations involving non-felony child abuse neglect cases if possible.
- The responding officer is free to issue a citation and book the suspect, provided probable cause exists to believe an assault occurred.
- Law enforcement shall notify CPS of incidents involving child abuse or neglect with the understanding that CPS is not responsible for the criminal investigation or criminal charges.

6. CPS response:

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

VIII. INTERDISCIPLINARY CASE STAFFING

A case staffing may be sought in complex cases or in situations where there are significant disagreements between involved professionals about case handling. The purpose of the staffing is to bring the involved professionals together to review the facts and other pertinent information, clarify any possible misunderstandings and arrive at a mutually acceptable resolution. The final decision about filing charges will always be made by the prosecutor. The case staffing should not be used to resolve specific conflicts between professionals or substitute for the usual mechanisms for handling complaints.

A. EXAMPLES OF APPLICABLE CASES:

- Victims with disabilities;
- Cases with very young victims;
- Cases involving victims with lengthy psychiatric histories;
- Cases where abuse allegations arise during divorce proceedings. (The allegations may precede the conflict or may be the cause of the conflict. Perpetrators may be biological or step-parent, the partner of a parent, a sibling or person outside of the family.)

B. PARTICIPANTS WHO MAY BE INCLUDED:

- King County Prosecutor (always present)
- Detective
- CPS Social Worker and Supervisor
- Family Court Services
- CASA (Court Appointed Special Advocate)
- Children's Hospital Regional Medical Center
- Child/Client Evaluator
- Physician / Nurse Examiner
- Mental Health Professional
- Assistant Attorney General
- Guardian ad Litem (GAL)
- Victim Advocate
- School District Representative

C. PROCESS:

1. Cases to be Staffed:

- a) Where multiple questions or concerns arise in the case, and it is determined by the prosecutor's office that diverse parties have information that is beneficial to the charging decision, a staffing will occur.
- b) Where a decision to file charges is clear, a staffing may not occur.
- c) Where no amount of additional information will change a decision to decline charges, the prosecutor will make the decision that a staffing need not occur.

2. Arranging Case Staffing

a) A King County Special Assault Network member may request a staffing. Members should contact the screening unit supervisor at the Special Assault Unit at (206) 296-9470.

b) To schedule a case staffing, the prosecutor's screening unit supervisor should be contacted. The person initiating the staffing will suggest parties to be involved in the case staffing.

c) Case staffings will be held as they can be arranged with the involved persons.

d) The prosecutor's office is responsible for contacting the parties involved in the case and informing them when a staffing will be held. The prosecutor will determine what information should be provided in advance of the staffing, and arrange for distribution of the information.

e) The prosecutor will chair case staffings.

3. Special Considerations

a) Results of the staffing remain confidential to the parties/agencies participating. Agreed conclusions of the staffing will be recorded for each case and copies shared with each participant.

b) Periodic Network meetings will be devoted to discussing logistics and the progress of the case staffing process.

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;

(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 presentence 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.

004 c 120 § 8; 1999 c 323 § 2; 1997 c 343 § 1; 1993 c 350 § 6; 1985 c 443 § 3; 1981 c 145 § 3.]

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. [2004 c 120 § 9; 1997 c 283 § 2; 1993 c 350 § 8; 1985 c 394 § 3.]

RCW 7.69B.020
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. (Effective until October 1, 2008.)

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

- (1) "Court" means the superior court of the state of Washington, juvenile department.
- (2) "Law enforcement agency" means the police department, the prosecuting attorney, the state patrol, the director of public safety, or the office of the sheriff.
- (3) "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: PROVIDED, HOWEVER, That 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.
- (4) "Institution" means a private or public hospital or any other facility providing medical diagnosis, treatment or care.
- (5) "Department" means the state department of social and health services.
- (6) "Child" or "children" means any person under the age of eighteen years of age.
- (7) "Professional school personnel" include, but are not limited to, teachers, counselors, administrators, child care facility personnel, and school nurses.
- (8) "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.
- (9) "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.
- (10) "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.
- (11) "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.
- (12) "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.
- (13) "Child protective services section" means the child protective services section of the department.
- (14) "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.
- (15) "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,

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.

(16) "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.

(17) "Malice" or "maliciously" means an evil intent, wish, or design to vex, 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.

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

(19) "Unfounded" means available information indicates that, more likely than not, child abuse or neglect did not occur. No unfounded allegation of child abuse or neglect may be disclosed to a child-placing agency, private adoption agency, or any other provider licensed under chapter 74.15 RCW.

[2006 c 339 § 108; 2005 c 512 § 5; 2000 c 162 § 19; 1999 c 176 § 29; 1998 c 314 § 7. Prior: 1997 c 386 § 45; 1997 c 386 § 24; 1997 c 282 § 4; 1997 c 132 § 2; 1996 c 178 § 10; prior: 1993 c 412 § 12; 1993 c 402 § 1; 1988 c 142 § 1; prior: 1987 c 524 § 9; 1987 c 206 § 2; 1984 c 97 § 2; 1982 c 129 § 6; 1981 c 164 § 1; 1977 ex.s. c 80 § 25; 1975 1st ex.s. c 217 § 2; 1969 ex.s. c 35 § 2; 1965 c 13 § 2.]

RCW 26.44.020
Definitions. (Effective October 1, 2008.)

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.

department.

(5) "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.

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

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

(8) "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.

(9) "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.

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

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

(12) "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.

(13) "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.

(14) "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.

(15) "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: PROVIDED, HOWEVER, That 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.

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

(17) "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.

(18) "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.

(19) "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.

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

(21) "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.

(22) "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.

[2007 c 220 § 1; 2006 c 339 § 108; (2006 c 339 § 107 expired January 1, 2007); 2005 c 512 § 5; 2000 c 162 § 19; 1999 c 176 § 29; 1998 c 314 § 7. Prior: 1997 c 386 § 45; 1997 c 386 § 24; 1997 c 282 § 4; 1997 c 132 § 2; 1996 c 178 § 10; prior: 1993 c 412 § 12; 1993 c 402 § 1; 1988 c 142 § 1; prior: 1987 c 524 § 9; 1987 c 206 § 2; 1984 c 97 § 2; 1982 c 129 § 6; 1981 c 164 § 1; 1977 ex.s. c 80 § 25; 1975 1st ex.s. c 217 § 2; 1969 ex.s. c 35 § 2; 1965 c 13 § 2.]

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 — Interviews of children — Records — Risk assessment process.
(Effective until October 1, 2008.)**

***** CHANGE IN 2008 *** (SEE 6206-S2.SL) *****

(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 ombudsman or any volunteer in the ombudsman'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) "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.

(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 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 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.

(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 reports of alleged abuse or neglect, the department or law enforcement agency may interview children. The interviews may be conducted on school premises, at day-care facilities, at the child's home, or at other suitable locations outside of the presence of parents. 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.

(11) Upon receiving a report of alleged child abuse and neglect, the department or investigating law enforcement agency shall have access to all relevant records of the child in the possession of mandated reporters and their employees.

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

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

(14) 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. The department shall, within funds appropriated for this purpose, offer enhanced community-based services to persons who are determined not to require further state intervention.

(15) 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.

(16) 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, after investigation, a report of abuse or neglect that has been founded with regard to a member of the household within three years of receipt of the referral.

[2007 c 387 § 3; 2005 c 417 § 1; 2003 c 207 § 4. Prior: 1999 c 267 § 20; 1999 c 176 § 30; 1998 c 328 § 5; 1997 c 386 § 25; 1996 c 278 § 2; 1995 c 311 § 17; prior: 1993 c 412 § 13; 1993 c 237 § 1; 1991 c 111 § 1; 1989 c 22 § 1; prior: 1988 c 142 § 2; 1988 c 39 § 1; prior: 1987 c 524 § 10; 1987 c 512 § 23; 1987 c 206 § 3; 1986 c 145 § 1; 1985 c 259 § 2; 1984 c 97 § 3; 1982 c 129 § 7; 1981 c 164 § 2; 1977 ex.s. c 80 § 26; 1975 1st ex.s. c 217 § 3; 1971 ex.s. c 167 § 1; 1969 ex.s. c 35 § 3; 1965 c 13 § 3.]

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. (Effective October 1, 2008.)

***** CHANGE IN 2008 *** (SEE 6206-S2.SL) *****

(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 ombudsman or any volunteer in the ombudsman'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) "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.

(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 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 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.

(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) 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.

(12) In conducting an investigation of alleged abuse or neglect, the department or law enforcement agency:

(a) May interview children. The interviews may be conducted on school premises, at day-care facilities, at the child's home, or at other suitable locations outside of the presence of parents. 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

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

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

(14) 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.

(15) 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. The department shall, within funds appropriated for this purpose, offer enhanced community-based services to persons who are determined not to require further state intervention.

(16) 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.

[2007 c 387 § 3; 2007 c 220 § 2; 2005 c 417 § 1; 2003 c 207 § 4. Prior: 1999 c 267 § 20; 1999 c 176 § 30; 1998 c 328 § 5; 1997 c 386 § 25; 1996 c 278 § 2; 1995 c 311 § 17; prior: 1993 c 412 § 13; 1993 c 237 § 1; 1991 c 111 § 1; 1989 c 22 § 1; prior: 1988 c 142 § 2; 1988 c 39 § 1; prior: 1987 c 524 § 10; 1987 c 512 § 23; 1987 c 206 § 3; 1986 c 145 § 1; 1985 c 259 § 2; 1984 c 97 § 3; 1982 c 129 § 7; 1981 c 164 § 2; 1977 ex.s. c 80 § 26; 1975 1st ex.s. c 217 § 3; 1971 ex.s. c 167 § 1; 1969 ex.s. c 35 § 3; 1965 c 13 § 3.]

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.

[1999 c 389 § 7; 1997 c 386 § 26; 1985 c 259 § 3.]

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.

[1999 c 176 § 32; 1997 c 386 § 27; 1993 c 412 § 14; 1987 c 206 § 4; 1984 c 97 § 4; 1977 ex.s. c 80 § 27; 1975 1st ex.s. c 217 § 4; 1971 ex.s. c 167 § 2; 1969 ex.s. c 35 § 4; 1965 c 13 § 4.]

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.

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.

[1999 c 176 § 33. Prior: 1987 c 450 § 7; 1987 c 206 § 5; 1984 c 97 § 5; 1981 c 164 § 3; 1977 ex.s. c 291 § 51; 1977 ex.s. c 80 § 28; 1975 1st ex.s. c 217 § 5; 1971 ex.s. c 302 § 15; 1969 ex.s. c 35 § 5; 1965 c 13 § 5.]

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.

[1982 c 129 § 10; 1971 ex.s. c 167 § 3.]

KING COUNTY COMMUNITY RESOURCES

Child Abuse & Neglect

CPS Region 4 (King County) - during business hrs	1-800-609-8764
CPS Centralized Intake - after hours, weekends, holidays	1-800-562-5624
Children's Hospital Regional Medical Center <ul style="list-style-type: none"> • Children's Protection Program • Medical Consultation Network www.seattlechildrens.org	206-987-2194 206-987-2194
King County Crime Victim Assistance Service Center	

Sexual Assault

Harborview Center for Sexual Assault & Traumatic Stress (HCSATS) www.hcsats.org	counseling, medical, advocacy	206-744-1600 After Hrs: 206-744-4028
King County Sexual Assault Resource Center (KCSARC) www.kcsarc.org	counseling, medical coordination, advocacy	Office: 425-226-5062 24 hr: 1-800-825-7273 Fax: 425-235-7422
Children's Response Center (CRC) www.ChildrensResponseCenter.org	counseling, medical coordination, advocacy	Office: 425-688-5130 TTY: 425-688-5762 Fax: 425-454-1583
Abused Deaf Women's Advocacy Services (ADWA) www.adwas.org	counseling, advocacy	Office: 206-723-0093 TTY: 206-726-0093 Fax: 206-726-0017

Other

Community Information Line		211
Crisis Clinic - 24 hr. www.crisisclinic.org	counseling	1-800-244-5767 Office: 206-461-3210
Crime Victim Compensation (CVC)	financial assist.	1-800-762-3716
Domestic Violence State Hotline		1-800-562-6025
King County Prosecutor's Office <ul style="list-style-type: none"> • Special Assault Unit - Seattle • Special Assault Unit - Kent • Child Interviewer • Victim Assistance Unit 	TDD 296-296-0100	206-296-9470 206-205-7411 206-296-9675 206-296-9552

**LAW ENFORCEMENT AGENCIES
KING COUNTY**

Location of alleged crime:	Agency responsible for investigation:	Detective Unit Responsible: Mailing address:	Office Phone: Fax Phone:
Unincorporated King County	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N. Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Algona	Algona P.D.	Algona CSO 402 Warde St., Algona 98001	Office: (253) 833-2743 Fax: (253) 833-5019
Auburn	Auburn P.D.	Detective Sergeant 101 N. Division Auburn, WA 98001	Office: (253) 931-3035 Fax: (253) 931-5108
Beaux Arts Village	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N. Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Bellevue	Bellevue P.D.	Crimes Against Persons Unit PO Box 90012, Bellevue 98009-9012	Office: (425) 452-6188 Fax: (425) 452-2812
Black Diamond	Black Diamond PD	Detectives P.O. Box 309 Black Diamond, WA 98010	Office: (253) 631-1012 Fax: (253) 886-2901
Bothell	Bothell P.D.	Detectives 18410 101 Ave NE Bothell, WA 98011	Office: (425) 487-5106 Fax: (425) 487-5100
Burien	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N. Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Carnation	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N. Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Clyde Hill	Clyde Hill P.D.	Detective Unit 9605 NE 24 th St. Clyde Hill, WA 98004	Office: (425) 454-7187 Fax: (425) 462-1936
Covington	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N. Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Des Moines	Des Moines P.D.	Detective Unit 21900 11 Ave S. Des Moines, WA 98198	Office: (206) 878-3301 Fax: (206) 870-7626
Duvall	Duvall P.D.	Detective Unit P.O. Box 1500 Duvall, WA 98019	Office: (425) 788-1519 Fax: (425) 788-1169
Enumclaw	Enumclaw P.D.	Detective Unit 1705 Wells St. Enumclaw, WA 98022	Office: (360) 825-3505 Fax: (360) 825-0184
Federal Way	Federal Way P.D.	Detective Unit 34008 9 th Ave. S. Federal Way, WA 98003	Office: (253) 835-6780 Fax: (253) 835-6789
Hunts Point	Medina P.D.	Detective Unit P.O. Box 114 Medina, WA 98039	Office: (425) 233-6420 Fax: (425) 688-7813
Issaquah	Issaquah P.D.	Detective Unit 130 E. Sunset Way Issaquah, WA 98027	Office: (425) 837-3248 Fax: (425) 837-3209
Kenmore	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N. Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Kent	Kent P.D.	Detective Unit 220 4 th Ave. S. Kent, WA 98032	Office: (253) 856-5910 Fax: (253) 856-6900
Kirkland	Kirkland P.D.	Detective Unit 123 5 th Ave. Kirkland, WA 98033	Office: (425) 587-3506 Fax: (425) 587-3482
King County International Airport (Boeing Field)	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N. Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Lake Forest Park	Lake Forest Park PD	Detective / Records Unit	Office: (206) 364-8216

		17425 Ballinger Way NE Lake Forest Park, WA 98155	Fax: (206) 361-8156
Maple Valley	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N. Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Medina	Medina P.D.	Detective Unit P.O. Box 114 Medina, WA 98039	Office: (425) 233-6420 Fax: (425) 688-7813
Mercer Island	Mercer Island P.D.	Any on-duty Sergeant 9611 SE 36 St. Mercer Island, WA 98040	Office: (206) 275-7610 Fax: (206) 275-7941
Milton	Milton P.D.	Detective Unit 1000 Laurel St. Milton, WA 98354	Office: (253) 517-2729 Fax: (253) 922-2706
Newcastle	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N. Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Normandy Park	Normandy Park P.D.	Detective Unit 801 SW 174 St. Normandy Park, WA 98166	Office: (206) 248-7600 Fax: (206) 246-9732
North Bend	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N. Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Pacific	Pacific P.D.	Pacific Detective 133 Third Ave. SE Pacific, WA 98047	Office: (253) 833-8486 Fax: (253) 929-1194
Port of Seattle SEATAC Airport	Port of Seattle P.D.	Criminal Investigations Unit PO Box 68727 Seattle, WA 98168	Office: (206) 433-4621 Fax: (206) 431-4096
Redmond	Redmond P.D.	Detective Unit 8701 160 th Ave NE Redmond, WA 98073	Office: (425) 556-2585 Fax: (425) 556-2609
Renton	Renton P.D.	Detective Unit 1055 S. Grady Way Renton, WA 98055	Office: (425) 430-7566 Fax: (425) 430-7505
Sammamish	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N., Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Seatac	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N. Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Seattle	Seattle P.D.	Special Assault Unit 610 Third Ave. Seattle, WA 98104	Office: (206) 684-5575 Fax: (206) 684-0217
Shoreline	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N. Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Skykomish	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N. Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Snoqualmie	Snoqualmie P.D.	Detective Unit 34825 SE Douglas St. Snoqualmie, WA 98065	Office: (425) 888-3333 Fax: (425) 831-6121
Tukwila	Tukwila P.D.	Records Unit 6200 Southcenter Blvd. Tukwila, WA 98188	Office: (206) 433-1808 Fax: (206) 244-6181
Woodinville	King County Sheriff's Office	Special Assault Unit, CID 401 4 th Ave N., Kent, WA 98032	Office: (206) 296-7557 Fax: (206) 205-2979
Yarrow Point	Clyde Hill P.D.	Clyde Hill Detective 9605 NE 24 th St. Clyde Hill, WA 98004	Office: (425) 454-7187 Fax: (425) 462-1936

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