

EXECUTIVE SUMMARY

The District of Columbia's commitment to providing the best possible care and services to victims and survivors of sexual assault requires an ongoing assessment of the success of current practices and assessment of the gaps in availability and accessibility of appropriate services to all survivors and victims in our community.

The District of Columbia's vast network of service providers and law enforcement professionals must work together for victims and survivors of sexual assault to ensure that they are receiving timely, respectful, quality care and that the needs and concerns of this population are met and addressed and that they have a mechanism for providing feedback to those professionals entrusted with their care.

CHALLENGES

Victim and Survivor Feedback

No centralized process exists for victims and survivors to file a complaint or submit feedback about the handling of their case by a sexual assault service provider, law enforcement officers or prosecution. The lack of such a process leaves victims and survivors feeling that they have no voice within the system and may also lead to gaps in services remaining unfilled. The Task Force recommends that there be a centralized process for submitting complaints and feedback, for reviewing such complaints and feedback and for responding to them and that this process is overseen by the District's Sexual Assault Response Team.

24-7 On-call Advocacy Commitment: Resources and Credentialing

The District of Columbia currently provides victims and survivors of sexual assault the right to and independent community-based advocate through a 24-7 on-call advocacy response provided by the Network for Victim Recovery of DC. This affords victims and survivors of sexual assault an independent advocate during the hospital medical forensic exam and the law enforcement interview following a sexual assault. Due to an increase in the number of reports to the hospital and law enforcement a need for a larger pool of advocates may exist. In order to guarantee that victims and survivors

receive a consistently high quality of advocacy, the Task Force recommends that DC adopts advocate credentialing for any new sexual assault response advocates.

Expansion of the Right to an Advocate to the Prosecutorial Interview

Victims and survivors of sexual assault have the right to receive on-call advocacy with an independent community-based victims' advocate during the hospital exam and the law enforcement interview following a sexual assault, however this right does not extend to the prosecutorial interview. The United States Attorney's Office for the District of Columbia (USAO) has a Victim Witness Assistance Unit for victims and survivors who have a case in process with the USAO. While these system-based advocates provide support to victim and survivors, they are not bound by confidentiality, unlike independent community-based advocates. The Task Force recommends, in order to provide victims and survivors with the most victim-centered advocacy, that the right to an independent advocate be extended to the prosecutorial interview.

Independent Advocates for Juveniles¹

Independent advocates are currently provided to victims and survivors aged 18 years of age and older. These advocates help to ensure that the victims and survivors are provided accurate information about reporting to law enforcement (including their right not to report), and that this decision does not influence their medical forensic care following an assault. In the current system, victims and survivors of sexual assault who are under the age of 18 do not have consistent access to independent, community-based advocates at the time of the medical forensic exam. Additionally, all advocates for minor victims and survivors of sexual assault are currently subject to mandatory reporting requirements in the District of Columbia. This means that an independent community-based advocate is required to report the sexual assault, regardless of the perpetrator or the nature of the offense, to the Child and Family Services Agency

¹¹ The Sexual Assault Victims' Rights Amendment Act of 2013 directs this Task Force to determine whether a sexual assault victim advocate should be extended to "juvenile sexual assault victims". Feedback received early in the Task Force process was that the word "juvenile" has a negative connotation and that the service providers who work with youth, prefer other terminology. For the remainder of this Report, this Task Force will use the term "minor victims or survivors of sexual assault" to refer to the population of victims and survivors who are under the age of 18.

(CFSA), regardless of the wishes of the minor victim or survivor of sexual assault. While the minor victim or survivor cannot be forced to cooperate with any law enforcement or CFSA investigation, it is this Task Force's belief that the mandatory response of law enforcement without the right to an independent advocate significantly discourages minor victims and survivors from seeking critical medical care and social services following a sexual assault. It is the recommendation of this Task Force that the right to an independent advocate be extended to minor victims and survivors of sexual assault to ensure that the minor is consistently afforded all of their rights and provided with all of the information that may assist in a self-directed recovery.

1. INTRODUCTION

1.1 DEFINITIONS. The following terms have the meanings as described below when they are used in this document:

- (1) "DC SART" means the District of Columbia Sexual Assault Response Team (DC SART), a multidisciplinary collaboration, exists to provide a coordinated response to sexual assault in the community.
- (2) "DC SANE" means the collaborative program administered by the Office of Victim Services and Justice Grants that consists of specially trained nurses who conduct medical forensic exams for evidence collection following a sexual assault (as staffed by the DC Forensic Nurse Examiners), professional vertical advocacy (as provided by the Network for Victim Recovery of DC), and hospital care (as provided by MedStar Washington Hospital Emergency Department.)
- (3) "Multidisciplinary Team" means the agencies and organizations that coordinate to care for a minor victim following a sexual assault. In the District the MDT consists of the Metropolitan Police Department (MPD), Office of the Attorney General for the District of Columbia (OAG), United States Attorney's Office for the District of Columbia (USAO), Child and Family Services Agency (CFSA), Children's National Medical Center (CNMC), and Safe Shores.

- (4) “System-based advocate” means a professional working with victims of crime advocate who is employed by a state or local government agency or department. System-based advocates typically work during the regular work day/week, are not on call and do not have confidentiality privileges with victims.
- (5) “Community-based advocate” means a professional who is employed by a not for profit, non-government organization and whose primary purpose is to represent the needs and interests of the crime victims they are serving. Community-based advocates are often crisis-oriented and have confidentiality privileges with the victim or survivor.
- (6) “Minimal facts interview” means an interview used by first responders to determine the basic facts of the complaint from a victim or witness. A minimal facts interview is narrative in nature and is used to determine the basic facts of “who”, “what”, “where”, and “when” that will allow the first responder to take immediate action to protect life or property.
- (7) “Confidential communication” means a communication between a victim and their independent advocate wherein the advocate is not bound by any law, regulation, or ethical standards to disclose the information received to a third party.
- (8) “Privilege” means a right held by a client with regard to information that the client discloses to a professional (often an attorney, doctor, social worker, therapist, or advocate) that is statutorily protected from disclosure by that professional to a third party.
- (9) “*Maryland vs. Brady*” means the United States Supreme Court case, 373 US 83 (1963). In *Brady*, the defendant challenged his conviction after alleging that the prosecutor had withheld certain evidence from the defense that would have been exculpatory and material to the case. The Supreme Court reversed the defendant’s conviction, setting forth the rule that any member of the prosecutorial or law enforcement team disclose material and exculpatory evidence to the defense. Exculpatory evidence is “material” if “there is a reasonable probability that his conviction or sentence would have been

- different had these materials been disclosed.” Brady evidence includes statements of witnesses or physical evidence that conflicts with the prosecution's witnesses and evidence that could allow the defense to impeach the credibility of a prosecution witness.
- (10) “Independent Expert Consultant” means to the consultant hired in accordance with the requirements of the Sexual Assault Victims’ Rights Amendment Act of 2013. The consultant works independently of any government agency or community-based organization and is tasked with investigating practices, reviewing files and interviewing parties in order to provide an informed independent report to the Council of the District of Columbia on the policies and procedures used to investigate sexual assault and serve victims and survivors.
 - (11) “Mandatory reporting” means the requirement that certain people be mandated to report suspected allegations of child abuse or neglect to the relevant law enforcement or child protection agency.
 - (12) “Violence Against Women Act” means United States federal law (Title IV, sec. 40001-40703 of the Violent Crime Control and Law Enforcement Act of 1994, H.R. 3355) signed as Pub.L. 103–322 by President Bill Clinton on September 13, 1994 (codified in part at 42 U.S.C. sections 13701 through 14040). The Act provides \$1.6 billion toward investigation and prosecution of violent crimes against women, imposes automatic and mandatory restitution on those convicted, and allows civil redress in cases prosecutors chose to leave un-prosecuted. The Act also establishes the Office on Violence Against Women within the Department of Justice, and has been reauthorized in 2000, 2005, and 2013.
 - (13) “Warm hand-off” means a victim-centered approach in which a primary care or first provider does a personal introduction of a victim or survivor to a referral or longer-term source of assistance.
 - (14) “Physical Evidence Recovery Kit (PERK)” means the physical package of evidence that is collected by medical forensic personnel in the aftermath of a crime or, more specifically, a sexual assault.

- (15) “Minor victims’ working group” means a sub-group of the SAVRAA Task Force which was convened to work specifically on issues related to minor victims of sexual assault and make recommendations to Legislative Question #4 of this Report. The Minor victims’ working group invited non-Task Force members to participate in the meetings and cultivated public input from service providers, as well as teenagers and adolescents in the District
- (16) “Minor” in this report refers to a person aged 12 years to 17 years of age.
- (17) Person with a significant relationship includes:
 - a) A parent, sibling, aunt, uncle or grandparent, whether related by blood, marriage, domestic partnership or adoption
 - b) A legal or de facto guardian or any person, more than 4 years older than the victim, who resides intermittently or permanently in the same dwelling as the victim;
 - c) The person or the spouse, domestic partner, or paramour of the person who is charged with any duty or responsibility for the health, welfare, or supervision of the victim at the time of the act; and
 - d) Any employee or volunteer of a school, church, synagogue, mosque, or other religious institution, or an educational, social, recreational, athletic, musical, charitable, or youth facility, organization, or program, including a teacher, coach, counselor, clergy, youth leader, chorus director, bus driver, administrator, or support staff, or any other person in a position of trust with or authority over a child or a minor.

1.2 BACKGROUND

The Sexual Assault Victims’ Rights Amendment Act of 2013 (SAVRAA) Task Force, hereinafter “Task Force”, was established by the Sexual Assault Victims’ Rights Amendment Act of 2013 on October 8, 2014. This Task Force is the means by which the District of Columbia City Council has established to receive expert recommendations on best practices for the treatment and response to victims and survivors of sexual assault within the District of Columbia.

The Task Force is comprised of statutorily-defined members, and complemented by local and national experts in the area of sexual assault response. The members of the Task Force, as statutorily defined, are:

- Sherelle Hessell-Gordon, MBA, Executive Director of the District of Columbia Rape Crisis Center, *representative for the DC Sexual Assault Coalition*;
- Nikki Charles, MA, Co-Executive Director of the Network for Victim Recovery of DC, *representative for the DC SANE program*;
- Michelle Palmer, LICSW, Executive Director of the Wendt Center for Loss and Healing, *representative for the DC Victim Assistance Network*;
- Heather DeVore, MD, Executive Director of DC Forensic Nurse Examiners, *representative for the SART*;
- Jennifer Schweer, LPC, Coordinator, Georgetown Sexual Assault, Relationship Violence, and Stalking Services, *representative for District of Columbia-based college or university*;
- Cortney Fisher, JD, PhD, Deputy Director for Victim Services at the District of Columbia Office of Victim Services and Justice Grants, *representative for governmental victim services program*;
- Nelly Montenegro, Esq., Staff Attorney at the American Bar Association Commission on Domestic and Sexual Violence (formerly Director of Domestic Violence/Sexual Assault Program for Ayuda, Inc), *representative for underserved populations (foreign-born or immigrant victims/survivors)*
- Amy Loudermilk, MSW, Associate Director of Government Affairs, The Trevor Project (formerly Deputy Director for the Mayor's Office of Gay, Lesbian, Bisexual, and Transgender Affairs), *representative for underserved populations (victims/survivors who identify as gay, lesbian, bisexual, or transgender)*
- Elisabeth Olds, Sexual Assault Victims' Rights Amendment Act of 2013 Independent Expert Consultant;

Members of the Task Force not statutorily defined, but appointed by the Office of Victim Services and Justice Grants due to their local or national expertise in the area of sexual assault response are:

- Robert Alder, Commander of Criminal Investigations Division, Metropolitan Police Department (NOTE: Commander Alder replaced Commander George Kucik in March 2015 after Commander Kucik's retirement from the Metropolitan Police Department);
- Barbra Chikowore, RN, SANE-A, Clinical Educator, MedStar SiTeL, forensic nurse and representative for survivors/victims who identify as immigrants;
- Rose Gordy, LICSW, Deputy Director, Safe Shores – The DC Children's Advocacy Center, *representative for* the Multidisciplinary Team/youth and child survivors of sexual violence (NOTE: Ms. Gordy replaced Michele Booth Cole, Executive Director of Safe Shores – The DC Children's Advocacy Center in May 2015);
- Jennifer Pollitt-Hill, MSW, Executive Director, Hope Works (Howard County, Maryland), representative for Violence Against Women Act (VAWA) compliance and national perspective;
- Tonya Turner, Esq., Trial Attorney, Office of the Attorney General, *representative for* youth provider community and the prosecutor community; and
- Laurel Wemhoff, *representative for* the victim-survivor community.

During the course of the Task Force's work, two original members of the Task Force resigned their membership. Those members, who contributed to parts of this report, are:

- Carol Ellis, nationally-recognized expert in law enforcement-based victim services programs;
- Christine Funk, Esq, nationally-recognized expert in the area of forensic sciences and the use of forensic biology in criminal cases.

The primary objective of the Task Force, as defined by statute, is to study nationally recognized best practices and develop recommendations regarding:

- (1) The development and implementation of an effective mechanism for submitting, tracking, and investigating complaints regarding the handling of, or response to, a sexual assault report or investigation by any agency or organization involved in the response;
- (2) Whether a need exists for additional sexual assault victim advocates. If a need is identified, the Task Force shall:
 - (A) Develop criteria to certify sexual assault victim advocates;
 - (B) Create a plan for how the District, in conjunction with nonprofits, can provide additional sexual assault victim advocates to meet the needs identified; and
 - (C) Determine the cost of funding such a plan;
- (3) Whether a need exists to expand the right to a sexual assault victim advocate beyond the hospital and law enforcement interview settings, such as meetings and conversations with prosecutors. If a need is identified, the Task Force shall:
 - (A) Identify where the need exists and to what extent;
 - (B) Make recommendations on how best to fill that need, whether legislatively or otherwise;
- (4) Whether a need exists to expand the right to juvenile sexual assault victims. If a need is identified, the Task Force shall:
 - (A) Identify where the need exists and to what extent; and
 - (B) Make recommendations on how best to fill that need, whether legislatively or otherwise.

1.3 MEETINGS

SAVRAA Task Force meetings were organized and coordinated by the Office of Victim Services and convened on the second Wednesday of each month beginning in October of 2014. Task Force, meetings were limited to the chartered members for the first several months and then opened to the public on a quarterly basis beginning in May of 2015.

Each meeting was dedicated to a specific assigned topic from the SAVRAA legislation and recommendations were discussed and crafted in the following order:

- 1) Whether a need exists for additional sexual assault victim advocates.
- 2) Whether a need exists to expand the right to a sexual assault victim advocate beyond the hospital and law enforcement interview settings, such as meetings and conversations with prosecutors.
- 3) The development and implementation of an effective mechanism for submitting, tracking, and investigating complaints regarding the handling of, or response to, a sexual assault report or investigation by any agency or organization involved in the response;
- 4) Whether a need exists to expand the right to an advocate to juvenile sexual assault victims.

At the conclusion of each meeting, members were divided into teams and assigned to further research national best practices and present their findings to the group at the following meeting. Additionally, on the question of whether a need exists to expand the right to an advocate to juvenile sexual assault victims, the Task Force formed a working group which met several times outside of regular meetings and elicited the advice of and comments from the public.

1.4 PUBLIC INPUT

Throughout the course of the Task Force period, members of the Task Force made repeated and consistent efforts to engage the opinions of the community, criminal justice partners that are potentially impacted by recommendations but not represented on the Task Force, and the victim and survivor population within the District. At the conclusion of every Task Force meeting, the minutes of the meeting and all documents produced as the result of the meeting or discussed at the meeting were posted online at the Office of Victim Services' website (www.ovs.dc.gov or www.ovsig.dc.gov). Additionally, the Task Force held three meetings (on May 13, 2015, August 12, 2015, and November 18, 2015) that were widely publicized and open for any member of the

public or any employee of criminal justice agencies to attend and comment. For a few meetings that specifically involved the input of specific agencies, the Task Force invited representatives from those agencies or organizations to attend the meeting. While the United States Attorney's Office (USAO) participated in the Minor Victim Working Group (described below) and listening sessions on the issue of Minor Victims, the USAO did not participate in meetings of the Task Force to which they were extended an invitation.

Most specifically, the Task Force convened a special working group dedicated to the fourth legislative issue posed to this Task Force, i.e. whether the right to an advocate should be extended to juvenile victims of sexual assault. Without comparison, the majority of contention, interest, and concern arose from members of the public, District agencies, and non-profit organizations around this legislative question. To ensure that all voices were heard on this issue – service provider, criminal justice, victim and survivor – the Task Force asked Elisabeth Olds, a member of the Task Force and the Independent Expert Consultant, to lead an open meeting once per month and, with other Task Force members, meet with a wide variety of interested parties about the implications of granting this right. In total, the Minor Victims' Work Group hosted two Listening Sessions for members of the public, facilitated two focus groups of teen boys and girls, and interviewed national and local experts in the field of youth services, adolescent medicine, teen pregnancy, compliance with the Violence Against Women Act, and child protection. To implement the recommendations contained in this Report, the Task Force is recommending a continued engagement between the adult Sexual Assault Response Team (DC SART) and the youth-serving Multidisciplinary Team (DC MDT).

On October 31, 2015, the Task Force finalized a draft of this Report and the Report was widely distributed for comment through the District of Columbia Victim Assistance Network, through networks established by the Independent Expert Consultant, and by networks maintained by individual Task Force members. On November 18, 2015, the Task Force held an open question and answer session for anyone to make comment on the Report contents, ask questions of the Task Force members, and suggest revisions or edits to the Report substance. The meeting lasted

for over two hours, and was attended by approximately fifty (50) interested parties. Although the meeting was scheduled to last until 3:00 pm, Task Force members who were able remained at the meeting past 3:00 pm to hear the concerns, take questions, and engage in discussion with interested parties. All participants present, and all participants who expressed interest, were encouraged to provide written comment to the Task Force no later than December 1, 2015. Written comments were received from the following agencies and organizations: Ayuda, Break the Cycle, Children's National Medical Center, DC Justice for Survivors Campaign, and the United States Attorney's Office for the District of Columbia. We additionally considered all verbal comments that were provided at the meeting on November 18, 2015. All recommendations and comments have been carefully considered, and have been incorporated into this Final Report as the Task Force has deemed appropriate.

2. LEGISLATIVE QUESTION 1: PROCESS FOR RECEIVING AND INVESTIGATING COMPLAINTS

The Office of Victim Services ("OVS") shall establish a Task Force to study nationally recognized best practices and develop recommendations regarding: (1) the development and implementation of an effective mechanism for submitting, tracking, and investigating complaints regarding the handling of, or response to, a sexual assault report or investigation by any agency or organization involved in the response

2.1 BACKGROUND

The introduced Sexual Assault Victims' Rights Amendment Act of 2013 (SAVRAA) (Bill 20-417) included a provision, in Section 101, which stated that the current powers and duties of the Office of Police Complaints would be amended to permit the board to "where appropriate, monitor and evaluate MPD's handling of, and response to, complaints of sexual assault." The interest in expanding the duties and powers of the Office of Police Complaints began with the Human Rights Watch report, which detailed difficulties from victims and survivors of sexual assault with having their complaints or concerns about their experiences heard by the Metropolitan Police Department in a timely manner. This Task Force has read both the Human Rights

Watch report, as well as the subsequent report from Crowell and Moring. This Task Force accepts these documents as critical background to the issue, and has determined to move forward in the development of a complaint process that is victim and survivor-centered.

During the Council hearing on Bill 20-417, which was Chaired by Councilman Tommy Wells on December 12, 2014, twenty-six witnesses (excluding government witnesses) testified in favor of an “external review process”, “multi-disciplinary case review process” that included the actors in all phases of the sexual assault response, and/or the removal of the process from the jurisdiction of the Office of Police Complaints.² Notably, in their own testimony on Bill 20-417, Philip K. Eure, the Director of the Office of Police Complaints testified that this expansion of jurisdiction into the monitoring of sexual assault investigations would expand the universe of investigations for the Office of Police Complaints into “something the OPC does not currently do” and something that Mr. Eure believes “the OPC was never intended to do.”³ Mr. Eure continued with his testimony indicating that the Office of Police Complaints would need additional resources, including training and expertise in this area, to be able to assume this new role.⁴

The Task Force was assigned the responsibility of developing recommendations on the development and implementation of a mechanism to submit, track, and investigate complaints regarding response to a sexual assault report or investigation *by any agency or organization involved in the response* (emphasis added).⁵ The final version of the Bill added to the original introduced draft the inclusion of all other actors, i.e. agencies or organizations, involved in the sexual assault response. In completing our work, this Task Force has interpreted this charge to include any agency or organization that has a role in accepting crisis calls from victims or survivors of sexual assault through any agency involved in the support of the victim or survivor and/or the direct prosecution of the offender charged in the assault of the victim or survivor.

² See Council of the District of Columbia Committee on the Judiciary and Public Safety Committee Report on Bill 20-417, the “Sexual Assault Victims’ Rights Amendment Act of 2013”.

³ Id. At p. 11

⁴ Id.

⁵ Sexual Assault Victims’ Rights Amendment Act of 2013

Included within the Task Force's proposed process are the following agencies or organizations: DC Rape Crisis Center (as manager of a sexual assault hotline and provider of mental health services); National Center for Victims of Crime (as manager of a victim services hotline); MedStar Washington Hospital Center (as host site for the DC SANE program); District of Columbia Forensic Nurse Examiners (as the organization that manages the 24/7 on-call forensic nurse program that performs all medical forensic care for adult⁶ sexual assault patients in the District); Network for Victim Recovery of DC (as the organization that manages the 24/7 on-call advocacy response to adult⁷ victims of sexual assault); Wendt Center for Loss and Healing (as the largest provider of mental health services for victims of sexual assault); The Women's Center (as a provider of mental health services victims and survivors of sexual assault); Ayuda (as a provider of mental health and language access services for victims of sexual assault); Metropolitan Police Department (as the primary law enforcement agency responsible for the investigation of sexual assault); the United States Park Police (as the other law enforcement agency within the District who has jurisdiction over the investigation of sexual assault); the District of Columbia Department of Forensic Sciences (as the agency who is responsible for processing and analyzing all Physical Evidence Recovery Kits (PERKs); the District of Columbia Office of the Chief Medical Examiner (as the agency who is responsible for processing and analyzing all toxicology samples obtained from the victims and survivors); the United States Attorneys' Office for the District of Columbia (as the prosecutorial agency for adult offenders); and the District of Columbia Office of the Attorney General (as the prosecutorial agency for juvenile offenders).⁸ This Task Force has also intentionally included the right of victims and survivors to make a complaint against any of the eight, District-based colleges and universities through this process. Additionally, this Task Force has intentionally included the right of victims and survivors under the age of 18 to make a complaint against an agency or organization involved in the response to their sexual assault. In so doing, this Task

⁶ DC Forensic Nurse Examiners is able to provide medical forensic exams on victims of sexual assault over the age of 12 if they seek a medical forensic exam through MedStar Washington Hospital Center.

⁷ The Network for Victim Recovery is able to serve adolescent victims of sexual assault, over the age of 12, if they seek a medical forensic exam through MedStar Washington Hospital Center.

⁸ This Task Force has included any agency-based victim services unit in the formulation of this complaint process. Because the unit is ultimately part of the larger agency within which they are housed, this Task Force does not list them separately.

Force has added the following agencies or organizations to this proposed process: Safe Shores – The DC Children’s Advocacy Center (as the organization that provides advocacy and support to victims and survivors under the age of 18 and their families); and Children’s National Medical Center (as the organization that provides medical forensic care and counseling to victims and survivors under the age of 18).

2.2 CURRENT STATE

Currently, there is no centralized process to receive and/or respond to complaints or positive feedback regarding any victim’s or survivor’s experience with the sexual assault process. If a victim or survivor has a complaint or concern with any one agency or organization, it is generally that victim’s or survivor’s individual responsibility to bring a complaint to the offending agency or organization. Given the psychological and emotional impact of sexual assault, this process can feel overwhelming, re-victimizing, and overly burdensome to a victim or survivor who is managing a post-assault recovery. At this point, the only other option that the victim or survivor has in a complaint process lies with their advocate. The advocate’s role in the victim’s or survivor’s life is to assist them in navigating the response process that the victim or survivor chooses and to advocate for the outcome that the victim or survivor chooses. A well-trained and well-intentioned advocate is always available to assist victims and survivors with filing a complaint with a particular agency or organization and navigating that agency or organization’s internal processes. However, this process is not ideal to address systemic change, as it necessarily puts the organization conducting advocacy in a consistently adversarial position to the other agencies or organizations in the response. Setting up an adversarial system between two responding partners will result in negative outcomes for all victims and survivors in the District. Additionally, this reliance on advocates to assist the victim or survivor in bringing complaints necessarily excludes the advocacy organizations from review, as it is unlikely that a victim or a survivor would use their advocate to bring a complaint against the same advocate or organization. This Task Force also takes notice that much of the burden for receiving complaints currently lies with the Office of Victim Services and Justice Grants, who has a very limited ability to respond and no formal mechanism for reviewing or investigating such

complaints. This Task Force recognizes the importance of a centralized and multidisciplinary process that will facilitate greater responsiveness and satisfaction for the victims and survivors and increase the sense of justice that victims and survivors feel when they choose to make a complaint.

2.3 RECOMMENDATIONS

During the process of making these recommendations, this Task Force took substantial time to debate and balance the desire of the community to see an external and transparent review process, the need for victim and survivor privacy in providing feedback, and the complicated and different employment relationships that are inherent in each agency or organization involved in the sexual assault response. This Task Force proposes the following mechanism for submitting, tracking, and investigating complaints regarding the handling of, or response to a sexual assault report or investigation by any agency or organization involved in the response:

- (1) In response to early feedback from victims and survivors of sexual assault, this Task Force decided that the “complaint” process should be inclusive of all feedback from victims and survivors of sexual assault, both positive and negative. Victims and survivors of sexual assault should be able to provide feedback about the process, the system, and the individuals serving them without it being viewed as a “complaint”.
- (2) This Task Force recommends that this process be available to any victim or survivor of sexual assault, of any age, as the victim or survivor defines sexual assault. For victims and survivors who are under the age of 18, a parent or guardian may submit a Sexual Assault Response Feedback (SARF) Form on behalf of the minor. However, nothing in this recommended policy shall be construed to limit the ability of a minor from submitting feedback on their own behalf.
- (3) This Task Force recommends that the Sexual Assault Response Feedback process be available to victims and survivors who choose to remain

anonymous and victims who choose to submit feedback through an attorney or advocate acting on their behalf.

- (4) This Task Force recommends that the Sexual Assault Response Feedback process will be managed by the District of Columbia Sexual Assault Response Team (DC SART), as it is statutorily established.⁹ The DC SART shall establish a Feedback Review Committee to process feedback, respond to feedback, and make recommendations to the DC SART on system change based on the feedback received.

This is an area of proposed legislative change. The Task Force recommends that the DC Council amend the existing legislation to include a Feedback Review Committee (hereinafter “Committee”) in the DC SART and provide that Committee with the authority to review and respond to feedback received through this process. The Task Force recommends that this legislation shall include the authority of this Committee to hold members of the SART accountable to the decisions of the Committee.

- (5) This Task Force takes notice that a major barrier to victims and survivors making complaints about the process, or providing feedback of any kind, is that the victim or survivor is unaware of what the process should be and/or what their rights are within the process. As a result, this Task Force recommends that victims and survivors of any age who are victims of any crime that has a sexual element should be provided a standard brochure at the point of system entry. This Task Force recommends that this proposed brochure be developed by the DC SART and will be distributed to any organization or agency that may serve as a point of entry into the sexual assault response system. The brochure shall include a detailed description of

⁹ In the case where a victim of sexual assault under the age of 18 submits a complaint against an agency that is a member of the Multidisciplinary Team instead of the SART, the DC SART will engage the Multidisciplinary Team in the same manner and method as the DC SART would engage a college or university that is the subject of a SARF.

the sexual assault response process, the victim's rights as a victim in the process, the victim's right to an interpreter, and the victim's right to provide feedback to the system through the Feedback Process. As with the SARF Form, the standard brochure should be translated into English, Spanish, French, Amharic, Mandarin, Vietnamese, and Korean and other languages upon request. The Task Force recommends that a second version of the standard brochure be created and provided for any victim under the age of 18.

This is an area of proposed legislative change. The Task Force recommends that the DC Council amend the existing SAVRAA legislation to make distribution of the brochure mandatory by the Metropolitan Police Department Sexual Assault Unit, Metropolitan Police Department Youth Division, members of the DC SANE program, any other member of the SART that may have contact with a sexual assault victim, and any other member of the Multidisciplinary Team that may have contact with a sexual assault victim.

- (6) This Task Force recommends that the Sexual Assault Response Feedback (SARF) forms will be available on the Internet (DC OVS, DC SART website, UASK DC, ASK DC, and the individual websites of all DC SART members), through SmartPhone applications (UASK DC and ASK DC), as well as in paper format. This Task Force recommends that the SARF Form be translated into the following languages: English, Spanish, French, Amharic, Mandarin, Vietnamese, and Korean. Any agency or organization may request translation of the Feedback Form in any other language.
- (7) This Task Force recommends that there be a position within the Office of Victim Services and Justice Grants whose job description includes receiving and disseminating all SARF forms, as well as coordinating the response of

- the DC SART to the SARF form. This will include a fiscal impact as described in Addendum D.
- (8) This Task Force also recommends that the DC SART develop relationships with offices within the Mayor's Offices of Community Affairs, as well as other offices, agencies, and community-based locations, so that victims and survivors are able to obtain a SARF Form and deliver the SARF Form through those office locations. Please see Addendum A for this Task Force's complete recommendation regarding the receipt and dissemination of the SARF Forms.
 - (9) This Task Force recommends that the DC SART make every effort to manage the feedback directly with the representative of the agency or organization that sits on the DC SART. The Task Force believes that the management of feedback at this level, if possible, will reduce the anxiety or harm to the victim or survivor that is caused by delay in investigation and conclusion of any feedback.
 - (10) This Task Force recommends that the process of resolving any complaint lodged by a victim or survivor include subject matter experts, if possible. For example, if a complaint is made by a victim or survivor about a prosecutor, this Task Force recommends that the DC SART identify prosecutors from agencies that are not implicated in the complaint to serve as subject matter experts in the discussions. This Task Force recommends that this process be implemented even if the DC SART has determined that subject matter experts are only available outside of the jurisdiction.
 - (11) This Task Force takes substantial notice of the difficulty inherent in an external review or complaint process when there are implications for an individual's employment relationship with an agency or organization. Some agencies or organizations who are members of the DC SART have

- employees who are members of unions with collective bargaining agreements that are implicated in any disciplinary action that may be recommended by a review body. Other agencies or organizations with membership on the DC SART have employees with licensing requirements. All agencies and organizations with membership on the DC SART maintain unique employment relationships with their staff that may not be infringed upon by an external body. These recommendations make every effort to balance the importance of accountability with each agency's or organization's ability to manage their employees according to their own policies and procedures.
- (12) This Task Force believes that, to the extent practicable, the process of reviewing feedback from victims and survivors should be a transparent process, with public access to the finalized outcomes of the DC SART review committee. However, this Task Force also takes notice that transparency and public access to a complaint and the resolution may act as a barrier for some victims and survivors who would be otherwise willing to participate in a feedback process. This Task Force believes that the complete process included in Addendum A balances the victim or survivor's interest in privacy with the community's right to information about the sexual assault response process and the manner in which the DC SART is managing feedback about that process. In cases where feedback is received from a minor, or where feedback is received in cases involving a minor, all applicable laws will be observed and the wishes of the victim will be paramount.
- (13) This Task Force takes notice that, without legislation granting the DC SART authority over the specific agencies included in the sexual assault response, there will be very limited success in the DC SART's ability to manage a complaint process that is able to require an organization or agency to take any specific action. It is for these reasons that legislation (as described above) is strongly recommended by this Task Force.

The complete draft of the proposed process is attached to this Report as Addendum A.

The proposed feedback form is attached to this Report as Addendum B.

3. LEGISLATIVE QUESTION 2: NEED FOR ADDITIONAL SEXUAL ASSAULT VICTIM ADVOCATES

The Office of Victim Services (“OVS”) shall establish a Task Force to study nationally recognized best practices and develop recommendations regarding: whether a need exists for additional sexual assault victim advocates. If a need is identified, the Task Force shall: (A) Develop criteria to certify sexual assault victim advocates; (B) Create a plan for how the District, in conjunction with nonprofits, can provide additional sexual assault victim advocates to meet the needs identified; and (C) Determine the cost of funding such a plan.

3.1 BACKGROUND

The Sexual Assault Victims’ Rights Amendment Act of 2013, as introduced by the Council, provided for a sexual assault victim to have the right to a sexual assault victim advocate present at any: (1) Medical, evidentiary, or physical examination; and (2) Interview with law enforcement, prosecutors, or defense attorneys. Additionally, the introduced Bill provided that this advocate shall be summoned prior to the commencement of any initial or subsequent medical, evidentiary, or physical examination arising out of a sexual assault unless the victim declined the presence of such an advocate or the law enforcement official or nurse examiner determined that the victim advocate would be detrimental to the purpose of the interview or the examination.¹⁰ During the hearing on Bill 20-417, held on December 12, 2013, there was overwhelming support for the right of the victim to have an advocate in both medical and law enforcement interviews. Captain Martin Bartness, former Commander of the Baltimore Police Department’s Sexual Assault Unit urged the Council to ensure

¹⁰ Sexual Assault Victims’ Rights Amendment Act of 2013, as introduced.

that all sexual assault survivors were provided a right to an advocate. In giving his testimony, Commander Bartness referred to improved quality of investigations when an advocate was present, increased victim satisfaction, and a significant reduction in the number of cases that were unfounded.¹¹ While the support for a victim's right to an advocate was overwhelming, particularly in medical forensic exams and law enforcement interview, there was caution urged by many of the witnesses who were concerned that expanding the right to an advocate so widely, without a system to credential or train advocates and before expanding the capacity of the current advocates, would be detrimental to both victims and survivors, as well as the investigative process.¹² In revising the introduced Bill, the Council noted concern for the lack of current capacity and funding to expand the right to an advocate past law enforcement and medical interviews. In the Committee Report, the Committee stated, "adding a right to an advocate without considering the capacity of the current provider and without developing a mechanism for training and implementation would undermine the successful existing model and could erode the improvements that the District has made in its sexual assault response through the Network for Victim Recovery of DC (NVRDC) program."¹³ As a result of the Council's concerns, the Sexual Assault Victims' Rights Amendment Act of 2013 delegates to the Task Force the responsibility of determining whether there is a need for additional advocates and, if so, what the recommendations of the Task Force are in terms of credentialing and training advocates in such a way that would maintain accountability and high levels of collaboration and service to victims and survivors of sexual assault in the District.

3.2 CURRENT STATE

The Sexual Assault Victims' Rights Amendment Act of 2013 provides a sexual assault victim (as defined by the statute) the right to a sexual assault victim advocate¹⁴ at any medical forensic, evidentiary, or physical examination; initial law enforcement

¹¹ See Council of the District of Columbia Committee on the Judiciary and Public Safety Committee Report on Bill 20-417, the "Sexual Assault Victims' Rights Amendment Act of 2013" at p. 4.

¹² Id.

¹³ Id. at p.7

¹⁴ Sexual assault victim advocate is defined as a trained advocate employed by a community-based advocacy organization that is a member of the DC SANE program or its successor program

interview at MedStar Washington Hospital Center, subsequent in-person interviews with law enforcement related to the sexual assault, and at any point that the victim requests an advocate during the hospital visit.¹⁵ Currently, the Network for Victim Recovery of DC (NVRDC) is the community-based program that employs the advocates who respond, on-call, to MedStar Washington Hospital Center in the event of a sexual assault as part of the DC Sexual Assault Nurse Examiner (DC SANE) program. Unlike in the domestic violence community, the District has no standard mechanism for training sexual assault victim advocates that will then be able to have privileged conversations with the victims and survivors that utilize their services. The current system relies on the professionalism and employee training programs that manage the advocacy function of the sexual assault response process.¹⁶ This Task Force takes note, as does the Council in the Committee Report, that the current advocacy program operated by NVRDC is exceptional. The advocates are professional, well-trained, knowledgeable, and skilled. Their status as full-time employees of the organization for which they are employed has served the District well in enabling a small core of advocates to develop excellent working relationships with the other partners in the sexual assault response, e.g. forensic nurse examiners, hospital personnel, sexual assault unit detectives, and prosecutors. However, this Task Force also takes note that without a process to institutionalize the high level of advocacy that currently exists, the expertise of the advocates is dependent on one organization and the standards set by that organization's leadership.

This Task Force is deeply committed to ensuring that every victim or survivor of sexual assault in the District is afforded equal rights to information, referral, representation, and support as they navigate his or her recovery, as well as any system of care or justice that the victim or survivor chooses to pursue. This Task Force also takes note that the expansion of rights for any group of individuals comes with it the

¹⁵ Sexual Assault Victims' Rights Amendment Act of 2013

¹⁶ This Task Force takes note that for victims and survivors of sexual violence under the age of 18, Safe Shores – The DC Children's Advocacy Center is responsible for the training and professionalism of the advocates. As with NVRDC, this Task Force has the highest respect for the training and expertise demonstrated by the advocates employed by Safe Shores – The DC Children's Advocacy Center. Nothing in these recommendations shall be construed to indicate that this Task Force finds the training, professionalism, skills of the current advocates lacking.

responsibility to ensure that the rights are meaningful and that every person to whom this right is afforded is granted an equal standard of care. It is not sufficient for this Task Force to recommend that a right be granted without also recommending the process and resources by which the right is able to be fulfilled in a meaningful way. Additionally, it is important to this Task Force that any sexual assault victim advocate that is imbued with the privileges associated with this legislation be accountable to a higher authority, even if that higher authority is an organization with whom there is an employment relationship; it is intended that any sexual assault victim advocate and the organization for whom they are employed be accountable to the DC SART and the proposed Sexual Assault Response Feedback process previously described in this report.

3.3 RECOMMENDATIONS

During the process of making these recommendations, this Task Force took substantial time to debate and balance the need to expand access to trained and credentialed advocates past the current medical forensic process, the interest of maintaining a high degree of knowledge, skills, abilities, and professionalism of the sexual assault victim advocacy community, and the importance of being able to ensure that all advocates are sufficiently trained to be able to negotiate the justice systems within the District. The following are the recommendations of this Task Force:

- (1) This Task Force recommends that the right to an advocate for victims and survivors of sexual assault be expanded to those victims and survivors who do not engage in the DC SANE process. However, this Task Force believes that expansion of that right be an iterative process that unfolds over the course of years, as the Office of Victim Services and Justice Grants works with the community to expand the current capacity of advocacy service providers.
- (2) This Task Force recommends that the current Sexual Assault Victims' Rights Amendment Act of 2013 *be amended* as follows:

§23-1909 (b) shall read: “Law enforcement shall ensure that a sexual assault victim advocate is offered to the sexual assault victim prior to the commencement of any in-person interview with the sexual assault victim.

(1) If a sexual assault victim chooses to assert their right to a sexual assault victim advocate, the law enforcement officer may only conduct a minimal facts interview with the sexual assault victim before the sexual assault victim consults with a sexual assault victim advocate;

(2) If a sexual assault victim declines their right to a sexual assault victim advocate, the law enforcement officer shall: (a) notify the sexual assault victim of their right to request an advocate at any point during the law enforcement process and (b) ensure that the sexual assault victim’s decision regarding their right to a sexual assault victim advocate be noted in writing with the victim’s signature and the law enforcement officer’s signature.

- (3) This Task Force feels strongly that all victims and survivors of sexual assault are entitled to a high-level of professional and evidence-based advocacy, regardless of where or how they enter the system. Therefore, this Task Force recommends that Council empower the Office of Victim Services and Justice Grants to implement the advocate credentialing structure and timeline that is attached to this Report as Addendum C.¹⁷

This is an area of proposed legislative change. The Task Force recommends that the DC Council amend the existing SAVRAA legislation establish an Advocacy Review Board as a committee of the DC SART and provide that Advocacy Review Board with the authority to hold advocates accountable in accordance with these recommendations.

¹⁷ In developing the credentialing schema outlined in Addendum C, this Task Force reviewed the following advocate credentialing curricula: Department of Defense Sexual Assault Advocate Credentialing Program, NOVA National Advocate Credentialing Program, OVC Victim Assistance Training Online Program, Florida Victim Services Practitioner Training, North Carolina Victim Service Practitioner Certification Academy, and the Colorado Advocate Certification Program.

- (4) This Task Force takes note that the Sexual Assault Victims' Rights Amendment Act of 2013 limits the advocate privilege to a "trained advocate employed by a community-based advocacy organization that is a member of the DC SANE Program or its successor program."¹⁸ The reasoning for this limitation is to ensure that victims and survivors of sexual assault are able to communicate confidentially with their advocate. Confidential communication is not a privilege that can be extended to advocates or victim-witness coordinators who work within a criminal justice system-based agency.¹⁹ This Task Force recommends that the process of credentialing be extended only to community-based advocates who are able to maintain the victim or survivor's confidentiality.²⁰ The difference between a community-based advocate and a systems-based advocate is included in the Definitions section of this Report.
- (5) This Task Force recommends that the current Sexual Assault Victims' Rights Amendment Act of 2014 *be amended* to extend the privilege of confidential communication to any advocate who has achieved credentialing and who maintains credentialing according to the schema recommended by this Task Force and contained in Addendum C *or* is employed by NVRDC prior to the credentialing. After credentialing has been established, any employee of NVRDC, or its successor program, who is acting in an advocate capacity, shall be credentialed in accordance with this plan. Proposed language for this amendment is as follows:

¹⁸ Sexual Assault Victims' Rights Amendment Act of 2013

¹⁹ Criminal justice agencies are subject to the "Brady Rule". The Brady Rule, which emerged from *Brady vs. Maryland*, 373 US 83 (1963) requires the prosecution to volunteer to the defense evidence which may be exculpatory to the defense case. This includes all evidence that is favorable and material to the defendant, including statements, oral or written, made by the sexual assault victim or survivor. Victim advocates, victim-witness specialists, or victim-witness coordinators who are a member of the law enforcement or prosecution team may not ever be a confidential advocate for a victim or survivor, as they may be called to testify as a member of the law enforcement or prosecutorial team to statements made by the victim or survivor during the course of the investigation or prosecution.

²⁰ This Task Force recommends that while the credentialing process itself be available only to community-based advocates, agency or system-based advocates should be offered the training component of the credentialing process on the same basis as community-based advocates.

Under §23-1907 (8) and under §14-312(6), the definition of “Sexual assault victim advocate” shall be amended to read: “Sexual assault victim advocate” means:

(A) A trained advocate employed by a community-based advocacy organization that is a member of the DC SANE Program or its successor program; or

(B) A trained advocate who has reached Basic Certification, as certified by the Office of Victim Services and Justice Grants.

- (6) This Task Force recommends that the current Sexual Assault Victims’ Rights Amendment Act of 2013 *be amended* to require certain common points of entry and contact with the criminal justice and social service system be required to distribute a standard brochure to all victims and survivors of sexual assault at the time that the point of entry becomes aware that the victim or survivor is a victim of sexual assault. This Task Force recommends that the standard brochure, as well as the designation of points of entry required by the statute, be developed by the DC SART.

§23-1908 (c) (section added) shall read: “In addition to the rights set forth in Part A of this title, a sexual assault victim: (c) on first contact with a law enforcement officer, has the right to receive notification of their rights as a victim of sexual assault in a brochure as created by the DC Sexual Assault Response Team.

- (7) This Task Force recommends that the curriculum for credentialing advocates include sufficient information so that credentialed advocates have the knowledge, skills, and abilities to serve minor victims and survivors of sexual assault and that minor victims of sexual assault be included in the proposed legislative change that grants the victim and survivors mandatory access to certain rights upon entry into the system.

- (8) This Task Force takes note that this process will incur a significant fiscal note. This Task Force requests that the Council work with the Office of Victim Services and Justice Grants to develop the statement of fiscal impact after the data collection period that is included in the proposed plan. The fiscal impact will be largely determined by the information gathered during this period. However, it is likely that the minimum fiscal impact of expansion will be no less than \$300,000 per year to maintain professional advocates and approximately \$150,000 in the first year to develop the curriculum and credential the advocates. Additionally, there will be a fiscal impact on the Office of Victim Services and Justice Grants in terms of personnel to manage this process. Further explanation of this fiscal note is available in Addendum D.

4. LEGISLATIVE QUESTION 3: EXPANSION OF RIGHT TO ADVOCATE BEYOND HOSPITAL AND LAW ENFORCEMENT

The Office of Victim Services (“OVS”) shall establish a Task Force to study nationally recognized best practices and develop recommendations regarding: Whether a need exists to expand the right to a sexual assault victim advocate beyond the hospital and law enforcement interview settings, such as meetings and conversations with prosecutors. If a need is identified, the Task Force shall: (A) Identify where the need exists and to what extent; (B) Make recommendations on how best to fill that need, whether legislatively or otherwise.

4.1 BACKGROUND

The Sexual Assault Victims’ Rights Amendment Act of 2013, as introduced by the Council, provided for a sexual assault victim to have the right to a sexual assault victim advocate present at any: (1) Medical, evidentiary, or physical examination; and (2) Interview with law enforcement, prosecutors, or defense attorneys. Additionally, the introduced Bill provided that this advocate shall be summoned prior to the commencement of any initial or subsequent medical, evidentiary, or physical

examination arising out of a sexual assault unless the victim declined the presence of such an advocate or the law enforcement official or nurse examiner determined that the victim advocate would be detrimental to the purpose of the interview or the examination.²¹ While there was widespread and overwhelming support during the witness testimony for advocates to be present during the medical and law enforcement interviews, particularly those that initiated with the DC SANE process, concerns from the United States Attorneys' Office prompted Council to reserve the question of whether advocates are appropriate in prosecutorial or defense interviews for further deliberation of the Task Force.

4.2 CURRENT STATE

Pursuant to the Sexual Assault Victims' Rights Amendment Act of 2013, victims and survivors of sexual assault in the District of Columbia have the right to an independent advocate at the point of the medical forensic exam, for initial law enforcement interviews, and for any subsequent interviews by law enforcement. Through DC SART protocol, an advocate is dispatched to MedStar Washington Hospital Center within one hour of the call for service. The advocate is present with the victim or survivor during the medical forensic exam and during the law enforcement interview if the victim so chooses. The Network for Victim Recovery of DC (NVRDC) houses the on call advocates that respond to the hospital 24 hours a day, 7 days a week as part of the DC SANE response.

Presently, victims do not have a legal right to an independent advocate during the prosecutorial interview. The United States Attorney's Office for the District of Columbia (USAO) employs victim-witness assistance specialists that coordinate services and care for victims on behalf of the USAO. The victim-witness coordinators, while exceptionally well-trained, are not bound by confidentiality and are legally obligated to report anything that may be material to the case. The prosecutor then has the duty, under *Maryland vs. Brady*, to report that information to the defense counsel. This is in contrast to the community-based advocates who have the ability to maintain confidential communications with the victim or survivor.

²¹ Sexual Assault Victims' Rights Amendment Act of 2013, *as introduced*

4.3 RECOMMENDATIONS

This Task Force recommends unanimously that the Sexual Assault Victims' Rights Amendment Act of 2013 *be amended* to expand the victim or survivor's right to an advocate to any prosecutorial interview. While the USAO has, in the past, allowed advocates to accompany the victim or survivor to prosecutorial meetings when the victim has requested, it is not a legal right at this time. This Task Force recommends strongly that this right be included as a victim or survivor's right.

- (1) This Task Force recommends that any sexual assault victim or survivor be offered the right to have a sexual assault victim advocate present during any prosecutorial interview, other than an interview conducted during a grand jury proceeding.
- (2) This Task Force takes notice of the concerns, raised by prosecutors, that the presence of an advocate may be perceived by the prosecutor as detrimental to the interview and investigatory process. However, this Task Force rejects any limitation to the victim's right to have an advocate present in prosecutorial interviews.
- (3) This Task Force recommends that the role of the Independent Expert Consultant be extended through Fiscal Year 2018 for the purpose of reviewing the process of allowing advocates in interviews outside of the DC SANE process, and reviewing data related to this practice. A review of this process shall include the following points of data: (a) how many cases and how many interviews included the presence of an advocate (law enforcement and prosecution), (b) the reasons that advocates have been asked to leave, if any.
- (4) This Task Force recommends that the Sexual Assault Victim's Rights Amendment Act of 2013 should *be amended* as follows:

Under §23-1908 (a): In addition to the rights set forth in Part A of this title, a sexual assault victim shall have the right to have a sexual assault victim advocate present at any: (5) Initial interview with a prosecutor, or agent thereof, related to the sexual assault; and (6) Subsequent in-person interview with a prosecutor or agent thereof related to the sexual assault.

[New section] §23-1909 (c) shall read: “A prosecutor shall ensure that a sexual assault victim advocate is offered to the sexual assault victim prior to the commencement of any in-person interview with the sexual assault victim.

(1) If a sexual assault victim chooses to assert their right to a sexual assault victim advocate, the prosecutor or agent thereof may not conduct any subsequent interview until the sexual assault victim advocate is present;

(2) If a sexual assault victim declines their right to a sexual assault victim advocate, the prosecutor or agent thereof shall: (a) notify the sexual assault victim of their right to request a community-based advocate at any point during the prosecutorial process and (b) ensure that the sexual assault victim’s decision regarding their right to a sexual assault victim advocate be noted in writing with the victim’s signature and prosecutor’s, or agent’s, signature.

[New section] §23-1909 (e) shall read: “The rights under this section shall take effect following approval by the Mayor (or in the event of a veto by the Mayor, action by the Council to override the veto), no later than October 1, 2018.

- (5) This Task Force takes note of the public comments received from the victim and survivor community about the lack of transparency inherent in the prosecutorial process. Feedback received from this community

routinely listed the failure of the criminal justice system to provide notification and information surrounding the case as a top concern. Therefore, this Task Force recommends that the prosecutorial authority be required to meet with every victim who requests a meeting to explain the prosecutor's decision to decline a warrant for arrest or decline a prosecution. This Task Force recommends that the Sexual Assault Victim's Rights Amendment Act of 2013 should be amended as follows:

[New section] §23-1909 (d) shall read: "In any case in which the prosecutor declines the request of a warrant for arrest or declines to prosecute a case presented to them by a law enforcement authority, the prosecutor or agent thereof shall (1) provide notice to the victim or survivor of the reason that the warrant for arrest or the prosecution was declined, within the boundaries of the law, and (2) at the request of the victim or the victim's representative, participate in a meeting with the victim to explain the reasons for declining the warrant or continuing with a prosecution of a known offender."

5. LEGISLATIVE QUESTION 4: EXPANSION OF RIGHT TO ADVOCATE TO JUVENILE VICTIMS OF SEXUAL ASSAULT

The Office of Victim Services ("OVS") shall establish a Task Force to study nationally recognized best practices and develop recommendations regarding: Whether a need exists to expand the right to juvenile sexual assault victims. If a need is identified, the Task Force shall: (A) Identify where the need exists and to what extent; and (B) Make recommendations on how best to fill that need, whether legislatively or otherwise.

5.1 BACKGROUND

The Sexual Assault Victims' Rights Amendment Act of 2013, as introduced by the Council, provided for a sexual assault victim to have the right to a sexual assault victim advocate present at any: (1) Medical, evidentiary, or physical examination; and

(2) Interview with law enforcement, prosecutors, or defense attorneys. Additionally, the introduced Bill provided that this advocate shall be summoned prior to the commencement of any initial or subsequent medical, evidentiary, or physical examination arising out of a sexual assault unless the victim declined the presence of such an advocate or the law enforcement official or nurse examiner determined that the victim advocate would be detrimental to the purpose of the interview or the examination.²² In the originally introduced legislation, the right to an advocate extended to all victims and survivors of sexual assault, regardless of age or type of assault. Victims and survivors of felony and misdemeanor assaults were included in the originally introduced legislation, as well as victims of all ages. During the testimony on the introduced Bill, held on December 12, 2014, witnesses urged Council to reserve the question of advocacy for minor victims of sexual assault for further deliberation by this Task Force.

5.2 CURRENT STATE

Currently, the sexual assault response system in the District of Columbia is bifurcated based upon the age of the victim or survivor. For victims or survivors who are 18 years old or over, the system of response is managed by the DC Sexual Assault Response Team.²³ For victims or survivors who are younger than 18 years old, the system of response is managed by the District's Multidisciplinary Team.²⁴ Both systems are statutorily established, both are multidisciplinary, but each have different actors.

For the adult population, a request for medical forensic care is made through MedStar Washington Hospital Center and the DC Forensic Nurse Examiners, who employ nurses that are certified by the International Association of Forensic Nurses as "SANE-A".²⁵ When a medical forensic exam is requested by the victim or survivor, DC SART protocol dispatches an advocate employed by the Network for Victim Recovery of

²² Sexual Assault Victims' Rights Amendment Act of 2013, *as introduced*

²³ Sexual Assault Victims' Rights Amendment Act of 2013

²⁴ District of Columbia Code §4-1201.51

²⁵ The International Association of Forensic Nurses "SANE-A" certification authorizes the forensic nurse to perform medical forensic exams on adult and adolescent victims or survivors of sexual assault. Adolescent victims and survivors of sexual assault are defined as those victims or survivors who are 13 years of age or older. Nurses may test for a SANE-A certification only after working for two years performing exams.

DC. That advocate meets the victim or survivor at the hospital and remains with the victim or survivor throughout the victim or survivor's case or recovery period.

For the child and adolescent population, the request for investigation or medical forensic care flows through the Child and Family Services Agency, Metropolitan Police Department Youth Division, Children's National Medical Center, or Safe Shores – The DC Children's Advocacy Center. The medical forensic care is provided by Children's National Medical Center, who employ nurses that are certified "SANE-P" and physicians.²⁶ Safe Shores, the District's Child Advocacy Center, acts in the role of the advocacy provider for the child and adolescent victim and survivor population, but the role of Safe Shores is different than the role of the Network for Victim Recovery of DC for several reasons. First, because of the victim's age, often the advocate works with the non-offending caregiver or parent as opposed to the child victim themselves. The role of the advocate currently begins when the investigation begins either through DC Child and Family Services or MPD, as opposed to adults who are connected with an advocate when they access medical forensic care prior to the police being notified or involved. Caregivers and minor victims and survivors of sexual assault still have the right to refuse to talk to police, as well as receive medical care, participate in forensic interviews, or receive advocacy services when they are offered. Similarly, they could refuse forensic care (medical and interviews) that are part of the investigation but still participate in advocacy and mental health services. However, currently there is no advocate present prior to the initiation of an investigative process to advise caregivers or child victims of these options or of their rights under VAWA to receive medical forensic care free of charge, separate from a report to law enforcement.

Mandatory reporting. Under DC Code §4-1321.02, all members of the existing Sexual Assault Response Team and Multidisciplinary Team are mandated reporters for any child under the age of 18 who has been or is in danger of being a victim of sexual abuse or attempted sexual abuse, regardless of the age of the offender. Under current law, any advocate would be required to report a disclosure of sexual abuse of a child under age 18 to the DC Child Abuse Hotline, potentially triggering a law enforcement

²⁶ The International Association of Forensic Nurses "SANE-P" certification authorizes the forensic nurse to perform medical forensic exams on pediatric and adolescent victims and survivors of sexual assault.

investigation. This requirement significantly alters the nature of the advocate/victim relationship, particularly in cases involving minor victims and survivors of sexual assault aged 13 to 17 who are seeking a confidential way to obtain information about their health and help talking to their parents. In interviews with youth, ages 14 to 17, fear of parental involvement and mandatory reporting was the primary barrier cited preventing a minor victim or survivor of sexual assault from seeking assistance.

5.3 RECOMMENDATIONS

This Task Force unanimously supports the right of minor victims to an independent, community-based advocate and strongly believes that the advocate should be provided within a protocol tailored to the role of the perpetrator in the victim's life and the age of the victim.

This Task Force recommends that the role of the sexual assault victim advocate shall include, but not be limited to: (a) providing information to the minor victim or survivor about their rights under the Violence Against Women Act, as reauthorized in 2013 to receive a medical forensic exam free of charge and without reporting to law enforcement; (b) notify the minor victim or survivor of the mandatory reporting requirements of each actor in the system; (c) notify the minor victim or survivor of the right to refuse to participate or engage with law enforcement should the case be reported by a mandatory reporter; (d) help the minor victim or survivor and his or her family navigate the system(s) regardless of the status of a criminal or civil case; (e) help the minor victim or survivor and his or her family access resources such as counseling, appropriate follow up medical care, housing, economic support, family intervention and independent living support as needed; (f) notify the minor victim or survivor and his or her family of their right to receive an interpreter and materials translated into their primary language; and (g) advocate with various institutions and people in the lives of the minor victim or survivor to ensure that their safety plan is implemented regardless of whether they reported to law enforcement.

- (1) This Task Force recommends the following set of classifications for minor victims and survivors of sexual assault:

- (a) For minor victims and survivors who are aged 0-11, where there is peer-to-peer sexual violence, violence committed by a stranger, or violence perpetrated by a person with a significant relationship to the minor victim or survivor, the minor victim or survivor shall have the right to an advocate in the same manner and method that the minor victim or survivor (and the minor victim's or survivor's family) are provided advocacy through the current configuration of the statutorily established Multidisciplinary Team and Safe Shores - The DC Children's Advocacy Center.
- (b) For minor victims and survivors of sexual assault who are aged 12-17, and are the victim or survivor of sexual abuse perpetrated by a person with a significant relationship to the minor victim or survivor, the minor victim or survivor shall have the right to an advocate in the same manner and method that the minor victim or survivor (and the minor victim's or survivor's family) are provided advocacy through the current configuration of the statutorily established Multidisciplinary Team and Safe Shores – The DC Children's Advocacy Center.
- (c) For minor victims and survivors aged 12-17 who are the victim or survivor of peer-to-peer sexual violence²⁷, sexual violence committed by a stranger, or sexual violence committed by someone who does not have a significant relationship to the minor victim or survivor, the minor victims or survivors shall be provided with ***an independent, community-based advocate*** using a model of vertical advocacy established by SAVRAA ***prior to any substantive, investigatory conversation*** with hospital-based personnel, law enforcement, Child and Family Services Agency, or prosecutorial authority. *This*

²⁷ In this context, peer to peer sexual violence is defined as someone who is within a 4 year age gap relative to the youth victim/survivor whether committed by a person who is a stranger, or committed by someone who does not have a significant relationship to the youth victim or survivor

provision shall not be construed to limit hospital-based personnel or law enforcement from gathering information for the purpose of providing time-sensitive, emergency or triage care to the victim.

- (2) This Task Force recommends that a youth-oriented hotline be established, or included in an existing hotline, to provide information anonymously to minors about their legal rights, mandatory reporting requirements of various system actors, the details of the law enforcement reporting process, age appropriate and Violence Against Women Act-compliant access points for medical care, counseling, and law enforcement assistance, as well as the details of parental notification laws in the District. This Task Force recommends that the youth-oriented hotline include telephone text and online chat features. This Task Force additionally recommends that the hotline must provide a warm hand off, i.e. a direct and personally introduced link to a community-based advocate who is available to meet in-person with the minor victim or survivor to provide the following information, regardless of the status of the case or report to law enforcement, if the minor victim or survivor consents to be connected with an advocate:
 - (a) Information about the system of care available to the minor victim or survivor and the youth victim's or survivor's rights under the Violence Against Women Act;
 - (b) A general outline of the civil and criminal legal remedies available to youth victims and survivors;
 - (c) The minor victim's or survivor's right of accompaniment to a medical forensic exam and any other portion of the process as desired by the minor victim or survivor;
 - (d) Information and assistance regarding the minor victim's or survivor's ability to inform or speak with parents or other adults in the minor victim's or survivor's life, if desired by the minor victim or survivor;

- (e) Information about creating and periodically amending a safety plan with the minor victim or survivor;
 - (f) Information about the minor victim's or survivor's rights in the school system;
 - (g) Referrals to counseling services that are appropriate to the minor victim or survivor;
 - (h) Information about logistical challenges that the minor victim or survivor may face, such as transportation, school attendance, and other safety planning issues;
 - (i) Advocacy in, and assistance with, any benefits or financial supports available;
 - (j) Right to receive an interpreter and materials translated into their primary language; and
 - (k) Any other advocacy needs identified by the sexual assault victim advocate and the minor victim or survivor.
- (3) This Task Force recommends that the community-based advocates working with minor victims and survivors be credentialed in accordance with the process of advocate credentialing described above and be adequately trained in the following areas:
- (a) The sexual assault system of care for minor victims and survivors;
 - (b) Civil and criminal legal remedies for sexual assault and dating violence that are available to minor victims and survivors; and
 - (c) The rights of the minor victim or survivor under the Violence Against Women Act.
- (4) This Task Force recommends that community-based advocates who are certified to work with minor victims and survivors of sexual assault by the above-referenced advocate credentialing process be exempt from mandatory reporting for cases in category 1(c) above, i.e. minor victims and survivors aged 12-17 who are the victim or survivor of peer-to-peer

sexual violence²⁸, sexual violence committed by a stranger, or sexual violence committed by someone who does not have a significant relationship to the minor victim or survivor. This Task Force takes significant notice of the competing interests and concerns in eliminating a requirement for mandatory reporting. However, this Task Force also takes significant notice of the extensive published research, as well as focus group research that was gathered during the deliberations of this Task Force, indicating that minor victims and survivors of sexual violence perceive that mandatory reporting laws will limit their ability to have control over their recovery. This Task Force believes that the mandatory reporting laws, as currently written and enforced, are a significant barrier to minor victims and survivors seeking any assistance in the aftermath of sexual violence.

This Task Force further recommends that the exemptions to the mandatory reporting statute for this limited sub-group of victims and survivors not include situations in which there is an immediate or exigent risk of harm to the minor victim or survivor of sexual assault if the report to law enforcement is not made. This Task Force recommends that the community-based advocates who are exempted from mandatory reporting follow the ethical rules of their profession in determining if a minor victim or survivor is in an immediate or exigent risk of harm.

- (5) This Task Force recommends that Physical Evidence Recovery Kits (PERKs) shall be made available to providers at Children's National Medical Center, independent of the Metropolitan Police Department's involvement with the minor victim or survivor. This provision is required to ensure that the medical forensic program at Children's National Medical Center maintains compliance with the Violence Against Women Act, as

²⁸ In this context, peer to peer sexual violence is defined as someone who is within a 4 year age gap relative to the youth victim/survivor whether committed by a person who is a stranger, or committed by someone who does not have a significant relationship to the youth victim or survivor

reauthorized in 2013. This Task Force recommends that Children's National Medical Center be removed as a site to provide medical forensic exams if they do not maintain compliance with the Violence Against Women's Act, as reauthorized in 2013.

- (6) The Task Force recommends a planning and implementation phase to ensure that these recommendations are appropriately implemented. This Task Force further recommends that the Office of Victim Services and Justice Grants extend the contract for the Independent Expert Consultant so that the Independent Expert Consultant can monitor the implementation of these recommendations and any amendments to the Sexual Assault Victims' Rights Amendment Act of 2013 that may emerge from this report, as they pertain to minor victims of sexual assault. Monitored outcomes of this implementation shall include:
 - (a) Number of Physical Evidence Recovery Kits (PERKs) collected with and without report to, or participation with, a report to law enforcement;
 - (b) Number of Physical Evidence Recovery Kits (PERKs) processed by the Department of Forensic Sciences and the Office of the Chief Medical Examiner;
 - (c) Number of Physical Evidence Recovery Kits (PERKs) that convert from a non-report to a report to law enforcement;
 - (d) Number of cases of sexual assault of minor victims or survivors that are reported to the Metropolitan Police Department, number of forensic interviews conducted, the rate of warrant presentation and other case outcomes, the prosecution and court case outcomes for all cases involving a minor victim or survivor, including distinctions between cases that converted from a non-report to a law enforcement report, non-acute cases in which a Physical Evidence Recovery Kit (PERK) was not appropriate and/or not completed for any reason, and acute cases that in which a Physical Evidence

Recovery Kit (PERK) and a report to law enforcement were made simultaneously.

- (e) Number of mandatory reports made to the Child Family Services Agency (CFSA), including those cases that included parental notification, and including all case outcomes and resolutions;
 - (f) Number of minor victims and survivors of sexual assault who presented to Children's National Medical Center and MedStar Washington Hospital Center for sexual assault; and
 - (g) The identification of any unintended consequences and recommended changes.
- (7) This Task Force recommends the establishment of a Minor Victims Working Group that consists of members of the DC Sexual Assault Response Team, as statutorily established, and members of the DC Multidisciplinary Team, as statutorily established. This Working Group shall issue additional recommendations with regard to the following: (a) implementation of the recommendations of this Task Force, to include recommended revisions to the Sexual Assault Victims' Rights Amendment Act of 2013 and the current authority of the District's Multidisciplinary Team to ensure that minor victims and survivors of sexual assault are afforded all rights pursuant to these recommendations; (b) payment for medical forensic exams and other medical services which exempt the minor victim or survivor from using a parent or guardian's insurance plan; and (c) how minor victims and survivors of violence can access systems of care in the District without parental notification. This Task Force recommends that the Minor Victims Working Group be chaired by the Independent Expert Consultant and shall issue additional recommendations no later than January 1, 2017. This Task Force further recommends that the rights and procedures recommended under this Task Force Report with regard to minor victims and survivors of sexual assault be implemented no later than October 1, 2018.

6. ADDITIONAL RECOMMENDATIONS

In addition to the specific recommendations included above, the Task Force makes the following general recommendations, which the Task Force believes will be necessary to fully implement the recommendations contained herein:

- (1) This Task Force recommends the establishment of a non-lapsing fund (Fund), managed by the Office of Victim Services and Justice Grants, for the specific purpose of carrying out the recommendations contained in this Report. This Task Force recommends that the Fund receive a one-time deposit of \$3 million dollars at the start of Fiscal Year 2017 and that the Fund be used until these recommendations are fully implemented or the balance of the Fund reaches \$0. This Task Force further recommends that the Office of Victim Services and Justice Grants be required to produce a report no later than January 1 that details the expenditures out of the Fund from the previous Fiscal Year. Addendum D of this Report includes a Chart of Fiscal Impact for the Recommendations.
- (2) This Task Force recommends that the Sexual Assault Victim's Rights Amendment Act of 2013 should *be amended* to reflect the accurate definition of the DC Sexual Assault Nurse Examiner program as follows:

Under §23-1907 (a)(2): "DC Sexual Assault Nurse Examiner Program" ("DC SANE Program") means the program that provides comprehensive care to adult victims of rape, sexual assault, and other sex crimes, operation by the Office of Victim Services ("OVS"), in collaboration with the Network for Victim Recovery of DC, or its successor entity, the MedStar Washington Hospital Center, or its successor entity, and the DC Forensic Nurse Examiners, or its successor entity.

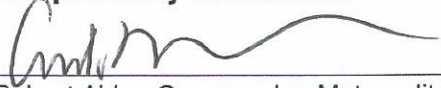
Under §14-312(a)(2): “DC Sexual Assault Nurse Examiner Program” (“DC SANE Program”) means the program that provides comprehensive care to adult victims of rape, sexual assault, and other sex crimes, operation by the Office of Victim Services (“OVS”), in collaboration with the Network for Victim Recovery of DC, or its successor entity, the MedStar Washington Hospital Center, or its successor entity, and the DC Forensic Nurse Examiners, or its successor entity.


7. SUMMARY AND CONCLUSIONS

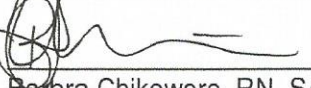
Moving forward with any of the recommendations provided in our report, the Task Force asks that the Council be cognizant of the significant funding that implementing the recommendations would require and ask that no organization is placed in undue burden by lack of funding to implement any legislated changes. In particular, the credentialing and training of advocates, advocate expansion and need for full time staff to manage the complaint process should be taken into consideration.

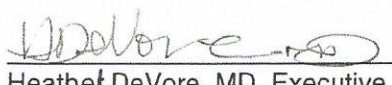
The Sexual Assault Victims Rights Amendment Act Task Force appreciates the opportunity to provide these important recommendations to the District of Columbia Council and looks forward to working on the implementation of any adopted recommendations.

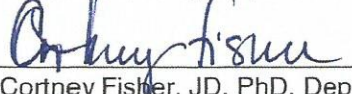
Respectfully submitted:

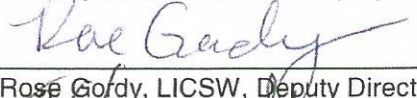

Robert Alder, Commander, Metropolitan Police Department

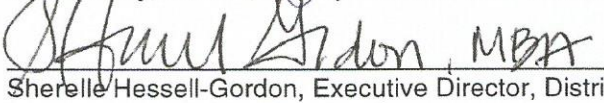

Nikki Charles, MA, Co-Executive Director, Network for Victim Recovery of DC

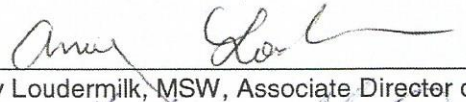

Barbra Chikowore, RN, SANE-A

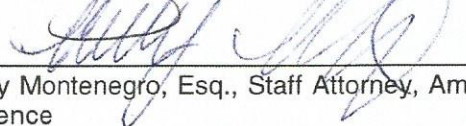

Heather DeVore, MD, Executive Director, DC Forensic Nurse Examiners



Courtney Fisher, JD, PhD, Deputy Director, Office of Victim Services and Justice Grants



Rose Gordy, LICSW, Deputy Director, Safe Shores – The DC Children's Advocacy Center

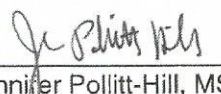

Sherelle Hessell-Gordon, Executive Director, District of Columbia Rape Crisis Center

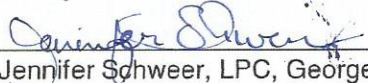

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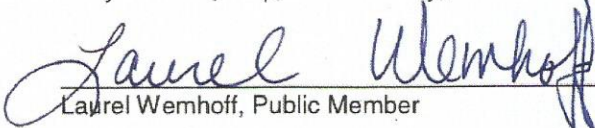

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Laurel Wernhoff, Public Member

SEXUAL ASSAULT VICTIMS' RIGHTS ACT OF
2013
TASK FORCE REPORT 2016

ADDENDUM A

Sexual Assault Victims' Rights Amendment Act Task Force Proposed Complaint Process

The following represents the proposed complaint process, as developed by the Sexual Assault Victims' Rights Amendment Act (SAVRAA) Task Force.

During the course of discussions on this process, the Task Force deliberated on a number of issues:

- (1) What body or entity is most appropriate to hear complaints from victims and survivors about their treatment during the sexual assault process? What is the level of expertise required for members of this board or entity?
- (2) What level of transparency is most appropriate for complaints of this nature? What is possible for victims and survivors to know about the resolution of the complaint? What is possible and appropriate for the public to know about the complaints?
- (3) How will this process interact with the employment relationships and/or the employment contracts that an employee has with their employer?
- (4) What process do victims and survivors want?
- (5) How can we make the process most accessible for marginalized and/or underserved communities?

General Information

- (1) We want to ensure that victims and survivors of sexual assault are able to provide feedback about the process, the system, and the individuals serving them without it being a "complaint". Thus, we are changing the terminology from "complaint" to "feedback" to reflect the desire that the process be inclusive of all feedback from victims and survivors of sexual assault, both positive and negative.
- (2) This feedback process will be available to any victim or survivor of sexual at any age. For the purposes of this feedback process, sexual assault is defined by the victim or survivor and is open to any victim or survivor who defines their experience as sexual assault. For victims who are under the age of 18, a parent or guardian may submit a Sexual Assault Response Feedback (SARF) Form on behalf of the minor. However, nothing in this recommended policy shall be construed to limit the ability of a minor from submitting a SARF Form on their own behalf.

- (3) This process is available to victims and survivors who choose to remain anonymous or submit a SARF Form through an attorney or advocate acting on their behalf.
- (4) The feedback process will be managed by the District of Columbia Sexual Assault Response Team (DC SART), as it is statutorily established. The DC SART shall establish a Feedback Review Committee to process feedback, respond to feedback, and make recommendations to the DC SART on system change based on the feedback received.
 - *This is an area of proposed legislative change. The Task Force recommends that the DC Council amend the existing legislation to include a Feedback Review Committee (hereinafter “Committee”) in the DC SART and provide that Committee with the authority to review and respond to feedback received through this process. The Task Force recommends that this legislation shall include the authority of this Committee to hold members of the SART accountable to the decisions of the Committee.*
- (5) Victims and survivors of any crime that has a sexual element will be provided a standard brochure at the point of system entry. This brochure will be developed by the DC SART and will be distributed to all organizations and agencies that may serve as a point of entry into the sexual assault response system. NOTE: A different, but equally mandatory, brochure will be available for any victim of sexual assault under the age of 18 and the parent, caregiver, or guardian of that minor victim.
 - *This is an area of proposed legislative change. The Task Force recommends that the DC Council amend the existing SAVRAA legislation to make distribution of the brochure mandatory by the Metropolitan Police Department Sexual Assault Unit, Metropolitan Police Department Youth Division, members of the DC SANE program, any other member of the SART that may have contact with a sexual assault victim, and any other member of the Multidisciplinary Team that may have contact with a sexual assault victim.*
- (6) The brochure shall include a detailed description of the sexual assault response process, the victim's and survivor's rights as a victim or survivor in the process, and the victim's and survivor's right to provide feedback to the system through the Feedback Process.



Process of Submitting and Reviewing Feedback

- (7) Sexual Assault Response Feedback (SARF) Forms will be available on the Internet (at DC OVS, DC SART, UASK DC, ASK DC, the individual websites of all DC SART members, and the individual websites of DC VAN members), through SmartPhone applications (UASK DC and ASK DC), as well as in paper format. The Feedback Form will be translated into the following languages: English, Spanish, French, Amharic, Mandarin, Vietnamese, and Korean. Community-based organizations may request translation of the Feedback Form, free of charge, through the Emergency and Victim Services Interpreter Bank, in any language.
- (8) All SARF Forms will be sent directly (either electronically or by mail) to the DC SART Coordinator (Coordinator) at the DC Office of Victim Services and Justice Grants. Victims or their representatives also have the ability to drop off the SARF form, in-person, at the OVS offices (441 4th Street, NW, Ste. 727N) or at an array of locations, accessible to victims and residents in each Ward of the District.

- (9) Receiving the form means that the DC SART Coordinator receives an email at his or her DC government email with the SARF Form attached, receives a fax at the OVSJG offices with a SARF phone, answers a phone call from a victim or survivor that dictates his or her complaint, or physically retrieves the SARF Form from a dropbox location or from someone who walks in to OVSJG. Within three (3) business days of receiving the completed SARF Form, the DC SART Coordinator will:
 - (a) Log the completed SARF Form into a SARF Review Log;
 - (b) Forward the completed SARF Form to the DC SART Chairperson and the Chair of the DC SART Feedback Review Committee; and
 - (c) Notify the victim or survivor or the victim's or survivor's representative that the SARF Form has been received through the methods of contact noted on the SARF Form.
- (10) If the DC SART Coordinator receives a SARF Feedback Form that is not complete enough to move forward with review, the DC SART Coordinator shall:
 - (a) Log the SARF Form into the SARF Review Log, marking it as "incomplete"; and
 - (b) Make no less than (3) attempts to contact the victim or survivor named on the SARF Form for additional information to complete the SARF Form. The attempts to contact the victim or survivor should be made at different times of the day on three different days of the week. If the DC SART Coordinator cannot reach the victim, the DC SART Coordinator shall document the three attempts at communication, mark the SARF Form as "Incomplete" in the SARF Review Log, and close the review.
- (11) If the DC SART Coordinator receives a SARF Form that is written in a language other than English, the DC SART Coordinator shall:
 - (a) Log the SARF Form into the SARF Review Log, marking it as "needs translation";
 - (b) Forward the SARF Form to the Emergency and Victim Services Interpreter Bank Coordinator within one (1) business day of receiving the SARF Form;

- (c) Forward the SARF Form to the DC SART Chairperson and the Chair of the DC SART Feedback Review Committee, noting the date that the SARF Form was sent for translation; and
 - (d) Notify the victim or survivor, or the victim's or survivor's representative, that the SARF Form has been received and was sent for translation.
- (12) The DC SART Coordinator should make every effort to have the SARF Form translated within fourteen (14) business days of the date that the SARF Form was received by the DC SART Coordinator. If the DC SART Coordinator finds that the translation will take more than fourteen (14) business days, the DC SART Coordinator shall notify the Committee Chairperson and the victim or survivor, or the victim's or survivor's representative, of the delay. Notice of progress shall be provided to both the Feedback Committee Chairperson and the victim or survivor by the DC SART Coordinator each week until the SARF Form is received back from the Emergency and Victim Services Interpreter Bank.
- (13) Within one (1) business day of receiving the translated SARF Form from the Emergency and Victim Services Interpreter Bank, the DC SART Coordinator shall:
 - (a) Forward the translated SARF Form to the Chair of the DC SART and the Chair of the Feedback Review Committee; and
 - (b) Notify the victim or survivor, or the victim's or survivor's, representative that the translated SARF Form has been submitted to the DC SART.
- (14) If the named agency, organization, or person is a member of the DC SART, within three (3) business days of receiving a SARF Form from the DC SART Coordinator, the Chair of the DC SART Feedback Review Committee shall:
 - (a) Forward the completed SARF Form to the Director of the agency or organization that is named by the victim or survivor;
 - (b) Forward the completed SARF Form to the DC SART point of contact for the agency or organization that is named by the victim or survivor;
 - (c) Forward the completed SARF Form to the Chair of the Board of Directors, if the organization named by the victim is a non-profit organization;