
SANE means a Sexual Assault Nurse Examiner. The SANE is not typically a Department of Social and Health Services (DSHS) employee.

SARC means a DDA employee who has been designated as a Sexual Assault Response Coordinator for the facility.

POLICY

- A. Each Residential Habilitation Center (RHC) shall:
1. Provide clinical and legal support to any client who may have been the victim of sexual assault;
 2. Recognize the significant medical/emotional trauma the victim may experience and the impact of such an event on the client's well-being; and
 3. Require its employees to provide emotional support to clients who are suspected or known to be victims of sexual assault.
- B. Any sequence of actions taken by employees in response to allegations or suspicion of sexual assault of RHC clients will be fully documented in the clients' records and in an Incident Report. Names of parties believed to be involved should be identified in incident reports and other investigations and should not be entered in the victim's progress notes.
- C. RHC employees shall provide clinically appropriate, non-accusatory responses to any client who is suspected or accused of committing sexual assault upon another client. Any incident in which a client may be the actual or suspected perpetrator of any sexual assault incident shall be documented in progress notes and referred to the Program Area Team (PAT) Director or administrative designee for action. Action may include counseling, development of a Positive Behavior Support Plan (PBSP) or some other appropriate intervention. Employees shall respond to an alleged perpetrator professionally and without making any statements that would reflect the employee's own values or judgments.
- D. Each RHC Superintendent must designate an employee on each shift who will function as the Sexual Assault Response Coordinator (SARC). This employee is responsible to assure that all the procedures, required actions, and required responsibilities assigned to all staff responding to the sexual assault allegation are followed and/or implemented. The SARC shall have the authority to direct all RHC staff to implement all aspects of this protocol.

PROCEDURES

For any incident in which a client is the suspected victim of sexual assault, emotional trauma is to be assumed. All medical procedures and incident reporting procedures must be initiated immediately upon discovery or suspicion of a sexual assault. The required action steps listed below will often overlap as staff work together to initiate client support, medical examinations, investigations, and administrative actions.

RESPONSIBLE STAFF	ACTION - DISCOVERING EMPLOYEE
Discovering Employee	<i>The discovering employee is responsible to provide immediate protection to the victim, taking the necessary steps to remove the alleged or suspected perpetrator, and to begin the notification process so the incident can be investigated within proper timeframes.</i>
<u>Protecting the Alleged Victim</u>	<ol style="list-style-type: none"> 1. Any employee discovering, hearing a report of, or suspecting sexual assault, shall intervene immediately to protect the victim and then call for assistance. 2. Check for and follow the client's PBSP. Consider if there are other possible victims. 3. Visually observe for obvious signs of injury without removing clothing (do not disturb traumatized areas). Notify a Registered Nurse (RN) that a sexual assault has been alleged, observed or is suspected. 4. <i>Do not interview the victim or perpetrator!</i> It is important that discovering staff do not undertake any investigative role. Any attempt to interview possible victims or suspected perpetrators about the sexual assault could potentially jeopardize any legal action. Any interview of the victim could also be traumatic and should be left to professional sexual assault counselors or investigators. 5. Encourage the involved persons to not discuss the incident with staff, and to wait until the victim is seen for a forensic examination, meet with law enforcement, or meet with an investigator to discuss the possible assault. This should only be done if it does not further distress the victim. If the victim insists on talking about the incident, staff should listen and reassure but not comment or ask the person questions. Detailed notes should be taken as soon as possible of the statements made about the alleged incident. Write exact quotes as much as possible.

RESPONSIBLE STAFF	ACTION - DISCOVERING EMPLOYEE
	<p>6. To help preserve potential physical evidence, encourage the victim not to bathe, shower, or change clothes. Discourage toileting, eating and drinking whenever possible, but not if it is causing discomfort for the victim or for a period of more than one hour.</p>
<p><u>Removing the Alleged Perpetrator</u></p>	<p>1. If the alleged or suspected perpetrator is a <u>client</u>: remove the alleged perpetrator from the area where the victim is located. Call for a Qualified Intellectual Disabilities Professional (QIDP) to assess the alleged perpetrator for protective supervision or for other appropriate action that may need to be taken.</p> <p>2. If the alleged or suspected perpetrator is a <u>staff member</u>: notify the administration during working hours/days (or the duty office/SARC during afterhours/weekends/holidays) and they will arrange for that person to be escorted to a private area. Do not leave the staff member alone with clients until the duty office/SARC has been notified and is able to give instructions. The alleged or suspected staff person will have the opportunity to obtain legal counsel and/or union representation.</p>
<p><u>Report the Incident to:</u></p>	<p>1. Law Enforcement: Immediately report the incident to 911 if a crime is in progress or witnessed. Call local law enforcement in other circumstances.</p> <p>If the local police department does <u>not</u> respond, contact the Washington State Patrol communications center as follows:</p> <ul style="list-style-type: none"> ▪ WSP DSHS SIU Sergeant or designee 253/538-6152 <p>2. Complaint Resolution Unit: Call the CRU at 1-800-562-6078.</p> <p>3. RHC Management:</p> <ul style="list-style-type: none"> a. Immediately make a verbal report of the incident to the supervisor or lead worker. If the supervisor is unavailable, follow the chain of command until a verbal report is made. b. After all the appropriate verbal notifications have been made, initiate an Incident Report, per RHC policy.

RESPONSIBLE STAFF	ACTION - DISCOVERING EMPLOYEE
	<p>c. Document the incident and all action taken in the necessary paperwork (e.g., progress notes, staff logs).</p>

RESPONSIBLE STAFF	ACTION - MEDICAL STAFF
Medical Staff	<p><i>Medical staff are responsible for providing immediate medical attention, coordinating possible forensics examination, contacting guardians if forensics examination will be completed, and tracking forensics evidence. Examining staff will be responsible for safeguarding all medical evidence and will coordinate with the SARC on all actions performed.</i></p>
1. Responding RN:	<ol style="list-style-type: none"> 1. Once notified of an incident, quickly observe the victim only to determine if acute medical attention is needed. 2. Notify a senior medical professional (RN, ARNP, PCP, PA, or MD) at the RHC and provide the status of the victim's medical condition. 3. Document all findings on the proper forms and in the client records (e.g., Injury Assessment Form, progress notes).
2. Responding Senior Medical Professional:	<ol style="list-style-type: none"> 1. Conduct further examination of injuries and provide treatment as necessary. Examination and treatment may also be needed to prepare for the forensic examination. 2. Consult with a forensics examiner (i.e., SANE – Sexual Assault Nurse Examiner) about the findings of the RHC examination and determine the need for a follow-up forensics examination. Discuss with the forensics examiner when the best time would be to bring the victim in and what to bring with them (e.g., forensics evidence collected by the RHC). If a forensic examination is determined to be necessary it should be scheduled as soon as possible, but the examination can be delayed up to 96 hours or beyond when appropriate, such as when bite marks are present. 3. Confer with the SARC and law enforcement, as necessary, regarding the request for a sexual assault forensics examination.

RESPONSIBLE STAFF	ACTION - MEDICAL STAFF
	<ol style="list-style-type: none"> <li data-bbox="529 369 1419 653">4. If it is determined that a forensic examination is needed, notify the victim's legal representative and initiate the consent process. Whether or not the client is capable of giving consent, discuss the client's preference for a forensic examination with the legal representative to determine the best course of action. If the client or the legal representative refuses an examination by a forensics examiner, continue to offer and encourage this service. An immediate forensics examination is generally not critical. <li data-bbox="529 695 1360 800">5. Document all medical findings and discussions with the legal representative on the proper forms and in client records (e.g., Injury Assessment Form, progress notes). <li data-bbox="529 842 1349 1052">6. If the client and/or legal representative agree to a forensic examination, contact the forensic examiner to arrange for an examination. If the legal representative does <u>not</u> agree to a forensic examination in a case where such an examination is considered essential, consult with the Office of the Attorney General (OAG) as soon as possible. <li data-bbox="529 1094 1406 1682">7. Make arrangements with the SARC for all guardianship information to be transported with the client for the forensic examination. The RHC will have a pre-arranged documents packet consisting of the following: <ol style="list-style-type: none"> <li data-bbox="578 1272 1040 1314">a. Current Letters of Guardianship; <li data-bbox="578 1356 1341 1398">b. Guardianship Order signed by a judge or commissioner; <li data-bbox="578 1430 1308 1493">c. Address, phone numbers and email addresses of legal representatives (guardians); <li data-bbox="578 1535 1406 1608">d. Client medical records (emergency room packet and medical notes regarding reason for referral); and <li data-bbox="578 1640 1373 1682">e. Any other information required by the forensics examiner. <li data-bbox="529 1713 1390 1787">8. Document in the client record that the guardianship information accompanied the client to the forensic examination.

RESPONSIBLE STAFF	ACTION - MEDICAL STAFF
	<p>9. If the victim's clothing has been changed:</p> <ol style="list-style-type: none"> a. Coordinate with the SARC to collect and preserve the original clothing as potential evidence. b. Medical staff should place each piece of clothing into a separate clean brown paper bag, folding stained portions inward, after covering with tissue paper so that hairs, fiber, etc., are not lost and so that stains are not in contact with the bag or other parts of clothing. c. Seal and label the paper bag(s) with the victim's name, the date, and the name of staff gathering the evidence. d. Give the sealed bags to the SARC to store in a designated safe place until the bags can be picked up by law enforcement.

RESPONSIBLE STAFF	ACTION - SEXUAL ASSAULT RESPONSE COORDINATOR (SARC)
Sexual Assault Response Coordinator (SARC)	<i>The Sexual Assault Response Coordinator (SARC) is responsible for the coordination of client care and for the immediate investigation, gathering of evidence, and completion of required notifications.</i>
	<ol style="list-style-type: none"> 1. While taking care of the action steps outlined below, begin an initial/immediate investigation into the allegation or reported incident to determine the course of action, taking into account the client's history, special exceptions to procedure, and situation. 2. Confirm with the staff who discovered the incident that the incident was reported to law enforcement and the CRU. Complete the facility report about the alleged or suspected sexual assault and forward it to law enforcement and the CRU. 3. Coordinate with the Superintendent/Acting Superintendent to remove the alleged or suspected perpetrator. 4. Begin the initial investigation in consultation with the medical staff and coordinate with the DDA Statewide Investigation Unit (SIU) to determine immediate investigatory needs.

RESPONSIBLE STAFF	ACTION - SEXUAL ASSAULT RESPONSE COORDINATOR (SARC)
	<ol style="list-style-type: none"> <li data-bbox="532 369 1403 506">5. Contain the crime scene, preserving non-medical evidence as described below in <i>Guidelines to Secure and Preserve Evidence</i>. Coordinate the handling of criminal evidence with law enforcement. <li data-bbox="532 548 1393 684">6. Coordinate with the interdisciplinary team and with other appropriate staff to arrange for client care and support after the incident is discovered and throughout the forensics examination and investigation. <li data-bbox="532 726 1419 947">7. Confer with the senior medical professional to determine if the victim will participate in a forensic examination. If a physician is involved in the investigation, the physician will call the client's legal representative. If a physician is not involved in the investigation, the SARC will decide who will telephone the client's legal representative to notify them of the incident. <li data-bbox="532 989 1409 1272">8. If the victim will see a forensics examiner, arrange for the victim to be transported to the examination and to be accompanied by appropriate and familiar staff. Gather the necessary guardianship and consent documentation to give to the forensics examiner. Provide extra clothing (including shoes) for any victim being examined by a forensics examiner, as clothing and shoes may be kept for evidence. Do not withhold or change clothing/evidence due to the value of clothing. <li data-bbox="532 1314 1403 1451">9. Follow guidance as directed by the forensics examiner and medical staff in preparing the client for follow-up interviews and examinations. Use local resources or seek assistance, including engaging the use of a victim advocate, when available. <li data-bbox="532 1493 1419 1671">10. <u>Do not</u> immediately assume that other clients are also victims and need forensics examinations. Observe changes in client behavior. If evidence comes to light during the investigation that would indicate other possible victims, formulate a plan to evaluate the other possible victims in the least intrusive way.
<p><u>Guidelines to Secure and Preserve Evidence</u></p>	<p><i>For internal investigations, or in the event there will be a delay in the arrival of an outside investigator, it may be necessary to secure and preserve evidence. RHC staff must follow the guidelines described in the following sections.</i></p>

RESPONSIBLE STAFF	ACTION - SEXUAL ASSAULT RESPONSE COORDINATOR (SARC)
<u>Physical Evidence</u>	<p>Physical evidence includes objects, property, possessions, other materials, etc.</p> <ol style="list-style-type: none"> 1. If possible, secure the incident scene and do not disturb any evidence. Do not touch or move any item that was used, or could have been used, as a weapon or an instrument of a sexual assault. Wait for law enforcement to arrive. 2. If evidence (e.g., clothing, sheets, gloves) has to be disturbed or moved, store in porous containers, such as brown paper bags appropriately folded to preserve potential evidence. 3. Secure all physical evidence: the chain of custody is critical. Evidence should be tracked and secured from the moment of collection to its presentation at a hearing.
<u>Demonstrative Evidence</u>	<p>Demonstrative evidence includes photos, diagrams, maps, drawings, etc.</p> <ol style="list-style-type: none"> 1. Photograph any bodily injury, except for the genitals, buttocks, and breasts. Photographs of sensitive areas should be completed during forensics examination when possible or by medical staff. As with other physical and demonstrative evidence, photographs of private areas can be released to law enforcement without a subpoena. 2. Depending on the allegation, photographs can be taken of non-private body parts, whether there is a visible injury or not. 3. Photograph or sketch the area of a possible incident scene when the scene cannot be secured.
<u>Documentary Evidence</u>	<p>Documentary evidence includes statements, reports, attendance records, etc.</p> <ol style="list-style-type: none"> 1. Staff Inquiries: It may be necessary to talk with witnesses and other staff immediately to develop a protection plan necessary for client safety. Be sure to document any key information disclosed during these initial inquiries for the investigator. Record the names and phone numbers/contact information of any persons in the area (i.e., witnesses, responders).

RESPONSIBLE STAFF	ACTION - SEXUAL ASSAULT RESPONSE COORDINATOR (SARC)
	2. Coordinate formal interviews and written statements with the investigator and/or law enforcement.
<u>Secure Location</u>	<p>1. Each RHC will arrange for a specific, locked location for storage of physical evidence that is accessible only to the Superintendent or their designee.</p> <p>2. Store all evidence collected in the secure location (e.g., locked closet or file cabinet). Record or track in writing all evidence, including the names of all persons who had access to the evidence. Make every effort to limit the number of people who have access to or handle the evidence, and maintain detailed records identifying those who access or handle the evidence.</p>

RESPONSIBLE STAFF	ACTION - SUPERINTENDENT & SEXUAL ASSAULT RESPONSE COORDINATOR
Superintendent & Sexual Assault Response Coordinator	<i>The Superintendent and the SARC are jointly responsible for ensuring appropriate reports required by law enforcement are filed, staff are reassigned as necessary, and proper investigation procedures are taking place.</i>
	<p>1. Confirm that proper notifications have been made, as appropriate (refer to DDA Policy 12.01), to:</p> <ul style="list-style-type: none"> • Local law enforcement • Washington State Patrol (WSP) • RCS Complaint Resolution Unit (CRU) • Adult Protective Services (APS) • Child Protective Services (CPS) • DDA Statewide Investigations Unit (SIU) • DDA Central Office • Regional Administrator • Legal Representatives (guardians)
	2. Determine the need for staff reassignments and client safety. Any staff member who is under investigation for sexual assault or abuse shall be placed on home assignment or otherwise assigned duties which involve no contact with clients, pending the outcome of the investigation. “No contact” will include specific limitations as to where breaks may be taken and movement around campus.

RESPONSIBLE STAFF	ACTION - SUPERINTENDENT & SEXUAL ASSAULT RESPONSE COORDINATOR
	<ol style="list-style-type: none"> 3. Provide official notification to the Compliance and Investigation Manager (CIM) of the DDA Statewide Investigation Unit (SIU). 4. Provide liaison services to the local law enforcement agency, WSP, SIU and other regulatory agencies (e.g., Residential Care Services Division). The local law enforcement agency has jurisdiction over any criminal investigation that may result from an incident, unless they determine to refer it to the WSP, who then will have jurisdiction.

RESPONSIBLE STAFF	ACTION - SIU COMPLIANCE & INVESTIGATION MANAGER (CIM)
SIU Compliance & Investigation Manager (CIM)	<i>The CIM will conduct an investigation of the allegation or incident as soon as possible after the incident is reported. The purpose of the investigation is to determine what occurred and look for facility practice concerns on behalf of the RHC.</i>
	<ol style="list-style-type: none"> 1. After receiving notification of an allegation of a sexual assault, conduct an investigation of the allegation and coordinate with the SARC. 2. If important information is uncovered during the investigation, notify the Superintendent and the SARC. If new allegations or suspicions are discovered during the investigation, notify the Superintendent, the SARC the CRU, and law enforcement. 3. Ensure there is no interference with the criminal investigation. Follow all established policies and protocols and/or directions given by law enforcement regarding interviews with the victim, the alleged perpetrator, suspects or witnesses, or the collection of any evidence. 4. Ensure that any evidence collected during the course of the investigation, as well as the final report by the CIM, is released only as authorized by the RHC administration.

EXCEPTION

None

TITLE:

PROTOCOL FOR RESPONDING TO INCIDENTS
INVOLVING SEXUAL ASSAULT

POLICY 9.05

SUPERSESSION

None

Approved:

/s/ Kathy Leitch
Assistant Secretary
Developmental Disabilities Administration

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