



2021

King County, Washington State

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**MISSION STATEMENT**

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

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

Efforts shall be made to:

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

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**CORE TEAM AGENCIES**

King County Prosecuting Attorney's Office / Special Assault Unit – Adult / Juvenile

Department of Children, Youth and Families

King County Sheriff's Office / Special Assault Unit

Seattle Police Department / Sexual Assault and Child Abuse Unit

Bellevue Police Department

Other Municipal Police Departments within King County

Washington State Attorney General's Office

Harborview Abuse & Trauma Center (HATC)

King County Sexual Assault Resource Center (KCSARC)

Seattle Children's Hospital

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## I. DEFINITIONS

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

**CAC - Children's Advocacy Center.** There are nearly 900 CACs accredited by The National Children's Alliance in the US. CACs offer a community specific, coordinated approach to effective, efficient and child-centered casework.

**CACWA – Children's Advocacy Centers of Washington.** Organization that supports the child advocacy centers in Washington State (cacwa.org).

**CAID – Child Abuse Intervention Department.** Pierce County's Child Advocacy Center located at Mary Bridge Children's Hospital.

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

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

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

**CJCKC - The Children's Justice Center of King County** is the child advocacy center in King County and is housed in the Special Assault Unit of the Prosecutor's Office. The CJCKC employs several professionals, including Forensic Interviewers, a Training and Outreach Coordinator, an MDT Coordinator and Facilitator and a Child Specialist/System Navigator to collaborate with the multi-agency and multi-disciplinary team of professionals across King County who respond as a coordinated unit when child abuse is reported. The CJCKC has been accredited by The National Children's Alliance since 2011.

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

- 1) Is the child under 18 years of age?
- 2) If the allegations were true, does the allegation minimally meet the Washington Administrative Code child abuse/neglect definition?

- 3) Does the alleged subject have the role of parent/caregiver, is acting *in loco parentis*, or is the role of the alleged subject is unknown?

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

**CSAI/CSEI– Child Sexual Abuse Imagery/Child Sexual Exploitation Imagery** While “child pornography” might be the legal term, this language better reflects what this crime really is and who is being harmed.

**CSAM – Commercial Sexual Abuse of a Minor.** Common criminal charge related to CSEC cases. Other related charges are Promoting CSAM, Attempted CSAM, Trafficking and Felony CMIP.

**CSAP – Community Sexual Assault Program.** Organizations that provide advocacy and support to sexual assault survivors.

**CSEC – Commercial Sexual Exploitation of Children.** A range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value (including monetary and non-monetary benefits) given or received by any person.

**Dawson Place** – Snohomish County’s Child Advocacy Center.

**DCYF – Department of Children, Youth and Families.** DCYF oversees several services including all programs from the Children’s Administration in DCYF such as Child Protective Services’ investigations and Family Assessment Response, licensed foster care, and adoption support. Also included are all DEL services, such as the Early Childhood Education and Assistance Program for preschoolers, Working Connections Child Care, and Home Visiting. DCYF also administers programs offered by the Juvenile Rehabilitation division and the Office of Juvenile Justice in DCYF. These programs include juvenile rehabilitation institutions, community facilities and parole services. (dcyf.wa.gov)

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

**FI - Forensic Interview.** Specialized interviews performed by the forensic interviewers, sometimes also referred to as a CFI (child forensic interview).

**Forensic Interviewer** - Individual employed by the Children’s Justice Center of King County and the Prosecuting Attorney’s Office Special Assault Unit, to conduct initial detailed criminal investigative interviews in cases involving young children or victims where special skill and experience is needed.

**FNE - Forensic Nurse Examiner.** A nurse who evaluates and cares for victims of assault, interpersonal violence, child and elder abuse, neglect and sexual assault and collects and secures evidence.

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

**HATC – Harborview Abuse & Trauma Center.** A certified Community Sexual Assault Program (CSAP) and a designated Crime Victim Service Center (CVSC) providing mental health and medical services to individuals and families impacted by crime and interpersonal violence.

**High Profile Cases** – Can include cases involving multiple victims, abuse that occurred at schools, churches or other organizations, extensive media coverage and other circumstances.

**Human Trafficking** - Federal law defines severe human trafficking as: (1) sex trafficking in which a commercial sex act is induced by force, coercion or in which the person induced to perform such an act is under 18 (2) the recruitment, transportation, harboring, provision, or obtaining of a person for labor or services through the use of force, fraud or coercion, for the purposes of subjecting that person to involuntary servitude, peonage, debt bondage or slavery.

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

**KCSARC – King County Sexual Assault Resource Center.** A certified Community Sexual Assault Program (CSAP) providing advocacy, mental health and education services to survivors and their families throughout King County.

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

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



**NCA - National Children's Alliance.** The national association and accrediting body for Children's Advocacy Centers (CACs).

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

**Network Protocol** – The King County Special Assault Protocol (this document) is the guiding document for the network of agencies that work together to create a coordinated response to adult sexual assault, child sexual abuse (including child exploitation) and child physical abuse in King County. For children, the Children's Justice Center of King County coordinates the MDT response.

**PC - Probable Cause.** Sufficient reason based upon known facts to believe a crime has been committed or that certain property is connected with a crime.

**PC - Protective Custody.** Law enforcement may take, or cause to be taken, a child into custody without a court order if there is probable cause to believe that the child is abused or neglected and that the child would be injured or could not be taken into custody if it were first necessary to obtain a court order.

**RCW - Revised Code of Washington.** The codification of current statutes as enacted and amended by the Washington State Legislature. An addendum of applicable RCWs is included in this protocol. (Check the Washington State Legislature website— [apps.leg.wa.gov/rcw/](https://apps.leg.wa.gov/rcw/)—for statutory amendments.)

**SAK – Sexual Assault Kit.** A container that includes the necessary materials and instructions to collect forensic evidence after a sexual assault.

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

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

**SCAN Team – SAFE Child and Adolescent Network.** Seattle Children's Hospital Team of physicians and social workers specializing in child abuse and neglect cases.

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

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

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

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

## II. COORDINATION BETWEEN AGENCIES

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

### A. NOTIFICATION

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

When DCYF/CPS receives an emergent report involving a child or adult dependent who has died or has had non-accidental physical injury inflicted upon them or who has been subjected to sexual abuse, DCYF/CPS intake shall notify the proper law enforcement agency as soon as possible but no longer than 24 hours after a report is received. If this initial report is made by telephone, a written report shall also be made to law enforcement within 5 days.

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

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

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

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

Law enforcement agencies and DCYF/CPS should inform identified victims and their families about victim services including medical and mental health care, when appropriate.

Law enforcement should ensure that all victims have been provided a community or system-based legal advocate. Direct referrals to legal advocacy services can minimize the delay in outreach and services being offered to clients.

Law enforcement agencies and victim advocates should inform identified victims and their families about the Victim Bill of Rights (RCWs 7.69.030, 7.69A.030 and 7.69B.030). Advocates should also ensure that referrals to victim services have been made.

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

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

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

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

## B. JOINT INVESTIGATIONS

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

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

Conflict - If a conflict develops in the coordination of a joint investigation, the detective and the DCYF/CPS social worker should make every attempt to resolve it with their respective supervisors. If this cannot be accomplished, then the supervisors should consult with the DCYF/CPS area administrator and police division commander. Under no circumstances will these channels be bypassed in an attempt to resolve an issue between DCYF/CPS and law enforcement. When addressing conflict on joint investigations, all parties will treat each other with mutual respect.

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

#### C. ROLE OF THE CHILDREN’S JUSTICE CENTER OF KING COUNTY (CJCKC)

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

Unlike many communities, King County does not have a singular physical site where the members of the CAC are co-located. The logistical hub of the CJCKC is considered to be the sites where children are interviewed – the Children and Family Justice Center in Seattle, the King County Sexual Assault Resource Center in Renton and the downtown Seattle Courthouse. The King County Prosecuting Attorney’s Office manages the CJCKC and employs the Forensic Interviewers in each location and other CJCKC staff.

The CJCKC’s public website ([cjckc.org](http://cjckc.org)) that describes to both professionals and to the public the structure and nature of the CAC and provides an understanding of how child abuse concerns are handled in King County.

### III. PROTECTIVE CUSTODY (DCYF/CPS and Law Enforcement)

- A. Per RCW 26.44.050, law enforcement may take or cause a child to be taken into protective custody without a court order if there is probable cause to believe that the child is abused or neglected and that the child would be injured or could not be taken into custody if it were first necessary to obtain a court order. If a child is taken into custody by law enforcement under RCW 26.44.050 without a court order, the child shall immediately be released to DCYF/CPS for placement. DCYF/CPS exercises discretion in regard to whether or not they will accept a transfer of custody. Law enforcement may request DCYF accept a transfer of custody for cases involving Child Abuse/Neglect. If DCYF accepts a transfer of custody, the transfer must occur in person. DCYF will not accept a transfer of custody if a form is left at a hospital or sent via fax, for instance.
- B. Law enforcement may be called to the scene by either DCYF/CPS, a mandated reporter of child abuse and neglect, or a call from the community. Law enforcement will investigate and determine safety and risk to the child. (RCW 26.44.050)
- C. If the need for protective custody is determined, law enforcement will provide a written statement to the parent or leave it at the parent's residence if no parent is present. The statement shall include reasons for removal and the telephone number of the local DCYF/CPS office. (RCW 26.44.110)
- D. Law enforcement will document the reasons for the child being taken into protective custody, which may include reports, photographs of injuries or of the living conditions that present safety and health risks to the child, for purposes of providing documentary evidence. (RCW 26.44.050)
- E. If law enforcement removes the child from the home and places the child into a relative's home rather than into the custody of DCYF/CPS, this is not considered protective custody but rather an informal agreement between the child's parent and the relative. The parent, as legal guardian, has the authority to discontinue this arrangement at any time. If law enforcement has concerns for child safety, a referral to DCYF should be made and should include information about the child's current location.
- F. If necessary to adequately protect the child, there may be a shelter care hearing held within 72 hours (excluding Saturdays, Sundays, and holidays) after a child has been taken into custody by law enforcement if continued shelter care as defined by RCW 13.34.060(1) is necessary.
- G. If a child is taken into custody pursuant to a court order issued under RCW 13.34.050, DCYF/CPS shall make reasonable efforts to inform the parents, guardian, or legal custodian of the fact that the child has been taken into custody and their legal rights within 24 hours. The notice of custody and rights may be given by any means

reasonably certain of notifying the parents, including, but not limited to, written, telephone, or in person oral notification. If DCYF/CPS is unable to determine the whereabouts of the parents, notification shall be sent to their last known address.

## IV. INVESTIGATION OF SEXUAL OFFENSES AGAINST CHILDREN

### A. ROLE OF DCYF

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

a) The goal of DCYF/CPS is to protect children from child abuse and/or neglect (CA/N) while preserving the family's integrity and cultural and ethnic identity to the maximum extent possible, consistent with the safety and permanency needs of the children. DCYF/CPS is a program available in all geographic areas of the State of Washington on a 24-hour basis. For more information about DCYF/CPS and their policies and procedures, go to: [dcyf.wa.gov/practice/policy-laws-rules](http://dcyf.wa.gov/practice/policy-laws-rules).

b) The purposes of DCYF/CPS are to:

- Receive, assess, and investigate referrals from the community alleging child abuse/neglect
- Assess the safety of all children throughout the life of a case using the Child Safety Framework tools
- Determine the existence of child abuse/neglect
- Prevent or remedy child abuse/neglect in the shortest reasonable time
- Prevent or reduce the need for out-of-home placement

#### 2. Licensing Division (LD) – Child Protective Services

a) LD/CPS investigations of CA/N in DCYF licensed, certified, and state-operated care facilities for children (childcare, foster care, group care, hospitals, in-patient mental health treatment facilities, and institutional care) have five main goals:

- Ensure immediate safety of alleged child victims and other children determined in the course of an investigation to be at risk
- Investigate allegations of CA/N and make determinations regarding the existence of child abuse and neglect
- Assess whether the child in question or other children in the setting under investigation have been abused or neglected in ways that have not been alleged
- Identify risk factors within the facility which create a substantial risk of future harm to children
- Ensure consistency and equity toward providers in the investigation of abuse and neglect

#### 3. Referrals to DCYF Central Intake (1-800-562-5624)



- a) Information Only (No investigation): Referrals that fail to pass the DCYF/CPS sufficiency screen and do not meet the criteria for a mandatory report to law enforcement will not be investigated by either DCYF/CPS or law enforcement but will be documented by DCYF/CPS for information purposes only.
- b) Non-criminal Referral (Investigated by DCYF/CPS only or referred to FAR): Referrals that pass the DCYF/CPS sufficiency screen but do not fall within criteria for a mandatory report to law enforcement (e.g., non-criminal neglect) will be investigated by DCYF/CPS only or referred to Family Assessment Response (FAR) for assessment and services. A small number of FAR cases still require a mandatory referral to law enforcement.
- c) Mandatory Criminal Referrals: Referrals that pass the DCYF/CPS sufficiency screen which also fall within the criteria for a mandatory report to law enforcement will be investigated by DCYF/CPS and will be investigated by law enforcement per **RCW 26.44.030 (12)(b)(vi)(C)**. Occasionally, a FAR case involves a mandatory criminal referral. If during a FAR case it is determined to be more serious than reported, the case can be sent to the investigation team via a new intake with the updated information.
- d) Third Party Offender Referrals (Investigated by law enforcement only): Referrals that meet the criteria for a mandatory report to law enforcement and the perpetrator, by definition, is a third-party offender, will be referred to law enforcement for investigation unless the parent or guardian is failing to protect the child from the perpetrator, in which case a parallel DCYF/CPS referral will be generated. Third party offender referrals reported to DCYF/CPS intake shall be reported to law enforcement. (**RCW 26.44.030(4)**)
- e) Incident Report Referrals: Referrals that include reports of child abuse or neglect within licensed facilities as well as those subject to licensing (e.g., unlicensed day care center) will be investigated by DCYF/LD-CPS unless the allegation falls within the criteria for a mandatory report to law enforcement, in which case both DCYF/LD-CPS and law enforcement will investigate.

## B. ROLE OF THE ASSISTANT ATTORNEY GENERAL

1. Dependency Petition Filed - The Attorney General's Office represents DCYF/CPS in dependency proceedings brought in Juvenile Court. A dependency petition may be filed to ensure the safety of the child and the child may be placed out of the home. The assistant attorney general assigned to the specific case will maintain contact with the appropriate law enforcement agency and the prosecutor's office as appropriate or requested.

2. No Dependency Petition Filed - The Attorney General's Office may provide legal advice and consultation to DCYF/CPS regarding specific reports of abuse or neglect.
3. Licensed Facility Investigations - The Attorney General's office should be consulted when necessary for legal advice and consultation during the course of a licensed facility investigation.
4. Coordination - The Attorney General's Office will coordinate with and notify law enforcement and the prosecutor's office of any action taken or decision made by the juvenile court that affects the criminal investigation. Information that comes to the attention of the Attorney General's Office may be shared with law enforcement pursuant to RCW Chapters 13.50 and 26.44. The Attorney General's Office will notify the Prosecuting Attorney's Office in the event that a parent's dependency attorney requests an interview with the victim for the pending dependency case.

#### C. ROLE OF VICTIM SERVICE ORGANIZATIONS

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

##### 1. Advocacy

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

the availability of other protection orders. The advocate will ensure that the victim is provided the necessary information and support to complete the process.

- e) Communications between community-based sexual assault advocates and their clients are privileged. (RCW 5.60.060(7)) They are, however, mandated reporters of child abuse and neglect.

## 2. Counseling/Mental Health

- a) Guidelines in Initial Contacts - Prior to the investigative interview, specific questioning about the possible crime(s) should be reserved and the details elicited only to the extent that is necessary for the physical or psychological treatment of the child or to initiate a report.
- b) Crisis Intervention and Support - 24-hour access to immediate support is offered through KCSARC's Resource Line. HATC provides access to crisis care and support during regular business hours and after hours through the Harborview Medical Center Emergency Department Social Worker, who has specialized training.
- c) Counseling/Mental Health Professionals communications with their clients are privileged (RCW 70.02.020). They are, however, mandated reporters of child abuse and neglect.

## D. ROLE OF LAW ENFORCEMENT

1. Law enforcement's role is to determine if a crime occurred, to identify suspects in crime, and to gather all pertinent facts and information related to a case for presentation to the Prosecutor's Office for review.
2. Cases Referred by DCYF/CPS and/or Victim Service Agencies
  - a) Procedure - Upon receipt of the referral, law enforcement will assign a detective as soon as possible.
  - b) Timelines – The response time depends on the situation, but generally the following activities will be initiated within 24 hours. Law enforcement will:
    - Complete an offense report and assign a case number
    - Contact the referent for any additional information not contained on the standard form
    - Arrange for an investigative interview and notify all appropriate persons, specifically including DCYF/CPS social worker and victim advocate
    - Refer for a medical exam. If a sexual assault is within 120 hours, refer to an ED with SANE/FNE for acute exam and evidence collection. Beyond 120 hours, for

children, refer to Harborview clinic for non-acute exam (see Medical and Forensic Response, p. 66).

### 3. Referrals Made Directly to Law Enforcement

- a) Procedure - A detective will be immediately assigned to contact the victim and arrange an investigative interview. DCYF/CPS should be notified, if not already aware, in the following cases:
  - o The alleged offender is a member of the household of the victim
  - o The alleged offender has continuing access to the child
  - o The alleged abuse occurred in a licensed facility (DCYF/LD-CPS)
- b) Timelines - In emergency cases, DCYF/CPS will be notified within 24 hours. In all other cases, DCYF/CPS will be notified within 72 hours. (RCW 26.44.030 (5))
- c) Refer for a medical exam. If a sexual assault is within 120 hours, refer to an ED with SANE/FNE for acute exam and evidence collection. Beyond 120 hours, for children, refer to Harborview Abuse & Trauma Center for non-acute exam (see Medical and Forensic Response, p. 66).

### 4. Investigative Steps

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

### 5. Interviews

- a) Victim Interviews – The victim interview will take place within three days of the initial disclosure or as soon as possible pursuant to the protocols outlined in Section F - Victim Interview Process (Page 23). Whenever possible an in-person interview should be conducted.

- b) Advocacy Referral - Upon initial contact, law enforcement shall provide the victim with advocacy information including referrals to victim services programs (see **Community Resources in the Appendices for contact information, page #**). All victim requests to have an advocate or other support person present at interviews shall be honored pursuant to RCW 7.69A.030.
- c) First Person Report – A complete and detailed interview will be conducted of any person to whom the initial report of sexual abuse was made to determine facts relevant to the investigation, to include:
  - o The circumstances under which the report occurred
  - o What precipitated the report
  - o What each party said
  - o The demeanor of the child and/or witness
  - o Who was present during the report
- d) Collateral Witnesses – All corroborative, familial, and alibi witnesses shall be interviewed.
- e) Suspect – Law enforcement will always attempt to interview all suspects and these interviews will occur face-to-face whenever feasible.
- f) In cases where DCYF/CPS is involved and required to interview a parent or guardian who is also a suspect, or anyone who is the subject of an investigation, DCYF/CPS and LE will coordinate to avoid interference with the criminal investigation and allow both agencies to meet their statutory and policy requirements.
- g) In cases in which the parent(s) of the victim are uncooperative with the investigation (for example by refusing to provide statements or refusing to allow a victim interview) and the offender continues to have access to the victim, it is appropriate to contact DCYF/CPS for assistance. The prosecutor’s office may also be contacted.
- h) The investigative process should be sensitive to a person’s ability to understand his or her rights and a person’s ability to effectively communicate. An interpreter will be provided when necessary.

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

- a) Mandatory Referral to Prosecutor (**RCW 26.44.030(5)**) – Whenever the law enforcement agency’s investigation reveals that a crime may have been committed against a child, the case shall be referred to the prosecutor’s office for review. Even

in circumstances where there is no expectation that criminal charges will be filed, as long as the investigation reveals that a crime may have been committed, the case shall be referred to the prosecutor's office (SRO – Statutory Referral Only).

- b) Law enforcement will make every effort to complete and submit the case to the Prosecutor's Office within 60 days of the victim's interview.
- c) Juvenile Defendants - Cases involving juvenile defendants must be referred to the Prosecutor's Office within two weeks of completion of the detective's investigation. Cases received by the Prosecutor's Office after two weeks may be subject to dismissal (LJuCR 7.14(b)).

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

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

1. Cases Referred From Law Enforcement - The prosecutor's job is to review all cases referred from law enforcement for the filing of criminal charges. In reviewing the cases the prosecutor's office may file charges, may decline the case and no charges are filed, or may request further investigation. During the prosecutor's review of the case, the prosecutor will ensure that victims have been connected to advocacy and make referrals as necessary.
2. Cases Referred From Others - When the prosecutor's office receives a case from another jurisdiction, another official, or from a citizen complaint, the prosecutor's office will refer the case to the appropriate law enforcement agency for investigation.
3. Timelines - The prosecutor will make every effort to make a filing decision within 60 days after receipt of a completed case.
4. Emergency Situation/Rush file – When necessary, the case will be filed immediately to keep a suspect in custody or to issue a warrant.
5. A Sexual Assault Protection Order (SAPO) prohibiting the alleged offender from having contact with the victim will be sought by the prosecutor in all cases where charges are filed (RCW 7.90). "No contact" includes no supervised contact and no indirect contact. Violation of a SAPO is grounds for arrest and may result in the filing of charges. A violation of a SAPO that was issued pursuant to a pending criminal case should additionally be reported to the Prosecutor's Office for revocation of bond proceedings or detention hearings. In general, in the case of conflicting or overlapping court orders, the most restrictive order regarding contact should be followed.

6. Once a victim advocate is involved, the prosecutor's office will attempt to inform them of all scheduled victim contacts such as defense attorney interviews and substantive court hearings.
7. Notification of Filing Decision by the Prosecutor's Office - After receiving a completed investigation from law enforcement the prosecutor will notify by letter the victim, any person the victim requests, law enforcement and the local office of DCYF/CPS (if involved) of the decision to charge or decline to charge a crime (known as a finding of "insufficient evidence" in juvenile court) within 5 days of making the decision. (RCW 26.44.030 (6)). When requested by the victim, victim's family, or advocate, the prosecutor will be available by phone or in-person to explain how legal decisions are made and to answer questions regarding the investigation, legal process, and filing decision.
8. Notification of Guilty Plea - The prosecutor will make all reasonable attempts to seek victim input and to notify the investigating officer prior to a guilty plea when that plea will result in a reduced charge.
9. The Prosecuting Attorney's Office will attempt to notify the Attorney General's Office and/or CPS in cases of physical or sexual abuse when a no contact order is obtained against a parent. The Attorney General's Office will notify the Dependency Court regarding the no contact order and appropriate modifications will be made to the parent's court-ordered visitations, if any.
10. Case Management - The prosecutor's office will be responsible for:
  - Employing the Forensic interviewer in collaboration with the CJCKC
  - Activating the Complex Case Protocol. (see p. 29)
  - Coordinating case staffings under this protocol in coordination with the CJCKC
  - Notifying the victim, advocate, law enforcement, and DCYF/CPS when involved, of its charging decisions as required by RCW 7.69.030(2), 26.44.030(6).
11. CJCKC Data and Case Tracking - The CJCKC is responsible for collecting basic demographic information, criminal case filing decisions, services provided, and outcomes on all cases receiving services from the CJCKC (forensic interviews, MDT meetings, case coordination, etc.). This information is used for grant and accreditation reporting as well as for the dissemination of bi-monthly disposition reports for MDT partners. MDT partners can request additional data reports or case-specific information as needed for case coordination purposes.

## F. VICTIM INTERVIEW PROCESS

### 1. Initial Interviews

- a) Detectives, uniformed police officers, and/or DCYF/CPS may conduct an initial interview to ascertain the basic facts or to determine if there is sufficient reason to believe a crime occurred. When possible, an advocate should be present at the initial interview to provide support to the victim, even on short notice. If a clear disclosure has already been made, law enforcement and/or DCYF/CPS should forgo interviewing the child and immediately set up the child forensic interview.
  - b) DCYF/CPS and law enforcement should follow the Washington State child interviewing guidelines when interviewing young children, including narrative practice, explaining ground rules, and introducing the topic of possible abuse using open-ended, invitational questions that allow the child to tell what happened in their own words. Questions should encourage narrative responses that give a general description of the abuse. A child should not be interrupted if they are making a statement in response to open-ended prompts. During this initial interview, it is not necessary for DCYF/CPS or the detective to ask detailed questions about the extent, nature or circumstances of the abuse. The initial interview by DCYF/CPS and/or law enforcement should not be considered the formal investigative interview. If the child makes statements about possible sexual abuse, the child will be scheduled for an interview with the Forensic interviewer.
  - c) When a child does not make a statement of sexual abuse during the initial DCYF/CPS or law enforcement interview but the DCYF/CPS social worker, police officer, or advocate continues to have significant concerns that the child may have been sexually abused, the prosecutor's office may be consulted regarding whether an interview with the Forensic interviewer is appropriate. If the prosecutor's office agrees that an interview is appropriate, an interview will be scheduled.
2. Timelines - The investigative interview will be arranged within three days or as soon as possible upon receiving a request from a detective. Whenever possible the interview shall be set within two weeks of the case being opened by law enforcement. In emergency situations, the interview will be set immediately.
  3. **Forensic Interviewer Cases** - The forensic interviewer will have the training required by RCW 43.101.224. Interview Specialists are responsible for interviewing children who may be victims or witnesses to a crime. The Forensic interviewer will conduct the investigative interview of the child in the following cases:
    - a) Age: **All children aged 4-11 must be referred for an interview with a Forensic interviewer** when there is a clear statement of abuse or reason to believe that a child has been exposed to felony-level abuse. **Investigators are strongly encouraged to refer adolescents aged 12-15** for interviews with a Forensic interviewer however, in some circumstances, it may be more appropriate for the



detective and/or DCYF/CPS investigator to conduct these investigative interviews themselves. Exceptions to these guidelines include:

- Interviews with children and adults who are over the age of 15 but require a specialized interviewer (e.g., because of developmental delays, mental health concerns, dementia).
  - Interviews with 3-year-old children where corroborative evidence exists that would lead one to believe that a crime has occurred (e.g., medical evidence, the presence of a witness to the crime, a confession).
  - When there are two (or more) related children and one is under the age of 12, an interview with the Forensic interviewer should be considered for the older child(ren).
  - When several children are interviewed regarding the same offender and at least one of the children is under the age of 12, an interview with the Forensic interviewer should be considered for the older children.
  - Law enforcement is encouraged to contact a prosecutor or the Forensic interviewer when they have a case that falls outside of these guidelines but they believe that a Forensic interviewer should conduct the investigative interview.
- b) Unavailability of Forensic Interviewer - Occasionally a situation may arise where the Forensic interviewer is not available, or it is determined that waiting for a scheduled child interview may jeopardize the safety of the child and/or an investigation. In these circumstances, if law enforcement and/or DCYF/CPS believe that the interview cannot be delayed the interview should be conducted by a person who has completed the training required by RCWs 43.101.224 and/or 74.14B.010 and the interview should be audio and video recorded. . If a trained interviewer is not available and delaying the interview would jeopardize the safety of a child and/or an investigation, an interview may be conducted in accordance with the procedures set forth in **section 6** that follows.
- c) Information Sharing During the Child Interview Appointment –
- 1) Pre-Interview: Prior to the interview, the detective will meet with the Forensic Interviewer, advocate, and DCYF/CPS social worker, if one is assigned.\* The detective will provide information to the team participants regarding how the referral was received, what the child has reported thus far, who they reported it to, and the circumstances surrounding the report. The detective will also provide information that may impact the child interview, such as whether the child has special needs or has been removed from their home because of the allegation.

\*Additional individuals operating within their professional roles relating to the welfare of the child being interviewed may be allowed to watch the live interview if they have requested and received authorization to do so from the

supervisor of the SAU, prior to the appointment. Anticipated workers include: Family Court Services Social Workers, Guardians ad Litem, school-based Title IX investigators, and/or Adult Protective Services Social Workers.

- 2) During the Interview: A break will occur during the interview, allowing the interviewer to consult with team members, ensuring that important information is not missed and that issues central to the case investigations (law enforcement and DCYF/CPS) are fully explored.
  - 3) Post-Interview: Following the completion of the interview, the detective and/or Forensic Interviewer will inform the advocate of what was reported by the child. The detective and advocate will discuss next steps in the investigation and assistance that the family may require.
- d) Forensic Interview Procedures

- 1) Introduction of Evidence in the Forensic Interviewing Process:** Introducing evidence such as electronic data, images, journal or diary entries previously written by the child, or discussion of a medical finding is an accepted and endorsed practice, when done so carefully and in consultation with the multidisciplinary team. The child's wellbeing is always the paramount concern when any such plan is being considered. Both interviewers have received training in the FBI/HSI Prepare and Predict model of introducing evidence and do so routinely when appropriate to the child's situation and the needs of the investigation(s).
- 2) Multi-Session or Subsequent Interview:** Extended Forensic Interviews are not routinely conducted by the Children's Justice Center of King County, however in some circumstances it may be appropriate to separate an interview into two parts, if the child's attention span or ability to focus is exhausted before all relevant lines of inquiry can be explored. In this situation, a second session of the interview would be scheduled as close in time as possible, ideally within one week, and the second session would begin where the first session ended, without repeating the introductory interview stages. In other situations, new information from the child or another source may come to light after the child's interview is completed, which would warrant a follow-up interview with the child to explore this new information. Decisions to pursue a follow-up interview in these circumstances are made in consultation with the multidisciplinary team.
- 3) Use of Interview Aids:** Interview aids such as drawings and anatomical dolls are not routinely used in child interviews and are not part of the Washington Child Abuse Interviewing and Assessment curriculum. Dolls are not used in any

child interviews done by the Children's Justice Center of King County, however when needed to clarify a child's verbal statements regarding the location of physical contact, body drawings are sometimes used. Both child interviewers have received training in the use of body drawings as an interview aid and use them in a minority of interviews.

4. **Joint Interviews** – These interviews serve as the initial investigative interview and are conducted jointly by the prosecutor and the detective. Advocates should be present at all joint interviews to support the client and/or their family. Joint interviews should take place in the following cases:

- Potential high-profile cases
- Youth ages 12 up (at the discretion of the detective)

5. **Detective Interview** - The detective will conduct the investigative interview in all other cases where the identified victim is 12 or older. As previously noted, detectives are encouraged to use Forensic Interviewers for children aged 12-15 but it is within their purview to interview children 12 years or older without a forensic interviewer.

- In cases where the detective has taken the victim statement on his/her own, the prosecutor will attempt to reach a filing decision without re-interviewing the victim. Frequently, phone contact with the detective or victim may resolve concerns. If there is a need to re-interview the victim, the interview should be limited to the areas of concern. The detective shall be present to document any clarifications, supplements, or changes to the previously obtained statement. The victim has a right to have an advocate present for follow-up interviews.

6. **Interview Procedures**

- a) **Interviewing** – All interviews with victims should be conducted in a thorough and unbiased manner, using techniques that enhance free recall. The interviewer should ask open-ended questions that elicit detailed accurate information and minimize the use of leading questions that could contaminate the child's statement and/or memory of the event(s). Coercive questioning should never be used. The interview should be conducted in a developmentally appropriate manner with regard to the victim's language ability and cognitive level and with consideration for the victim's emotional state.

Law enforcement is required to attend every forensic interview in person. Whenever possible, DCYF should attend forensic interviews for their cases with open investigations.

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

## 7. Note on Special Populations

- a) Consideration should be made for special populations that may have additional needs, including those with developmental delays, hearing or vision impairments,

as well as those whose primary language is not English. Individuals with additional needs should be accommodated within the investigation and provision of services. Difficulties in communicating with these individuals may be reduced by the use of sign language systems or interpreters (being aware of the possibility that a person may prefer the interpreter to be someone outside their cultural community), or the presence of an advocate.

## 8. Documentation of Interviews

- a) Forensic Interviewer: Interviews conducted by the Forensic Interviewer (CIS) will be audio- and video-recorded. For interviews conducted on-site in the Prosecuting Attorney's Office, the CIS will use a recording system to save the interview digitally and will share a link with the detective to view and/or download the video for their agency. Upon request, the CIS may share a child interview link with the DCYF/CPS social worker who is assigned to the case. DCYF/CPS is not permitted to copy or save the interview. If the CIS conducts the interview in the field, the CIS and detective will coordinate to assure the interview is video recorded, either by use of law enforcement or PAO camera equipment. If law enforcement recording equipment is used to record a child interview conducted by the CIS, the detective will retain a copy of the recording and provide a copy to the PAO.
- b) Detective Interviews: Interviews conducted by the detective or jointly with the detective and the prosecutor, the detective will be responsible for documenting the interview. Reasonable efforts should be made to audio record the interview whenever possible and appropriate.
- c) DCYF/CPS Interviews: If an employee of DCYF/CPS conducts the interview, they are responsible for documenting the interview, which should include an audio recording of the interview whenever possible and appropriate. If the interview is not audio recorded, documentation must include, at minimum, a near verbatim record of any questions asked and responses given regarding the abuse allegation (RCW 26.44.035).

## 9. Information Sharing

*The dissemination of child forensic interviews in Washington State is governed by RCW 26.44.186.*

- a) When the documentation of the interview is the responsibility of the Forensic Interviewer, a secure digital file of the interview will be provided to law enforcement and law enforcement will be the custodian of that record. The detective will manage the child interview file in accordance with that law enforcement agency's secure evidence storage and is prohibited from duplicating the digital file absent a court order.

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- b) Upon the request of the Attorney General's Office, a link to a secure digital file of the interview will be provided for viewing and the AG's office will agree to the terms in the Viewer Agreement\*. Should the AG's Office need to make a copy of the child interview, a signed Protective Order will be required and will be filed into VidaNyx. This process also applies to Dependency Attorneys representing children.
  - c) Other child welfare workers (CPS, Family Court Services social workers, Guardians ad Litem, Title IX investigators, APS workers) may contact the Forensic Interviewer to arrange to view the completed interview and will agree to the terms of the Viewer Agreement\* in VidaNyx.
  - d) For defense attorneys, the prosecutor's office will provide a Protective Order that must be signed and returned to the prosecutor's office. This order prohibits the duplication in any manner or viewing by those not associated with the case and requests an affidavit attesting to the destruction of a digital file at the conclusion of the proceedings. As per RCW 26.44.186, all child forensic interview recordings disclosed in a criminal or civil proceeding are subject to protective order.
  - e) Viewer Agreement in VidaNyx: \*I agree I will not create copies (image and/or audio) of this child forensic interview. I agree it will not be shown to anyone outside of my agency and will be shown within my agency only on a need-to-view basis. I understand that I am permitted to take written notes about the interview as part of my investigative role and that I may share my impressions or a summary of the interview as governed by the rules of my agency and the King County Network Protocol.
  - f) 72-hour Shelter Care Hearings – If a child is taken into custody without a court order by law enforcement under RCW 26.44.050, the child shall immediately be released to CPS for placement. DCYF/CPS is required to provide discovery to the child's parents at the 72-hour shelter care hearing. If the child interview/joint interview has taken place before the 72-hour shelter care hearing and a copy of the documentation is in the possession of DCYF/CPS, they may be required to provide it to the parents. If law enforcement believes that such disclosure will compromise the criminal investigation, then law enforcement will not provide the documentation to DCYF/CPS. The DCYF/CPS social worker may need to disclose sufficient information to support the filing of the petition and the need for shelter care. If the documentation is provided to DCYF/CPS after the 72-hour shelter care hearing, DCYF/CPS will be required to provide a copy to all parties to the dependency proceeding when they receive it as part of the discovery process. Law enforcement will notify DCYF/CPS if this disclosure will compromise the law enforcement investigation and a protective order will be requested. If the investigative interview with the child has not yet taken place, DCYF/CPS will inform the court of that fact.

- g) Dependency Proceeding – DCYF/CPS and the Attorney General’s Office will coordinate with law enforcement and the Prosecutor’s Office regarding the sharing of information and any subsequent reports to any of the parties in the dependency proceedings. The Attorney General’s Office is required to provide discovery to all of the parties prior to the dependency fact-finding hearing. As appropriate, the dependency proceeding may be delayed until the criminal proceeding is resolved.

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

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

##### 1. Role of Law Enforcement

- c) Law enforcement is to notify the supervisor of the law enforcement investigative unit and the supervisor is to assign a single investigator to coordinate the case. The supervisor is also to notify the Prosecutor’s Office.
- b) Law enforcement is to identify all possible victims and arrange for interviews of victims through the Prosecutor’s Office according to the **Interview protocols set forth on page 23**. As many victims and witnesses should be interviewed as possible and interviews should be conducted as close in time to each other as feasible. Interviews should include an exploration of other possible victims and suspects. Parents should also be interviewed regarding other possible victims and suspects. Law enforcement is to investigate all allegations thoroughly.
- c) Surveillance, search warrants, criminal records checks, evidence collection, lab analysis, etc. should be used as appropriate.
- d) Law enforcement is to attempt to interview all suspects to obtain a statement.

##### 2. Role of the Prosecutor’s Office

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

### 3. Role of the Multi-Victim Staffing

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

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

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

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

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

### 1. Role of Law Enforcement

- a) Law enforcement will report to DCYF/CPS all cases involving possession of sexually explicit depictions of children once it is determined that a crime/cybercrime has occurred and DCYF/CPS is allowed to begin engagement.



- b) Law enforcement will ensure that all children in the family, over the age of two and as developmentally appropriate, are interviewed regarding possible sexual abuse. They will make efforts to coordinate child interviews with DCYF/CPS.
- c) Law enforcement will refer non-offending parents of identified sexual abuse victims to victim services for advocacy, counseling, and child safety education.

## 2. Role of DCYF/Child Protective Services

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

## 3. Role of Victim Services

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

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

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

### **DEFINITIONS:**

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

- Head injury
- Broken bones
- Burns (water, chemical, flame, electrical)
- Use of an instrument producing scarring
- Abdominal injuries (liver, pancreas, spleen, stomach, intestines)
- Intentional withholding of food or water requiring hospitalization
- Intentional administration of poison or controlled substance
- Child Torture (including imprisonment)
- Death
- Strangulation, suffocation, submersion or any form of interfering with a child’s breathing that requires immediate medical care

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

- Unexplained or healing fractures
- Significant bruising
- Pattern of scarring
- Chronic physical abuse
- Any bruising on a child under 4 months old
- Bruising to the face/ears/neck/trunk on a particularly vulnerable victim (i.e., victim less than 4 years old)
- Use of instrument on a particularly vulnerable victim or location of injury on the body
- Lower level of injury accompanied by a previous history of abuse and/or neglect
- Bite marks attributed to an adult
- Intentional withholding of food or water

- Strangulation, suffocation, submersion or interfering with a child's breathing

#### A. "VERY SERIOUS" PHYSICAL ABUSE

##### 1. ROLE OF HOSPITAL

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

request that the supervisor of SPD's Sexual Assault & Child Abuse Unit be contacted.

- SPD personnel will coordinate with the law enforcement agency from the jurisdiction where the crime occurred.

## 2. ROLE OF LAW ENFORCEMENT

- a) Law enforcement will respond immediately and this will include, whenever possible, an on-site specialized unit/detective response. They will assume the lead in the investigation, including timing and order of interviews.
- b) The case detective or their supervisor will immediately contact (even if after hours) a supervisor for the King County Prosecuting Attorney's Office Special Assault Unit.
- c) Law enforcement will ensure that DCYF/CPS has been notified, at a minimum, within 24 hours of the initial law enforcement response and they will share information with DCYF/CPS as it is received.
- d) Law enforcement will ensure documentation, including photographs, of injuries is collected. Hospital staff or law enforcement can take photographs.
- e) Law enforcement should first contact the SCAN physician regarding any abuse findings or questions. SCAN can be reached at (206) 987-2194 during weekday business hours or via the Seattle Children's operator after hours at (206) 987-2000 (request to "page the SCAN MD on call"). The SCAN Team can help coordinate additional conversations with the physician providing direct care, if needed.
- f) If the injured child will be released from the hospital, law enforcement will coordinate with DCYF/CPS in the decision regarding protective custody if necessary. If it is determined the injured child should be placed in protective custody, law enforcement will notify DCYF/CPS and ensure acceptance and sign-off (i.e. physical signature) by DCYF/CPS of protective custody documents before leaving the hospital. During the initial stages of investigation, the law enforcement investigative process has priority over the DCYF/CPS investigation.
- g) Law enforcement will consider protective custody, medical evaluation, and investigative interviews of other children in home. As appropriate, they will arrange for a forensic interview of the victim/child witnesses with the Forensic Interviewer and ensure that the appropriate victim service agency is involved. Interviews may be conducted at the hospital or other locations as necessary. Seattle Children's has space available to support private interviews and will make accommodations upon request.

- h) The case detective or investigating officer(s) may participate in a Family Team Decision Meetings (FTDM) in order to be a part of the decision making. If there are concerns about participant inclusion in the FTDM or the results of the FTDM, law enforcement may contact the DCYF/CPS supervisor or area administrator.
- i) Law enforcement will notify the appropriate victim service agency for advocacy services, within 48 hours of law enforcement response.

### 3. ROLE OF DCYF/CPS

- a) Referrals received by DCYF/CPS will be classified according to DCYF/CPS intake protocols.
- b) DCYF/CPS will defer to law enforcement regarding the investigation and they will share available information with law enforcement as it is received. DCYF/CPS will forward the request for DCYF/CPS history to the Public Disclosure Unit within 24 hours of initial law enforcement request to DCYF/CPS.
- c) When it is not clear who the perpetrator is, those who have been determined to have been alone with the victim and had the ability to commit abuse at the time of the injury may be considered safety threats and may be investigated accordingly.
- d) When appropriate and necessary, DCYF/CPS will invite the case detective, investigating officer and victim services to participate in a Family Team Decision Meeting (FTDM), if one is arranged, in order to be a part of the decision regarding the child's placement.
- e) Participant exclusion from the FTDM may be necessary when there is a police investigation and inclusion may jeopardize the investigation, or participation would result in the violation of a no contact order, or participation could create a physically or psychologically unsafe situation for other participants. Any member of the Children's Justice Center of King County may request participant exclusion. If there are concerns about participant inclusion in the FTDM meeting or the result of the FTDM, victim services may contact the DCYF/CPS supervisor or area administrator.
- f) In consultation with DCYF/CPS, law enforcement will consider removal via protective custody placement of other children in the home. DCYF/CPS will coordinate with law enforcement to ensure medical examinations and investigative interviews with other children in the home are conducted.
- g) DCYF/CPS will arrange for review of the medical assessment with a child abuse physician, if appropriate.

- h) DCYF shall communicate with the child's medical care team and the SCAN Team to ensure that the caretaker receiving the child is prepared to safely care for and provide necessary follow-up care for the victim after hospital discharge.

#### 4. ROLE OF MEDICAL EXAMINER

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

#### 5. ROLE OF VICTIM SERVICE ORGANIZATIONS

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

- a) Advocacy

- 1) Advocacy involves providing emotional support, information about the criminal justice system, in-person support at meetings, interviews, and/or court hearings per the victim's request, and assistance in preparing victims for what to expect, their rights as a crime victim, and options in the criminal justice system. Advocates will communicate directly with law enforcement, prosecutors, DCYF/CPS, and other system personnel with the victim's permission. Advocates can assist victims in safety planning, obtaining protective orders, and accessing other resources that victims and their families may need. Advocacy services are limited to victims and non-offending family members only.
  - 2) Referrals to Law Enforcement – Some advocacy programs will assist victims/families in making a police report through the 911 operator (24-hours).
  - 3) Notification of Victim's Rights – Advocates will inform victims and/or families of the Child Victim/Witness Bill of Rights (RCW 7.69A.030) and, when possible, provide them with a copy.
  - 4) Protection Orders - Victim advocates will inform all assault victims and their families of possible civil orders for protection (separate and apart from a criminal No Contact Order). The advocate will ensure that the victim is provided the necessary information and support to complete the process.
  - 5) Communications between community-based sexual assault advocates and clients are privileged. (RCW 5.60.060(7)) Advocates, both systems-based and community-based, are, however, mandated reporters of child abuse and neglect.
- b) Counseling/Mental Health
- 1) Guidelines in Initial Contacts - Prior to the investigative interview, specific questioning about the possible crime(s) should be reserved and the details elicited only to the extent that is necessary for the physical or psychological treatment of the child or to initiate a report.
  - 2) Crisis Intervention and Support - 24-hour access to immediate support is offered through KCSARC's Resource Line. HATC provides access to crisis care and support during regular business hours and after hours through the Harborview Medical Center Emergency Department Social Worker, who has specialized training.
  - 3) Counseling/Mental Health Professionals communications with their clients are privileged (RCW 70.02.020). They are, however, mandated reporters of child abuse and neglect.

**B. "SERIOUS" PHYSICAL ABUSE****1. ROLE OF HOSPITAL**

- a) Hospital staff will contact DCYF/CPS and law enforcement immediately when a concern of abuse or inflicted injury arises.
- b) Hospital staff will avoid extensive questioning about the cause of injury once concern of child abuse rises to the level of suspicion that would lead to a DCYF/CPS report, except as required to provide proper medical diagnosis and treatment.
- c) The child abuse attending physician may notify the supervisor of the King County Prosecutor's Office Special Assault Unit.
- d) Administrative or Medical Hold: Per RCW 26.44.056, a hospital administrator or any physician may hold a child without consent of a legal guardian whether or not medical treatment is required, if, given the circumstances or conditions of the child, they have reasonable cause to believe that permitting the child to return home or continue to be in the care of their legal guardian would present an imminent danger to that child's safety. The administrator or physician is required to notify, or cause to be notified, the appropriate law enforcement agency or child protective services pursuant to RCW 26.44.040. Such notification shall be made as soon as possible and in no case longer than seventy-two hours.

**2. ROLE OF LAW ENFORCEMENT**

- a) Law enforcement will respond immediately or within 24 hours at the most.
- b) Law enforcement will share information with DCYF/CPS and coordinate their investigative response.
- c) Law enforcement will arrange for a medical consultation with the child abuse physician for clarification of medical issues if appropriate.
- d) Law enforcement will ensure documentation, including photographs, of injuries is collected. Hospital staff or law enforcement can take the photographs.
- e) Law enforcement will arrange for a forensic interview of the victim or child witnesses with the Forensic Interviewer as appropriate. They will consult with the prosecutor regarding the appropriateness of child interviews as needed.



- f) Law enforcement will notify the appropriate victim service agency within 48 hours of a law enforcement response.
- g) Administrative or Medical Hold: Per RCW 26.44.056, a hospital administrator or physician may notify a law enforcement agency of an imminent threat to a child's safety and the law enforcement agency shall take the child into custody or cause the child to be taken into custody. The law enforcement agency shall release the child to the custody of child protective services. All transfers of custody must occur in-person between Law Enforcement and DCYF/CPS with the child physically transferring custody.

### 3. ROLE OF DCYF/CPS

- a) Referrals received by DCYF/CPS will be classified according to DCYF intake protocols.
- b) DCYF/CPS will notify the appropriate law enforcement agency immediately or, at a minimum, within 24 hours of receiving the DCYF/CPS referral. DCYF/CPS will contact the supervising law enforcement Sergeant to ensure receipt of the report and to obtain the name of the assigned investigator. DCYF/CPS will share information with the law enforcement investigator in accordance with RCW?? and will coordinate the investigative response. DCYF/CPS will coordinate with law enforcement for the removal and placement of any child.
- c) When it is not clear who the perpetrator is, those who have been determined to have been alone with the victim and the had the ability to commit abuse at the time of the injury may be considered safety threats and may be investigated accordingly.
- d) As appropriate and necessary, DCYF/CPS will invite the case detective, investigating officer and victim services to participate in a Family Team Decision Meeting (FTDM), if one is arranged, in order to be a part of the decision regarding the child's placement.
- e) Participant exclusion from the FTDM may be necessary when there is a police investigation and inclusion may jeopardize the investigation, or participation would result in the violation of a no contact order, or participation could create a physically or psychologically unsafe situation for other participants. Any member of the Children's Justice Center of King County may request participant exclusion. If there are concerns about participant inclusion in the FTDM meeting or the result of the FTDM, victim services may contact the CPS supervisor or area administrator.

- f) DCYF/CPS will arrange for medical consultation with a child abuse physician for clarification of medical issues, if appropriate.
  - g) DCYF/CPS will refer victims to service providers and advocacy when needed.
  - h) Administrative or Medical Hold:
    - Per RCW 26.44.056, if a child is returned after an administrative/medical hold, the department shall establish a six-month plan to monitor and assure the continued safety of the child's life or health. The monitoring period may be extended for good cause.
    - The CPS Social Worker is not to determine when a child should be placed on an Administrative Medical Hold. This determination should be between the hospital administrator and/or physician and the law enforcement agency responding. The CPS Social Worker will provide any historical information as to the caretaker, parent or guardian in the Children's Administration database to law enforcement and hospital administrator and/or physician. (RCW 26.44.056)
4. ROLE OF VICTIM SERVICE ORGANIZATIONS: See this section, Page 37 (5. a & b)

## C. NEGLECT AND OTHER ABUSE

### 1. ROLE OF LAW ENFORCEMENT

- a) The responding officer will determine if an assault or neglect has occurred, as opposed to reasonable parental discipline (see RCW 9A.16.100), and if so, complete an incident report, gather evidence, and any collateral paperwork associated with the physical abuse/assault or neglect. This includes any victim/witness/suspect statements.
- b) If probable cause exists that assault or neglect has occurred, the complete incident report with accompanying statements will be forwarded to the prosecutor of the appropriate court.
- c) If the child is 16-17 years old and judged to be the primary aggressor by the responding officer, domestic violence laws apply (see RCW 10.99.020).
- d) Law enforcement will ensure documentation of the neglect/abuse. Photographs should be taken of any child/juvenile for evidence of injuries, *however slight*, and for the condition of child/juvenile. Hospital staff or law enforcement can take the pictures.

- e) Officers have the authority to contact DCYF/CPS and take the child into protective custody.
- f) Patrol officers should complete the investigations involving non-felony child abuse neglect cases if possible.
- g) Law enforcement will notify DCYF/CPS of incidents involving child abuse or neglect with the understanding that DCYF/CPS is not responsible for the criminal investigation or criminal charges.

## 2. ROLE OF DCYF/CPS

- a) All other DCYF/CPS referrals coded for "Physical Abuse" will be sent to the appropriate law enforcement agency.
- b) Referrals coded for "Neglect" that contain information that a crime against a child may have occurred, will be sent to the appropriate law enforcement agency.
- c) DCYF/CPS will refer victims to service providers and advocacy as needed.

## VI. INVESTIGATIONS OF COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

The purpose of this section is to highlight the differences between CSEC investigations and other child sexual abuse investigations, from the DCYF and police response to the resources available. Please see the *Investigations of Sexual Offenses Against Children* section for more information.

### A. ROLE OF DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES

#### 1. Referrals to DCYF Central Intake (1-800-562-5624)

- a) Mandatory Criminal Referrals: All allegations of CSEC are mandatory criminal referrals and need to be sent to law enforcement within 24 hours of receipt (PL—Public Law—113-183). Referrals that pass the DCYF/CPS sufficiency screen which also fall within the criteria for a mandatory report to law enforcement will be investigated by DCYF/CPS (and not referred to FAR) and will be investigated by law enforcement. **RCW 26.44.030 (11)(b)(vi)(C)**. Cases can screen in as FVS, FAR, FRS, etc. and later be changed to investigation if further allegations are reported. The new intake will be sent to law enforcement.
- b) Third Party Offender Referrals (Investigated by law enforcement only): Referrals that meet the criteria for a mandatory report to law enforcement and the perpetrator is a third-party offender by definition will be referred to law enforcement for investigation unless the parent or guardian is failing to protect the child from the perpetrator, in which case a parallel DCYF/CPS referral will be generated. Third party offender referrals reported to DCYF/CPS intake shall be reported to law enforcement. **(RCW 26.44.030(4))**
- c) Incident Report Referrals: Referrals that include reports of child abuse or neglect within licensed facilities as well as those subject to licensing (e.g., unlicensed day care center) will be investigated by DCYF/LD-CPS unless the allegation falls within the criteria for a mandatory report to law enforcement, in which case both DCYF/LD-CPS and law enforcement will investigate.

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

- a) CPS becomes involved when there are allegations of commercial sexual exploitation/trafficking perpetrated by a parent or guardian, or allegations that the parent or guardian is failing to protect the child from the perpetrator(s).

### B. ROLE OF THE ASSISTANT ATTORNEY GENERAL

1. Dependency Petition Filed - *For cases involving commercial sexual exploitation/trafficking perpetrated by a parent or caregiver, or involving a parent or*

*guardian who has failed to protect the child from the perpetrator*, a dependency petition may be filed to ensure the safety of the child and the child may be placed out of the home.

### C. ROLE OF LAW ENFORCEMENT

Law enforcement's role is to determine if a crime occurred, to identify suspects in the crime, and to gather all pertinent facts and information related to a case for presentation to the Prosecutor's Office for review. The Commercial Sexual Exploitation of Children occurs when an individual provides or offers to provide **anything of value** (including but not limited to money, food, drugs, shelter, clothing, transportation, gifts, etc.) to a minor or a third person as compensation for a minor having engaged in sexual intercourse or contact with said individual; **consent of a minor does not constitute a defense**. Common charges related to CSEC are: Commercial Sexual Abuse of a Minor (CSAM; RCW 9.68A.100), Promoting Commercial Sexual Abuse of a Minor (PCSAM; RCW 9.68A.101), Attempted Commercial Sexual Abuse of a Minor (RCW 9.68A.100); Trafficking (RCW 9A.40.100) and Communication with a Minor for Immoral Purposes—Felony (CMIP; RCW 9.68A.090)

Prior to or following the recovery of a commercially sexually exploited child, law enforcement may find it helpful to request a multidisciplinary team meeting to help coordinate placement, advocacy, medical care, and other services. (See Section F—Role of the CJCKC page #)

#### 1. Cases Referred by DCYF/CPS and/or Victim Service Agencies

- a) Procedure - Upon receipt of the referral, *law enforcement will determine whether or not the case will be opened for investigation and, when appropriate, assign a detective as soon as possible.*

#### 2. Referrals Made Directly to Law Enforcement

- a) Procedure – *In cases open for investigation, a detective will be immediately assigned to contact the victim and arrange an investigative interview. DCYF/CPS should be notified, if not already aware, in the following cases:*
  - The alleged offender is a member of the household of the victim
  - The alleged offender has continuing access to the child
  - The alleged abuse occurred in a licensed facility
  - There are allegations that the parent or guardian is failing to protect the child from the perpetrator(s)

#### 3. Following the Recovery of a Commercially Sexually Exploited Child

- a) Procedure – A law enforcement officer shall take a child into custody if they reasonably believe that considering the child's age, the location, and the time of day, that a child is in circumstances which constitute a danger to the child's safety or that a child is violating a local curfew ordinance. Furthermore, if a Law Enforcement Officer reasonably believes that the juvenile may be the victim of sexual exploitation, the officer shall transport the child to (RCW 43.185C.260):
- (i) Their parent or guardian's home or place of employment, or to someone designated by the parent or guardian (RCW 43.185C.265)
  - (ii) An Evaluation and Treatment Facility (defined as a public or private facility or unit that is licensed or certified by the department of health to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors Per RCW 71.34.020) such as Seattle Children's Hospital (see **Section D3**).
  - (iii) A HOPE Center as defined under RCW 43.185C.010; (**see Section D4**)
  - (iv) A foster-family home as defined under RCW 74.15.020 (not available in King County without DCYF intervention);
  - (v) A crisis residential center as defined under RCW 43.185C.010 (not available in King County); or
  - (vi) A community-based program that has expertise working with adolescents in crisis
- b) A referral to DCYF/CPS should be made if any condition in **Section C 2(a)** exists or if the child is in the care of or receiving services from DCYF/CPS.

#### 4. Interviews

The victim interview will take place *as soon as possible* pursuant to the protocols outlined in Section F - Victim Interview Process (**Page 52**). Whenever possible an in-person interview should be conducted. Referrals to advocates—legal advocates for interview support and CSEC specialized community advocates—should be made as soon as possible.

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

Law enforcement will make every effort to complete and submit the case to the Prosecutor's Office within 60 days of the victim's interview *or as soon as reasonably possible*.

#### D. ROLE OF VICTIM SERVICE ORGANIZATIONS

Victim service organizations provide a range of services including access to specialized medical care, support, crisis response, information and referral, legal advocacy and

counseling. Advocacy and counseling/mental health services are available regardless of ability to pay.

## 1. Advocacy

CSEC victims have two types of advocacy available to them: community advocates and legal advocates. Community advocates provide a range of services and supports including safety planning, case management, and emotional support while legal advocates are available to answer questions and provide support around the legal case.

### Community Advocacy Programs

(complete, updated list: [kingcountycsec.org/advocates](http://kingcountycsec.org/advocates))

- Organization for Prostitution Survivors (OPS)
- REST (Real Escape from the Sex Trade)
- The YMCA Social Impact Center
- YouthCare
- Kent Youth and Family Services

### Legal Advocacy Programs

- Federal Bureau of Investigations
  - City of Seattle Crime Survivor Services
  - King County Sexual Assault Resource Center
- a) Making Referrals: To connect a victim to services, contact any of the advocacy agencies to make a referral or call REST's 24-hour hotline (206-451-7378) for an immediate response. MDT partners can also contact the CJCKCs MDT Coordinator for help with resource connections.
- b) Protection Orders: Victim advocates will inform all sexual assault victims of their right to seek a protection order, including a *Trafficking Protection Order (TPO)*.
- c) Confidentiality: CSEC advocates' (with the exception of FBI and City of Seattle) communications with their clients are privileged. (RCW 5.60.060(7)). They are, however, mandated reporters of child abuse and neglect.

## 2. Counseling/Mental Health

In addition to counseling available at Harborview Abuse & Trauma Center and King County Sexual Assault Resource Center, *REST and OPS both provide ongoing support groups.*

## 3. Medical Care

In addition to acute and non-acute medical care available as outlined in the *Medical and Forensic* section of the protocol, REST operates a drop-in Health Clinic.

### **Seattle Children’s Hospital**

If a youth is identified as a suspected victim of trafficking and needs urgent medical care (i.e. significant injury, mental health crisis, under the influence of drugs/alcohol), it is recommended that they be brought to Seattle Children’s Hospital (SCH). **Please call the SCAN Team prior to arriving at the emergency department.**

The SCAN Team can be reached 2 ways:

- Call the SCH main line at **(206) 987-2000** and ask to page the “SCAN doctor on call”
- Call the office directly during business hours at **(206) 987-2194**.

Please be prepared to provide information about the youth including: identifying info, brief history, any known medical needs, including mental health symptoms/history. If a visit to SCH is recommended:

- Ensure arrangements are made prior to arrival for someone to stay with the youth (i.e. LE, CPS, parent/guardian).
- If you think the youth might run from the hospital, notify the SCAN MD (prior to arrival) and hospital staff (upon arrival) that the youth is an “abscond risk”.
- *Please note: It is possible that a visit to the emergency department may not be recommended, especially if the youth is well-appearing and does not consent to care.*

Questions: Contact the SCAN Team at [SCAN@seattlechildrens.org](mailto:SCAN@seattlechildrens.org)

## **4. Shelter (HOPE Centers)**

Adolescents needing a safe place to stay can access shelter and other services at one of King County’s three Hope Centers. Youth can self-refer or can be referred by law enforcement and other professionals.

<b>Agency</b>	<b>Program Name</b>	<b>Location</b>	<b>Hours</b>	<b>Contact</b>
YMCA Social Impact Center	South King County Youth Shelter (SKYS)	Auburn	24/7	253.275.1634 253.350.0836
Friends of Youth	Youth Haven	Kirkland	24/7	206.236.5437



YouthCare	Hope Center / Adolescent Shelter	N Seattle- Lake City & University District	24/7	206.694.4506
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## 5. Evaluation and Treatment Facilities

As per RCW 71.34.020, an Evaluation and Treatment Programs provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. See Section 3 for information on Seattle Children’s Hospital. As per HB 1775, it is expected that there will be a DCYF contracted CSEC receiving center in Western Washington but the facility was not yet identified at the time of printing.

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

The Prosecutor’s Office has the following responsibilities:

1. Seek a Sexual Assault Protection Order (SAPO), *Trafficking Protection Order (TPO)*, and/or court no-contact order prohibiting the alleged offender from having contact with the victim in all cases where charges are under investigation and/or filed (See RCW 7.90, RCW 9A.40.102, or RCW 10.21.030). "No contact" includes no supervised contact and no indirect contact. Violation of a SAPO or TPO is grounds for arrest and may result in the filing of charges. A violation of a SAPO, TPO, or court no-contact order that was issued pursuant to a pending criminal case should additionally be reported to the Prosecutor's Office for revocation of bond proceedings or detention hearings. In general, in the case of conflicting or overlapping court orders, the most restrictive order regarding contact should be followed.
2. Establish connections with existing resources in the law enforcement and civilian communities, to include service providers, youth shelters, victim advocates, school resource officers (or other school administrators), investigators, patrol-level officers, KCJD probation staff, the local FBI field office, and CPS workers.
3. Participate in the King County CSEC Task Force and other groups that conduct outreach and education programs to address the issue of CSEC with interested parent groups, educators, government leaders, businesses, community organizations, and law enforcement agencies.
4. Maintain contact with the FBI’s Child Exploitation and Human Trafficking Task Force members for purposes of information-sharing, investigative support, and determining whether criminal charges are more appropriate in State court or through Federal indictment.
5. While King County has not charged a juvenile for prostitution or prostitution loitering since 2010, if a juvenile is arrested for prostitution or prostitution loitering, there is a presumption that the juvenile meets the criteria for a certification as a victim of a severe form of trafficking in persons as defined in section 7105 of Title 22 of the

United States code, and that the juvenile is also a victim of commercial sex abuse of a minor (RCW 13.40.219). When a juvenile is alleged to have committed the offenses of prostitution or prostitution loitering, a prosecutor may divert the offense when, if proved, it would not be the juvenile's first offense provided the county in which the offense is alleged to have been committed has a comprehensive program that can meet the needs of the child. (RCW 13.40.213)

#### F. ROLE OF THE CHILDREN'S JUSTICE CENTER OF KING COUNTY (CJCKC)

##### 1. Multidisciplinary Team (MDT) Case Coordination Prior to or Following a Recovery

Prior to or following the recovery or identification of a commercially sexually exploited child, MDT partners may find it helpful to request an MDT meeting to help coordinate placement, advocacy, medical care, and other services. CSEC MDT meetings are coordinated by staff at the Children's Justice Center of King County (CJCKC), which is embedded in the King County Prosecuting Attorney's Office.

Core CSEC MDT partners commonly include:

- King County Prosecuting Attorney's Office
- Law Enforcement
- DCYF
- Legal Advocates
- Community-Based Advocates specialized in working with CSEC
- Juvenile Probation Counselors (JPCs)
- Representatives from local hospitals
- Others as needed

The invite list for each case, however, is tailored to the needs of the child and the investigation. Protecting the integrity of the criminal investigation and maintaining confidentiality are of paramount importance and to that end, attendees are only asked to provide information they feel comfortable sharing. Most MDT case coordination can happen with relatively few criminal investigation details being shared. Emergent meetings can be scheduled in as little as 24-48 business hours when need be. To schedule an MDT, contact CJCKC MDT Coordinator, Norene Roberts at [norene.roberts@kingcounty.gov](mailto:norene.roberts@kingcounty.gov) or 206-741-3611.

## VII. INVESTIGATION OF SEXUAL OFFENSES AGAINST ADULTS

### A. ROLE OF LAW ENFORCEMENT

Law enforcement's role is to first address immediate safety concerns, then investigate and collect evidence that may corroborate that a crime occurred. This includes, but is not limited to, obtaining statements from victims and witnesses in their preferred spoken language; identifying and interviewing suspects, including obtaining a warrant, if needed, to obtain physical evidence from a suspect when there is a timely report; gathering medical reports, and electronic evidence such as text messages, photos, and videos; potentially utilizing one-party consent with the investigation when victims are supportive of prosecution; gathering all pertinent facts and information; and forwarding the case to the Prosecutor's Office for review.

#### 1. Procedure

- a) Upon receipt of a report, law enforcement will review the report as soon as possible to determine whether a victim is supportive of and able to participate in prosecution. In cases involving the use of a weapon or other evidence, law enforcement may continue the investigation with or without the victim's cooperation.
- b) If report is made within five days of assault encourage victim to obtain a free forensic medical exam.
- c) Refer victim to advocacy services, crime victim's compensation and counseling (see page #).
- d) Inform victim, in their spoken language, that they have a right to an interpreter.
- e) Inform victim of their right to be timely informed of what happens in the case.
- f) Provide victim with a written copy of their rights as outlined in RCW 70.125.110, which include, but are not limited to, the right to: receive a medical forensic examination at no cost; receive information about the crime victim compensation program; receive a referral to a community sexual assault program; consult with an advocate throughout the investigation and prosecution of the case, regardless of whether this right has been waived previously; be informed of the status and results of forensic analysis of evidence upon request; receive notice prior to the destruction of a sexual assault kit; receive a free copy of the police report; review their statement before the case is referred to the prosecutor; receive timely notifications regarding the investigation and prosecution of the case; be informed of expected and

appropriate timeframes and receive information within those timeframes; an interpreter when necessary.

## 2. Investigative Steps

- a) The following investigative tools should be employed where appropriate and at the earliest possible time in the investigation to preserve evidence:
  - Interviews (see below)
  - Documentation and processing of crime scene(s) and other evidence
  - Search Warrants (i.e., crime scene, cell phones, cellular records, computer, photographs, video, suspect's person, one party consent)
  - Trace evidence
  - Biological evidence (including evidence from the suspect's body)
  - Document relevant injuries of all parties
  - Obtain medical records
  - Sexual Assault Kits (SAK) to be sent to the Washington State Patrol Crime Lab within 30 days of receipt by law enforcement

## 3. Interviews

- a) Interpreters - The investigative process should be sensitive to a person's ability to understand his or her rights and a person's ability to communicate effectively. Use an interpreter if reporting party demonstrates limited English proficiency (LEP).
- b) Initial Report - Uniformed patrol officers may take an initial report. A patrol sergeant or detective will review and follow-up with evidence collection to determine if there is sufficient evidence that a crime occurred.
- c) Investigative Victim Interview – Inform victims of their right (RCW 7.69.030) to have an advocate or a non-witness support person of their choosing present during interviews. If requested, arrange for the advocate or support person to be present. Whenever possible, the victim interview shall take place in person and will occur pursuant to the protocols outlined in **Section D – Victim Interview Process (page 63)**.
- d) First Person Report - A complete and detailed interview will be conducted of any person to whom the initial report of sexual assault was made to determine facts relevant to the investigation, to include:
  - The circumstances under which the report occurred
  - What precipitated the report
  - What each party said
  - The demeanor of the witness
  - Who was present during the report

- e) Collateral Witnesses – Interview all corroborative, familial and alibi witnesses
- f) Suspect - Law enforcement will always attempt to interview all suspects. Interviews will occur face-to-face whenever possible, and law enforcement will collect any physical evidence.

#### 4. Upon Completion of the Law Enforcement Investigation

- a) Prior to submitting the case to the prosecutor's office, law enforcement will provide the victim an opportunity to review their statement, per RCW 70.125.110.
- b) Law enforcement will make every effort to submit the case to the Prosecutor's Office within 60 days of the victim interview.
- c) Juvenile Defendants – Refer cases involving juvenile defendants within two weeks of completion of the detective's investigation. Cases received by the Prosecutor's Office after two weeks may be subject to dismissal. (LuCR 7.14(b))

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

1. Cases Referred from Law Enforcement - The prosecutor's job is to review all cases referred from law enforcement for consideration of filing criminal charges. In reviewing the cases the prosecutor's office may file charges, decline the case with no charges filed, or refer back to law enforcement to request further investigation. If there is considerable medical evidence the prosecutor will consult with the medical provider prior to declining the case. During the prosecutor's review of the case, the prosecutor will ensure that victims have been connected to advocacy and make referrals as necessary.
2. Cases Referred from Others - When the prosecutor's office receives a case from another jurisdiction, another official, or from a citizen complaint, the prosecutor will refer the reporter or the case to the appropriate law enforcement agency for investigation.
3. Timelines - The prosecutor will make every effort to make a filing decision within 60 days after receipt of a completed case.
4. The prosecutor will inform the victim of anticipated timelines and case updates per RCW 70.125.110.
5. Emergency Situation/Rush file – When there are significant injuries, prior sexual assault crimes, or the suspect poses a threat to the victim it may be necessary to

file the case immediately to keep a suspect in custody or to issue a warrant.

6. Notification of Filing Decision by the Prosecutor's Office - After receiving a completed investigation from law enforcement the prosecutor will notify the victim and law enforcement of the decision to charge or decline to charge a crime (known as a finding of "insufficient evidence" in juvenile court).
7. If the suspect is incarcerated, every effort will be made to notify the victim of the decline prior to suspect's release. If suspect is not incarcerated, victim shall be notified within 5 days of making the decision. When possible, notification will occur prior to the suspect notification of the filing decision. When requested by the victim, juvenile victim's family, advocate, or civil attorney with notice of appearance filed, the prosecutor will be available by phone or in-person to explain the decision and answer questions.
8. Upon filing, request a Sexual Assault Protection Order (SAPO) prohibiting the offender from having contact with the victim (RCW 7.90). "No contact" includes no direct or indirect contact. Violation of a SAPO is grounds for arrest and may result in the filing of charges. Also, report violations of the order to the Prosecutor's Office for revocation of bond proceedings or detention hearings. In general, follow the provisions of the most restrictive order if there are conflicting orders in place.
9. Once a victim advocate is working with the victim, the prosecutor's office will inform the advocate of all scheduled victim contacts such as defense attorney interviews and substantive court hearings. If there is a notice of appearance on file by a civil attorney representing the victim, the prosecutor's office will notify the attorney of scheduled victim contacts.
10. Negotiations – When possible, the prosecutor will seek victim input prior to making an offer of a reduced charge.
11. Notification of Guilty Plea - The prosecutor will notify law enforcement and the victim advocate, who will make reasonable efforts to notify victim of the plea.

#### C. ROLE OF VICTIM SERVICE PROGRAMS

1. Victim service programs provide a range of services including specialized medical care, support, crisis response, information and referral, legal advocacy, and counseling.
2. Victim service programs and advocates will communicate directly with law enforcement, prosecutors and other system personnel with the victim's permission.

3. Advocacy involves:

- a) Providing emotional support, including in-person support at meetings, interviews, and/or court hearings, per the victim's request.
- b) Providing information about the criminal justice system
- c) Providing assistance in preparing victims for what to expect
- d) Informing victims of their rights as a crime victim and options in the criminal and civil justice system

4. Referrals to Law Enforcement – Some victim service programs will assist victims in making a police report through the 911 operator (24-hours).

5. Notification of Victim's Rights – Victim advocates and service providers will inform victims of the Victim Bill of Rights (RCW 7.69.030) and the Rights of Sexual Assault Survivors (RCW 70.125.110) and provide them with a copy, when possible.

6. Protection Orders - Victim advocates will inform all sexual assault victims of their right to seek a civil Sexual Assault Protection Order (SAPO) pursuant to RCW 7.90 and/or the availability of other protection orders. The advocate will provide victim with the necessary information and support to complete the process.

7. Communications between community-based sexual assault advocates and their clients are privileged (RCW 5.60.060(7)). All advocates, including system-based and community-based advocates are mandated reporters of child abuse and neglect.

D. VICTIM INTERVIEW PROCESS

1. Timelines – Schedule the investigative interview as soon as possible, preferably within two weeks, of the report to police.

2. Procedure - The detective will arrange the time and location of the interview in consultation with the victim and/or advocate. The purpose of the interview prior to filing charges is:

- a) To obtain the formal, detailed version of events from the victim
- b) To inform the victim about decision making processes regarding case filing, the criminal justice system, and timelines for decision making and answer questions in accordance with RCW 70.125.110.

3. In cases where the investigative interview has already been completed by the detective, the prosecutor will attempt to reach a filing decision without re-

interviewing the victim. Frequently, phone contact with the detective or victim may resolve concerns. If there is a need to re-interview the victim, a joint interview with the prosecutor should be scheduled and limited to the areas of concern. The detective will be present to document any clarifications, supplements, or changes to the statement obtained earlier. Victim may have an advocate or non-witness support person present.

4. Interviews with vulnerable adults - Adults with special needs, including developmental or cognitive delays, may benefit from an interview conducted by a Forensic Interviewer. While Forensic Interviewers principally interview children ages 4 – 15 years of age, they are trained and available to conduct interviews with vulnerable adults. Detectives are encouraged to reach out to the Forensic Interviewer to discuss their case and plan accordingly.
5. Joint Interview – These interviews serve as the initial investigative interview and are conducted jointly by the prosecutor and the detective. Advocates should be present at all joint interviews to support the client and/or their family.
  - a) In all high-profile cases (e.g. cases involving a public figure or school personnel), a joint interview will occur.
  - b) In all other cases, a joint interview may occur at the discretion of the detective or prosecutor. Detectives should consult with the prosecutor to determine the necessity of a joint interview, particularly on cases involving incapacitation caused by drugs or alcohol. The detective will schedule these interviews and they will occur at the prosecutor's office or other appropriate location. The victim has the right to have an advocate or non-witness support person present.
  - c) The detective will be responsible for documentation of the interview and will include a detailed summary in the case file for review by the prosecutor.

#### E. CASE STAFFING

1. Bi-monthly, the Sexual Assault Network meeting will be dedicated to addressing teen and adult sexual assault.
2. Prosecutors, law enforcement, medical providers or victim service providers may request a multi-disciplinary meeting as needed.



## VIII. OUT OF COUNTY CASES

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

### A. REPORTING

1. Children and youth under 18 years of age: If King County DCYF/CPS or law enforcement receives a report of a sexual assault that occurred in a jurisdiction outside King County, the law enforcement agency or DCYF/CPS office within King County should file a report and refer it to the law enforcement jurisdiction where the events occurred. If the alleged abuse occurred out of state, the CPS agency in that state should be notified.
2. For victims of possible serious abuse that are hospitalized in Seattle but normally reside or were injured out-of-area, SPD and King County DCYF may conduct initial evaluations at the request of the responsible local jurisdiction's agencies.

### B. INTERVIEW PROCESS

1. At the request of the investigating agency where the events occurred, courtesy interviews may be conducted by the law enforcement agency where the victim currently resides or is hospitalized. If the child is under 16 or the reported victim requires a specialized interviewer, the King County Forensic Interviewer may conduct the interview at the request of the local law enforcement agency. If the out-of-county agency requesting the interview follows a protocol that is different from the CJCKC, the interview specialists are permitted to follow those guidelines (e.g. interviewing through age 18 or interviewing younger than 4 years of age).

### C. VICTIM SERVICES

1. If the victim lives within King County, law enforcement will refer the victim to victim's services including a forensic medical exam, legal advocacy, and counseling, as appropriate. Victims will be informed of their rights as a victim (RCW 7.69.030) including the right to have an advocate present during interviews and to be informed of what happens in the case.

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## IX. MEDICAL AND FORENSIC RESPONSE TO CHILD ABUSE AND SEXUAL ASSAULT

The primary purpose for patients who present with a concern for sexual abuse or sexual assault is to provide medical care. Exams may include collection of forensic evidence including a kit, photographs and toxicology. An additional purpose of the exam is to provide support, address psychosocial needs and refer patients to community resources.

### A. CONSENT FOR CARE

1. A Sexual Assault Nurse Exam (SANE) requires the consent of the patient's custodial caregiver (e.g., parent, legal guardian, CPS) as well as consent of the patient.
2. Medical forensic exams are not done on patients who do not consent to the exam, regardless of age. Legal decision makers (parents, DPOA, CPS, law enforcement) may request and/or consent for the exam and evidence collection, but if the patient does not also consent to the exam or evidence collection, it will not be done.
3. Consent may include all or part of the forensic elements of the exam and may be rescinded at any time in the exam process.
4. If a patient is unconscious due to a medical condition and is unexpected to be able to participate in informed consent within 120 hours, the SANE exam and evidence collection can be done with the consent of the custodial caregiver only. Transfer of evidence to law enforcement requires consent from either the patient or legal decision-maker.
5. Minors may consent to certain medical services without their parent or guardian's consent. These include: emergency medical services, testing and treatment for sexually transmitted infections (if over age 14), birth control services, abortion services, prenatal care, mental health services (if over age 13), and outpatient substance abuse treatment (if over age 13).

### B. EXAMS FOR CHILDREN 12 YEARS AND YOUNGER

1. Harborview Medical Center and Seattle Children's Hospital are the only King County sites that offer specialized emergency exams for children 12 years and younger. When children present with a parent(s) or guardian to an emergency department they are typically seen first by a triage nurse and then meet with a social worker. The social worker contacts the pediatric medical provider who then contacts the SAC/SCAN on call for all cases. Contact information is as follows:
  - SAC - Sexual Assault Center. Attending physician on call 24/7, reached through the Harborview operator, 206-744-3000.

- SCAN - Safe Child and Adolescent Network. Physician on call 24/7, reached at 206-987-2194 (daytime) or via the operator at 206-987-2000 (nights and weekends).
  - HATC – Harborview Abuse & Trauma Center, outpatient clinic for non-emergency and follow up care, 206-744-1600
2. **Procedure:** The case is discussed to decide what type of medical exam is needed and if evidence will be collected. If evidence is to be collected, a SANE is called to work with the pediatric medical provider to complete this process. A child is never forced to do an exam; a speculum exam is rarely ever done; and a child is almost never sedated for the exam.
- If at any time there is a child who has tested positive for a sexually transmitted infection the SAC attending should be contacted as further testing is always indicated before treatment.
3. **Time Frames:** Forensic evidence is collected up to 120 hours from the last reported access or contact with the suspected offender. The best physical evidence obtained from children is gathered within the first 24-48 hours - clothing, underwear, and bed linens are especially valuable. If the last contact was outside the 120-hour evidence collection window or the timeline is unclear, and there are no immediate medical needs, the child can be seen in a scheduled appointment at HATC.
- Consultation with the HATC or Seattle Children’s SCAN physician should occur for ALL children with a report of sexual assault or concern for sexual assault regardless of when the contact occurred. Generally, a medical exam will be offered to all children for reassurance and referral to ongoing support and resources after consultation with the medical provider. The exam will either be an acute exam with evidence collection in one of the two emergency departments or a non-acute exam in the HATC clinic.
4. **Follow Up:** Cases seen at the Harborview Emergency Room always receive outreach to answer questions and facilitate follow-up services. If there is an ROI in place, cases seen at Seattle Children’s Hospital Emergency Room are contacted by the social worker at HATC to answer questions and facilitate follow-up services.

## C. EXAMS FOR ADOLESCENTS AND ADULTS

### 1. Providers

- a) Harborview SANE program covers UW Medicine hospitals (Harborview Medical Center (HMC), Valley Medical Center, UW Medical Center (UWMC), and Northwest Hospital), Swedish First Hill Medical Center, Seattle Children’s

Hospital, and Virginia Mason Medical Center. This program provides care to patients of all ages at HMC, children of any age at Seattle Children's Hospital, and patients 13 years and older at UWMC, Valley Medical Center and Swedish First Hill Medical Center. The program ensures coverage 24/7 at Harborview and makes every effort to provide 24/7 coverage to all sites. In the event a SANE is not available to respond to a site other than HMC, the patient is transferred to HMC for care. SANE response time is 45 min to 1 hour.

- b) Evergreen FNE Program covers the Evergreen Hospital Redmond and Kirkland campuses. The Evergreen FNE program also covers the Evergreen Monroe campus in Snohomish County. This program provides care to patients 14 years and older. Patients less than 14 years are transferred to either Harborview or Seattle Children's Hospital. The Evergreen program strives to provide 24/7 coverage but in the event they do not have SANE staff available, they transfer to either Providence Everett or Harborview, depending on the county in which the crime occurred. FNE response time is 45 minutes to 1 hour.
- c) Overlake Medical Center has a developing SANE program, but it currently is not a 24/7 coverage program. Their program covers only Overlake Medical Center. This program provides care to adults only (18 years and older). Patients younger than 18 years of age are transferred to either HMC or Seattle Children's Hospital. If they do not have SANE coverage, they transfer to Harborview or Evergreen. SANE response time may be immediate if the nurse is working in the ED or within 45 minutes to 1 hour.
- d) RSI (Rapid Sexual Assault Victim Exam Investigation) is a contracted SANE nursing agency operating in Washington and Oregon. Their program covers the following King County Hospitals: Highline Medical Center, MultiCare Tacoma General Federal Way, MultiCare Auburn Medical Center, St. Francis Hospital, St. Elizabeth's Hospital and MultiCare Covington. They provide care to patients 14 years and older. Patients less than 14 years are transferred to either Harborview or Seattle Children's Hospital. The program provides 24/7 coverage to all sites with approximately a one-hour response time for the SANE to the facility.

**2. General description of procedures:** When patients present to an emergency department, they are typically seen first by a triage nurse. Patients are usually not asked to provide details of the assault, but simply describe any pressing medical concerns/needs. If they have injuries or medical concerns that need to be managed immediately, patients are seen by an Emergency Department medical provider.

- a) At Overlake, the Harborview hospitals, Seattle Children's, and the Evergreen hospitals, a social worker will meet with the patient upon arrival and will continue to provide support and advocacy during the exam (if indicated) as well as appropriate resources and referral coordination prior to discharge.
- b) At the RSI facilities, patients are referred to KCSARC for advocacy. Social workers are present in the Emergency department but are not directly involved in sexual assault cases, unless there are other psychosocial needs.
- c) The SANE/FNE is typically called once the patient has been medically cleared and is deemed stable enough for an exam. Patients who are under the influence of drugs or alcohol typically will need to be sober enough to participate in the interview and exam before a SANE is called, which may take several hours.

**3. Time frames:** Patients presenting within 120 hours of the assault can have a medical exam and forensic evidence collection by a SANE/FNE. Patients should be referred to a hospital offering SANE exams as soon as possible once a report is received. For patients presenting beyond 120 hours of the assault, a medical evaluation in the emergency department may be appropriate for assessment of injuries and need for post assault medications and/or the patient may be referred to a local sexual assault program. HIV prophylactic medications (HIV PEP) can be provided up to 72 hours after sexual contact.

- All patients presenting for a report of sexual assault at Harborview sites, Evergreen sites, Seattle Children's or Overlake are provided information and referral to the community sexual assault program serving their facility, regardless of whether a SANE exam was done.

**4. SANE exam or no SANE exam:** SANE/FNE exams are done when patients present within the 120-hour time frame; request and want a forensic exam; are medically stable and sober enough to participate in the interview and exam; and are stable enough with any mental health crises to participate in the exam. The assessment of whether or not a SANE/FNE exam is appropriate is decided by the clinical team prior to SANE/FNE arrival. SANEs/FNEs are typically called in from home so patients should expect to wait up to 45-60 minutes for them to arrive at the hospital.

#### **5. Sexual Assault Kits (SAKs):**

- a) **What they involve:** Sexual Assault Kits are typically collected by SANEs/FNEs. The SAK evidence collection generally includes oral, fingertip, vulvar/vaginal or scrotal/penile, and anal swabs as well as reference blood for all adult/adolescent

patients. Collection of trace material, debris on skin, skin swabs, pubic hair combing, blood or urine for toxicology and clothing depends on the history of the assault provided by the patient. The exam typically does not include a speculum exam for females. The medical exam is focused particularly on the documentation of injuries associated with the assault. A forensic exam can take anywhere from 1-4 hours on average.

- b) **Storage:** Sexual Assault Kits are typically collected by SANEs/FNEs. The kits are always transferred to law enforcement (if the LE agency is within Washington State, with some exceptions for Tribal and Federal agencies), regardless of whether a police report was made. If a police report was made, the kit will be sent to the lab for processing. Unreported kits are transferred to the law enforcement agency that would investigate the case with all identifying patient information removed. The unreported kits are stored for twenty years, or until a report is made.
- c) **Tracking:** All sexual assault kits collected in King County are entered into the Washington State Kit tracking system, regardless of whether a police report has been made and regardless of where the assault occurred. If a report has been made at the time of the forensic exam, the law enforcement agency believed to be the reporting agency is entered into the system. If a patient has not made a report at the time of the SANE/FNE exam, the kit is entered into the system as “No Report to Law Enforcement” and the system indicates that the patient has not consented to forensic testing. Sexual Assault Kits collected on patients under the age of 18 are a mandatory report. In the tracking system, they are marked as “Juvenile case” and automatically transferred to law enforcement, regardless of signed consent.

SANE programs retain a record of all kit tracking numbers and patient names so that if an unreported case becomes a reported case, they can update the tracking system. They can also assist patients with resetting their tracking system password for access to their information.

d) **Release of SAK and Medical Records:**

- 1) For patients under 18 years of age, it is ideal to have the family sign a release of information for transfer of evidence (e.g., the SAK), but by state law it is not required. Consent for care is considered sufficient consent to transfer to law enforcement.

- 2) Sexual Assault kits and medical records can be accessed using the following procedures. For patients over 18 years of age, with a signed release of information, the sexual assault kit, photos and SANE/FNE documentation can be retrieved as follows:

**NOTE: Medical records must be obtained from the medical records department of each hospital.**

- **Harborview Medical Center and UWMC:** Contact the HATC clinic and speak with the evidence management person who can schedule a pickup of all related evidence. HMC Medical records will release the SANE documentation with appropriate signed release of information.
- **Swedish First Hill:** Contact the ED SW supervisor who can schedule a pickup of all related evidence. Swedish Medical records will release the SANE documentation with the appropriate signed release of information.
- **Valley Medical Center:** Contact the ED Charge Nurse who can facilitate the transfer of all related evidence including the SANE documentation and photographs.
- **Seattle Children's Hospital:** The charge nurse in the emergency department can transfer the sexual assault kit and all related evidence. Seattle Children's Health Information Management will release the SANE documentation with the appropriate signed release of information
- **Evergreen Medical Centers:** The FNE involved in the case may transfer the evidence kit to law enforcement if they are in the facility. If they have left, the ED charge nurse can transfer the evidence kit. All other medical records including the FNE report and photos must be requested through the Evergreen Medical Records department and may be released with the appropriate signed release of information.
- **Overlake Medical Center:** If the sexual assault kit and all related evidence is not picked up by law enforcement immediately after the SANE exam has been completed, police can contact the Overlake Security department who will transfer the stored evidence. Overlake Health Information Management will release the SANE documentation with the appropriate signed release of information.

- **RSI Facilities:** The SANE transfers the sexual assault kit and all related evidence after the exam is completed. The RSI medical facilities medical records departments will release the SANE documentation with the appropriate signed release of information.

**6. Follow Up:** Follow up after sexual assault exams occurs a variety of ways across county programs.

- a) The Harborview SANE program is the only program currently known to have a designated follow up clinic. All patients seen in facility staffed by the Harborview SANE team are given a follow up in the HATC clinic approximately a week after the assault. Patients are seen by a medical provider (MD, SANE or clinic ARNP) as well as a social worker to address any ongoing questions or concerns and to connect patients with advocacy and counseling resources as needed. Patients started on HIV Post Exposure Prophylaxis (PEP) at one of the Harborview program facilities are referred to the Harborview Madison Clinic for follow up of lab work and continuation of the 28-day course of HIV medications.
- b) Evergreen generally refers patients to their Primary Care Provider (PCP) for any medical concerns they may have after the FNE exam. If they are started on HIV PEP, they are referred to the Evergreen Infectious Disease physicians for follow up. All patients are also referred to the King County Sexual Assault Resource Center (KCSARC) for advocacy and counseling resources.
- c) The Overlake Medical Center SANE program refers patients back to their Primary Care Provider (PCP) or OB/GYN provider to address any ongoing medical questions or concerns. They refer patients to KCSARC for advocacy and counseling support. Patients started on HIV PEP through the Overlake SANE program are referred to Overlake Medical Center Infectious Disease physicians for follow up of lab work and continuation of the 28-day course of HIV medications.
- d) The RSI program refers patients either to their preferred Infectious Disease physician, the specific hospital's infectious disease physician or to the patient's Primary Care Provider. They refer patients to KCSARC for advocacy and counseling resources.



## X. MULTIDISCIPLINARY CASE STAFFING

A core element of the Special Assault Network and the Children’s Justice Center of King County is our adherence to the Multidisciplinary Team (MDT) model. The MDT is a group of King County professionals who work together in a coordinated and collaborative manner to ensure an effective response to special assault cases while minimizing further impact on victims and their families. Members of the MDT represent the government agencies and community organizations responsible for investigating special assault crimes and providing services that protect and treat victims in our community.

The MDT approach promotes well-coordinated, culturally-appropriate special assault investigations that benefit from the input and attention of many different parties – in particular, law enforcement, prosecution, victim services and child protection (when applicable) – to ensure a successful conclusion to the investigation and to minimize additional trauma to the victim.

An MDT Case Staffing may be sought on any case in which a professional who is involved wishes to bring the case forward for greater review by the MDT. MDT Case Staffings may focus on investigations; policy issues; treatment of victims, their families, and perpetrators; or a combination of these factors. These meetings provide an opportunity to acknowledge and discuss cultural issues related to race, ethnicity, language, ability, gender, sexual orientation, immigration, and socio-economic status and seek consultation and guidance from culturally appropriate agencies as needed.

Special assault cases are complex and require the cooperation and sharing of information by those involved while preserving and respecting the rights and obligations of each agency to pursue their respective mandates. No single agency or organization can effectively deal with the issues involved in special assault cases, and a multidisciplinary approach that is cooperative and mutually respectful will result in a professional assessment with the least amount of trauma to the victims and families involved.

### MULTIDISCIPLINARY CORE TEAM

King County Deputy Prosecuting Attorney  
Law enforcement  
DCYF/CPS social worker / Supervisor  
Victim services / Advocacy  
Forensic Interviewer  
Physician / Nurse Examiner  
Mental health professional  
Medical social worker

### OTHER POSSIBLE PARTICIPANTS AS NEEDED

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

**A. Regularly Scheduled MDT Meetings****Weekly MDT Case Review****Date:** Wednesdays**Time:** begins at 10:00 and ends no later than noon**Location:** Zoom and will remain online after social distancing restrictions are lifted**Description:** This weekly case review meeting, facilitated by the CJCKC MDT Coordinator/Facilitator, includes all cases in which a child victim participated in a child forensic interview during the previous week and CPS is also involved. Each case is assigned a 15-minute window and people are only asked to attend their case's 15-minute time slot.**King County Commercially Sexually Exploited Children (CSEC) MDT Meeting****Date:** 2<sup>nd</sup> Thursday of the Month**Time:** 2:00-3:30**Location:** Online while social distancing restrictions are in place but normally meetings are held at the Children and Family Justice Center, 1211 East Alder Street, Seattle, WA 98122**Description:** This monthly meeting, facilitated by the CJCKC MDT Coordinator/Facilitator, allows partner agencies to discuss specific child sex trafficking cases and policy and procedural issues that affect local anti-trafficking related work.**Juvenile Court MDT Meeting****Date:** 3<sup>rd</sup> Thursday of the Month in September, December, March and June**Time:** 9:00-10:30**Location:** Online while social distancing restrictions are in place but normally meetings are held at the Children and Family Justice Center, 1211 East Alder Street, Seattle, WA 98122**Description:** This monthly meeting, facilitated by the CJCKC MDT Coordinator/Facilitator, allows partner agencies to discuss specific Juvenile Court cases with a focus on victim survivor needs and services, as well as policy and procedural issues that affect Juvenile Court related work.

**East/North King County Inter-Agency Roundtable****Date:** 4<sup>th</sup> Tuesday of the Month in January, April, July, and October**Time:** 9:00-10:30**Location:** Online while social distancing restrictions are in place but normally meetings will be held in person on the eastside/north end. Future meeting locations TBD.**Description:** This quarterly meeting, facilitated by the CJCKC MDT Coordinator/Facilitator, brings together MDT partners to discuss policy, procedure, and legislative issues that affect how we work together on child abuse cases.**Law Enforcement Catchment Area:** Bellevue PD, Bothell PD, Clyde Hill/Yarrow Point PD, Duvall PD, Issaquah PD, Kirkland PD, Lake Forest Park, Medina/Hunt's Point PD, Mercer Island PD, Redmond PD, Snoqualmie/North Bend**DCYF Offices:** King East and applicable OICW and King West cases**South King County Inter-Agency Roundtable****Date:** 4<sup>th</sup> Tuesday of the Month in February, May, August, and November**Time:** 9:00-10:30**Location:** Online while social distancing restrictions are in place but normally meetings will be held in person in the south end. Future meeting locations TBD.**Description:** This quarterly meeting, facilitated by the CJCKC MDT Coordinator/Facilitator, brings together MDT partners to discuss policy, procedure, and legislative issues that affect how we work together on child abuse cases.**Law Enforcement Catchment Area:** Algona PD, Auburn PD, Black Diamond PD, Des Moines PD, Enumclaw PD, Federal Way PD, Kent PD, Normandy Park PD, Pacific PD, Renton PD, Tukwila PD**DCYF Offices:** Primarily King Southwest and King Southeast, but also applicable MLK, King East, and OICW cases**KCSO and SPD Inter-Agency Roundtable****Date:** 4<sup>th</sup> Tuesday of the Month in March, June, September, and December**Time:** 9:00-10:30**Location:** Online while social distancing restrictions are in place but normally meetings will be held in person. Future meeting locations TBD.

**Description:** This quarterly meeting, facilitated by the CJCKC MDT Coordinator/Facilitator brings together MDT partners to discuss policy, procedure, and legislative issues that affect how we work together on child abuse cases.

**Law Enforcement Catchment Area:** KCSO and SPD

**DCYF Offices:** MLK, King West, White Center and OICW for SPD cases. All Region 4 DCYF Offices for KCSO cases.

**Special Assault Network (SAN) Meetings**

**Date:** 2<sup>nd</sup> Wednesday of the month

**Time:** 8:30-9:30

**Location:** Online while social distancing restrictions are in place. Normally, meetings are held at Odessa Brown Children's Clinic.

**Description:** Facilitated by the Chair of the Special Assault Unit of the PAO (Executive Director of the CJCKC), SAN meetings cover a range of pertinent issues including: interagency system issues, cultural considerations, legislative issues, membership education and research, agency updates, personnel changes/updates and selected case reviews when applicable for larger policy and procedural issues.

**SCAN Case Conference**

**Date:** Tuesday afternoons

**Location:** Online while social distancing restrictions are in place. Normally, meetings are held at Seattle Children's.

**Description:** Selected case review of serious physical abuse cases. These meetings are facilitated by the SCAN Team.

***For all regularly scheduled meetings, the meeting facilitator will share the agenda and designate which recommendations are to be completed by each MDT member.***

**B. Case Specific Meetings**

**Case Specific MDT Meetings**

**Date:** Scheduled on an as needed basis

**Time:** Typically, one hour in length at a time that works for meeting participants

**Location:** Zoom and will remain online after social distancing restrictions are lifted

**Description:** Case specific meetings are an opportunity to discuss one case in detail. Cases that are particularly complicated, high conflict, or involve multiple providers/agencies are good candidates for case specific MDT meetings. Any MDT partner can request a case specific meeting by contacting the CJCKC MDT Coordinator or the filer at the KCPAO SAU.

Case Specific MDT Meetings are highly recommended in the following types of cases:

- Disagreements over Agency Case Management
- Multi-Victim Cases (p 29)
- Medical Child Abuse (formerly known as Munchausen Syndrome By Proxy)
- Legal Child Abuse (repeated referrals or reports of abuse to DCYF/CPS or law enforcement by a parent or guardian that cause agencies/workers to question the report(s))
- Fatalities which are concerning for abuse
- Any case requiring additional communication, including complicated cases, CSEC cases, high-profile cases, etc.

To schedule a case staffing for any of the above situations when it relates to an adult victim, a professional should contact the filer for the King County Prosecutor's Office Special Assault Unit at the appropriate courthouse and they will convene and facilitate the case staffing.

To schedule a case staffing for any of the above situations when it relates to a child victim, a professional should contact the CJCKC MDT Coordinator to consult on the case and determine the best course of action. Occasionally, issues can be addressed with phone calls or emails and an MDT meeting isn't necessary. Typically, cases that have successful case specific MDTs have the following:

- Involvement of three or more core MDT partners
- A clear question(s) that needs to be answered or issue that needs to be solved
- Good contact information for the participants

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

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

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

- Criminal Case Review - monthly meeting between prosecutors and advocates
- Pre & Post Child Interview briefing - brief meeting prior to interview involving Forensic Interviewer, law enforcement/detective, DCYF/CPS and advocate; post interview meeting involves all disciplines with the exception of the Forensic Interviewer
- Concerning Fatality Staffing – Ad hoc staffing held at the Medical Examiner’s office

#### D. CONFIDENTIALITY

All MDT members, within the bounds allowed by law, agree to maintain confidentiality of all records and information gathered on any cases. All members further agree not to release any records or information on any cases except as it relates to legitimate program operations of their agency. MDT members must maintain confidentiality of the cases presented for case reviews once outside of the MDT Case Review meeting. Confidential materials will be turned in to the MDT Coordinator at the end of the meeting.

At each MDT meeting, MDT members will also sign a sign-in sheet that reminds them of their commitment to confidentiality during MDT meetings. The signed forms will be kept on file and maintained by the MDT Coordinator.

Mental Health/Counseling professionals and advocates are proscribed by statutory privileges with their clients, which may prevent them from participating in an MDT with respect to that case but shall not prohibit the involvement of a representative from that discipline to serve as a clinical consultant on issues relevant to trauma and evidence-based treatment. (RCW 70.02.020) (RCW 5.60.060(7))

#### E. PROTECTIONS FOR MDT INFORMATION SHARING

Good faith information sharing by MDT partners that is intended to ensure the safety of the victim and coordinate the timely investigation of the alleged abuse is protected in the WA RCW. MDT participation does not, however, compel an attendee to share information if it violates their professional ethical obligations or disclose privileged communications (RCW 26.44.175).

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## XI. APPENDICES

### A. Law Enforcement Agencies

### B. Community Resources

### C. RCWs (Revised Code of Washington)

- 7.69.030 Rights of Victims, Survivors, and Witnesses (Bill of Rights)
- 7.69A.030 Rights of Child Victims and Witnesses
- 7.69B.020 Dependent Persons - Rights Enumerated
- 70.125.110 Rights of Sexual Assault Survivors
- 26.44.020 Definitions (See WAC 110-30-0030 and WAC 110-30-0040 for DCYF definitions of child abuse, neglect and abandonment)
  
- 26.44.030 Mandatory Reporting Responsibilities
- 26.44.035 Agency Coordination and Reports
- 26.44.040 Contents of Report
- 26.44.050 Protective Custody (law enforcement)
- 26.44.056 Protective Custody (medical)
- 26.44.080 Violation of Mandatory Reporting Responsibility
- 26.44.180 Protocols for Investigation of Child Sexual Abuse
- 26.44.185 Revision of Protocols for Child Fatality, Child Physical Abuse, and Criminal Child Neglect
- 26.44.186 Forensic Interview Protective Orders
- 70.02.020 Disclosure by Health Care Provider

## Law Enforcement Agencies in King County

Location of alleged crime:	Agency responsible for investigation:	Detective Unit Responsible: Mailing address:	Office Phone: Fax Phone:
Unincorporated King County	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Algona	Algona P.D.	Algona CSO 402 Warde St., Algona 98001	Office: (253) 833-2743
Auburn	Auburn P.D.	340 E. Main St., Ste.201 Auburn, WA 98002	Office: (253) 931-3080
Beaux Arts Village	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Bellevue	Bellevue P.D.	Crimes Against Persons Unit PO Box 90012, Bellevue 98009-9012	Office: (425) 452-6917 Fax: (425) 452-2812
Black Diamond	Black Diamond PD	P.O. Box 309 Black Diamond, WA 98010	Office: (253) 631-1012 Fax: (360) 886-2901
Bothell	Bothell P.D.	18410 101 Ave NE Bothell, WA 98011	Office: (425) 486-1254 Fax: (425) 487-0650
Burien	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Carnation	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Clyde Hill	Clyde Hill P.D.	9605 NE 24th St. Clyde Hill, WA 98004	Office: (425) 454-7187 Fax: (425) 462-1936
Covington	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110



Des Moines	Des Moines P.D.	21900 11 Ave S. Des Moines, WA 98198	Office: (206) 878-3301 Fax: (206) 870-7626
Duvall	Duvall P.D.	P.O. Box 1500 Duvall, WA 98019	Office: (425) 788-1519 Fax: (425) 788-1169
Enumclaw	Enumclaw P.D.	1705 Wells St. Enumclaw, WA 98022	Office: (360) 825-3505 Fax: (360) 825-0184
Federal Way	Federal Way P.D.	33325 - 8th Ave. S. P.O. Box 9718 Federal Way, WA 98063-9718	Office: (253) 835-6700 Fax: (253) 835-6898
Hunts Point	Medina P.D.	P.O. Box 114 Medina, WA 98039	Office: (425) 454-1332 Fax: (425) 688-7813
Issaquah	Issaquah P.D.	130 E. Sunset Way Issaquah, WA 98027	Office: (425) 837-3200 Fax: (425) 837-3209
Kenmore	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Kent	Kent P.D.	220 4th Ave. S. Kent, WA 98032	Office: (253) 856-5800 Fax: (253) 856-6900
Kirkland	Kirkland P.D.	11750 NE 118th St Kirkland, WA 98034	Office: (425) 577-5656 Fax: (425) 587-3410
Lake Forest Park	Lake Forest Park PD	17425 Ballinger Way NE Lake Forest Park, WA 98155	Office: (206) 364-8216 Fax: (206) 361-8156
Maple Valley	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Medina	Medina P.D.	P.O. Box 114 Medina, WA 98039	Office: (425) 233-6420 Fax: (425) 637-3989
Mercer Island	Mercer Island P.D.	9611 SE 36 St. Mercer Island, WA 98040	Office: (425) 577-5656 Fax: (206) 275-7941
Newcastle	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Normandy Park	Normandy Park P.D.	801 SW 174 St. Normandy Park, WA 98166	Office: (206) 248-7600 Fax: (206) 246-9732
North Bend	Snoqualmie P.D.	34825 SE Douglas Street Snoqualmie, WA 98065	Office: (425) 888-3333 Fax: (425) 831-6121

Pacific	Pacific P.D.	133 Third Ave. SE Pacific, WA 98047	Office: (253) 929-1130 Fax: (253) 929-1194
Port of Seattle SEATAC Airport	Port of Seattle P.D.	PO Box 68727 Seattle, WA 98168	Office: (206) 787-3490 Fax: (206) 787-5741
Redmond	Redmond P.D.	8701 160th Ave NE Redmond, WA 98073	Office: (425) 556-2500 Fax: (425) 556-2609
Renton	Renton P.D.	1055 S. Grady Way Renton, WA 98055	Office: (425) 430-7500 Fax: (425) 430-7505
Sammamish	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
SeaTac	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Seattle	Seattle P.D.	610 - 5th Ave. P.O. Box 34986 Seattle, WA 98124-4986	Office: (206) 684-5575 Fax: (206) 684-0217
Shoreline	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Snoqualmie	Snoqualmie P.D.	34825 SE Douglas St. Snoqualmie, WA 98065	Office: (425) 888-3333 Fax: (425) 831-6121
Tukwila	Tukwila P.D.	6200 Southcenter Blvd. Tukwila, WA 98188	Office: (206) 433-1808 Fax: (206) 244-6181
University of Washington Police	UW Police	1117 NE Boat St. Seattle, WA 98105	Office: (206) 543-0507 Fax: (206) 685-8042
Woodinville	King County Sheriff's Office	Special Assault Unit, CID 500 4th Avenue, 2nd Floor Seattle, WA 98104	Office: (206) 263-2110
Yarrow Point	Clyde Hill P.D.	9605 NE 24 <sup>th</sup> St. Clyde Hill, WA 98004	Office: (425) 454-7187 Fax: (425) 462-1936

## Community Resources

### Child Abuse & Neglect

CPS Region 4 (King County) - during business hours	1-800-609-8764
CPS Centralized Intake - after hours, weekends, holidays	1-866-363-4276
Seattle Children's Hospital <ul style="list-style-type: none"> <li>Safe Child and Adolescent Network (SCAN) <ul style="list-style-type: none"> <li><a href="http://www.seattlechildrens.org">www.seattlechildrens.org</a></li> <li>SCAN@seattlechildrens.org</li> </ul> </li> </ul>	206-987-2194 206-987-2000 (operator)
Victim Support Services <ul style="list-style-type: none"> <li>24-hour crisis line</li> </ul>	1-800-346-7555

### Victim Services

Harborview Abuse & Trauma Center (HATC) <a href="http://www.uwhatc.org">www.uwhatc.org</a>	counseling, medical, advocacy	206-744-1600 After Hrs: 206-744-4028
King County Sexual Assault Resource Center (KCSARC) <a href="http://www.kcsarc.org">www.kcsarc.org</a>	counseling, medical coordination, advocacy	Office: 425-226-5062 24 hr: 1-888-998-6423
Abused Deaf Women's Advocacy Services (ADWAS) <a href="http://www.adwas.org">www.adwas.org</a>	counseling, advocacy	Office: 206-922-7088 (voice & videophone)
Refugee Women's Alliance (ReWA) <a href="http://www.rewa.org">www.rewa.org</a>	counseling, advocacy	Office: 206-721-0243 WA Telecom Relay: 7-1-1
The Bridge <a href="http://www.youthcare.org">www.youthcare.org</a> Communityadvocate@YouthCare.org	CSEC specific counseling, advocacy	855.400.2732 (24 hour)
ConnectUP <a href="http://www.Connectupwa.org">www.Connectupwa.org</a> (Trafficking specific)	services for state dependent youth or youth with an open DCYF case	SC-connectup@kingcounty.gov

**Other**

Community Information Line		211
Crisis Connections - 24 hr. <a href="https://www.crisisconnections.org/">https://www.crisisconnections.org/</a>	support, resources, training	<ul style="list-style-type: none"> <li>• 24-Hour Crisis Line 866-427-4747</li> <li>• King County 2-1-1 800-621-4636</li> <li>• TTY206-461-2610</li> <li>• Teen Link 866-833-6546</li> </ul>
Crime Victim Compensation (CVC)	financial assistance	1-800-762-3716
National Domestic Violence Hotline		1-800-799-7223
WA Trafficking Help	Services for trafficking survivors sorted by type and location	<a href="https://www.watraffickinghelp.org/">https://www.watraffickinghelp.org/</a>
National Human Trafficking Hotline <a href="https://humantraffickinghotline.org/">https://humantraffickinghotline.org/</a>	Connects victims of sex and labor trafficking with services and supports	1 (888) 373-7888
King County Prosecutor's Office <ul style="list-style-type: none"> <li>• Special Assault Unit - Seattle</li> <li>• Special Assault Unit - Kent</li> <li>• Child Interviewer – North</li> <li>• Child Interviewer - South</li> <li>• Victim Assistance Unit</li> </ul>	TDD 296-296-0100	206-477-3742 206-205-7411 206-477-1973 206-477-4290 206-477-3742

## RCWs (Revised Code of Washington)

### RCW 7.69.030

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

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

- (1) With respect to victims of violent or sex crimes, to receive, at the time of reporting the crime to law enforcement officials, a written statement of the rights of crime victims as provided in this chapter. The written statement shall include the name, address, and telephone number of a county or local crime victim/witness program, if such a crime victim/witness program exists in the county;
- (2) To be informed by local law enforcement agencies or the prosecuting attorney of the final disposition of the case in which the victim, survivor, or witness is involved;
- (3) To be notified by the party who issued the subpoena that a court proceeding to which they have been subpoenaed will not occur as scheduled, in order to save the person an unnecessary trip to court;
- (4) To receive protection from harm and threats of harm arising out of cooperation with law enforcement and prosecution efforts, and to be provided with information as to the level of protection available;
- (5) To be informed of the procedure to be followed to apply for and receive any witness fees to which they are entitled;
- (6) To be provided, whenever practical, a secure waiting area during court proceedings that does not require them to be in close proximity to defendants and families or friends of defendants;
- (7) To have any stolen or other personal property expeditiously returned by law enforcement agencies or the superior court when no longer needed as evidence. When feasible, all such property, except weapons, currency, contraband, property subject to evidentiary analysis, and property of which ownership is disputed, shall be photographed and returned to the owner within ten days of being taken;
- (8) To be provided with appropriate employer intercession services to ensure that employers of victims, survivors of victims, and witnesses of crime will cooperate with the criminal justice process in order to minimize an employee's loss of pay and other benefits resulting from court appearance;
- (9) To access to immediate medical assistance and not to be detained for an unreasonable length of time by a law enforcement agency before having such assistance administered. However, an employee of the law enforcement agency may, if necessary, accompany the person to a medical facility to question the person about the criminal incident if the questioning does not hinder the administration of medical assistance;
- (10) With respect to victims of violent and sex crimes, to have a crime victim advocate from a crime victim/witness program, or any other support person of the victim's choosing, present at any prosecutorial or defense interviews with the victim, and at any judicial proceedings related to criminal acts committed against the victim. This subsection applies if practical and if the presence of the crime victim advocate or support person does not cause any unnecessary delay in the investigation or prosecution of the case. The role of the crime victim advocate is to provide emotional support to the crime victim;
- (11) With respect to victims and survivors of victims, to be physically present in court during trial, or if subpoenaed to testify, to be scheduled as early as practical in the proceedings in order to be physically present during trial after testifying and not to be excluded solely because they have testified;
- (12) With respect to victims and survivors of victims, to be informed by the prosecuting attorney of the date, time, and place of the trial and of the sentencing hearing for felony convictions upon request by a victim or survivor;
- (13) To submit a victim impact statement or report to the court, with the assistance of the prosecuting attorney if requested, which shall be included in all pre-sentence reports and permanently included in the files and records

accompanying the offender committed to the custody of a state agency or institution;

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

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

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

### **RCW 7.69A.030**

#### **Rights of Child Victims and Witnesses.**

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

(1) To have explained in language easily understood by the child, all legal proceedings and/or police investigations in which the child may be involved.

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

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

(4) To not have the names, addresses, nor photographs of the living child victim or witness disclosed by any law enforcement agency, prosecutor's office, or state agency without the permission of the child victim, child witness, parents, or legal guardians to anyone except another law enforcement agency, prosecutor, defense counsel, or private or governmental agency that provides services to the child victim or witness.

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

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

(7) To be provided information or appropriate referrals to social service agencies to assist the child and/or the child's family with the emotional impact of the crime, the subsequent investigation, and judicial proceedings in which the child is involved.

(8) To allow an advocate to be present in court while the child testifies in order to provide emotional support to the child.

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

(10) To allow law enforcement agencies the opportunity to enlist the assistance of other professional personnel such as child protection services, victim advocates or prosecutorial staff trained in the interviewing of the child victim.

(11) With respect to child victims of violent or sex crimes or child abuse, to receive either directly or through the child's parent or guardian if appropriate, at the time of reporting the crime to law enforcement officials, a written statement of the rights of child victims as provided in this chapter. The written statement shall include the name, address, and telephone number of a county or local crime victim/witness program, if such a crime victim/witness program exists in the county.

### **RCW 7.69B.020**

#### **Dependent Persons - Rights enumerated.**

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

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

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

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

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

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

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

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

emotional support to the dependent person.

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

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

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

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

### **RCW 70.125.110**

#### **Rights of sexual assault survivors.**

(1) In addition to all other rights provided in law, a sexual assault survivor has the right to:

(a) Receive a medical forensic examination at no cost;

(b) Receive written notice of the right under (a) of this subsection and that he or she may be eligible for other benefits under the crime victim compensation program, through a form developed by the office of crime victims advocacy, from the medical facility providing the survivor medical treatment relating to the sexual assault;

(c) Receive a referral to an accredited community sexual assault program or, in the case of a survivor who is a minor, receive a connection to services in accordance with the county child sexual abuse investigation protocol under RCW 26.44.180, which may include a referral to a children's advocacy center, when presenting at a medical facility for medical treatment relating to the assault and also when reporting the assault to a law enforcement officer;

(d) Consult with a sexual assault survivor's advocate throughout the investigatory process and prosecution of the survivor's case, including during: Any medical evidentiary examination at a medical facility; any interview by law enforcement officers, prosecuting attorneys, or defense attorneys; and court proceedings, except while providing testimony in a criminal trial, in which case the advocate may be present in the courtroom. Medical facilities, law enforcement officers, prosecuting attorneys, defense attorneys, courts and other applicable criminal justice agencies, including correctional facilities, are responsible for providing advocates access to facilities where necessary to fulfill the requirements under this subsection. The right in this subsection applies regardless of whether a survivor has waived the right in a previous examination or interview;

(e) Be informed, upon the request of a survivor, of when the forensic analysis of his or her sexual assault kit and other related physical evidence will be or was completed, the results of the forensic analysis, and whether the analysis yielded a DNA profile and match, provided that the disclosure is made at an appropriate time so as to not impede or compromise an ongoing investigation;

(f) Receive notice prior to the destruction or disposal of his or her sexual assault kit;

(g) Receive a copy of the police report related to the investigation without charge;

(h) Review his or her statement before law enforcement refers a case to the prosecuting attorney;

(i) Receive timely notifications from the law enforcement agency and prosecuting attorney as to the status of the investigation and any related prosecution of the survivor's case;

(j) Be informed by the law enforcement agency and prosecuting attorney as to the expected and appropriate time frames for receiving responses to the survivor's inquiries regarding the status of the investigation and any related prosecution of the survivor's case; and further, receive responses to the survivor's inquiries in a manner consistent with those time frames;



- (k) Access interpreter services where necessary to facilitate communication throughout the investigatory process and prosecution of the survivor's case; and
- (l) Where the sexual assault survivor is a minor, have:
- (i) The prosecutor consider and discuss the survivor's requests for remote video testimony under RCW 9A.44.150 when appropriate; and
- (ii) The court consider requests from the prosecutor for safeguarding the survivor's feelings of security and safety in the courtroom in order to facilitate the survivor's testimony and participation in the criminal justice process.
- (2) A sexual assault survivor retains all the rights of this section regardless of whether the survivor agrees to participate in the criminal justice system and regardless of whether the survivor agrees to receive a forensic examination to collect evidence.
- (3) If a survivor is denied any right enumerated in subsection (1) of this section, he or she may seek an order directing compliance by the relevant party or parties by filing a petition in the superior court in the county in which the sexual assault occurred and providing notice of such petition to the relevant party or parties. Compliance with the right is the sole remedy available to the survivor. The court shall expedite consideration of a petition filed under this subsection.
- (4) Nothing contained in this section may be construed to provide grounds for error in favor of a criminal defendant in a criminal proceeding. Except in the circumstances as provided in subsection (3) of this section, this section does not grant a new cause of action or remedy against the state, its political subdivisions, law enforcement agencies, or prosecuting attorneys. The failure of a person to make a reasonable effort to protect or adhere to the rights enumerated in this section may not result in civil liability against that person. This section does not limit other civil remedies or defenses of the sexual assault survivor or the offender.
- (5) For the purposes of this section:
- (a) "Law enforcement officer" means a general authority Washington peace officer, as defined in RCW 10.93.020, or any person employed by a private police agency at a public school as described in RCW 28A.150.010 or an institution of higher education, as defined in RCW 28B.10.016.
- (b) "Sexual assault survivor" means any person who is a victim, as defined in RCW 7.69.020, of sexual assault. However, if a victim is incapacitated, deceased, or a minor, sexual assault survivor also includes any lawful representative of the victim, including a parent, guardian, spouse, or other designated representative, unless the person is an alleged perpetrator or suspect.
- (c) "Sexual assault survivor's advocate" means any person who is defined in RCW 5.60.060 as a sexual assault advocate, or a crime victim advocate.

### **RCW 26.44.020**

#### **Definitions.**

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

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

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

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

decline to provide such services solely because of the child's unwillingness or developmental inability to describe the nature and severity of the abuse or neglect.

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

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

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

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

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

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

(10) "Family assessment response" means a way of responding to certain reports of child abuse or neglect made under this chapter using a differential response approach to child protective services. The family assessment response shall focus on the safety of the child, the integrity and preservation of the family, and shall assess the status of the child and the family in terms of risk of abuse and neglect including the parent's or guardian's or other caretaker's capacity and willingness to protect the child and, if necessary, plan and arrange the provision of services to reduce the risk and otherwise support the family. No one is named as a perpetrator, and no investigative finding is entered in the record as a result of a family assessment.

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

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

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

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

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

(16) "Negligent treatment or maltreatment" means an act or a failure to act, or the cumulative effects of a pattern of conduct, behavior, or inaction, that evidences a serious disregard of consequences of such magnitude as to constitute a clear and present danger to a child's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100. When considering whether a clear and present danger exists, evidence of a

parent's substance abuse as a contributing factor to negligent treatment or maltreatment shall be given great weight. The fact that siblings share a bedroom is not, in and of itself, negligent treatment or maltreatment. Poverty, homelessness, or exposure to domestic violence as defined in RCW 26.50.010 that is perpetrated against someone other than the child does not constitute negligent treatment or maltreatment in and of itself.

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

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

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

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

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

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

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

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

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

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

### **RCW 26.44.030**

**Reports — Duty and authority to make — Duty of receiving agency — Duty to notify — Case planning and consultation — Penalty for unauthorized exchange of information — Filing**

**dependency petitions — Investigations — Interviews of children — Records — Risk assessment process.**

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

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

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

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

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

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

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

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

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

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

(d) The reporting requirement shall also apply to any adult who has reasonable cause to believe that a child who resides with them, has suffered severe abuse, and is able or capable of making a report. For the purposes of this subsection, "severe abuse" means any of the following: Any single act of abuse that causes physical trauma of sufficient severity that, if left untreated, could cause death; any single act of sexual abuse that causes significant bleeding, deep bruising, or significant external or internal swelling; or more than one act of physical abuse, each of which causes bleeding, deep bruising, significant external or internal swelling, bone fracture, or unconsciousness.

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

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

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

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

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

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

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

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

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

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

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

(10) Upon receiving a report that a child is a candidate for foster care as defined in RCW [26.44.020](#), the department may provide prevention and family services and programs to the child's parents, guardian, or caregiver. The department may not be held civilly liable for the decision regarding whether to provide prevention and family services and programs, or for the provision of those services and programs, for a child determined to be a candidate for foster care.

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

- (a) The department believes there is a serious threat of substantial harm to the child;
- (b) The report indicates conduct involving a criminal offense that has, or is about to occur, in which the child is the victim; or
- (c) The department has a prior founded report of abuse or neglect with regard to a member of the household that is within three years of receipt of the referral.

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

- (i) Investigation; or
  - (ii) Family assessment.
- (b) In making the response in (a) of this subsection the department shall:
- (i) Use a method by which to assign cases to investigation or family assessment which are based on an array of factors that may include the presence of: Imminent danger, level of risk, number of previous child abuse or neglect reports, or other presenting case characteristics, such as the type of alleged maltreatment and the age of the alleged victim. Age of the alleged victim shall not be used as the sole criterion for determining case assignment;
  - (ii) Allow for a change in response assignment based on new information that alters risk or safety level;
  - (iii) Allow families assigned to family assessment to choose to receive an investigation rather than a family assessment;
  - (iv) Provide a full investigation if a family refuses the initial family assessment;
  - (v) Provide voluntary services to families based on the results of the initial family assessment. If a family refuses voluntary services, and the department cannot identify specific facts related to risk or safety that warrant assignment to investigation under this chapter, and there is not a history of reports of child abuse or neglect related to the family, then the department must close the family assessment response case. However, if at any time the department identifies risk or safety factors that warrant an investigation under this chapter, then the family assessment response case must be reassigned to investigation;
  - (vi) Conduct an investigation, and not a family assessment, in response to an allegation that, the department determines based on the intake assessment:
    - (A) Indicates a child's health, safety, and welfare will be seriously endangered if not taken into custody for reasons including, but not limited to, sexual abuse and sexual exploitation of the child as defined in this chapter;
    - (B) Poses a serious threat of substantial harm to a child;
    - (C) Constitutes conduct involving a criminal offense that has, or is about to occur, in which the child is the victim;
    - (D) The child is an abandoned child as defined in RCW [13.34.030](#);
    - (E) The child is an adjudicated dependent child as defined in RCW [13.34.030](#), or the child is in a facility that is licensed, operated, or certified for care of children by the department under chapter [74.15](#) RCW.
- (c) In addition, the department may use a family assessment response to assess for and provide prevention and family services and programs, as defined in RCW [26.44.020](#), for the following children and their families, consistent with requirements under the federal family first prevention services act and this section:
- (i) A child who is a candidate for foster care, as defined in RCW [26.44.020](#); and
  - (ii) A child who is in foster care and who is pregnant, parenting, or both.
- (d) The department may not be held civilly liable for the decision to respond to an allegation of child abuse or neglect by using the family assessment response under this section unless the state or its officers, agents, or employees acted with reckless disregard.
- (13)(a) For reports of alleged abuse or neglect that are accepted for investigation by the department, the investigation shall be conducted within time frames established by the department in rule. In no case shall the investigation extend longer than ninety days from the date the report is received, unless the investigation is being conducted under a written protocol pursuant to RCW [26.44.180](#) and a law enforcement agency or prosecuting attorney has determined that a longer investigation period is necessary. At the completion of the investigation, the department shall make a finding that the report of child abuse or neglect is founded or unfounded.



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

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

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

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

(c) Complete the family assessment response within forty-five days of receiving the report except as follows:

(i) Upon parental agreement, the family assessment response period may be extended up to one hundred twenty days. The department's extension of the family assessment response period must be operated within the department's appropriations;

(ii) For cases in which the department elects to use a family assessment response as authorized under subsection (12)(c) of this section, and upon agreement of the child's parent, legal guardian, legal custodian, or relative placement, the family assessment response period may be extended up to one year. The department's extension of the family assessment response must be operated within the department's appropriations.

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

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

(f) Have the parent or guardian agree to participate in services before services are initiated. The department shall inform the parents of their rights under family assessment response, all of their options, and the options the department has if the parents do not agree to participate in services.

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

(i) May interview children. If the department determines that the response to the allegation will be family assessment response, the preferred practice is to request a parent's, guardian's, or custodian's permission to interview the child before conducting the child interview unless doing so would compromise the safety of the child or the integrity of the assessment. The interviews may be conducted on school premises, at day-care facilities, at the child's home, or at other suitable locations outside of the presence of parents. If the allegation is investigated, parental notification of the interview must occur at the earliest possible point in the investigation that will not jeopardize the safety or protection of the child or the course of the investigation. Prior to commencing the interview the department or law enforcement agency shall determine whether the child wishes a third party to be present for the interview and, if so, shall make reasonable efforts to accommodate the child's wishes. Unless the child objects, the department or law enforcement agency shall make reasonable efforts to include a third party in any interview so long as the presence of the third party will not jeopardize the course of the investigation; and

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

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

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

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

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

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

- (19) The department shall use a risk assessment process when investigating alleged child abuse and neglect referrals. The department shall present the risk factors at all hearings in which the placement of a dependent child is an issue. Substance abuse must be a risk factor.
- (20) Upon receipt of a report of alleged abuse or neglect the law enforcement agency may arrange to interview the person making the report and any collateral sources to determine if any malice is involved in the reporting.
- (21) Upon receiving a report of alleged abuse or neglect involving a child under the court's jurisdiction under chapter [13.34](#) RCW, the department shall promptly notify the child's guardian ad litem of the report's contents. The department shall also notify the guardian ad litem of the disposition of the report. For purposes of this subsection, "guardian ad litem" has the meaning provided in RCW [13.34.030](#).
- (22) The department shall make efforts as soon as practicable to determine the military status of parents whose children are subject to abuse or neglect allegations. If the department determines that a parent or guardian is in the military, the department shall notify a department of defense family advocacy program that there is an allegation of abuse and neglect that is screened in and open for investigation that relates to that military parent or guardian.
- (23) The department shall make available on its public web site a downloadable and printable poster that includes the reporting requirements included in this section. The poster must be no smaller than eight and one-half by eleven inches with all information on one side. The poster must be made available in both the English and Spanish languages. Organizations that include employees or volunteers subject to the reporting requirements of this section must clearly display this poster in a common area. At a minimum, this poster must include the following:
- (a) Who is required to report child abuse and neglect;
  - (b) The standard of knowledge to justify a report;
  - (c) The definition of reportable crimes;
  - (d) Where to report suspected child abuse and neglect; and
  - (e) What should be included in a report and the appropriate timing.

#### **RCW 26.44.035**

#### **Response to complaint by more than one agency — Procedure — Written records.**

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



**RCW 26.44.040**  
**Reports — Oral, written — Contents.**

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

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

**RCW 26.44.050**

**Abuse or neglect of child—Duty of law enforcement agency or department of children, youth, and families—Taking child into custody without court order, when.**

***(Effective until July 1, 2023.)***

Except as provided in \*RCW [26.44.030](#)(11), upon the receipt of a report alleging that abuse or neglect has occurred, the law enforcement agency or the department must investigate and provide the protective services section with a report in accordance with chapter [74.13](#) RCW, and where necessary to refer such report to the court.

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

***(Effective starting July 1, 2023.)***

Except as provided in RCW [26.44.030](#)(12), upon the receipt of a report alleging that abuse or neglect has occurred, the law enforcement agency or the department must investigate and provide the protective services section with a report in accordance with chapter [74.13](#) RCW, and where necessary to refer such report to the court.

A law enforcement officer may take, or cause to be taken, a child into custody without a court order if there is probable cause to believe that *taking the child into custody is necessary to prevent imminent physical harm to the child due to child abuse or neglect, including that which results from sexual abuse, sexual exploitation, or a pattern of severe neglect, and the child would be seriously injured* or could not be taken into custody if it were necessary to first obtain a court order pursuant to RCW [13.34.050](#). The law enforcement agency or the department investigating such a report is hereby authorized to photograph such a child for the purpose of providing documentary evidence of the physical condition of the child.

**RCW [26.44.056](#)**

**Protective detention or custody of abused child—Reasonable cause—Notice—Time limits—Monitoring plan—Liability.*****(Effective until July 1, 2023.)***

(1) An administrator of a hospital or similar institution or any physician, licensed pursuant to chapters [18.71](#) or [18.57](#) RCW, may detain a child without consent of a person legally responsible for the child whether or not medical treatment is required, if the circumstances or conditions of the child are such that the detaining individual has reasonable cause to believe that permitting the child to continue in his or her place of residence or in the care and custody of the parent, guardian, custodian or other person legally responsible for the child's care would present an imminent danger to that child's safety: PROVIDED, That such administrator or physician shall notify or cause to be notified the appropriate law enforcement agency or child protective services pursuant to RCW [26.44.040](#). Such notification shall be made as soon as possible and in no case longer than seventy-two hours. Such temporary protective custody by an administrator or doctor shall not be deemed an arrest. Child protective services may detain the child until the court assumes custody, but in no case longer than seventy-two hours, excluding Saturdays, Sundays, and holidays.

(2) Whenever an administrator or physician has reasonable cause to believe that a child would be in imminent danger if released to a parent, guardian, custodian, or other person or is in imminent danger if left in the custody of a parent, guardian, custodian, or other person, the administrator or physician may notify a law enforcement agency and the law enforcement agency shall take the child into custody or cause the child to be taken into custody. The law enforcement agency shall release the child to the custody of child protective services. Child protective services shall detain the child until the court assumes custody or upon a documented and substantiated record that in the professional judgment of the child protective services the child's safety will not be endangered if the child is returned. If the child is returned, the department shall establish a six-month plan to monitor and assure the continued safety of the child's life or health. The monitoring period may be extended for good cause.

(3) A child protective services employee, an administrator, doctor, or law enforcement officer shall not be held liable in any civil action for the decision for taking the child into custody, if done in good faith under this section.

***(Effective July 1, 2023.)***

(1) An administrator of a hospital or similar institution or any physician, licensed pursuant to chapters [18.71](#) or [18.57](#) RCW, may detain a child without consent of a person legally responsible for the child whether or not medical treatment is required, if there is probable cause to believe that detaining the child is necessary to prevent imminent physical harm to the child due to child abuse or neglect, including that which results from sexual abuse, sexual exploitation, or a pattern of severe neglect, and the child would be seriously injured or could not be taken into custody if it were necessary to first obtain a court order under RCW [13.34.050](#): PROVIDED, That such administrator or physician shall notify or cause to be notified the appropriate law enforcement agency or child protective services pursuant to RCW [26.44.040](#). Such notification shall be made as soon as possible and in no case longer than seventy-two hours. Such temporary protective custody by an administrator or doctor shall not be deemed an arrest. Child protective services may detain the child until the court assumes custody, but in no case longer than seventy-two hours, excluding Saturdays, Sundays, and holidays.

(2) A child protective services employee, an administrator, doctor, or law enforcement officer shall not be held liable in any civil action for the decision for taking the child into custody, if done in good faith under this section.

**RCW 26.44.080  
Violation — Penalty.**

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

**RCW 26.44.175**

## Multidisciplinary child protection teams—Information sharing—Confidentiality—Immunity from liability.

(1) The legislature finds that the purpose of multidisciplinary child protection teams as described in RCW [26.44.180](#) (1) and (2) is to ensure the protection and well-being of the child and to advance and coordinate the prompt investigation of suspected cases of child abuse or neglect to reduce the trauma of any child victim.

(2)(a) When a case as described in RCW [26.44.180](#) (1) or (2) is referred to the team, records pertaining to the case must be made available to team members. Any member of the team may use or disclose records made available by the team members under this subsection only as necessary for the performance of the member's duties as a member of the multidisciplinary child protection team.

(b) Team members may share information about criminal child abuse investigations and case planning following such investigations with other participants in the multidisciplinary coordination to the extent necessary to protect a child from abuse or neglect. This section is not intended to permit, direct, or compel team members to share information if sharing would constitute a violation of their professional ethical obligations or disclose privileged communications as described in RCW [5.60.060](#), or if sharing is otherwise impermissible under chapter [13.50](#) RCW or other applicable statutes.

(3)(a) Every member of the multidisciplinary child protection team who receives information or records regarding children and families in his or her capacity as a member of the team is subject to the same privacy and confidentiality obligations and confidentiality penalties as the person disclosing or providing the information or records. The information or records obtained by any team member must be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.

(b) Multidisciplinary child protection team members must execute a confidentiality agreement every year.

(c) This section must not be construed to restrict guarantees of confidentiality provided under state or federal law.

(4) As convened by the county prosecutor, or his or her designee, a multidisciplinary child protection team should meet regularly, at least monthly, unless the needs and resources of each team dictate less frequent meetings. Team meetings are closed to the public and are not subject to chapter [42.30](#) RCW.

(5) Information and records communicated or provided to the multidisciplinary child protection team members by all providers and agencies, as well as information and records created in the course of a child abuse or neglect case investigation, are deemed private and confidential and are protected from discovery and disclosure by all applicable statutory and common law protections. Existing civil and criminal penalties apply to the inappropriate disclosure of information held by team members. To the extent that the records communicated or provided are confidential under RCW [13.50.100](#), these records may only be further released as authorized by RCW [13.50.100](#) or other applicable law.

(6) Any person who presented information before the multidisciplinary child protection team or who is a team member may testify as to matters within the person's knowledge. However, in a civil or criminal proceeding, such person or team member may not be questioned about opinions formed as a result of the case consultation meetings.

(7) Any multidisciplinary child protection team member whose action in facilitating the exchange and sharing of information in serving any child in the course of the member's profession, specialties, interests, or occupation, for the purpose of ensuring the safety of the child and the community and providing early intervention to avert more serious problems, is immune from any civil liability arising out of any good faith act relevant to participation on the team that might otherwise be incurred or imposed under this section. In a proceeding regarding immunity from liability, there is a rebuttable presumption of good faith.

### RCW 26.44.180

Multidisciplinary child protection teams—Investigation of child sexual abuse, online sexual exploitation and commercial sexual exploitation of minors, child fatality, child physical abuse, and criminal child neglect cases—Protocols.

(1) Each agency involved in investigating child sexual abuse, online sexual exploitation and commercial sexual exploitation of minors, as well as investigations of child fatality, child physical abuse, and criminal child neglect cases, shall document its role in handling cases and how it will coordinate with other local agencies or systems and shall adopt a local protocol based on the state guidelines. The department and local law enforcement agencies may include other agencies and systems that are involved with child sexual abuse victims in the multidisciplinary coordination.

(2)(a) Each county shall develop a written protocol for handling investigations of criminal child sexual abuse, online sexual exploitation and commercial sexual exploitation of minors, and child fatality, child physical abuse, and criminal child neglect cases. The protocol shall address the coordination of such criminal investigations among multidisciplinary child protection team members, identified as representatives from the prosecutor's office, law enforcement, children's protective services, children's advocacy centers where available, local advocacy groups, community sexual assault programs as defined in RCW [70.125.030](#), licensed physical and mental health practitioners that are involved with child sexual abuse victims, and any other local agency involved in such criminal investigations, including those investigations involving multiple victims and multiple offenders. The protocol shall be developed by the prosecuting attorney with the assistance of the agencies referenced in this subsection.

(b) County protocol for handling investigations of online sexual exploitation and commercial sexual exploitation of minors must be implemented by July 1, 2021.

(3) Local protocols under this section shall be adopted and in place by July 1, 2000, and shall be submitted to the legislature prior to that date. Beginning on July 28, 2019, local protocols under subsection (1) of this section must be reviewed every two years to determine whether modifications are needed.

#### **RCW 26.44.185**

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

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

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

#### **RCW 26.44.186**

### **Child forensic interview recordings disclosed in a criminal or civil proceeding subject to protective order—Civil penalties and sanctions.**

(1) Any and all audio and video recordings of child forensic interviews disclosed in a criminal or civil proceeding must be subject to a protective order, or other such order, unless the court finds good cause that the interview should not be subject to such an order. The protective order shall include the following: (a) That the recording be used only for the purposes of conducting the party's side of the case, unless otherwise agreed by the parties or ordered by the court; (b) that the recording not be copied, photographed, duplicated, or otherwise reproduced except as a written transcript that does not reveal the identity of the child; (c) that the recording not be given, displayed, or in any way provided to a third party, except as permitted in (d) or (e) of this subsection or as

necessary at trial; (d) that the recording remain in the exclusive custody of the attorneys, their employees, or agents, including expert witnesses retained by either party, who shall be provided a copy of the protective order; (e) that, if the party is not represented by an attorney, the party, their employees, and agents, including expert witnesses, shall not be given a copy of the recording but shall be given reasonable access to view the recording by the custodian of the recording; and (f) that upon termination of representation or upon disposition of the matter at the trial court level, attorneys and other custodians of recordings promptly return all copies of the recording.

(2) A violation of a court order pursuant to this section is subject to a civil penalty of up to ten thousand dollars, in addition to any other appropriate sanction by the court.

(3) Nothing in this section is intended to restrict the ability of the department or law enforcement to share child welfare information as authorized or required by state or federal law.

### **RCW 70.02.020**

#### **Disclosure by health care provider.**

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

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

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

