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CapSTAT

Sexual Assault Trends in DC

DMPSJ • MPD • OVSJG • DFS • OCME

Agenda



1. Involved agencies
2. Multiple ways to report an incident / access services
3. Sexual assault data
4. Processing evidence
5. Sexual assault interventions
6. Challenges and recommendations
7. Questions and next steps
8. Appendix slides

Involved Agencies



MPD

- Sex Assault Unit
- Responsible for investigations, to include interviewing survivor, coordinating w/DFS to collect evidence, and referring cases to the US Attorney's Office

- SAU: 29 FTEs (1 Lieutenant; 3 Sergeants; 23 Detectives; 2 Senior Police Officers)

OVSJG

- Coordinates and funds CBOs that serve survivors
- Coordinates and funds DC SANE Program
- Funds all SANE exams and PERKS
- Represents EOM on Sexual Assault Response Team (SART)

- 7 FTEs in Victim Services (2 vacant)
- DC SANE: 20 nurses, 1 physician, 12 advocates

DFS

- Forensic Science Laboratory Division (FSL) conducts serology and DNA testing on PERKs
- Crime Scene Sciences Division (CSS) provides collection, analysis, processing, preservation of evidence

- FSL: 42 FTEs (14 in Forensic Biology Unit, 11 in Latent Fingerprints, 14 in Firearms Examination and 3 General). Additional 8.25 grant funded FTEs in FBU.
- CSS: 56 FTEs + 22 term

OCME

- Forensic Toxicology Division provides testing services in support of drug facilitated sexual assault (DFSA) cases

- Forensic Toxicology Division: 2 grant funded FTEs in DFSA unit (OVSJG funds the grant positions)

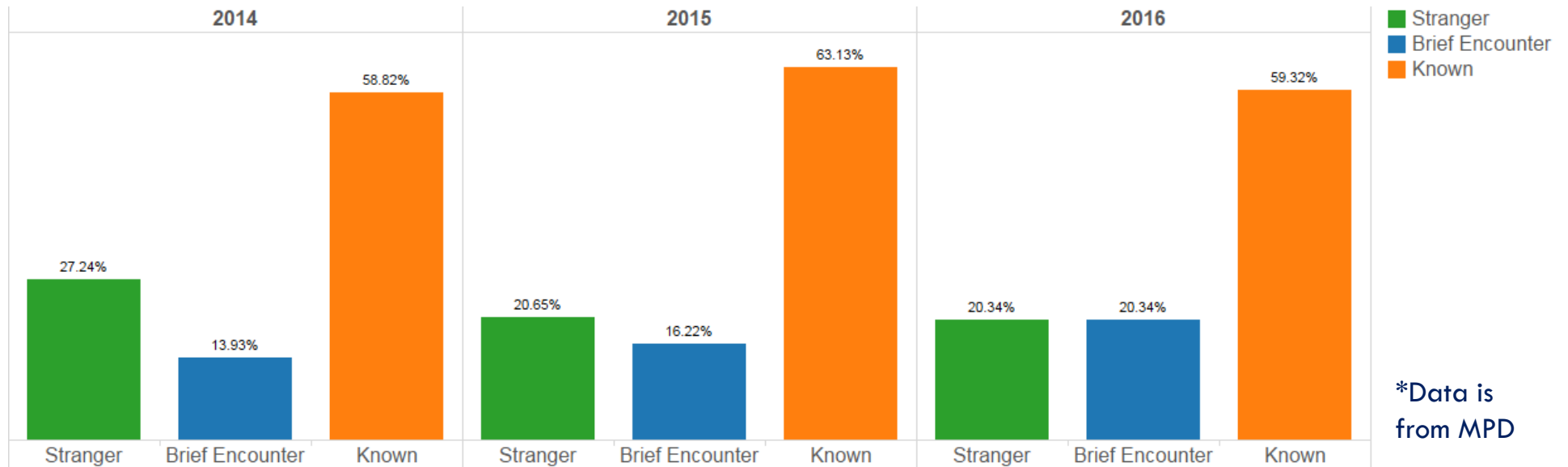
Reporting an Incident / Receiving Acute Services



- Survivors have multiple avenues to report an incident and/or receive acute services following a sexual assault, to include:
 - Reporting the incident directly to MPD
 - Accessing services from Washington MedStar Hospital Center
 - Seeking services directly from an advocate, e.g. Network for Victim Recovery of DC (NVRDC)*
 - Calling the DC Rape Crisis Center Hotline, DC Victim Hotline, or the DC SANE call center
- The volume of system entry points is a positive and increases the probability an incident will be reported
 - However, the reluctance of survivors to report incidents complicates accurately capturing the true number of sexual assaults in the District; this challenge is not unique to the District, underreporting is common throughout the United States
 - Data used in the deck is from MPD and DC SANE reports
- An incident process map is included in the deck appendix

*See appendix for additional information on NVRDC

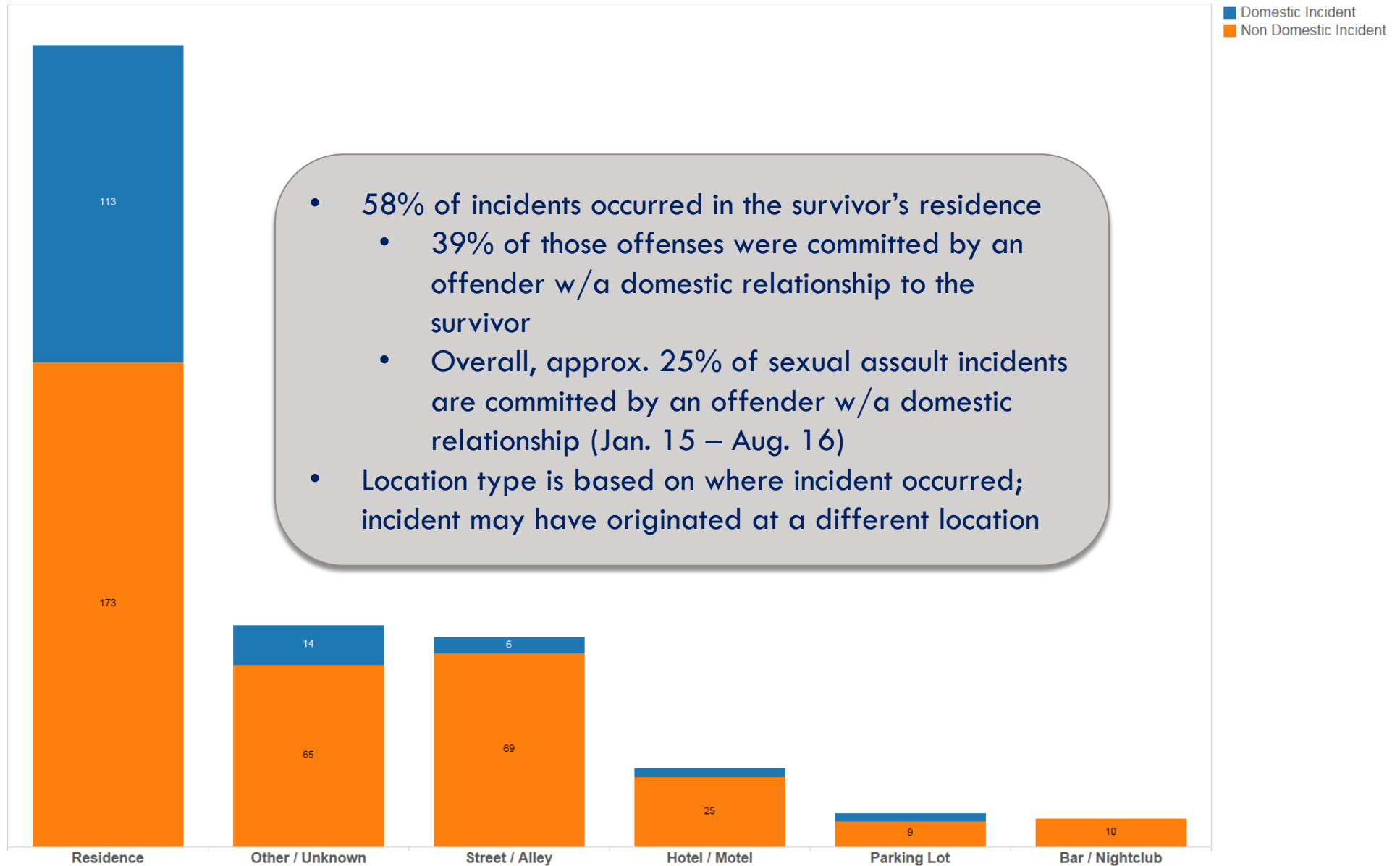
Survivor-Suspect Relationship



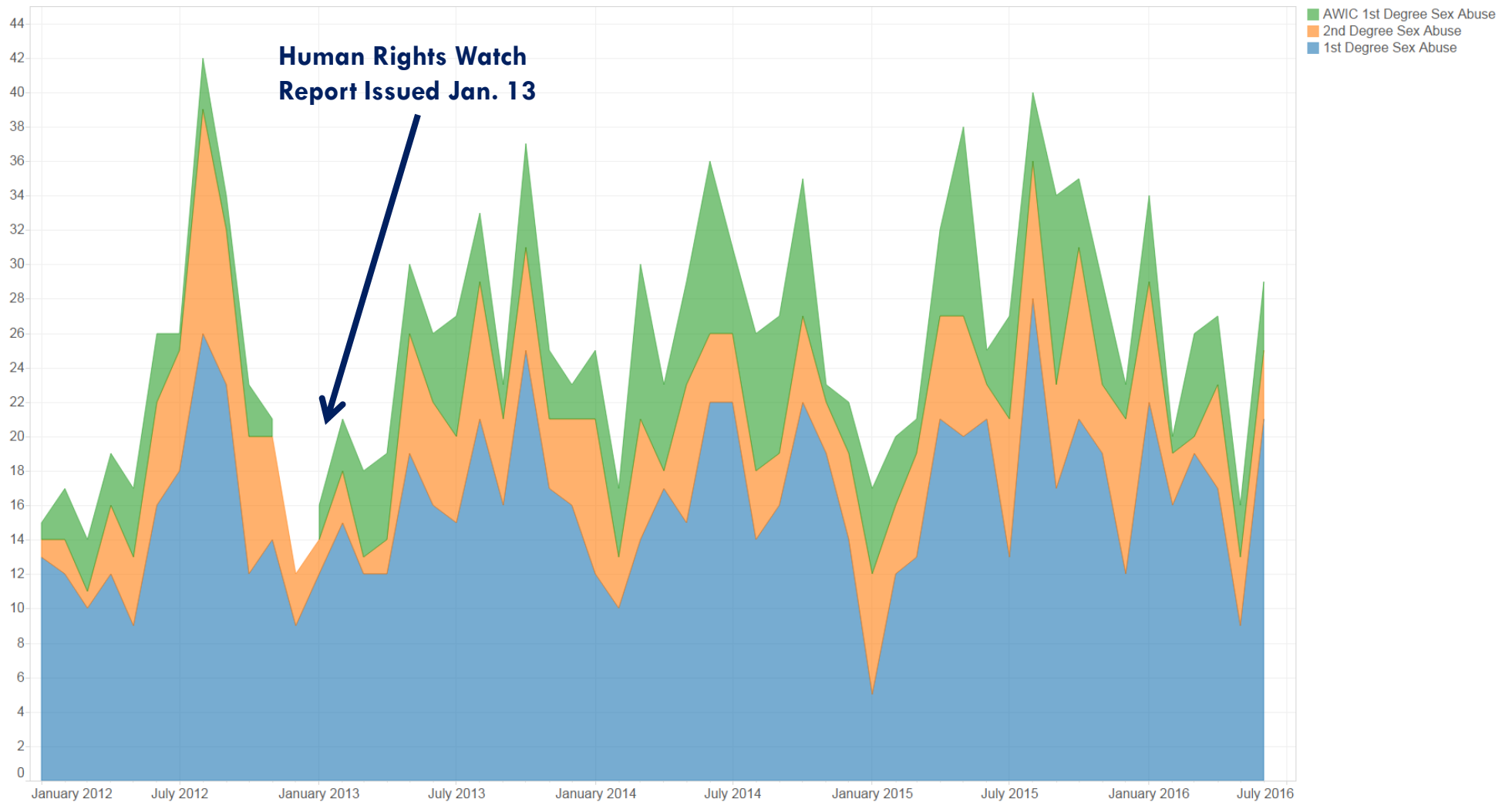
Relationship	Definition
Stranger	Cases in which the survivor does not know the suspect and has no association to the suspect
Brief Encounter	Cases where the survivor and suspect have some association; in instances where the survivor and the offender have just met.
Known	Survivor knows or has known the offender either by name and/or is familiar with the offender



Top Incident Location Types: 1/1/15 – 8/31/16



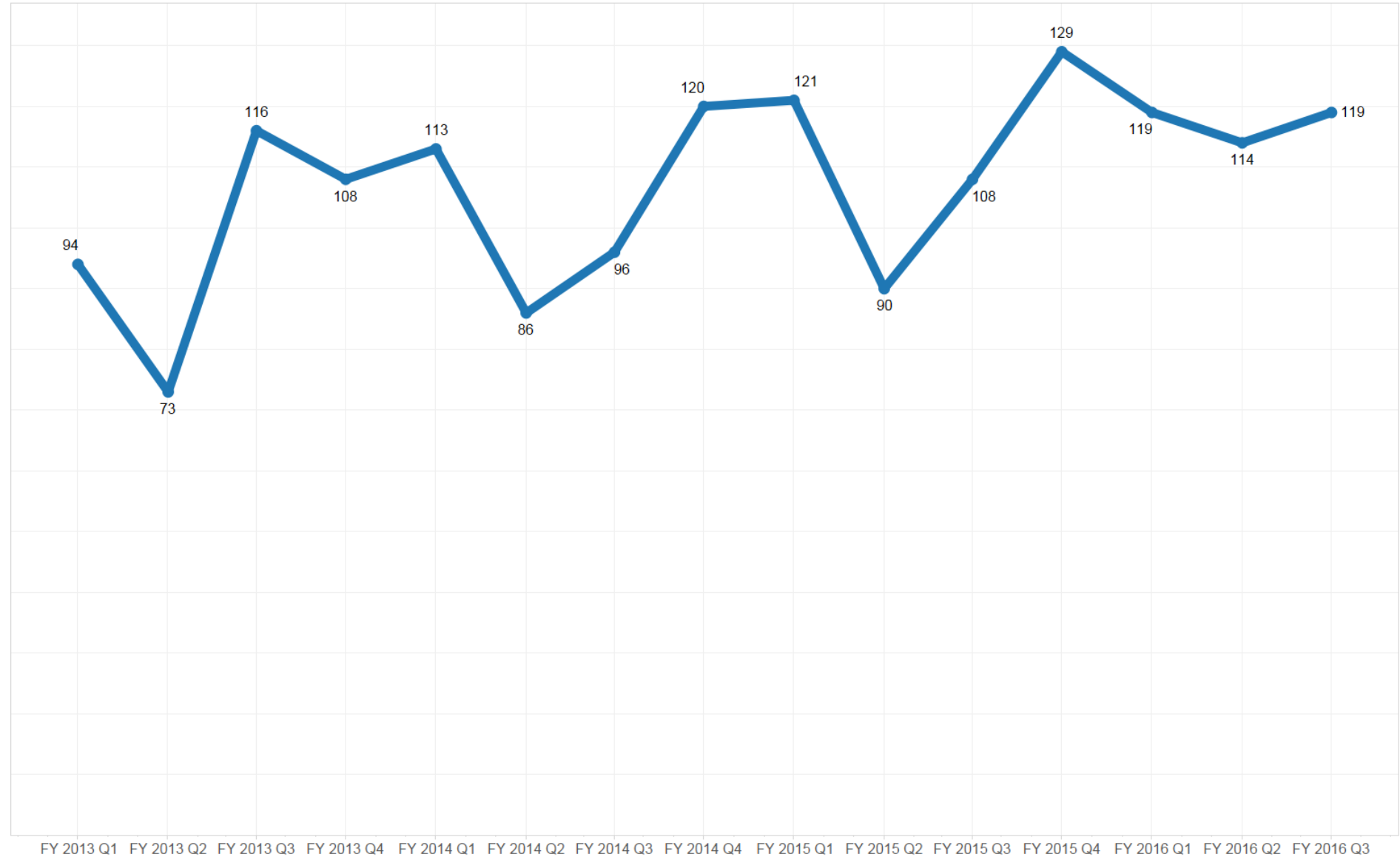
Sexual Assaults: MPD Incidents



Sexual Assaults: DC SANE Exams

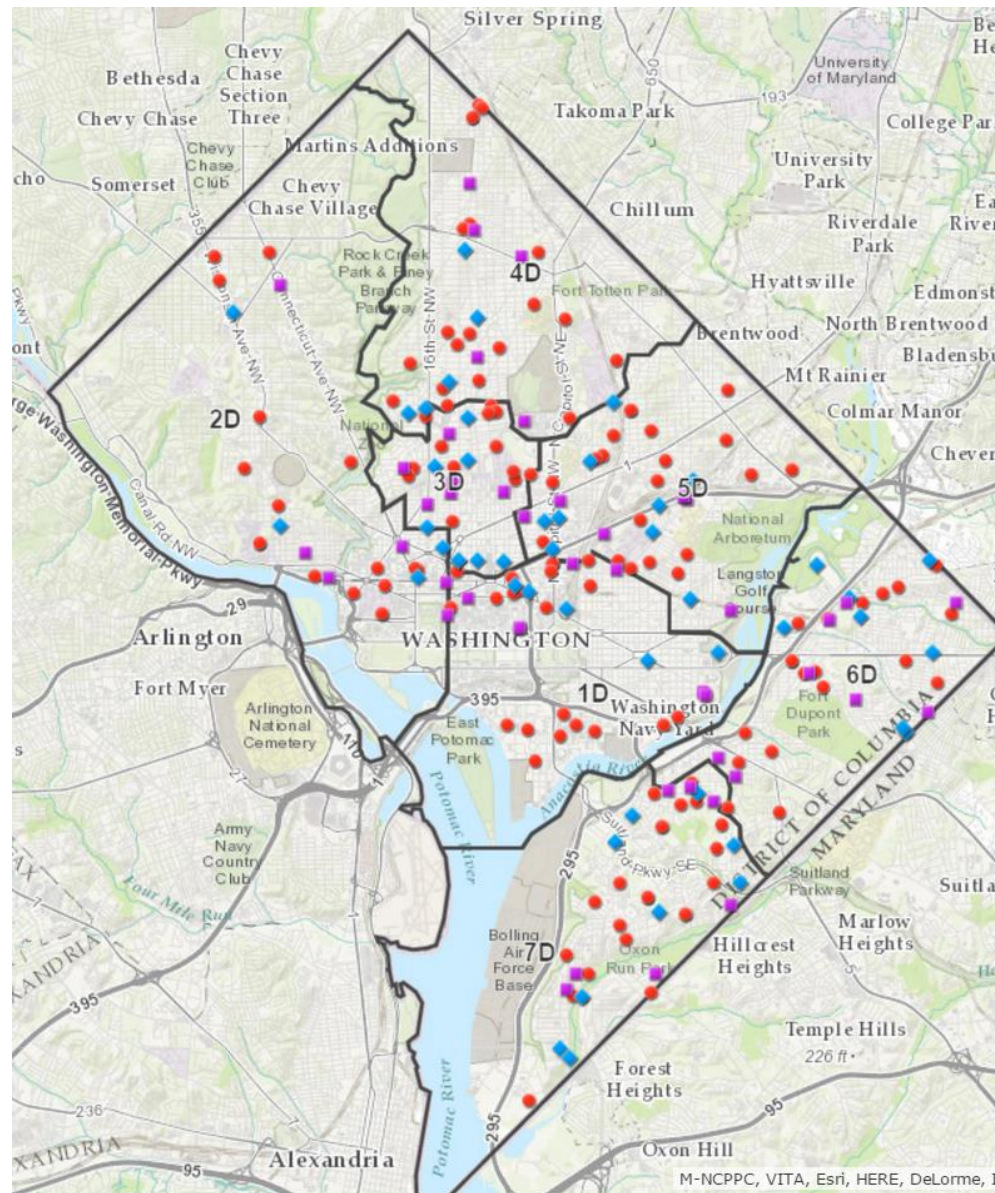


DC SANE EXAMS





Sexual Assaults Mapped: 1/1/16 – 8/31/16

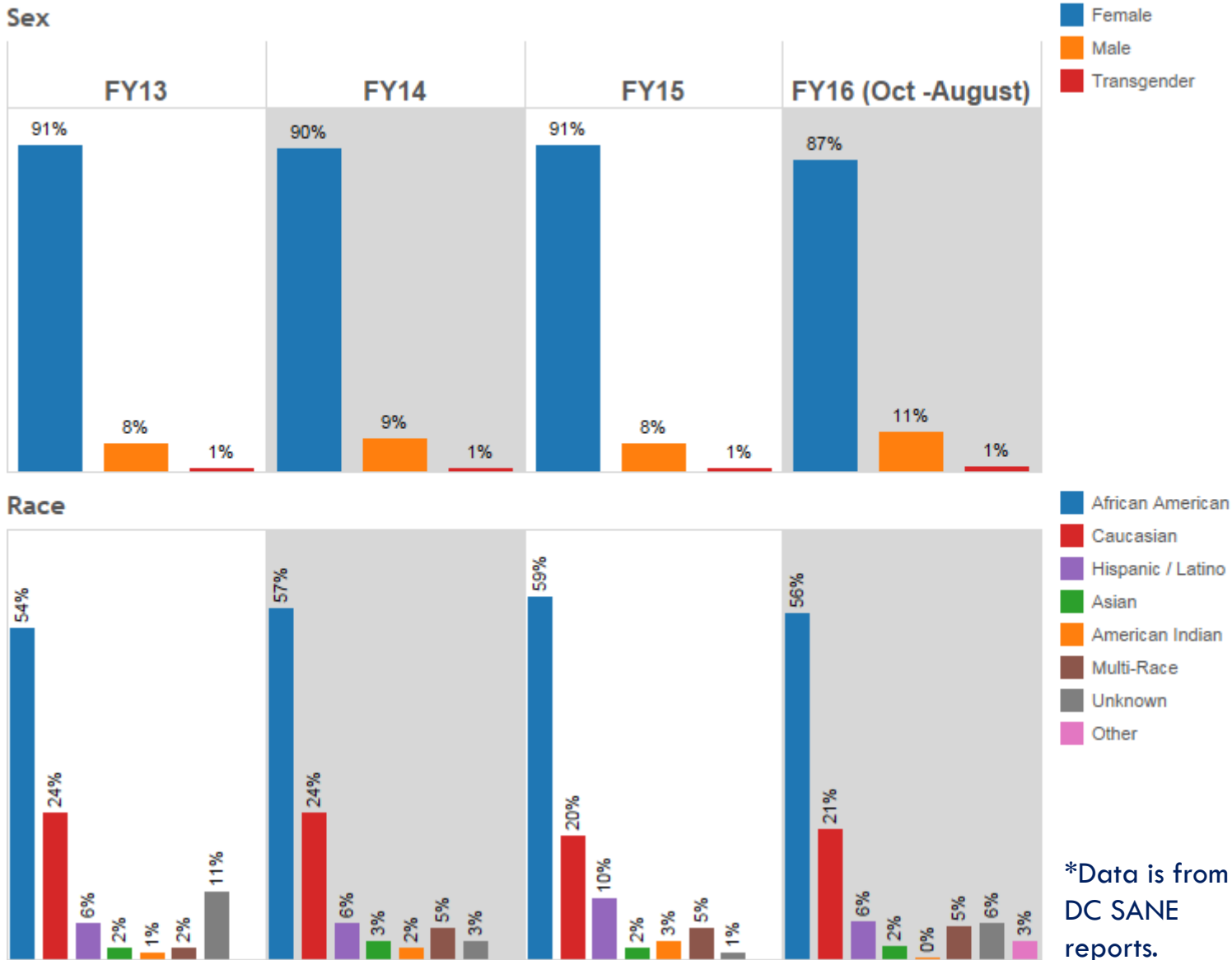


- Known
- ◆ Stranger
- Brief Encounter

Mapped location is where the incident occurred

*Data is from MPD

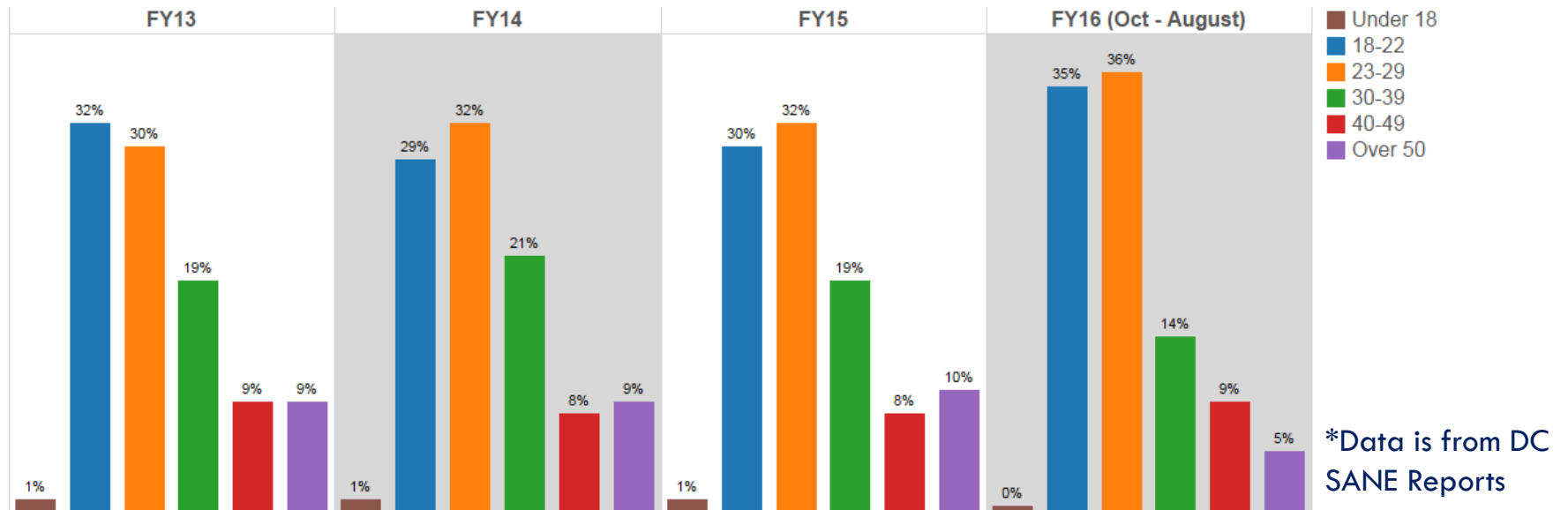
Survivor Sex and Race



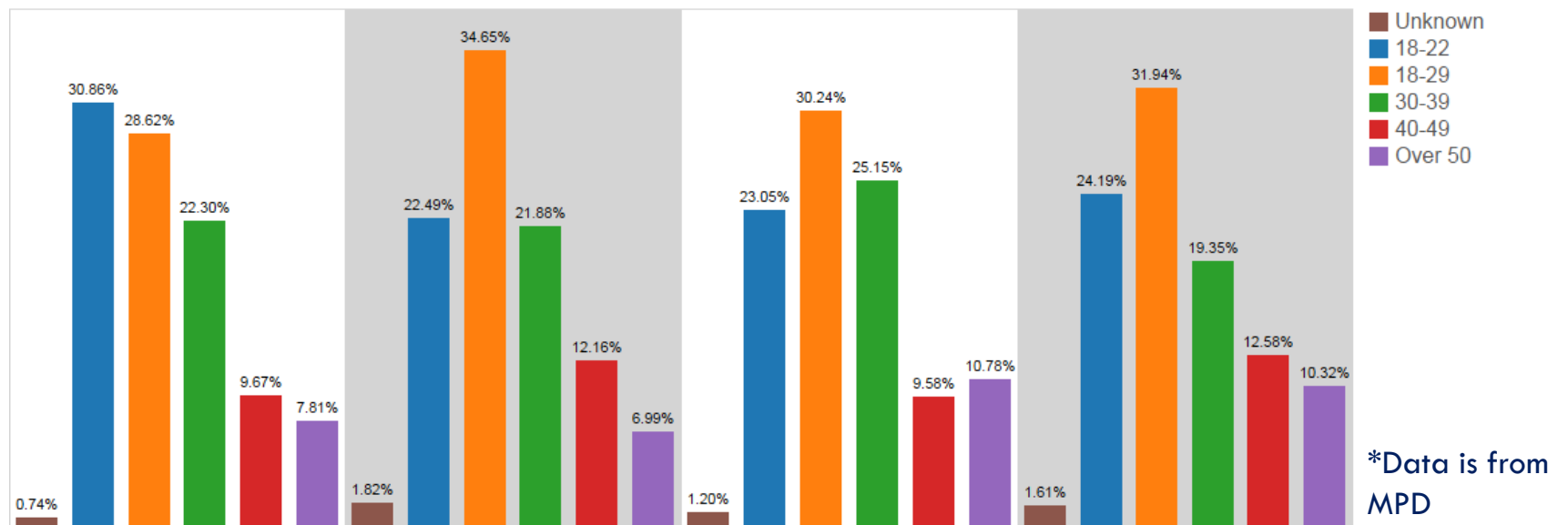
Survivor Age



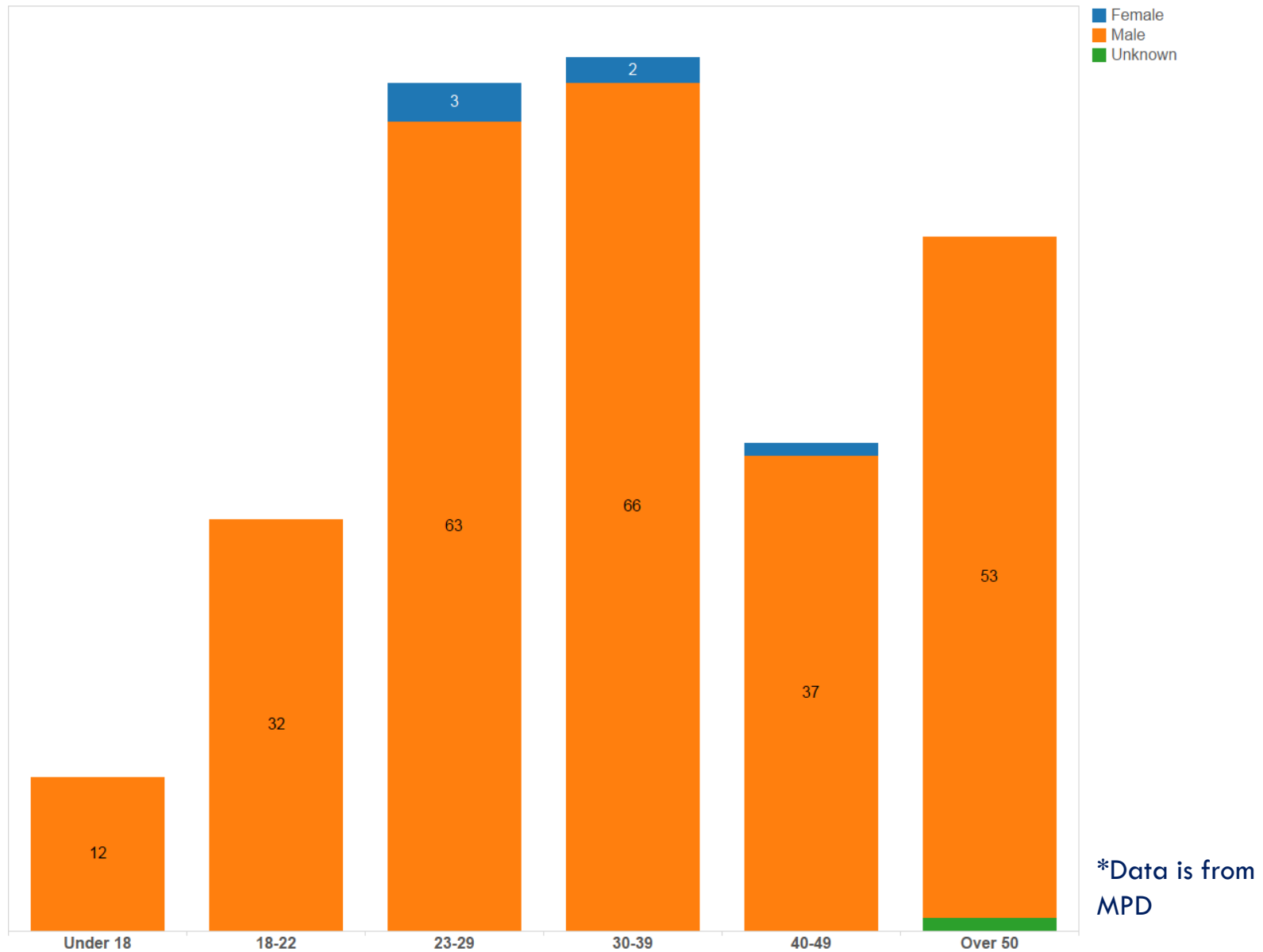
DC SANE



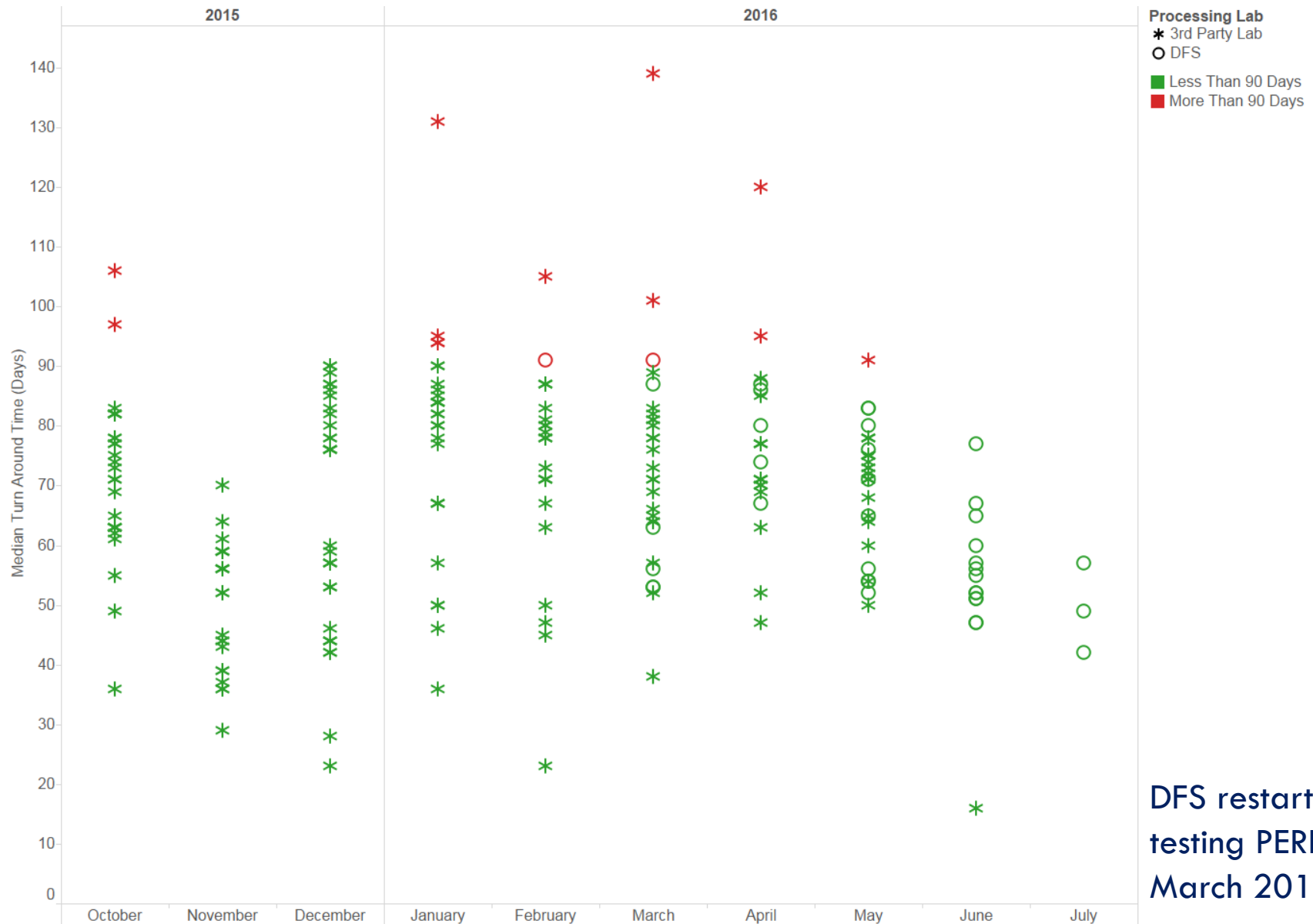
MPD



Arrestee Age/Sex: 1/1/15 – 8/31/16



PERK Processing Times

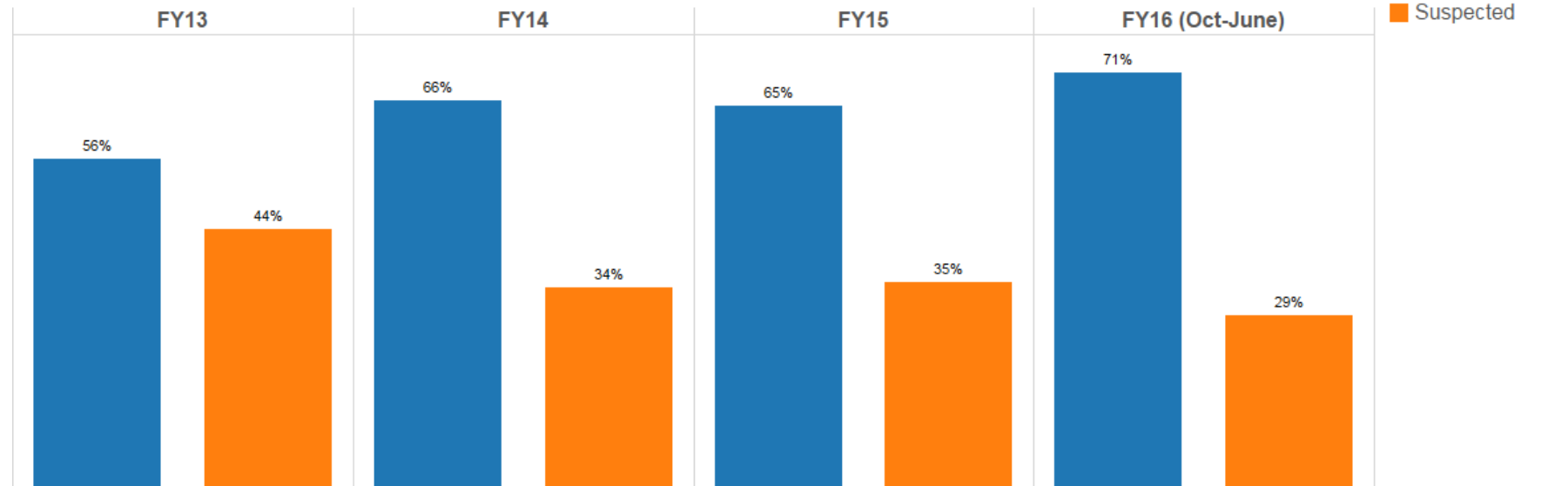


DFS restarted testing PERKS in March 2016

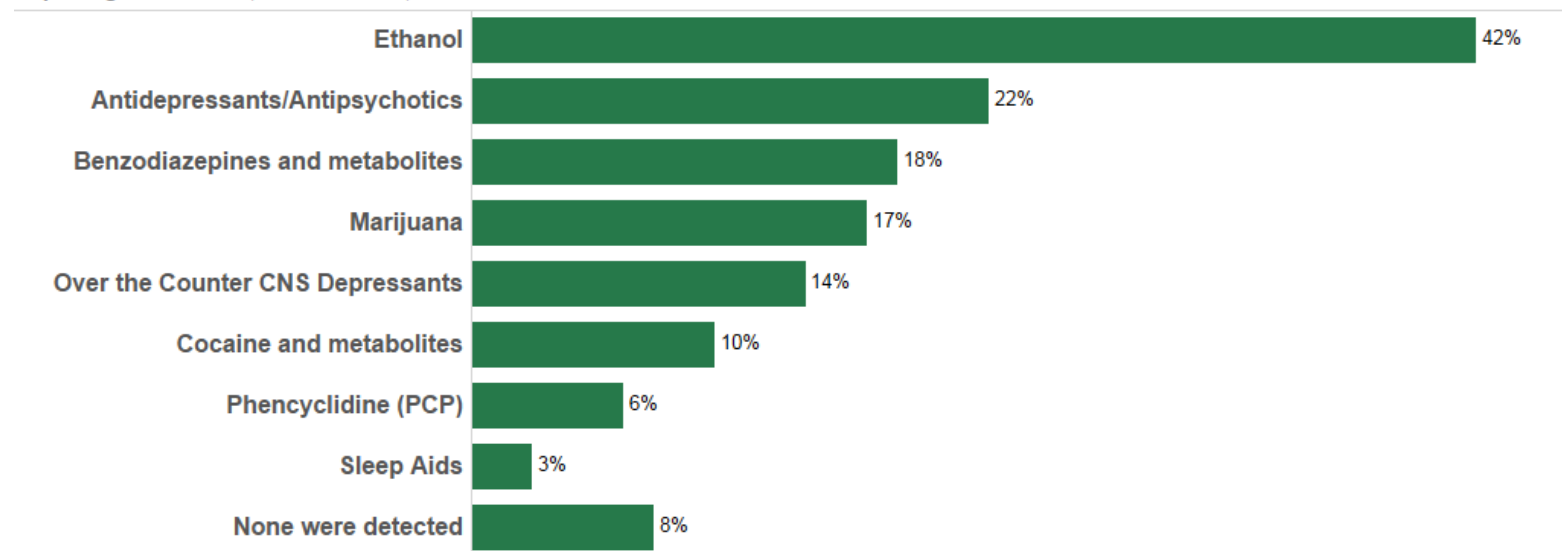


Drug Facilitated Sexual Assaults

Suspected v. Not Suspected



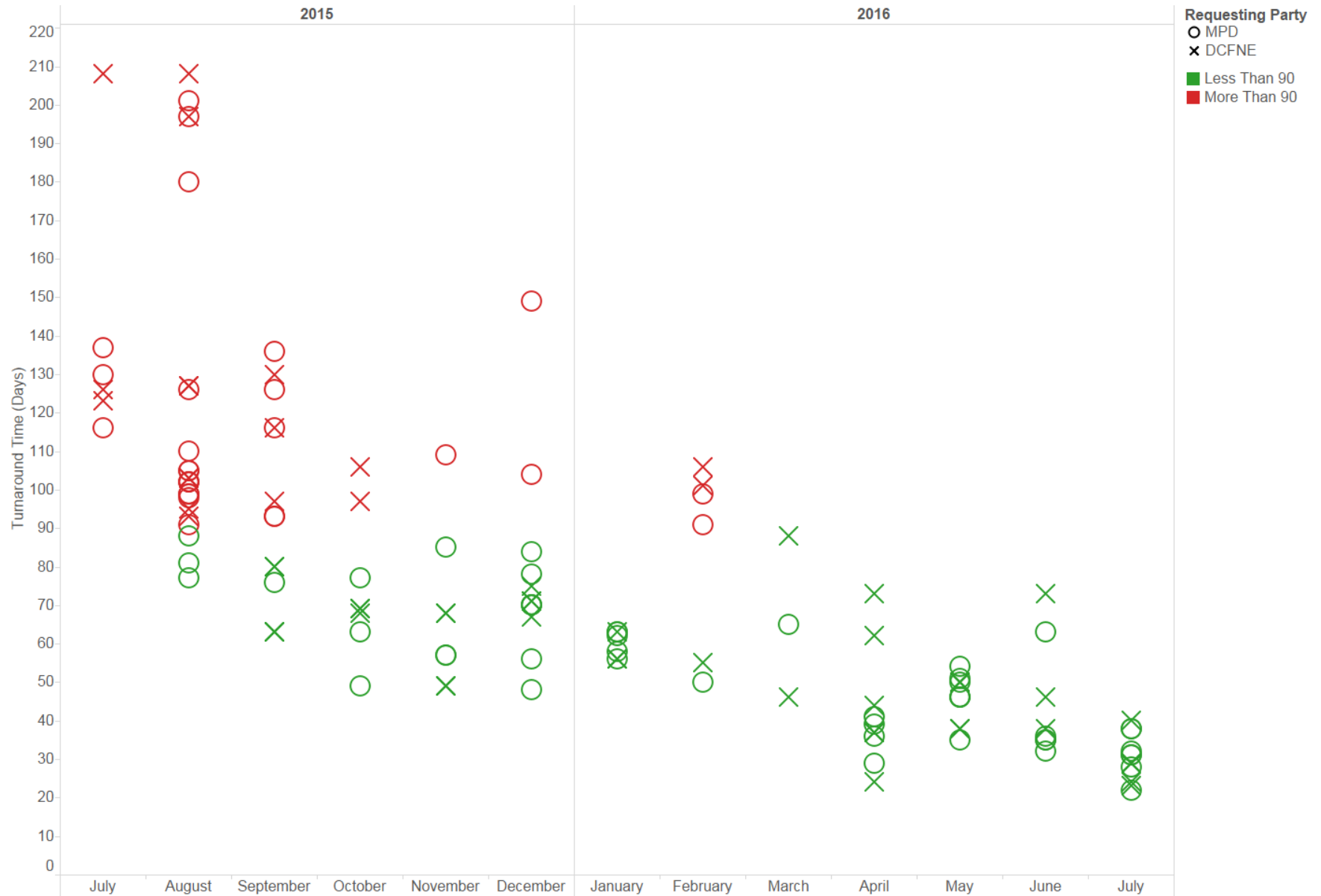
Top Drugs Detected (% Prevalence): 2016



A sample may test positive for more than one drug

*DFSA data is from DC SANE reports; drug detection data is from OCME toxicology reports

Toxicology Specimen Processing



Current Sexual Assault Intervention Strategies



DPG: Reduce Domestic and Sexual Violence, and Improve Outcomes for Survivors

DPG Strategy	Intervention Strategy
Expand preventative programs to reduce incidence of domestic and sexual violence	<ol style="list-style-type: none">1. MPD outreach to universities, nightlife venues, and other targeted communities to improve awareness and provide general sexual assault education*2. Prevention education:<ul style="list-style-type: none">• OVSJG funded programs: Men of Strength Club (MOST Club) and Women Inspiring Strength and Empowerment (WISE Club)3. MPD domestic violence outreach:<ul style="list-style-type: none">• Targeted outreach; increased collaboration w/CSOSA, CBOs, etc.4. MPD Nightlife Unit*
Improve access to long-term, affordable, trauma-informed services	<ol style="list-style-type: none">1. Vertical advocacy:<ul style="list-style-type: none">• Allow survivor access to the same advocate from system entry through conclusion/recovery (NVRDC)• Advocate credentialing program to increase number of system advocates
Improve effectiveness of services offered by the government and service providers for survivors of sexual and domestic violence	<ol style="list-style-type: none">1. Sexual Assault Victim's Rights Amendment Act (SAVRAA)*2. Sexual Assault Response Team (SART)*3. Green Door Program:<ul style="list-style-type: none">• Designed to assist individuals experiencing severe and persistent mental illness that are reporting sexual assaults to MPD

*See appendix for additional information on SAVRAA, SART, MPD Nightlife Unit, and MPD PSA posters

Challenges



- USAO's general lack of transparency
- USAO prosecutorial decisions
- Permission to consume (PTC) challenges and meeting the 90 day statutory requirement for processing PERKS
- Providing immediate services to survivors experiencing mental health and/or substance abuse issues
- Rape culture
- Potential: Body cameras and survivor reporting

Recommendations



DPG: Reduce Domestic and Sexual Violence, and Improve Outcomes for Survivors

DPG Strategy	Recommendations
Expand preventative programs to reduce incidence of domestic and sexual violence	<ol style="list-style-type: none"> 1. Re-issue MPD outreach posters 2. Robust prevention education, to include consent, bystander intervention, and healthy relationship education
Improve effectiveness of services offered by the government and service providers for survivors of sexual and domestic violence	<ol style="list-style-type: none"> 1. Improved data sharing and communication between USAO and SART, to include warrant approval information** 2. Implementation of DNA kit tracking software* 3. Draft Sexual Assault Victims' Rights Act Legislative Package* <ul style="list-style-type: none"> • Legislative amendment to address PTC challenges** 4. Implementation of training for new MPD recruits, existing patrol officers, and SAU team on consent, force, and sexual assault scenarios** 5. OVSJG/MPD to assess/discuss sexual assault-related training on an ongoing basis 6. Staffing/resource recommendations*: <ul style="list-style-type: none"> • OCME: Permanent FTEs for DFSA team (currently grant funded) / approx. \$170k/FY • OCME: Additional toxicology testing equipment / \$50k one-time; \$30k recurring (supplies) • DFS: 8.25 permanent FTEs for FBU (currently grant funded) / \$671K/FY

*See appendix for additional information

**Independent consultant recommendations



APPENDIX





Staffing and Resource Recommendations

OCME:

- DFSA Team Staffing:
 - Current: 2 FTEs (grant funded; OVSJG sub-grant); approx. \$170k/FY
 - Recommended: 2 FTEs (locally funded); approx. \$170k/FY
 - In addition to grant funded positions
- Equipment:
 - New request: ImmaTox Bench Top Urine Analyzer; will allow for rapid toxicology testing, resulting in reduced TATs
 - Approx. \$50k (one time)
 - Recurring costs: \$60k/FY; \$30k more than current supply expenditures (current supply costs covered by OVSJG sub-grant; funding source for new costs will need to be identified)

DFS:

- FBU staffing:
 - Current: 22.25 FTEs (14 locally funded and 8.25 grant funded)
 - Recommended: 8.25 FTEs (permanent, locally funded) for FY18; approx. \$671K/FY



Sexual Assault Victim's Rights Amendment Act

- SAVRAA is the result of survivor and systems advocacy efforts to improve the District's response to sexual assaults
- SAVRAA provides survivors with a clear continuum of service and provides MPD with victim-centered guidance and regulations
- SAVRAA directed an independent expert consultant to analyze all components of the District's sexual assault response system
- Rights created by SAVRAA:
 - Right of the survivor to have an independent community based advocate; advocate may be present throughout the SANE process
 - Right of the survivor to toxicology evidence kit results
 - Right of the survivor to notification when law enforcement contacts the suspect
- The law also defines time standards for the transport and processing of forensic kits for MPD and DFS
 - MPD is to deliver kits in 7 days (kits released by victims)
 - DFS is to process kits in 90 day

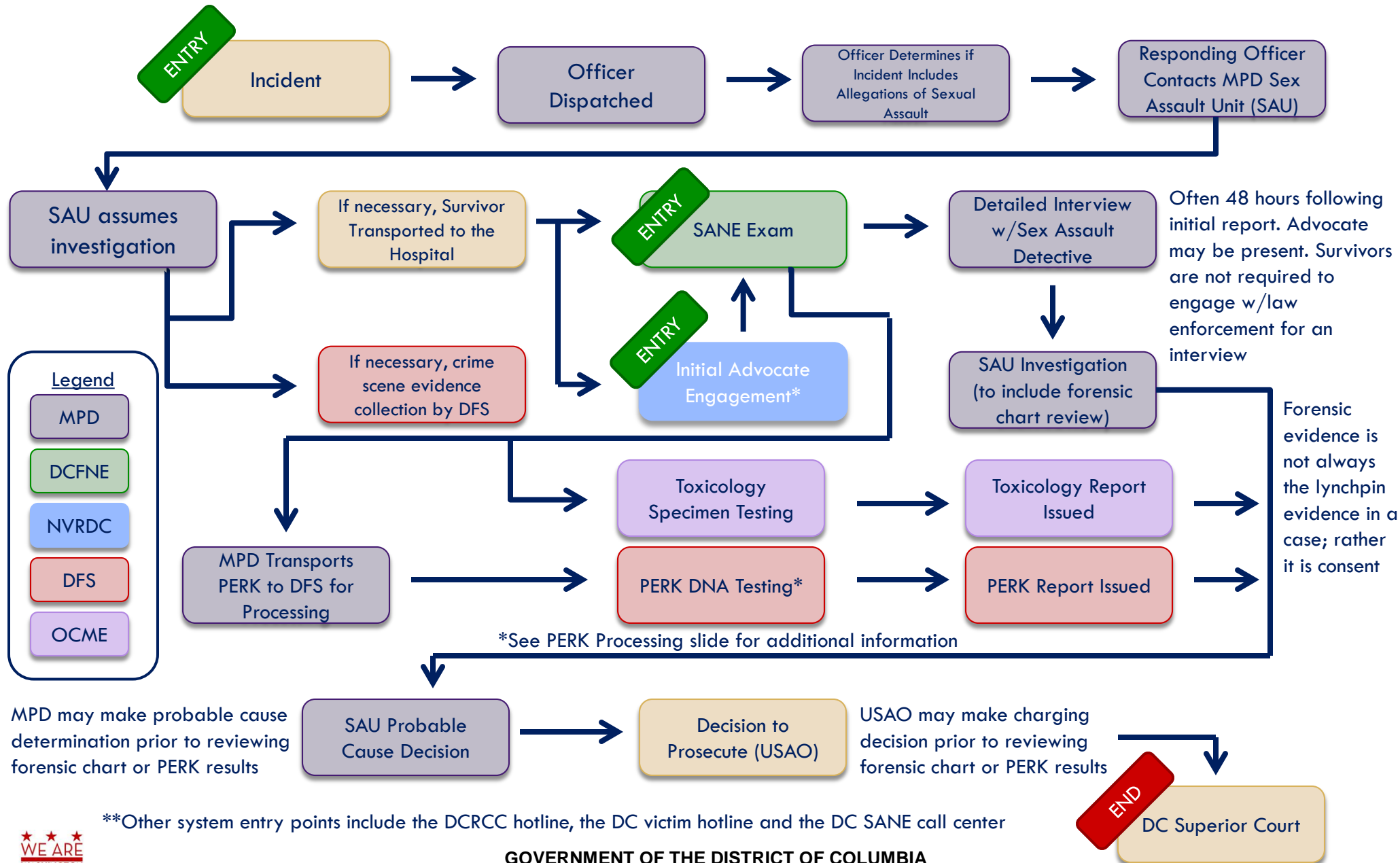
Draft Sexual Assault Victims' Rights Act Legislative Package



The following is a sample of the legislative package's recommendations:

- Expansion of the sexual assault response team (SART) authority to monitor agencies for compliance to legislation, best practice, and subpoena authority
- Expand the right to an advocate for survivors in all law enforcement interviews
- Clarify that the presence of a police officer or prosecutor in an interview with an advocate present does not waive the advocate's privilege
- Establish the right for a survivor of sexual assault to have an advocate present at any prosecutorial interview
- Require the prosecutor to provide a reason for the decision not to prosecute upon request
- Amend the statute to include mandatory data sharing among members of the SART
- Amend DC Code to make it a crime to remove a person's clothes without their consent

Sexual Assault Incident Process Map



**Other system entry points include the DCRCC hotline, the DC victim hotline and the DC SANE call center

Network for Victim Recovery of DC (NVRDC)



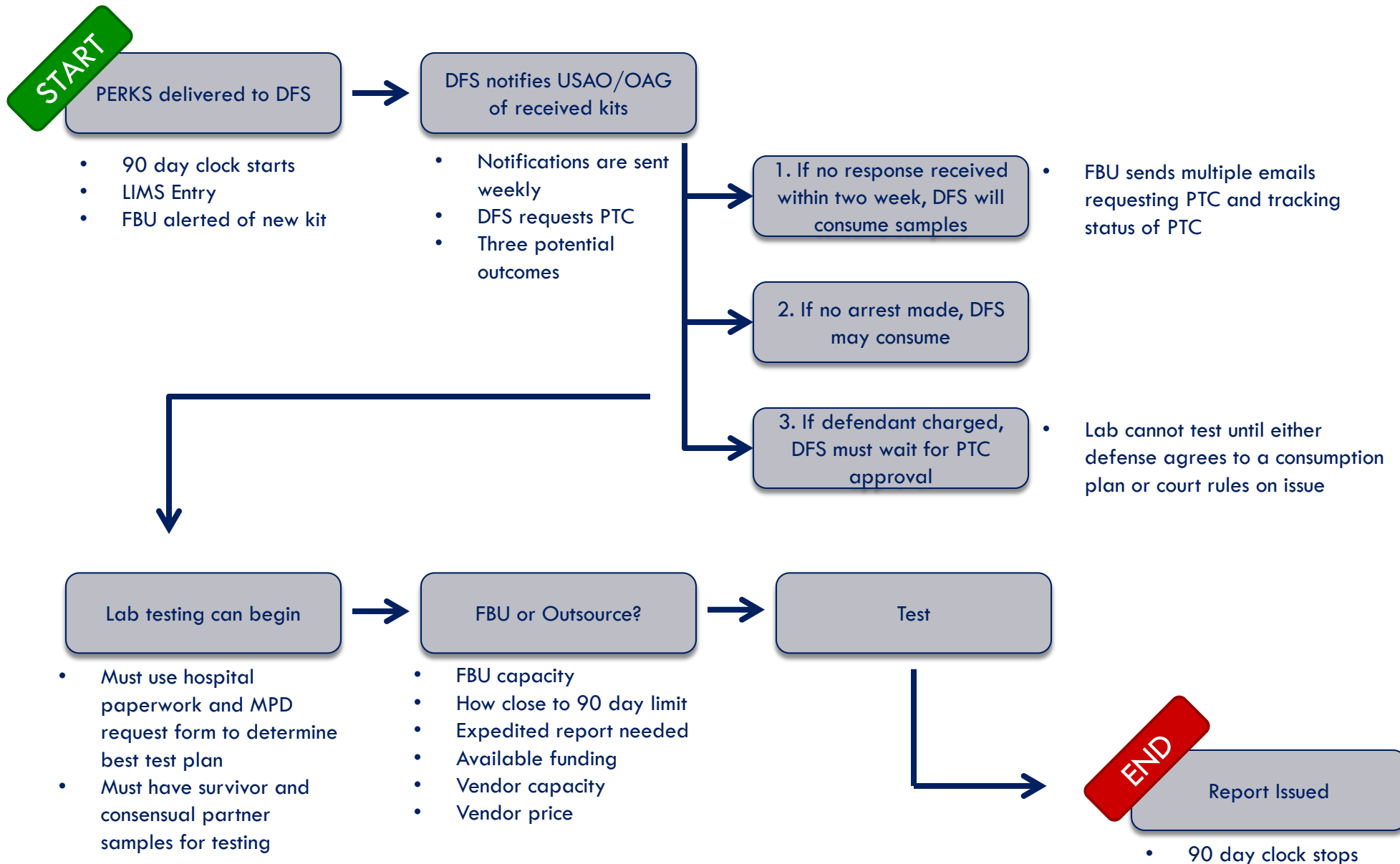
- NVRDC is a leading partner in the DC SANE program, running the advocacy portion of the program, to include crisis intervention and case management to all sexual assault survivors seeking a medical forensic exam
- NVRDC provides survivors professional, holistic, comprehensive services that address all of a survivor's potential needs
- NVRDC's services are free of charge and include:
 - Crime Victims Rights Legal Representation
 - Civil legal services
 - Advocacy and case management
 - Therapeutic programs
 - Acute trauma service
 - Safety planning
 - Access to safe housing
 - Emotional support

DC Sexual Assault Nurse Examiner Program (DC SANE)



- DC SANE, funded and coordinated by OVSJG, is a program between MedStar Washington Hospital Center, DC Forensic Nurse Examiners (DCFNE), and the Network for Victim Recovery of DC (NVRDC)
- The program's mission is to provide comprehensive care to adult and adolescent victims of rape and sexual assault
- The program offers Medical Forensic Evaluations** to all individuals 13 years or older who have been assaulted in the last 96 hours
- The volume of exams performed offers another perspective on the number of incidents, as not all assaults are reported to MPD. That being said, not all reported incidents result in an exam (opt-out / outside useful timeframe)

PERK Testing Process



Sexual Assault Response Team (SART)



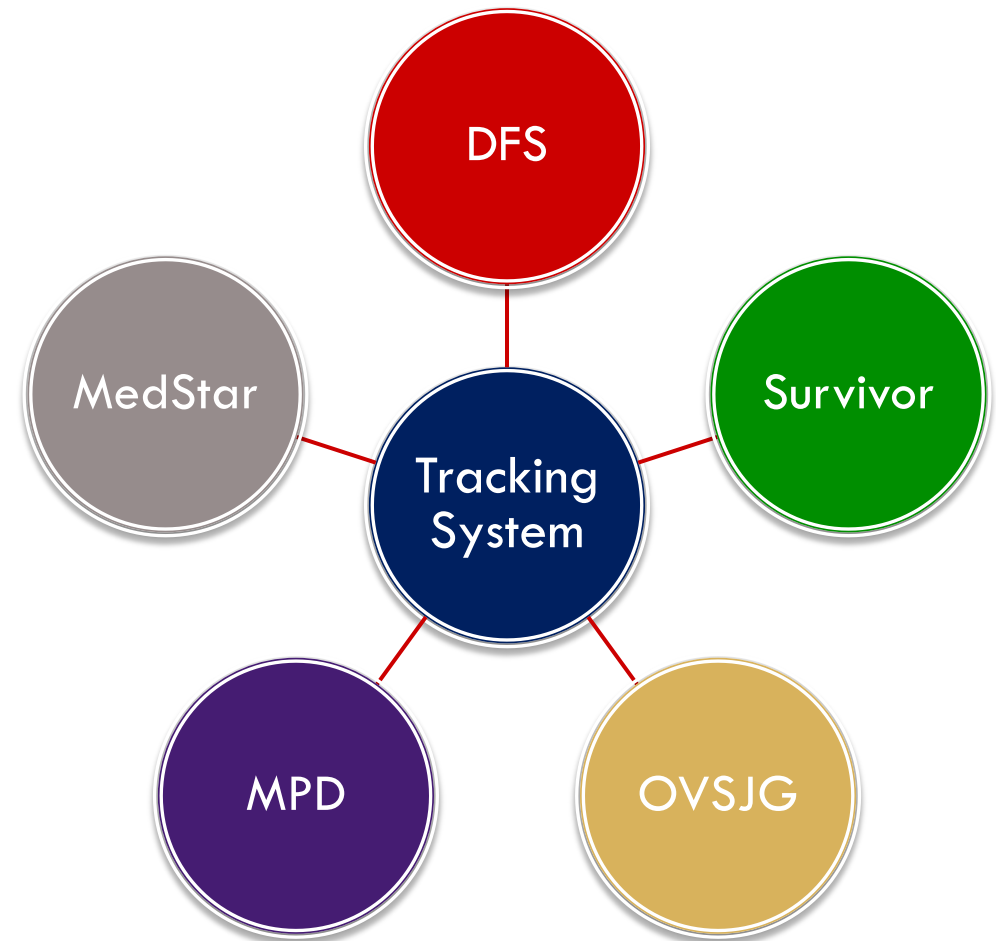
- Established w/SAVRAA
- Mission: “...ensure consistent, sensitive services for adults who have been sexually assaulted; identify and remedy gaps in services; increase engagement in the criminal justice system; improve forensic evidence collection and processing results; and improve investigations and the prosecutability of cases.”
- Participants: OVSJG, MPD, USAO, US Park Police, DC SANE, DC FNE, NVRDC, DFS, OCME, George Washington, MedStar
- Initiatives: cases reviews, info sharing between agencies; area university engagement; public outreach and education

MPD Nightlife Unit



- MPD deploys a cadre of specially-trained officers in areas with a large concentration of bars and other entertainment establishments, to include:
 - H Street NE
 - Adams Morgan
 - Columbia Heights
 - Dupont Circle
 - U Street Corridor
 - Chinatown
- The goal is to provide effective, highly-visible patrols consisting primarily of foot beat, bicycle, and Segway officers
- These officers, who have received targeted training on policing nightlife areas, are intimately familiar with their assigned nightlife area and the unique challenges posed by the area's venues, clientele, and environment.
- The officers patrol the area, engaging the businesses, community members, visitors, and patrons on their beat.
- They strive to prevent and resolve the typical nightlife issues, such as disorder, noise violations, and arguments, to name a few, before those issues can grow into larger problems.
- The ultimate goal is to prevent crime that is traditionally associated with nightlife activities and to continue to provide a safe environment for all of the residents and visitors who seek to enjoy all that these areas have to offer.

- PERK tracking software provides stakeholders additional real-time info on kits, to include kit status.
- Unique portals for:
 - Survivors
 - MPD
 - DFS
 - OVSJG / Advocates
 - MedStar
 - USAO
 - Others
- OVSJG is working w/Global Emergency Resources, LLC to develop the system.



MPD PSA Sexual Assault Posters



We Care About Your Safety

If you left your drink to come in here,
you should buy a new one.

Don't leave your drink unattended. Reduce your risk and don't take chances. One in every eight adult women has been a victim of forcible rape sometime in her life.



If someone is bothering you or making you uncomfortable, tell a member of the staff. Predators and rapists may try to spike your drink and may also encourage you to drink more than you intended to reduce your ability to say "no" and the likelihood that you'll report a crime later on. Stay in control — limit your alcohol use and avoid mixing alcohol and prescription drugs. Beware of the situation. If it doesn't feel right, it probably isn't.

If you think you've been drugged, get help immediately. Ask a trusted friend to stay with you and call 911. And remember, you are never to blame for the actions of another person.

NEED HELP?

Call **(202) 333-RAPE** (7273)



criminals
Only ~~stupid men~~ look at
a woman who has had
too much to drink as an
"opportunity"

Consider this:

**Under DC law, an intoxicated woman
cannot give consent.**

*Bottom line: it's not consensual,
it's rape.*

