CapSTAT

Sexual Assault Trends in DC

DMPSJ • MPD • OVSJG • DFS • OCME
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

<table>
<thead>
<tr>
<th><strong>MPD</strong></th>
<th><strong>OVSJG</strong></th>
<th><strong>DFS</strong></th>
<th><strong>OCME</strong></th>
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</thead>
</table>
| • 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 | • 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) | • Forensic Science Laboratory Division (FSL) conducts serology and DNA testing on PERKs  
  • Crime Scene Sciences Division (CSS) provides collection, analysis, processing, preservation of evidence | • Forensic Toxicology Division provides testing services in support of drug facilitated sexual assault (DFSA) cases |
| **SAU:** 29 FTEs (1 Lieutenant; 3 Sergeants; 23 Detectives; 2 Senior Police Officers) | **7 FTEs in Victim Services (2 vacant)**  
  • DC SANE: 20 nurses, 1 physician, 12 advocates | **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 | **Forensic Toxicology Division:** 2 grant funded FTEs in DFSA unit (OVSJG funds the grant positions) |
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

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Stranger</td>
<td>Cases in which the survivor does not know the suspect and has no association to the suspect</td>
</tr>
<tr>
<td>Brief Encounter</td>
<td>Cases where the survivor and suspect have some association; in instances where the survivor and the offender have just met.</td>
</tr>
<tr>
<td>Known</td>
<td>Survivor knows or has known the offender either by name and/or is familiar with the offender</td>
</tr>
</tbody>
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*Data is from MPD*
• 58% of incidents occurred in the survivor’s residence
• 39% of those offenses were committed by an offender w/a domestic relationship to the survivor
• Overall, approx. 25% of sexual assault incidents are committed by an offender w/a domestic relationship (Jan. 15 – Aug. 16)
• Location type is based on where incident occurred; incident may have originated at a different location
Sexual Assaults: MPD Incidents

Human Rights Watch Report Issued Jan. 13

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Executive Office of Mayor Muriel Bowser
Sexual Assaults: DC SANE Exams

DC SANE EXAMS

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

*Data is from MPD

Mapped location is where the incident occurred

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Executive Office of Mayor Muriel Bowser
Survivor Sex and Race

**Sex**

<table>
<thead>
<tr>
<th>Year</th>
<th>Female</th>
<th>Male</th>
<th>Transgender</th>
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<tbody>
<tr>
<td>FY13</td>
<td>91%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>FY14</td>
<td>90%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>FY15</td>
<td>91%</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>FY16 (Oct-August)</td>
<td>87%</td>
<td>11%</td>
<td>1%</td>
</tr>
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</table>

**Race**

<table>
<thead>
<tr>
<th>Year</th>
<th>African American</th>
<th>Caucasian</th>
<th>Hispanic / Latino</th>
<th>Asian</th>
<th>American Indian</th>
<th>Multi-Race</th>
<th>Other</th>
<th>Unknown</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13</td>
<td>54%</td>
<td>24%</td>
<td>6%</td>
<td>3%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>FY14</td>
<td>57%</td>
<td>24%</td>
<td>6%</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>FY15</td>
<td>59%</td>
<td>20%</td>
<td>6%</td>
<td>3%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>FY16 (Oct-August)</td>
<td>55%</td>
<td>21%</td>
<td>6%</td>
<td>3%</td>
<td>2%</td>
<td>6%</td>
<td>5%</td>
<td>6%</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Data is from DC SANE reports.*
Survivor Age

DC SANE

MPD

*Data is from DC SANE Reports

*Data is from MPD

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Executive Office of Mayor Muriel Bowser
Arrestee Age/Sex: 1/1/15 – 8/31/16

*Data is from MPD*
DFS restarted testing PERKS in March 2016
Drug Facilitated Sexual Assaults

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

<table>
<thead>
<tr>
<th>DPG Strategy</th>
<th>Intervention Strategy</th>
</tr>
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</table>
| **Expand preventative programs to reduce incidence of domestic and sexual violence** | 1. MPD outreach to universities, nightlife venues, and other targeted communities to improve awareness and provide general sexual assault education*  
2. Prevention education:  
  • OVSJG funded programs: Men of Strength Club (MOST Club) and Women Inspiring Strength and Empowerment (WISE Club)  
3. MPD domestic violence outreach:  
  • Targeted outreach; increased collaboration w/CSOSA, CBOs, etc.  
4. MPD Nightlife Unit*                                                                 |
| **Improve access to long-term, affordable, trauma-informed services**         | 1. Vertical advocacy:  
  • 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** | 1. Sexual Assault Victim’s Rights Amendment Act (SAVRAA)*  
2. Sexual Assault Response Team (SART)*  
3. Green Door Program:  
  • 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**

<table>
<thead>
<tr>
<th>DPG Strategy</th>
<th>Recommendations</th>
</tr>
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</table>
| Expand preventative programs to reduce incidence of domestic and sexual violence | 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 | 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*  
   • 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*:  
   • 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
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
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 days.
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

**Legend**
- MPD
- DCFNE
- NVRDC
- DFS
- OCME

**Process Flow**
1. Entry: Incident
2. Officer Dispatched
3. Officer Determines if Incident includes allegations of sexual assault
4. Responding Officer Contacts MPD Sex Assault Unit (SAU)
   - If necessary, survivor transported to the hospital
   - If necessary, crime scene evidence collection by DFS
5. SAU assumes investigation
   - MPD transports PERK to DFS for processing
   - If necessary, crime scene evidence collection by DFS
   - Initial advocate engagement*
   - Toxicology specimen testing
   - PERK DNA testing*
   - Toxicology report issued
   - PERK report issued
   - SAU probable cause decision
6. USAO may make charging decision prior to reviewing forensic chart or PERK results
   - Decision to prosecute (USAO)
   - SAU probable cause decision
   - USAO may make charging decision prior to reviewing forensic chart or PERK results
7. DC Superior Court

**Other System Entry Points**
- DCRCC hotline
- DC victim hotline
- DC SANE call center

*See PERK processing slide for additional information

**Notes**
- MPD may make probable cause determination prior to reviewing forensic chart or PERK results
- USAO may make charging decision prior to reviewing forensic chart or PERK results
- Forensic evidence is not always the lynchpin evidence in a case; rather, it is consent

**DC**
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 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

**START**

PERKS delivered to DFS

- 90 day clock starts
- LIMS Entry
- FBU alerted of new kit

DFS notifies USAO/OAG of received kits

- Notifications are sent weekly
- DFS requests PTC
- Three potential outcomes

1. If no response received within two week, DFS will consume samples

2. If no arrest made, DFS may consume

3. If defendant charged, DFS must wait for PTC approval

- FBU sends multiple emails requesting PTC and tracking status of PTC
- Lab cannot test until either defense agrees to a consumption plan or court rules on issue

Lab testing can begin

- Must use hospital paperwork and MPD request form to determine best test plan
- Must have survivor and consensual partner samples for testing

FBU or Outsource?

- FBU capacity
- How close to 90 day limit
- Expedited report needed
- Available funding
- Vendor capacity
- Vendor price

Test

- Report Issued

• 90 day clock stops

END
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 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

- 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.
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)