

**Update to the Evaluation of the Sexual Assault Victim's Rights Amendment Act
(SAVRAA) Task Force Recommendations for DC Youth**

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Submitted

by

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This report provides an update to the “Evaluation of the Sexual Assault Victim’s Rights Amendment Act (SAVRAA) Task Force Recommendations for DC Youth” published May 11, 2017.¹ It is based on interviews with the Metropolitan Police Department’s Youth and Family Services Division (YFSD) detectives and supervisors as well as additional individuals who work directly with teenagers in various capacities including counselors, medical service providers and advocates. As with other reports, these interviews and research have been organized into findings and related recommendations for policy and process changes, and training and resource provision where needed. Given the small and interdependent nature of the systems that serve youth in the District, attribution has often been removed to preserve the anonymity of those who provided information for this report.

I. Findings

A. Metropolitan Police Department’s Youth and Family Services Division (YFSD)

MPD’s YFSD is responsible for investigating child abuse and neglect, sexual abuse and exploitation, including human trafficking, missing persons under the age of 18, processing minors who have been arrested, youth who have absconded from group homes and Division of Youth and Rehabilitation Services (DYRS) facilities, and investigating internet crimes against children. In 2015, YFSD received 155 reports of sexual assault against teens, ages 12 to 17, and in 2016, the unit received 131 reports, a 15% decrease from the previous year.²

The Independent Expert Consultant interviewed five detectives to whom cases involving teens are primarily assigned based on a change in process established by Chief Peter Newsham in 2016 to ensure that teens had contact with detectives most suited to work with them, and interviewed the division’s new commander, Commander Channel Dickerson. Detectives described their investigation process in detail, the challenges that they encounter when investigating cases that involve teenagers, as well as the the systems and social context that surrounds them.

1. The detectives interviewed are highly dedicated to their work. They were all deeply empathetic to the experiences and needs of the youth with whom they work. They had each either directly requested to be assigned to YFSD or been selected deliberately by their previous commander based on their ability to connect with youth in addition to their investigative skills.

¹ Evaluation of the Sexual Assault Victim’s Rights Amendment Act (SAVRAA) Task Force Recommendations for DC Youth” published May 11, 2017:
<https://ovsjg.dc.gov/sites/default/files/dc/sites/ovsjg/Youth%20Report%20Updated%205.11.17.pdf>

² Metropolitan Police Department, Youth and Family Services Division, 2016.

2. Detectives also indicated a clear understanding of and empathy with the pressures, risks and incentives that impact the ways that teens are at risk for sexual assault. They were all very aware of how those pressures, risks and incentives influenced the ways teens present as victims, and detectives had strategies for working around those and/or addressing them with teens in their investigations. The risks and pressures that were cited specifically included direct peer and economic pressures; the impact of social media and unsupervised use thereof that creates opportunities for predators; and the pressures and problems that teens' parents face and how those impact the entire family dynamic.

3. Detectives reported that they did not receive reports of sexual assault from teenagers outside of the mandatory reporting system in which cases were referred to them from the CFSA hotline. However, those calls to the CFSA hotline that reach YFSD detectives do include calls from patrol officers who encounter teens who indicate that they have been physically abused and/or sexually assaulted.

3. The YFSD currently has very highly respected supervisors who have worked hard to change the culture and processes at YFSD over a period of the last three to four years. These changes are evident in the dedication and knowledge base displayed by the detectives interviewed. The Independent Expert Consultant did receive complaints from teens and parents but those were not current complaints. With two exceptions, they largely were traced back to cases investigated prior to 2014. While some complaints, as detailed in the original youth report, related to the way in which teens were directly approached such as threatening to arrest teens who don't wish to cooperate, two complaints related to whether a case went forward at all. MPD is in the process of reviewing those cases as a result.

4. YFSD lacks an explicit, multi-layered review and approval process for cases such as the one that the Sexual Assault Unit (SAU), the unit responsible for investigating sexual assaults of adult victims, has in place. The SAU's process is extensive and labor intensive, but it ensures that there are no missed steps in investigations, and that the individual biases, conscious or not, that even the most well-meaning and professional detective might have, are accounted for and corrected within a case.

5. Detectives seek out training actively on their own and are overwhelmingly invested in learning as much as they possibly can to increase their effectiveness. Many have attended conferences out of state and paid their own way to do so. However, there has not been a regular program of training for detectives as they start their work with the unit, nor any training that distinguishes teenagers from young children as a group with specific needs and

challenges. Interviews with detectives indicated that they had the skills to work with teens overall, but also were sometimes unaware of the rights that teens have in the District.

6. Parental notification of their child's contact with police in school environments is, or has been, a significant issue reported by detectives. Schools are often a location where sexual abuse is reported or discovered, and it is a location where detectives can speak with teenagers in a safe environment where the teen chooses to engage with them. However, without the teen's knowledge and even when parents are possibly suspected in the case, schools have called or attempted to call parents before detectives can speak with the teen. These efforts at parental notification, while understandable and expected, can jeopardize an investigation and in some instances even place the minor's safety at risk. Each school handles this issue differently. Detectives reported that some charter schools employ a policy of sending a note home with the teen to inform the parent that detectives have interviewed their child.

Several cases were described where detectives had to negotiate with school officials to interview a teen without the parent being called because the parent was a suspect in the case. Following best practices for preserving the integrity of their investigation while recognizing the privacy that victims deserve in any environment, detectives are reluctant to inform school administrators of who the suspect is or other facts in any given case, thus creating a circular situation that could imperil the reporting teen. Detectives also described instances in which angry parents arrived at the school upon being notified of their child's contact with law enforcement and cancelled the interview, shutting the case down even though the teen wanted to report initially or was willing to talk with them.

7. Detectives reported issues with obtaining SANE exams in a timely way for acute cases at Children's National Medical Center due to a lack of coverage in the SANE nurse's schedule. Nurses are available on-call, but after 2AM, detectives are often told that they should wait until CAPC opens in the morning, and sometimes that wait can extend beyond that point depending on how busy the unit is and whether staff is available at that point. This delay creates distress for the victim insofar as they cannot shower, eat or drink and are encouraged not to use the bathroom until they can be examined so that evidence is not lost.

One case that occurred while these interviews were being conducted involved a teenager who required an acute exam at approximately 3:00AM on a weekday. Detectives were told that she would have to wait until the following afternoon for reasons that were later disputed by the CAPC supervisor and worked out among the team. However, the amount of time the teen survivor would have to wait and the systemic breakdown was not disputed. Upon finding out that

the wait would be that excessive, detectives took the teen to MedStar Washington Hospital Center where she received a SANE exam conducted by DC Forensic Nurse Examiners (DCFNE) that began within an hour after her arrival there.

Upon further examination of CAPC's FY2017 schedule and exploring the routes that a patient/survivor may take if a CAPC nurse is not available to perform a SANE exam, three issues became apparent. First, as of August 2017, CAPC's schedule contained significant gaps to include overnight hours between 2AM and 8AM, and then for a 24-hour period on Sundays. CAPC is now training 13 new nurses who should be fully operational by the first of the year. According to Dr. Allison Jackson, CAPC's Division Chief, it is their intention to provide around-the-clock coverage at that point, but this is still highly dependent on coverage capacity regardless.

Second, for patients who are brought into the Emergency Department at CNMC, they must go through the triage process for the Emergency Department and then be examined by a resident or attending physician. This is partly to satisfy federal legal requirements for emergency departments, Emergency Medical Treatment and Labor Act (EMTALA), which requires all patients to be stabilized and treated regardless of ability to pay, as well as the hospital's individual screening process, and would be the case at any hospital.³ However, observers have reported that lab tests including blood draws, may be done at that time for purposes of the Emergency Department's testing and would then be repeated when the survivor is be examined again by a CAPC SANE nurse and collected again for evidence purposes.

Third, if no CAPC SANE nurse is available, per CNMC policy SANE exams are performed by the attending physician in the Emergency Department. These attending physicians have all completed a one-month rotation through CAPC and had a PERK explained to them by the CAPC SANE Director. However, given the low numbers of acute exams per year overall, the likelihood that they directly observed one during that rotation may be small giving them a familiarity with the process but nothing near the competence and skill of a SANE nurse or CAPC physician. In July 2017, CNMC Emergency Department staff received an email from the hospital's administration stating that in the absence of a SANE nurse at CNMC through CAPC, the emergency room attending physician should perform the SANE exam and this direction was repeated in the Emergency Department employee newsletter in August. The instruction did not state that MedStar Washington Hospital Center and the DC Forensic Nurse

³ 42 US Code §1395dd Examination and Treatment for Emergency Medical Conditions and Women in Labor
<https://www.law.cornell.edu/uscode/text/42/1395dd>.

Examiner's Program (DCFNE) was an option for teenagers to be seen by a trained SANE nurse certified in adult and adolescent SANE exams, and these patients are not made aware of this option.

8. Detectives were all highly complementary of the services provided by Safe Shores: The Children's Advocacy Center. They did report a lack of knowledge about resources that exist for teenagers outside of the Multidisciplinary Team (MDT) related to emergency shelter and other crisis-level needs as well as rights that teenagers have in the District. Detectives indicated that survivors require rest before they can be effectively interviewed but that they have nowhere to house them for this purpose on an immediate and emergency basis, particularly if CFSA is not involved or not yet involved.

9. Forensic interviews are performed at Safe Shores: The Children's Advocacy Center using a trained forensic interviewer and a mutually agreed upon process governed by the MDT MOA whereby the survivor does not have to repeat their story to multiple actors in the system.⁴ Recently, the US Attorney's Office forensic interviewers left the Children's Advocacy Center after attempt to remedy group dynamics problems and issues created by having those interviewers screen cases for prosecution at that early stage and beyond their purview. Those interviewers are now located at the US Attorney's Office and are utilized for follow-up interviews when additional information is needed after a case is screened by prosecutors. The YFSD detectives' supervisor indicated that victims are not brought to the US Attorney's Office for an initial forensic interview under any circumstances, but rather are brought there at the request of prosecutors for follow-up information.

B. *Parental Consent and Notification*

As documented in "Evaluation of the Sexual Assault Victim's Rights Amendment Act (SAVRAA) Task Force Recommendations for DC Youth" published May 11, 2017, parental notification and consent is an ongoing and primary issue for youth. Whether their parents would be informed of a teen's sexual assault was unanimously cited as a barrier to seeking help from other resources available to teens to address sexual assault such as healthcare and counseling as well as reporting to police. There is a perception among youth and among service providers and some MPD officials that police must always notify parents that their teenager has made a report, that an investigation has been launched, or that their teen has had some contact with law enforcement. The reality is far more nuanced and complicated. An attempt to clarify how the

⁴ Multidisciplinary Team Memorandum of Agreement, January 2016.

system works is listed below, but it should be noted that even this explanation leaves out some possible scenarios.

As stated in the original report, there are multiple services that teens can access without parental notification or consent in the District, the distinction between the two being that notification implies that the services or contact can go ahead regardless of the parents' consent but that they must be notified of it whereas consent implies that the parent is invested with the right to require or refuse the services on the teen's behalf. The following information is intended to clarify the circumstances around parental notification and consent.

1. MPD is not required to notify a parent or guardian that their child has made a police report or has had contact with law enforcement unless their child is a suspect being questioned or detained by police. However, police are required to obtain parental consent to transport a minor unless there is imminent danger. This includes consent to transport them to a hospital for a SANE exam or to Safe Shores for a forensic interview. If they do not obtain this consent, they have technically removed the child from their parents' care and custody and therefore it constitutes a form of kidnapping.

2. In cases in which CFSA and MPD are investigating together, i.e., cases where a parent or caregiver is the suspect, the minor still cannot be transported without parental consent unless they have removed the child formally and legally from the parents' custody or are immediately prepared to do so.

3. CFSA will notify a non-offending parent or guardian as part of their standard practice. CFSA is only investigating or engaging with families for whom either the suspect is of an intrafamilial relationship to the minor or there is neglect suspected by the parent or guardian in cases where the sexual abuse suspect is a peer or stranger. This contact is required to launch and conduct such an investigation and is part of the team approach employed between MPD and CFSA in these cases.

4. Despite this team approach, coordination between MPD and Child and Family Services Agency (CFSA) is sometimes disjointed within a case such that the case worker from CFSA may inform a family that an investigation exists prior to MPD being ready for that to become known to potential witnesses and suspects. Similarly, CFSA's plan with a family may involve unintended incentives for a family to fail to disclose things that may be driving a central problem with a teenager that YFSD is addressing such as running away, chronic truancy, or that teen being in a situation that makes them vulnerable to being sexually assaulted. These

disconnects are not deliberate, but are a product of different mandates and methods of working with a family.

5. The only regulation related to parental notification is found in MPD General Order 305.1 refers to notifying a parent or guardian and noting this on the standard report for any interaction with a minor by a patrol officer.⁵ Detectives reported that they are under no obligation that they are aware of to inform a parent or guardian about their interactions with teens as victims in a case.

6. Because parental consent is required for an exam and/or a forensic interview at Safe Shores: The Children's Advocacy Center, Safe Shores reports that there are approximately 20 cases per month in which a child or teenager, i.e., minors of all ages, in which the suspect is of an intrafamilial relationship to the victim, who should come in for a forensic interview do not do so. Either the parent or the child or teenager refused to participate.⁶ In some cases, the teenager indicates to detectives that they are or were willing, but their parent is not vice versa.

7. Schools do not have to notify parents of a minor victim's interactions with police in a school setting as a matter of District law but they are not prohibited from doing so either. Calls to DC Public Schools Office of Legal Counsel and the DC Charter School Board Office of Legal Counsel respectively revealed no overarching policy in place for DC Public School or DC Charter Schools. Instead, the question was relegated to an issue of individual school policy and discretion. Schools do have to report to CFSA when they become aware of a minor who they suspect has been abused, sexually or otherwise by anyone regardless of the relationship.

8. While teens cannot be transported by MPD or CFSA without parental consent or, barring that consent, the removal of the child through a court order from the parent or guardian's custody, teens can still under District and federal law obtain a SANE exam, reproductive medical care, and mental healthcare without parental consent if they request those services directly from the service provider on their own. MPD can also meet them at that location and not involve parents so long as no transportation to that location was provided.

9. Currently in the District, minors have the legal right to the following without parental notification/consent:

- Age 12-15
 - Obtain a temporary and/or civil protection order for dating violence with parental notification (not consent), and/or have legal counsel appointed by the Court or

⁵ Metropolitan Police Department, General Order 305.1 Handling Juveniles, 1990.

⁶ Safe Shores: Children's Advocacy Center, February 2017.

obtain legal counsel and file a request for an exemption to parental notification requirement based on potential harm to the minor;

- Age 16-17
 - Obtain a temporary and/or civil protection order for dating violence on their own behalf.⁷
- Age 13 and up:
 - Reproductive health services to include⁸:
 - Contraceptive Services
 - Prenatal Care
 - STD/HIV testing and treatment: this includes medication without parental notification, though it does not address payment.
 - Abortion services
 - Drug and Alcohol Addiction Treatment⁹
- Age 16 and up
 - Psychotropic drugs under certain limited circumstances, including instances where parental notification/consent is harmful.
- Mature Minor Standard
 - Mental health services except for psychotropic drug prescription or management.¹⁰
 - General Medical Services

10. The various ways in which teens' rights are or are not respected, as well as the knowledge base about teens' rights and development, as distinct from younger children, among service providers that teens may encounter in attempting to exercise these rights is highly inconsistent. Patrol officers who were asked how they would handle an unaccompanied teenager reporting a crime to them, including sexual assault or dating violence, gave inconsistent answers about parental notification when the minor is a victim rather than a suspect. However, to their credit, although they didn't know where guidance existed related to parental consent for underage victims and also indicated that they didn't think any explicitly existed, they all said they were not aware of a General Order that would prevent them from immediately addressing the needs of a teen reporting a crime or asking for help of some kind on their own without a parent or guardian, and that they would meet that teen's expressed need for immediate safety and then contact YFSD, per the General Order. As reported above, detectives were unaware of the things teenagers could access on their own, and medical and

⁷ DC Code § 16-1003.

⁸ D.C. Mun. Regs. tit. 22, § 600.7, states that a minor of *any* age can engage in these services without parental notification.

⁹ D.C. Mun. Regs. tit. 22, § 600.7.

¹⁰ D.C. Code Ann. § 7-1231.14(b) and D.C. Mun. Regs. tit. 22, § 600.7.

youth service providers were confused in some instances about where and how teens could get reproductive healthcare and mental healthcare without their parents' involvement.

II. Recommendations

A. Metropolitan Police Department's Youth and Family Services Division (YFSD)

1. A system of review for YFSD cases should be implemented that mimics the Sexual Assault Unit's system. Although this way of approving cases and warrants is onerous for supervisors, it ensures that a uniform standard is being applied across the unit, training needs can be more easily identified, and the biases that all people have can be accounted for by having additional eyes on each case at every decision point. This does not mean that there is something inherently wrong with the decisions detectives are currently making. Rather, there is a disparity in approach and support that could be addressed to strengthen cases and prevent burnout.

2. Training should be provided for all YFSD members about teenagers as a discrete group, youth culture, adolescent brain development, legal rights of teenagers in the District of Columbia, and resources for teens in the District.

3. Although the YFSD does have a relationship with organizations that provide shelter for female victims of human trafficking, partnerships or semi-formal relationships should be developed with other youth serving organizations that can provide immediate emergency shelter and other crisis-level needs for teens in the District in addition to those provided by CFSA, and detectives should be made aware in the instance they need to access those resources on a teen's behalf.

4. It should be noted that CAPC is currently working diligently to address the coverage gap in their services by training additional nurses. Once this is achieved, every effort should be made to ensure that CAPC's schedule provides coverage on a 24-hour a day, 7-day-a week basis. There a risk in acute cases that evidence would be lost due to a delay that requires the victim to eat, drink, use the bathroom, and otherwise interact with their environment. Most importantly, victims being asked to wait until the following morning, or possibly longer to be examined only prolongs the already traumatic experience of being assaulted and the often frightening experience of reporting the abuse.

YFSD should receive explicit, written instructions from supervisors that it is permissible to take teenagers who have been sexually assaulted in the previous 96 hours to MedStar Washington Hospital Center to receive a SANE exam from the DC Forensic Nurse Examiners SANE nurse *if the wait time at CAPC is going to be longer than one to two hours at the most.* In

addition, YFSD detectives should also receive information from DCFNE about the process at MedStar both for teens brought in by detectives if CAPC cannot respond, and for teens who walk into MedStar on their own, receive an exam, and then choose to report the assault to police.

Regardless of institutional affiliation, system actors' priority for all minors should be to provide them with victim-centered and youth-centered services as quickly as possible, and to ensure that the standard of care that they receive is commensurate with that of an experienced, certified SANE nurse. Having an emergency room physician perform an exam is in no way adequate to the needs of this population in acute cases any more than it would be permissible or adequate for adult survivors to have their SANE exam conducted by an emergency room physician, perhaps even less so. Although this recommendation is not a commentary on the ability of these physicians in general, performing such an exam on anyone who has just been assaulted requires specific training in trauma-informed care and sensitivity to what the victim may be going through, the survivor's need to regain control over what is happening to them, and the slow pace that exams should sometimes take to avoid re-traumatizing the survivor. Beyond these considerations, an attending emergency department physician has also not been trained in specialized evidence gathering regardless of whether they received an explanation of the contents of a PERK.

Because of the various avenues that a case could take if a CAPC nurse is not available, a teenager would benefit from having an advocate that is there solely for them from the beginning of the process to help them navigate these various scenarios, particularly given the paucity of knowledge community-wide about the rights that teens have and the resources available to them. Further, by providing a community-based advocate for youth ages 12 to 17, that victim's needs would shift from busy emergency room nurses and doctors whose jobs are highly varied to an advocate who could do things like ensure the victim was comfortable during any lengthy waiting periods, help them talk to their family and understand their options, including the option to seek an exam by a trained SANE nurse at another location nearby if a CAPC SANE Nurse was not available within a reasonable period of time or at all.

Finally, because children under the age of 12 also need SANE exams and may be kept waiting, CAPC's scheduling gaps should be addressed by additional coverage and possibly funding for said coverage, regardless of the solutions arrived at for teenagers. CAPC has hired additional nurses and they are currently in the process of being trained, but this may still not provide 24-hour coverage to provide exams in a timely way. Coordination with the Emergency

Department should be increased so that children and teenagers are fast-tracked to CAPC to prevent any unnecessary duplicative testing.

5. All MDT member organizations' personnel, including SANE nurses, therapists, case workers, advocates, victim-witness specialists, and prosecutors, should receive training regarding teenagers' unique needs and expectations, youth culture, adolescent brain development, and the legal rights of teenagers in the District of Columbia and resources for teens to effectively exercise their various rights with or without parental involvement. This training should be provided by organizations that provide services to teenagers including Safe Shores, Fair Girls, and Break the Cycle.

6. While MPD's YFSD supervisor indicated that no youth are being taken to the US Attorney's Office for a first or only forensic interview, it bears stating that at no time should the first forensic interview with a minor be conducted at the US Attorney's Office in lieu of Safe Shores: The Children's Advocacy Center. Even if the teenager that requires a forensic interview has not alleged intrafamilial abuse thereby falling under the MDT MOA, MPD may still request a forensic interview for that teenager at Safe Shores: The Children's Advocacy Center.¹¹ The CAC has been specifically set up to conduct these interviews in a way that allows for maximum service delivery in a coordinated way to also include community-based advocacy services. The purpose of these interviews is also to avoid requiring the youth to tell their story more than once in such great detail. Follow up interviews should also be conducted at the CAC instead of separately at the USAO. By requiring a follow up interview with entirely new interviewers at an unfamiliar location, the victim is subjected to additional stress based solely on the needs of the criminal justice system.

B. Parental Consent and Notification

1. MPD should clarify for officers and detectives the rules and requirements related to parental notification so that they are consistently applied.¹² This is not recommended because MPD officers or detective are doing anything wrong currently, per se. Rather, teens require a high level of consistency to consider approaching authorities of any kind and they are particularly reluctant to talk to police. Any potentially inconsistent responses by MPD will erode the trust that is needed to encourage additional reporting by this age group. As we encourage

¹¹ Multidisciplinary Team Memorandum of Agreement, January 2016.

¹² Training will also need to be provided if SAVRAA 2017 becomes law and includes the provisions related to youth. Because that is not certain and is beyond the scope of this report, it is not included in the recommendations.

more teens to come forward, the likelihood that the issue of unaccompanied minors will be raised more frequently for officers, detectives and supervisors.

2. DC Public Schools and DC Charter Schools should be encouraged to speak with YFSD detectives prior to notifying a parent or guardian and should either have a consistent, written policy that considers the possible need for teens to speak with police on their own, as well as the safety concerns that some teens may have if their parents know they have reported to police. A blanket policy of sending notes home with students by placing a note in their bag, for example, should be discouraged as the student may need to consider the context, timing, and presentation of that information within their household even if there is a supportive parent there. The variety of circumstances that would lead a YFSD detective to seek a student out at school as the victim of a crime are so vast that a one-size-fits-all approach or one that insists on mandatory notification is dangerous to some students. While it is completely understandable that the default action taken by schools is to notify parents about what is happening with their children, regardless of age, and even more so in historically marginalized communities that have concerns about the safety of their youth when they encounter law enforcement, these are instances in which the teen is voluntarily speaking with law enforcement in a safe environment to report a crime rather than speaking to law enforcement as a defendant. Here again, an advocate would provide youth with the information needed to decide if they wanted to proceed to speak with law enforcement or not, and to help them navigate speaking with their parents and with school officials who of course have an interest in making sure youth are safe and parents are kept informed. Also, the MDT may benefit greatly from increasing its membership to include a DCPS representative to work out any of the above described issues on a case-by-case basis.

3. Emergency department staff at both CNMC and MedStar Washington Hospital Center should be periodically trained and reminded of the rights that teens have in the District to reproductive healthcare, HIV testing and treatment, and STI testing and treatment without parental notification. Relatedly, teens have a right to a SANE exam without cooperating with law enforcement, regardless of whether a mandated report is made, and without parental notification. DCFNE is available to provide services should teens choose that location over CNMC or should that location be more convenient given staffing issues. This does not preclude referrals being made back to CAPC for those teenagers to receive follow up care, and a partnership should be sought between DCFNE and CAPC to ensure that this happens more regularly if teens consent to follow up care at CAPC, and to Whitman Walker Health when they prefer to go elsewhere.

Emergency Department personnel at MedStar Washington Hospital Center should also be trained and reminded periodically that teens may walk in unaccompanied seeking a SANE exam and that their process at that point is to notify the DC SANE Program to respond to MedStar just as they would for an adult.¹³ At that point, that teen has chosen to seek services at that location for reasons that have yet to be determined, and sending them to a location that they may have actively chosen to avoid when seeking help might foreclose them seeking any help at all.

III. Conclusion

This addendum to the original report, "Evaluation of the Sexual Assault Victim's Rights Amendment Act (SAVRAA) Task Force Recommendations for DC Youth" published May 11, 2017, was intended to provide a clearer picture of the issues faced by teens when reporting sexual assault and to delve further into details provided by system actors who are responding to those teenagers' reports. As noted above, there are multiple points in the process at which teens could benefit from a confidential, community-based advocate, none so starkly as at the beginning of their journey when they first reach out for help so that they are doing so in a fully informed and supported way regardless of where they enter the system and what their goals are when doing so. Although this addendum addressed the issue of parental notification as a barrier to teens seeking help, it is often the case that an advocate acts as a bridge to the involvement of parents or another trusted adult, as well as to other appropriate resources that are already available in the District for this population. Ultimately, overlap between the adult system and the system in place for youth will need to be addressed through joint case reviews. The goals of these recommended changes are to ensure that the system is working smoothly and consistently so that teenagers receive the full array of options and services available to them when and where they choose to reach out for help.

¹³ This process would necessarily change if and when the Sexual Assault Victim's Rights Amendment Act of 2017 is enacted and new processes are implemented.

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