

ARLINGTON COUNTY SEXUAL ASSAULT RESPONSE TEAM PROTOCOLS



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ACKNOWLEDGMENTS

INTRODUCTION

This collaborative effort is the result of over a decade of hard work among the agencies that are on the front lines of sexual assault. For the first time in Arlington County, we are able to put forth a manual to help guide victims, as well as the community as a whole, through what can seem like an overwhelming process. Bringing together our partners in law enforcement, advocacy and forensic evidence collection, we are a sum that is greater than its parts.

Though Virginia law requires an annual meeting, the creation of this document represents a county-wide, multi-disciplinary cooperative effort dedicated to improving services to victims of sexual assault. By working together, we are able to strengthen the ability to investigate and successfully prosecute sexual assault cases and bring offenders to justice. I am honored to be a part of such an impressive system of intervention and services that are vital to the safety and well-being of our community.

-Theo Stamos

Commonwealth's Attorney for Arlington and the City of Falls Church

ACKNOWLEDGEMENT

This project was made possible by a Virginia Services, Training, Officers Prosecution Formula Grant (V-STOP) from the Commonwealth of Virginia Department of Criminal Justice Services and collaborative efforts between Arlington public and private agencies: Office of the Commonwealth's Attorney for Arlington County and City of Falls Church, Arlington County Department of Human Services, Arlington County Police Department, Arlington County Victim/Witness Program, Doorways for Women and Families, Inova Ewing Forensic Assessment and Consultation Teams, Joint Base Myer-Henderson Hall, Marymount University and Virginia Hospital Center.

SART PROTOCOL MANUAL INTRODUCTION

The vision for Arlington County is one in which Arlington is a peaceful and respectful community—where diversity is celebrated, violence is not tolerated and where all people are empowered to build healthy relationships free from the fear, or threat of, all forms of domestic and sexual violence. As a community, Arlington is dedicated to addressing the issue of sexual assault—ensuring perpetrators are held accountable and those impacted by sexual assault are offered timely, appropriate support services.

For the past 10 years, the Arlington County Sexual Assault Response Team (SART) has encouraged collaboration among the key agencies responsible for public safety, including law enforcement, prosecutors, and those dedicated to supporting victims of interpersonal violence, advocacy, medical and mental health services to create a consistent and coordinated response to those who report a sexual assault. Research shows that having a SART in a community is associated with higher victim participation in the criminal judicial system, shorter reporting delays, more types of forensic evidence collected, higher arrest rates, and higher charging rates.¹

This manual outlines the SART Protocols, including overviews of key partnerships, details of how the collaborative works and the benefits of coordinating services. The manual was created with key members of the SART after years of collaborative efforts and the incorporation of best practices in [trauma-informed](#) and [victim-centered](#) responses.

SART MEMBERS WHO ASSISTED IN THE CREATION OF THE PROTOCOL MANUAL:

[Office of the Commonwealth’s Attorney for Arlington County and City of Falls Church](#): Assistant Commonwealth’s Attorney, Lisa Tingle

[Arlington County Department of Human Services/Project PEACE](#): Program Manager, Cheryl Bozarth and Program and Prevention Specialist, Candice Lopez

[Arlington County Police Department](#): Lieutenant Eliseo Pilco

[Arlington County Victim/Witness Program](#): Program Director, Autumn Jones

[Doorways for Women and Families](#): CEO, Caroline Jones, Client Service Director, Samantha Clarke, and Director of Domestic and Sexual Violence Programs, Christa Carlton

[Inova Ewing Forensic Assessment and Consultation Team](#): Director for Safety Net Clinics, Mary Hale and Clinical Nurse Educator/Manager Ariel Ward

¹ Greeson, Megan. 2015. *Sexual Assault Response Team (SART) Functioning and Effectiveness: Findings from the National SART Project*. Retrieved from https://www.nsvrc.org/sites/default/files/2015-05/publication_researchbrief_sexual-assault-response-team-functioning-effectiveness.pdf

HISTORY OF COMMUNITY COLLABORATION

PROJECT PEACE: A CRITICAL PARTNER

Mission Statement

Arlington County's Project PEACE is a coordinated community response dedicated to advancing the most effective and efficient array of education, prevention, protection, and support services to end domestic and sexual violence in the community.²



Project PEACE (Partnering to End Abuse in the Community for Everyone) is a county-wide effort formed in 2006 by State Senator Barbara Favola, when she held the position as County Board Chair. In 2008 Project PEACE was organized into a committee structure, following the [Coordinated Community Response \(CCR\)](#) model, to implement Project PEACE's first blueprint (strategic plan). The CCR approach is recognized as a [best practice](#) to addressing domestic violence across the country. In 2015, Project PEACE expanded their scope to include services for youth victims of dating and sexual violence.

The efforts of Project PEACE aim to increase safety for victims, hold abusers accountable for their actions, and improve the well-being of Arlington County citizens and visitors impacted by interpersonal violence. Project PEACE is hosted by the Arlington County Department of Human Services and is managed in a [culturally competent](#) manner by a diverse membership. Representatives from local government, law enforcement, the judiciary system, nonprofit organizations, faith communities, health care providers, and citizens come together to create a collaborative that is larger and more impactful than any one institution.

Project PEACE is led by the Leadership Roundtable which is comprised of executive staff from each Project PEACE member agency. The Leadership Roundtable provides executive leadership and support to achieve collaborative goals. The Implementation Task Force implements the goals and tasks contained in the Project PEACE Blueprint and the policy decisions of the Leadership Roundtable. Project PEACE is strategically structured into three main goal group committees. To learn more about Project PEACE and to view the 2017-2020 Blueprint visit: <https://health.arlingtonva.us/project-peace>.

² Project PEACE, Arlington County Department of Human Services; Blueprint for Progress: Arlington's Strategic Plan for Coordinated Community Response to Domestic and Sexual Violence 2017-2020

THE PROBLEM

WHAT IS SEXUAL ASSAULT?

There are two ways in which sexual assault is defined. First, the field definition of sexual assault is broader and encompasses experiences that are [traumatizing](#) and leads those impacted to seek medical, mental health and advocacy support. It is defined as:

- *any act of a sexual nature committed against someone without that person's freely given [consent](#).*³

Second, the legal definition of various types of sexual assault can be found in the code of Virginia. For example, rape is defined as:

- *If any person has sexual intercourse with a complaining witness, whether or not his or her spouse, or causes a complaining witness, whether or not his or her spouse, to engage in sexual intercourse with any other person and such act is accomplished (i) against the complaining witness's will, by force, threat or intimidation of or against the complaining witness or another person; or (ii) through the use of the complaining witness's mental incapacity or physical helplessness; or (iii) with a child under 13 as the victim, they shall be guilty of rape (Section 18.2-61 the Code of Virginia).*⁴
- *For specific, legal definitions visit: <https://law.lis.virginia.gov>.*

Did you know?

Services outlined in this protocol by SART member agencies are free.



INTIMATE PARTNER SEXUAL ASSAULT

Sexual assault is often perpetrated by someone the [victim/survivor](#) knows. Studies estimate that 24% of sexual assault crimes are perpetrated by a victim's current or former spouse, boyfriend or girlfriend.⁵ Additionally, physical abuse is a predictor for [intimate partner sexual assault](#). Most women who were physically assaulted by an intimate partner had been sexually assaulted by that same partner.⁶ The dynamics of a violent relationship challenge a victim's ability to come forward

³ Project PEACE, Arlington County Department of Human Services. Blueprint for Progress: Arlington's Strategic Plan for Coordinated Community Response to Domestic and Sexual Violence 2017-2020

⁴ Code of Virginia, Virginia Law Portal, 2018. Retrieved from <https://law.lis.virginia.gov/vacode/title18.2/chapter4/section18.2-61/>

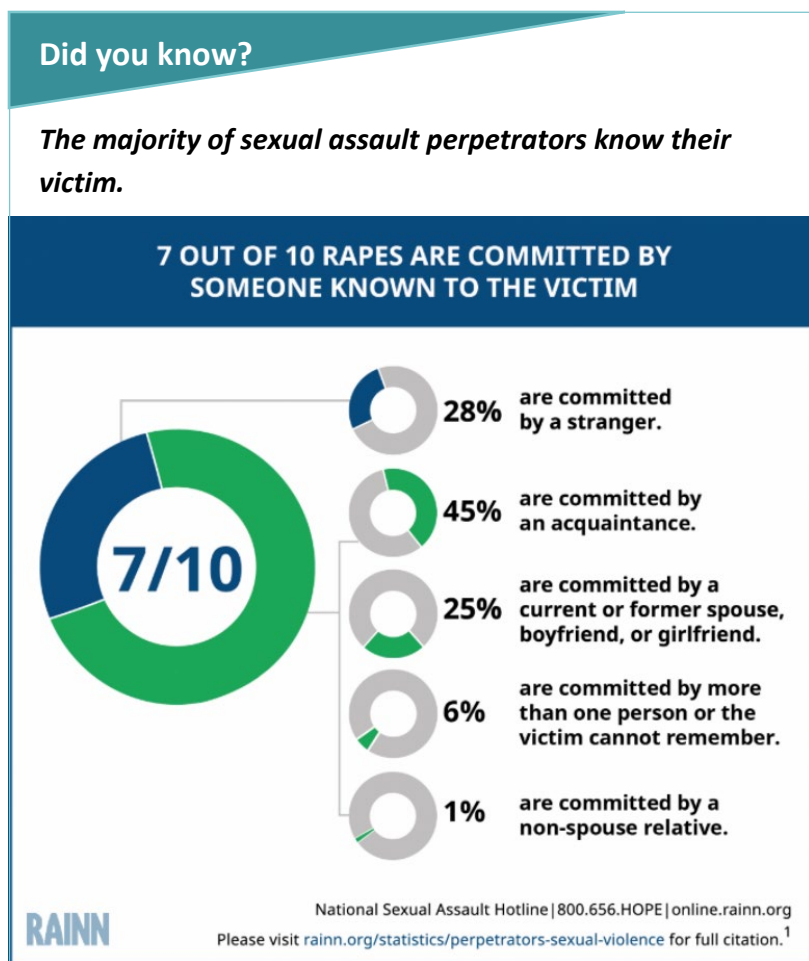
⁵ Rape, Abuse and Incest National Network (RAINN), 2018. Retrieved from <https://www.rainn.org/statistics/perpetrators-sexual-violence>

⁶ Gaskin-Laniyan, Nicole and Lauren Taylor, 2007. *Sexual Assault in Abusive Relationships*. Retrieved from <https://nij.gov/journals/256/Pages/sexual-assault.aspx>

and seek help. Many victims have been threatened by the person abusing them in addition to having ties to the perpetrator such as joint financial obligations and/or children.

UNDERSTANDING SEXUAL ASSAULT IN ARLINGTON

Monitoring crime trends in Arlington is just one of the ways Project PEACE and the Arlington SART make informed decisions on how the community addresses sexual assault. However collecting, analyzing and reporting data on sexual assault poses several unique challenges. In the absence of collaboration among agencies, it would be very difficult to understand which differences enhance and which impair the overall understanding of sexual assault. Therefore, a [multidisciplinary](#) lens is essential to understanding the data. This section was developed in order to enhance the clarity and transparency of sexual assault data in Arlington. Some of the challenges inherent in sexual assault data analysis are listed below.



Under-reporting. Sexual assault is an under-reported crime with only about 1/3 of all sexual assault cases reported to the police.⁷ The Centers for Disease Control (CDC) reports that approximately 1 in 5 (21.3% or an estimated 25.5 million) women in the U.S. have reported completed or attempted rape at some point in their lifetime.⁸ There are many reasons someone may not choose to report a sexual assault. Studies show that women are less likely to report a sexual assault or rape when they feel “ashamed or blame themselves, when their experience was not a stereotypical violent rape by a stranger, or when they feared retaliation by their perpetrator.”⁹

⁷ Rape, Abuse and Incest National Network (RAINN), 2018. Retrieved from <https://www.rainn.org/statistics/perpetrators-sexual-violence>

⁸ Centers for Disease Control, 2015. *National Intimate Partner and Sexual Violence Survey, 2015*. Retrieved from: <https://www.cdc.gov/violenceprevention/nisvs/2015NISVSdatabrief.html>

⁹ UK Center for Research on Violence Against Women. *Top 10 Things Advocates Need to Know*. 2011. Retrieved from https://opsvaw.as.uky.edu/sites/default/files/01_Needs_of_Rape_Survivors.pdf

Differing Terminology. Definitions and classifications of rape and sexual assault used to interpret and collect data vary across organizations. Police, advocacy programs, educational institutions and hospitals may use widely varying terms to describe the incidence of sexual assault. These terms often overlap and different institutions may apply the same terms differently. Harmonizing definitions as much as possible is an ongoing goal of Project PEACE and the Arlington SART.

Police Report Increases. As Project PEACE focuses on raising awareness, eliminating barriers to reporting, and providing high quality victim services, it was anticipated that the result in the short-term will be an increase in sexual assault crime reports. Project PEACE and the Arlington SART consider this increase a measure of success. An increase in police reports demonstrates a confidence in the police and community system responses. An increase in reports of a crime that is under-reported creates opportunities to hold perpetrators accountable and ensure all [victims/survivors](#) are offered the community supports they deserve.

Variations in Reports. Although a [victim/survivor](#) may not report to the police, s/he may still seek out medical services at a local hospital. Further, because advocacy programs ensure [confidentiality](#) and anonymity in providing services, they often see significantly higher numbers of sexual assault reports than police or hospitals.

Below, SART members have included their agency's data on sexual assault. The data presented here is one vantage point from which to view and understand these issues in Arlington County. In making decisions on how to address sexual assault, Project PEACE and the Arlington SART also considers the perspectives and experiences of [victims/survivors](#), professionals, and citizens of Arlington County.

Did You Know?

Anyone can be a victim or perpetrator of sexual assault, regardless of race, class and gender. While statistics often show that women are disproportionately the victims of sexual assault, men also experience high rates of victimization. The Department of Justice estimates that 1 out of every 10 rape victims are male.¹

[Lesbian, Gay, Bisexual, Transgender and Queer \(LGBTQ+\)](#) communities are disproportionately impacted by sexual assault. The Centers for Disease Control (CDC) estimate that 44% of lesbians, 61% of bisexual women, 26% of gay men, and 37% of bisexual men have experienced rape; these statistics are typically higher than those for heterosexual men and women.² Additionally, the 2015 U.S. Transgender Survey found that 47% of transgender people are sexually assaulted at some point in their lifetime.³

¹Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Female Victims of Sexual Violence, 1994-2010 (2013).

²Centers for Disease Control, 2015. *National Intimate Partner and Sexual Violence Survey, 2010*. Retrieved from: https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf

³National Center for Transgender Equality, *The Report of the 2015 U.S. Transgender Survey, 2015*. Retrieved from: <https://www.transequality.org/sites/default/files/docs/USTS-Full-Report-FINAL.PDF>



ARLINGTON COUNTY POLICE DEPARTMENT

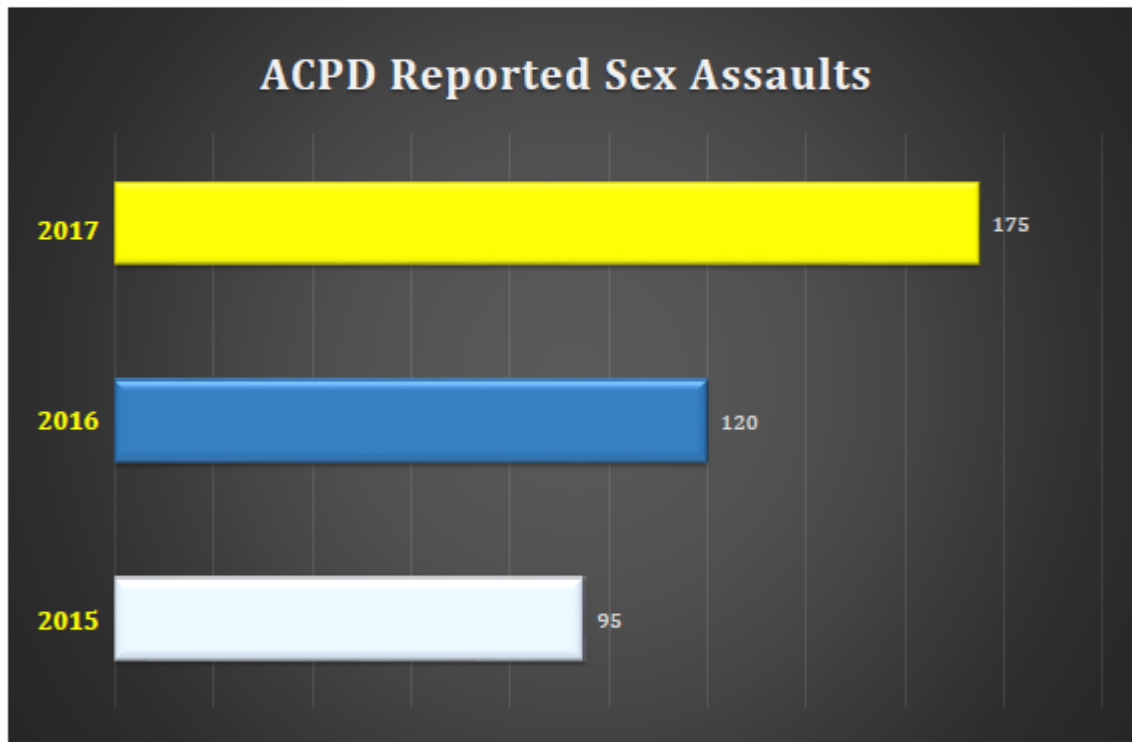
Reported Sexual Assaults 2015 - 2017

NOTE: Statistics for 2015 and the first 10 months of 2016 were kept in a separate records management system than those in the last 2 months of 2016 and all of 2017. Each records system reported incidents according to different classification systems (historical used UCR, while the new system uses IBR). Please keep this difference in mind, as it will affect the total comparisons for each year.

Historical records categorized several charges under one category, while the new RMS counts each charge individually. Please keep this difference in mind, as it will affect the total comparisons for each year.

Numbers for each calendar year may include reported cases that occurred in previous calendar years. Please keep this difference in mind, as it will affect the total comparisons for each year.

Historical records are italicized for ease of analysis.



<i>2015</i>	
<i>FORCIBLE FONDLING (CHILD)</i>	59
<i>FORCIBLE RAPE</i>	26
<i>FORCIBLE SODOMY</i>	4
<i>SEXUAL ASSAULT WITH AN OBJECT</i>	6
TOTAL	95

ACPD/CAU



ARLINGTON COUNTY POLICE DEPARTMENT

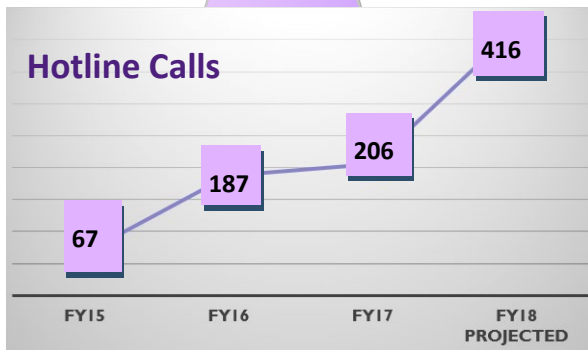
Reported Sexual Assaults 2015 - 2017

2016	
ABDUCTION W/ INTENT TO DEFILE	1
AGGRAVATED SEXUAL BATTERY	3
CARNAL KNOWLEDGE OF CHILD 13-14YO W/O FORCE	1
CARNAL KNOWLEDGE OF CHILD 13-14YO W/O FORCE, ACCUSED IS MINOR <3 YRS OLDER THAN VICTIM	1
FORCIBLE SODOMY	4
INDECENT LIBERTIES W/CHILD	1
OBJECT SEXUAL PENETRATION	1
RAPE	7
SEXUAL BATTERY	6
<i>FORCIBLE FONDLING (CHILD)</i>	53
<i>FORCIBLE RAPE</i>	30
<i>FORCIBLE SODOMY</i>	5
<i>SEXUAL ASSAULT WITH AN OBJECT</i>	7
TOTAL	120

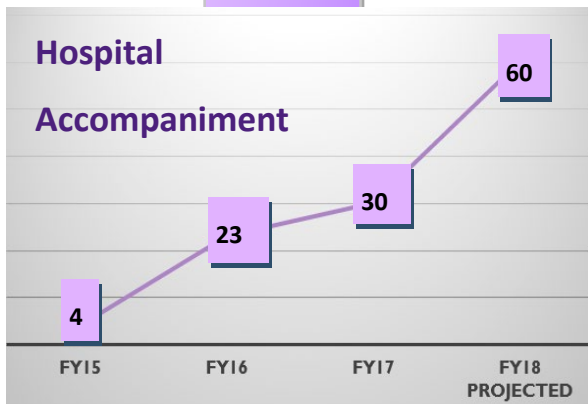
2017	
ABDUCTION W/ INTENT TO DEFILE	8
ADULTERY/FORNICATION: FORBIDDEN BY LAW TO MARRY	1
AGGRAVATED SEXUAL BATTERY	12
CARNAL KNOWLEDGE OF CHILD 13-14YO W/O FORCE	3
CARNAL KNOWLEDGE OF MINOR >=15YO IN CUSTODY	2
FORCIBLE SODOMY	13
INCEST WITH CHILD	2
INDECENT LIBERTIES W/ CHILD BY SUPERVISOR/CUSTODIAN	1
INDECENT LIBERTIES W/CHILD	6
OBJECT SEXUAL PENETRATION	8
RAPE	53
SEXUAL BATTERY	62
SEXUAL BATTERY: 3+ OFFENSE IN 10 YRS	4
TOTAL	175

ACPD/CAU

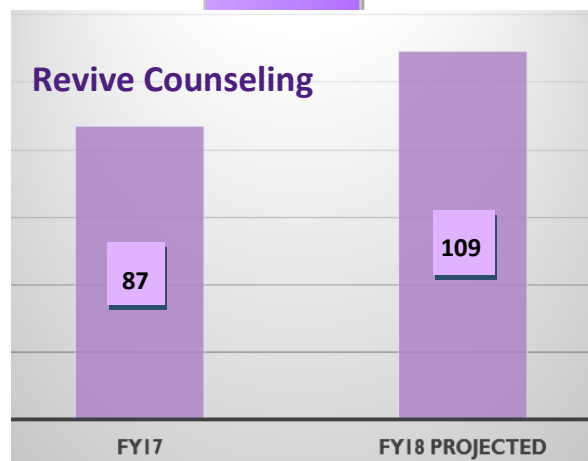
Sexual Assault Survivors Across Programs and the Arlington Community



- ◆ FY15 numbers were for half a year of service availability.
- ◆ In FY18, 26% of callers identified sexual violence as primary reason for calling the hotline, up from 5% in FY15.

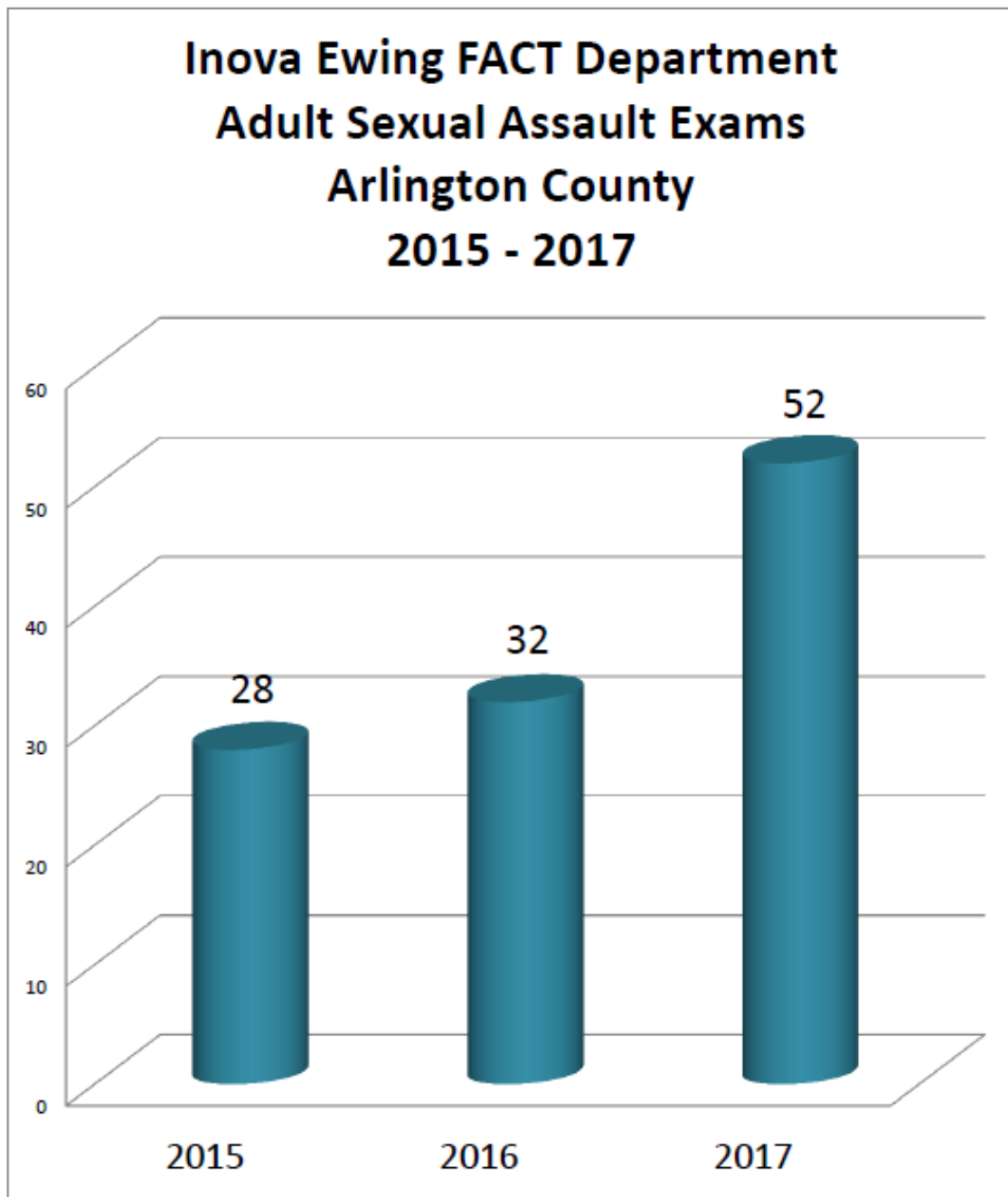


- ◆ FY18 projection based on 11 months of data: 5 youth ages 14-17 were served and 23 youth ages 18-24 were served. ***These youth were not previously served in Arlington County.***
- ◆ All hospital accompaniments are done by trained volunteer advocates.



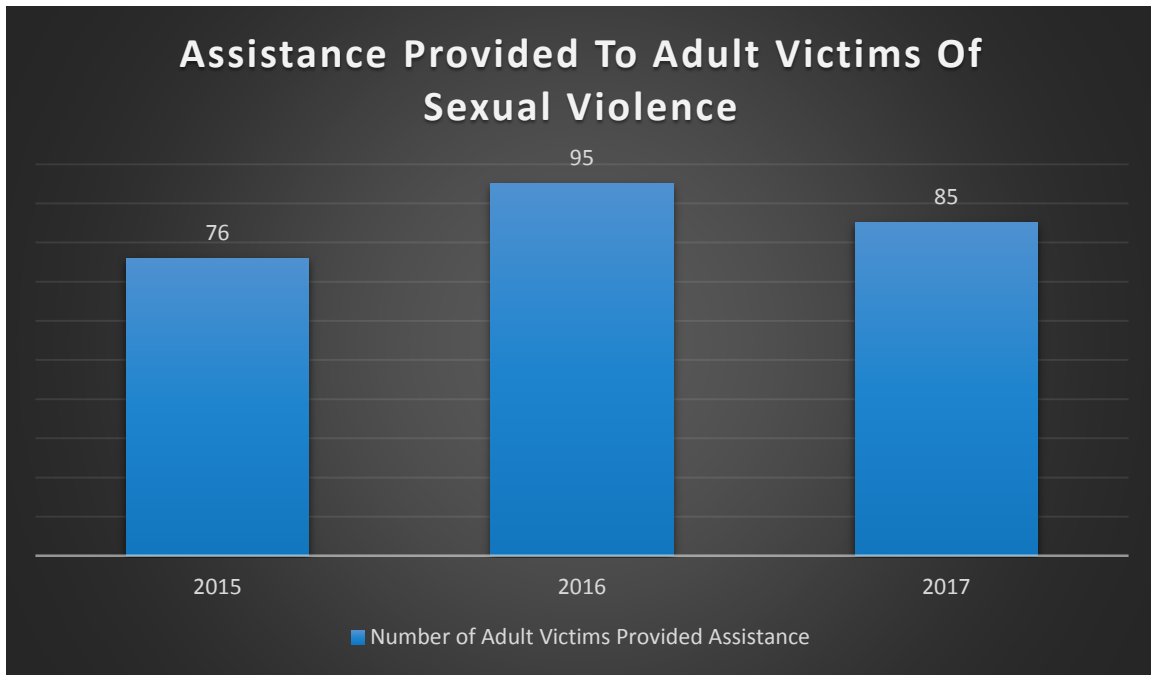
- ◆ Sexual violence issues include recent adult sexual violence, sexual violence in the past, children exposed to sexual violence, teen sexual and dating violence, and PREA complaints.
- ◆ In FY17, 87 sexual violence clients represented 37% of total clients seen in Revive.

*** These numbers are subsets of all clients served across and within Doorways programs.





OFFICE OF THE COMMONWEALTH'S ATTORNEY
Victim/Witness Program



The Office of the Commonwealth's Attorney Victim/Witness Program provided assistance to adult victims of sex crimes, regardless of whether an offender was arrested. Forms of assistance included, but was not limited to, crisis intervention, explanation of their rights as well as the criminal justice process, referrals and court accompaniment.

ADDRESSING THE PROBLEM THROUGH RESPONSE

SEXUAL ASSAULT RESPONSE TEAM (SART)

When someone in Arlington commits an act of sexual assault, it is the responsibility of the community to ensure the perpetrator is held accountable and that [victims/survivors](#) are offered appropriate, timely and comprehensive support services. One of the key components in holding perpetrators accountable is the ability of a [victim/survivor](#) to disclose the assault and feel supported through the reporting process.

While victims may seek the help of law enforcement in the immediate aftermath, they also often need medical attention, mental health support and [safety planning](#) to reduce further incidents of violence and support them through the [traumatic](#) experience. To meet the diverse needs of a sexual assault [victim/survivor](#), many private and public agencies may be involved. This includes, but is not limited to, the police, the judicial system, medical institutions, advocacy organizations, counseling centers, and shelter programs. Collaboration among these agencies ensures consistency in the response to [victims/survivors](#) and reduces the likelihood of duplicative, harmful or counterproductive services. SARTs provide a consistent and proven framework that strengthen the criminal justice system and support timely [advocacy](#) interventions.

Sexual Assault Response Teams, or SARTs, are formalized collaborations of government and nonprofit organizations that are responsible for sexual assault response in a community. A SART seeks to govern the policies and protocols that dictate the roles and responsibilities of the responders to a report of sexual assault. SARTs ensure that victims understand their rights and have access to the spectrum of services available in the community without having to navigate each system independently or in isolation. SARTs acknowledge that each responding agency has a unique role and expertise to ensure a holistic response to a victim of sexual assault.¹⁰ More specifically:

- The police provide immediate response, assess physical safety and later provide testimony for prosecution. They are trained to de-escalate crisis situations, assess immediate safety, document the incident and connect the victim to the next step in the support process.
- [Forensic Nurse Examiners](#) and physicians attend to the victim's immediate medical needs and collect [forensic evidence](#). They are trained experts in the collection of evidence, specifically with victims who have experienced a recent [trauma](#), for criminal prosecution.
- Sexual Assault [Community-Based Advocates](#) attend to the immediate, short- and long-term safety, mental and emotional health needs of the victim. They are trained to provide [trauma-](#)

¹⁰ VA Department of Criminal Justice Services. (2011). *Sexual Assault Response Teams (SART): A Model Protocol for Virginia*. Richmond, VA

[informed](#), [victim-centered](#) services that can increase the likelihood that a victim reports and receives the long-term support they deserve.

- The Commonwealth's Attorney Office (CAO) prosecutes reported crimes of sexual assault. The CAO houses the Victim/Witness Program which provides [systems-based advocacy](#) support directly to victims involved in the criminal judicial process.

In 2009, the Virginia legislature codified the creation of SARTs across the Commonwealth. Beginning July 1, 2009, Commonwealth's Attorneys offices were required to lead and coordinate multidisciplinary teams responsible for ensuring a consistent, comprehensive response to victims of sexual assault.¹¹ Arlington's SART was founded, by then, Commonwealth's Attorney Richard E. Trodden and now has an active membership base of numerous nonprofit and government agencies.

Arlington SART members meet monthly in a working group formalized under Project PEACE's Goal 2: Advancing a Coordinated Community Response by First Responders and Service Providers at Points of Entry. The SART leadership team, consisting of executive leadership from each SART member agency, meets bi-annually to assess quality assurance of the process and to strategize areas for enhancement.

¹¹ VA Department of Criminal Justice Services. (2011). *Sexual Assault Response Teams (SART): A Model Protocol for Virginia*. Richmond, VA

IMPROVED RESPONSE THROUGH COLLABORATION

Communities across the United States have been using SARTs and collaborative practices and policies to address the crime of sexual assault for over a decade. A national research study collected data in 2010-2012 to better understand SARTs. While it is still too early to determine if SARTs have a direct impact on conviction rates, many outcomes are positive and are primarily seen in relation to the well-being of the victim and a positive experience through the criminal judicial system.

- SARTs were associated with higher victim participation in the criminal judicial system, shorter reporting delays, increases in types of forensic evidence collected and higher arrest rates.¹²
- In many communities with SARTs, SART members believe their SART has helped improve the help-seeking experiences of victims. These improvements included more referrals to services and better communication between victims and responders.¹³

The Arlington SART and Project PEACE have already seen success in enhancing Arlington's response to sexual assault.¹⁴ Recent accomplishments include:

- Addressed many of the gaps and needs identified in a Safety and Accountability Audit.
 - [Emergency Communications Center \(ECC\)](#) staff were equipped with training and a new protocol regarding strangulation and possible resulting injuries during domestic violence calls.
 - Consistent use of interpreters resulted in police gathering more accurate information from non-English speaking victims whose abusers often spoke English more fluently.
- Improved the protective order process in General District Court.
 - The Juvenile and Domestic Relations Court Intake, Doorways Court Advocate, and the Victim/Witness Program support all victims of dating violence and sexual assault who seek [Protective Orders](#) in General District Court with advocacy and safety planning.
- Conducted extensive system reviews.
 - Began conducting annual [system reviews](#) across disciplines and departments to ensure best practices in victim services and offender accountability.
 - Findings are reported back to Project PEACE's Leadership Roundtable.

¹²Greeson, Megan. 2015. *Sexual Assault Response Team (SART) Functioning and Effectiveness: Findings from the National SART Project*. Retrieved from https://www.nsvrc.org/sites/default/files/2015-05/publication_researchbrief_sexual-assault-response-team-functioning-effectiveness.pdf

¹³ Greeson, Megan. 2015. *Sexual Assault Response Team (SART) Functioning and Effectiveness: Findings from the National SART Project*. Retrieved from https://www.nsvrc.org/sites/default/files/2015-05/publication_researchbrief_sexual-assault-response-team-functioning-effectiveness.pdf

¹⁴ Project PEACE, Arlington County Department of Human Services. *Blueprint for Progress: Arlington's Strategic Plan for Coordinated Community Response to Domestic and Sexual Violence 2017-2020*

GUIDING PRINCIPLES OF SART MEMBERS

Regardless of an agency's role in the response to sexual violence, Project PEACE and the Arlington SART members have agreed to the following guiding principles as a basis from which all collaborate:

- *Individual Rights & Responsibilities*
 - Everyone deserves respect regardless of age, cultural or ethnic background, ability, gender, immigration status, marital status, race, religion, sexual orientation, or socio-economic status.
 - [Victims/survivors](#) and abusive individuals have the right to access [confidential](#) services.
 - [Victims/survivors](#) have the right to determine their own response within the confines of the law and live without fear of retribution.

- *Accountability*
 - The abusive partner(s) will be held legally accountable.

- *Community Response*
 - The first priority of all community responders is the safety of those impacted by domestic & sexual violence.
 - Community responders must provide immediate crisis intervention and linkage to support services.
 - All community responders share goals and objectives of Arlington's Project PEACE.

- *Prevention*
 - Age appropriate and [culturally competent](#) prevention initiatives that deter generational violence and promote positive relationships must be provided throughout the service delivery system.

- *Collaboration*
 - Our community is safer and served more effectively when individuals across systems and sectors work together to prevent, identify and respond to domestic and sexual violence.

SART MEMBERS AND ROLES

LAW ENFORCEMENT: ARLINGTON COUNTY POLICE DEPARTMENT (ACPD)

The Arlington County Police Department's goal is to proactively police Arlington neighborhoods to prevent and deter crime. ACPD is committed to building strong partnerships with the community and to communicate effectively: maintaining the public's trust. When responding to an incident of sexual assault, ACPD patrol units and/or Special Victims Unit detectives:

- Respond to complaints of sexual assault;
- Evaluate sexual assault cases in the context of the criminal and procedural statutes;
- Identify, apprehend and interview perpetrators;
- Investigate crimes of sexual and domestic violence;
- Identify, collect and preserve evidence;
- Prepare investigative reports;
- Authorize the collection of [forensic exams](#) for suspects;
- Maintain chain of custody of evidence;
- Make arrests when probable cause exists;
- Assist the Commonwealth's Attorney's Office in the investigation of these cases; and
- Provide accurate evidence and testimony during courtroom proceedings.

The Role of Magistrates

In the state of Virginia, Magistrates provide an independent, unbiased review of criminal complaints brought forth by law enforcement. Magistrate duties include issuing arrest warrants, summonses, bonds, search warrants, subpoenas, as well as certain civil warrants. Magistrates conduct hearings 24 hours a day, 7 days a week.¹⁵

For more information, visit: <https://police.arlingtonva.us/>

¹⁵ Virginia' Judicial System Website, 2018. Retrieved from: <http://courts.state.va.us/courtadmin/aoc/mag/about.html>



Special Victims Unit

The ACPD Special Victims Unit (SVU) investigates criminal acts of sexual assault and abuse. SVU detectives receive specialized training to investigate, arrest and assist in the prosecution of offenders accused of criminal sexual acts. SVU detectives work with various agencies to meet the needs of victims and survivors beyond the criminal investigation.

ACPD Recognizes:

Sexual assault victims may suffer psychological as well as physical injury. Investigating officers are cognizant of this and conduct their investigations with patience and understanding.

ADVOCACY: DOORWAYS FOR WOMEN AND FAMILIES (DOORWAYS)

Doorways for Woman and Families creates pathways out of homelessness, domestic violence and sexual assault leading to safe, stable and empowered lives. They offer a 24-hour hotline, hospital accompaniment, court advocacy and therapeutic services to survivors of sexual assault. Doorways offers a range of options for survivors and their families, those listed below include services most commonly utilized by survivors of sexual assault.

Doorways 24-Hour Hotline and Sexual Assault Accompaniment Services offers:

- Safety assessment and planning;
- Emotional support for survivors;
- Referrals for medical and legal services;
- Information for survivors regarding any immediate decisions they will face;
- Support for survivors regardless of their decisions;
- As possible, support needs of any friends or family members who may be with or supporting the survivor;
- Basic clothing, emergency food, and transportation needs;
- Information to ensure survivors' questions are answered;
- Follow up care in regard to referrals and additional care survivors may need; and
- As needed in cases of imminent danger of continued harm, emergency shelter referral.

Doorways Revive Sexual and Domestic Violence Counseling Program offers:

- Short-term therapeutic support services;
- Referrals for follow up services; and
- Follow up care in regard to referrals given and additional care survivors may need.

Services listed are free. For more information, visit:

www.DoorwaysVA.org



Specialized Training

Doorways Sexual Assault Response Advocates (Doorways Advocates) are trained staff and volunteers who provide specialized support to survivors at the hospital in the immediate aftermath of a sexual assault. Doorways Advocates receive over 50 hours of instructional and on the job training. Ongoing supervision is provided by Doorways Domestic and Sexual Violence Program.

Doorways Recognizes:

An individualized approach that considers the needs and variable responses in each case is essential to providing a trauma-informed advocacy response.

MEDICAL: INOVA EWING FORENSIC ASSESSMENT AND CONSULTATION TEAMS (FACT)

Inova Ewing Forensic Assessment and Consultation Team's (Inova FACT) mission is to address the unique medical needs of children and adults who have been victims of abuse. The team offers expert medical evaluation, [forensic evidence](#) collection, and provides expert interpretation based on training, experience and medical data.

- *FACT* cares for victims of sexual assault with or without police involvement. Services include DNA collection, injury assessment, documentation, preventive medications and referrals to legal and support services.
- *FACT* offers injury assessment and documentation, including the treatment of any health threats that can result from the impairment of airway, breathing and circulation.
- *FACT* provides referrals to legal resources, shelters and support services.

Forensic Nurse Examiners (FNE) and Physicians

Inova FNEs are registered nurses specially trained to observe, recognize, collect, and appropriately document evidence of abuse and violence for use by the criminal justice system or other investigative agencies.

Forensic physicians are available for consultations in the FACT department. The physicians provide medical oversight for the department, managing the protocols and procedures, and provide expert review of cases seen by the FNEs. They provide consultations as well as medical record reviews for cases involving physical abuse and assault, physical or medical neglect, and sexual abuse and assault. The physicians participate in jurisdictional [multidisciplinary](#) team meetings, community partner education and training, and educate and train medical students, residents, fellows, and other healthcare providers.

Services listed are free. For more information, visit: <https://www.inova.org/inova-in-the-community/fact>



What is a Forensic Exam?

A victim of violence or assault needs special attention to ensure they are medically safe and protected. In addition, it is important to gather [forensic evidence](#) if they choose to report the crime to the police.

A [forensic exam](#) is completely private and includes a thorough assessment of any injuries sustained as a result of a violent act. The FNE collects evidence, takes photos of any injuries, answers questions and discusses the patient's options. The FNE and physicians are specially trained to provide both medical and emotional support.

In Virginia, the forensic exam collection kit is called a [Physical Examination Recovery Kit](#) or PERK.

LEGAL: COMMONWEALTH'S ATTORNEY OFFICE (CAO)

The Arlington Commonwealth's Attorney's Office (CAO) is responsible for prosecuting crimes committed in Arlington County, the City of Falls Church and all felonies and misdemeanors committed at Ronald Reagan Washington National Airport.

The CAO is a team of attorneys, victim/witness specialists, legal assistants and support staff who are dedicated to making the community a safer place to live, work and visit. In cooperation with multiple law enforcement agencies, the CAO works to protect victims and to seek just sanctions for those who choose to violate the law.

Victim/Witness Program:

The Arlington Victim/Witness Program (VW) is part of the CAO. The VW Program provides support and case management to crime victims before, during and after the legal process. When supporting a victim of sexual assault, the role of the Victim/Witness Victim Specialist (VS) is to:

- Serve as an information resource and offer tangible, accessible referrals for victims to include counseling and/or financial referrals for victims throughout the criminal judicial process;
- Facilitate the participation of victims in the justice process, to include understanding their rights, preparation for and accompaniment to court proceedings;
- Advocate for victims' needs to be identified and their choices to be respected, as well as advocating for appropriate and coordinated response by all involved;
- Provide crisis intervention to crime victims and/or families to assist in alleviating the [traumatic](#) effects of crime and to increase their understanding of the type of support available to victims; and
- Provide safety planning and coordination with outside agencies.

Services listed are free. For more information, visit:

<https://courts.arlingtonva.us/commonwealth-attorney/>



Did you know?

In addition to supporting victims of sexual assault, the VW Program assists victims of felony crimes and certain misdemeanor crimes.

Although the CAO is not a formal point of entry, victims often seek out the VW Program to understand their reporting options and their rights as they navigate the criminal justice system.

Virginia law ensures that crime victims and witnesses are treated with dignity, respect, sensitivity and their privacy is protected.

The VW Program provides services and educates victims and witnesses about their rights as outlined in the Virginia code. The six Virginia state law rights that victims are entitled to are:

1. Protection,
2. Financial Assistance,
3. Notification,
4. Victim Input,
5. Courtroom Assistance, and
6. Post-Trial Notification.

ARLINGTON SEXUAL ASSAULT RESPONSE TEAM (SART) PROTOCOLS

For purposes of the Arlington SART, the point of entry is considered the first agency to whom a victim discloses a sexual assault that has the ability and responsibility to provide short and long-term support. Arlington County has two formal points of entry: The Arlington County Police Department (ACPD) and Doorways for Women and Families (Doorways). The Arlington SART protocols ensure that at either formal point of entry, any person reporting or disclosing a sexual assault should expect to receive or be offered the following: safety assessment, referrals and options for immediate medical and/or mental health supports. Since collaboration is at the foundation of the Arlington SART, ACPD and Doorways respond in tandem, when possible, ensuring that all critical resources are considered when addressing the immediate and multi-faceted needs of a victim of sexual assault.

This next section outlines the process for coordination when a victim over the age of 14 reports a sexual assault in Arlington. *Please see protocols related to those under the age of 14 under “Specialized Response” on page 34.*

FIRST RESPONSE: MAKING A POLICE REPORT

POINT OF ENTRY: LAW ENFORCEMENT

- ACPD responds to sexual assault complaints communicated via the [Emergency Communications Center \(ECC\)](#).
- ACPD connects with the victim to assess safety and any immediate medical needs.
 - Patrol units gather initial information such as description of the suspect(s), means of escape, direction of travel, and any other relevant information.
- ACPD ensures the scene is secure. Units ensure that evidence is preserved, collected, and the chain of custody is maintained.
- ACPD will contact and connect with the Special Victims Unit (SVU) to triage the response as needed.
 - Most reports of felony sex offenses are assigned to a detective in the [Special Victims Unit \(SVU\)](#).
 - An SVU detective will assume control of the investigation upon arrival to the crime scene, medical facility, or interview location.

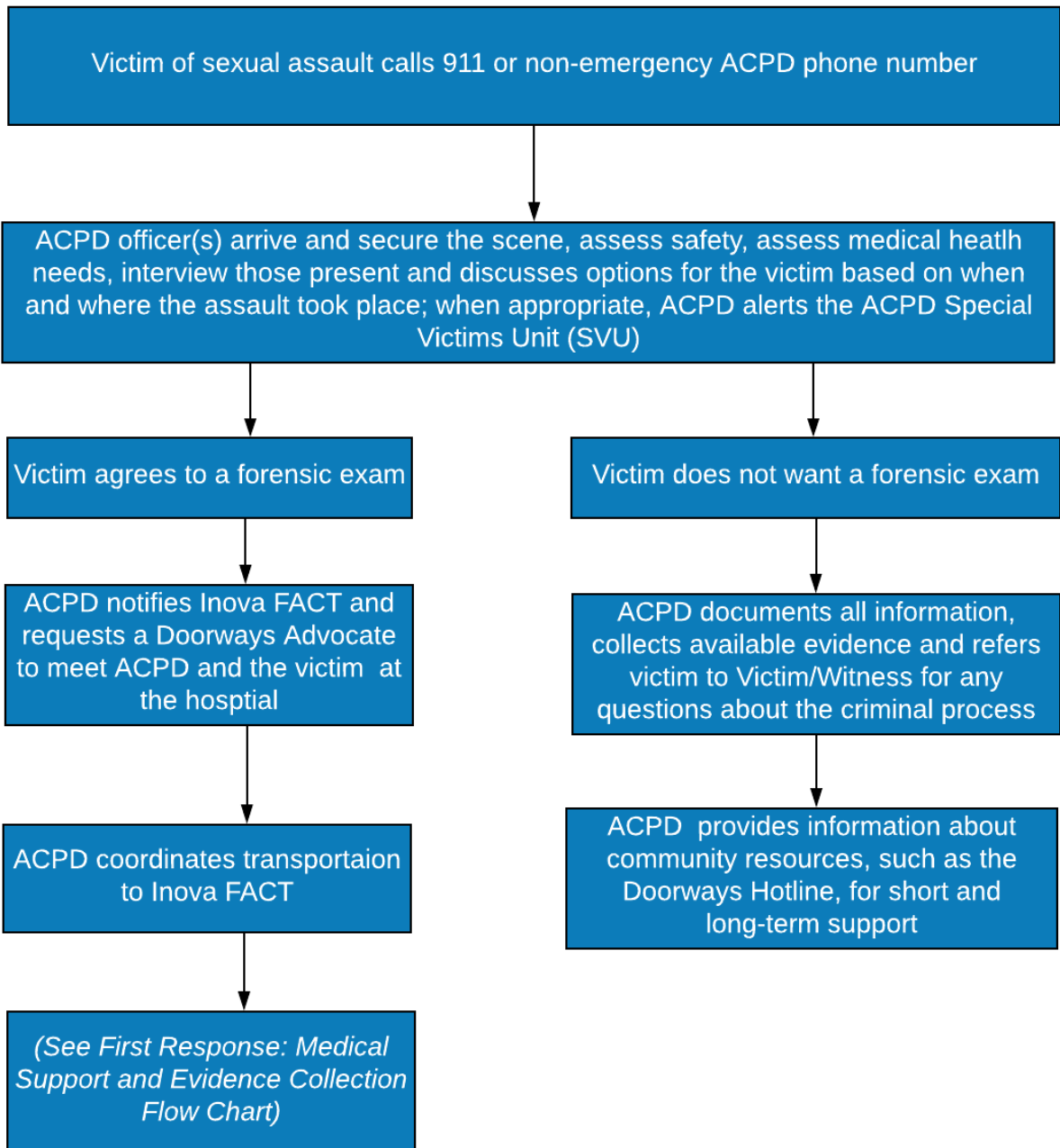
- ACPD will conduct the victim interview. Interviewing officer(s) will use [trauma-informed](#) strategies when conducting the interview, including, but not limited to, ensuring privacy and allowing victims to tell their story in their own words. SVU detectives are sometimes present for the initial interview and may conduct follow up interviews.
- If the victim has sustained serious or possible life-threatening injuries, they will be encouraged to accept transportation by a medic unit to the nearest emergency room.
- If the victim does not have immediate medical needs, and the assault was within the timeframe for [forensic evidence](#) collection, ACPD will encourage the victim to consider a [forensic exam](#). If the victim agrees to have a [forensic exam](#), ACPD will assist in coordinating transportation to Inova FACT.
 - ACPD will notify Inova FACT that a victim is on the way and discuss [medical clearance](#).
 - The Doorways Hotline will be contacted by ACPD and a Doorways Advocate will respond to support the victim during the [forensic exam](#) at Inova FACT.
 - Exams can be offered to Arlington residents, even if the incident occurred elsewhere.
- If the victim does not need or want a [forensic exam](#), ACPD will provide information about community resources, such as the Doorways Hotline, for short- and long-term support.

When the Report is Not Made Immediately

There are instances where a victim delays reporting immediately, but within the timeframe for a [forensic exam](#). A victim may respond to the police station, the hospital, or call from a residence when making the report. ACPD patrol units assess the report and consult with SVU detectives to determine the proper timeline with regards to collecting evidence and interviewing the victim. Following the [trauma-informed](#) care model, SVU detectives may interview the victim at a later time but the [forensic exam](#) will be conducted, and all physical evidence collected at the time of the report. The officer's primary concerns are the victim's safety, medical needs, and any risks the offender poses to public safety.

If a victim reports outside of the timeframe for a forensic exam, a report can still be taken by ACPD. Any investigation and potential prosecution will depend on the evidence available and any applicable [statute of limitations](#).

First Response: Making a Police Report



FIRST RESPONSE: CALLING A HOTLINE

POINT OF ENTRY: DOORWAYS HOTLINE

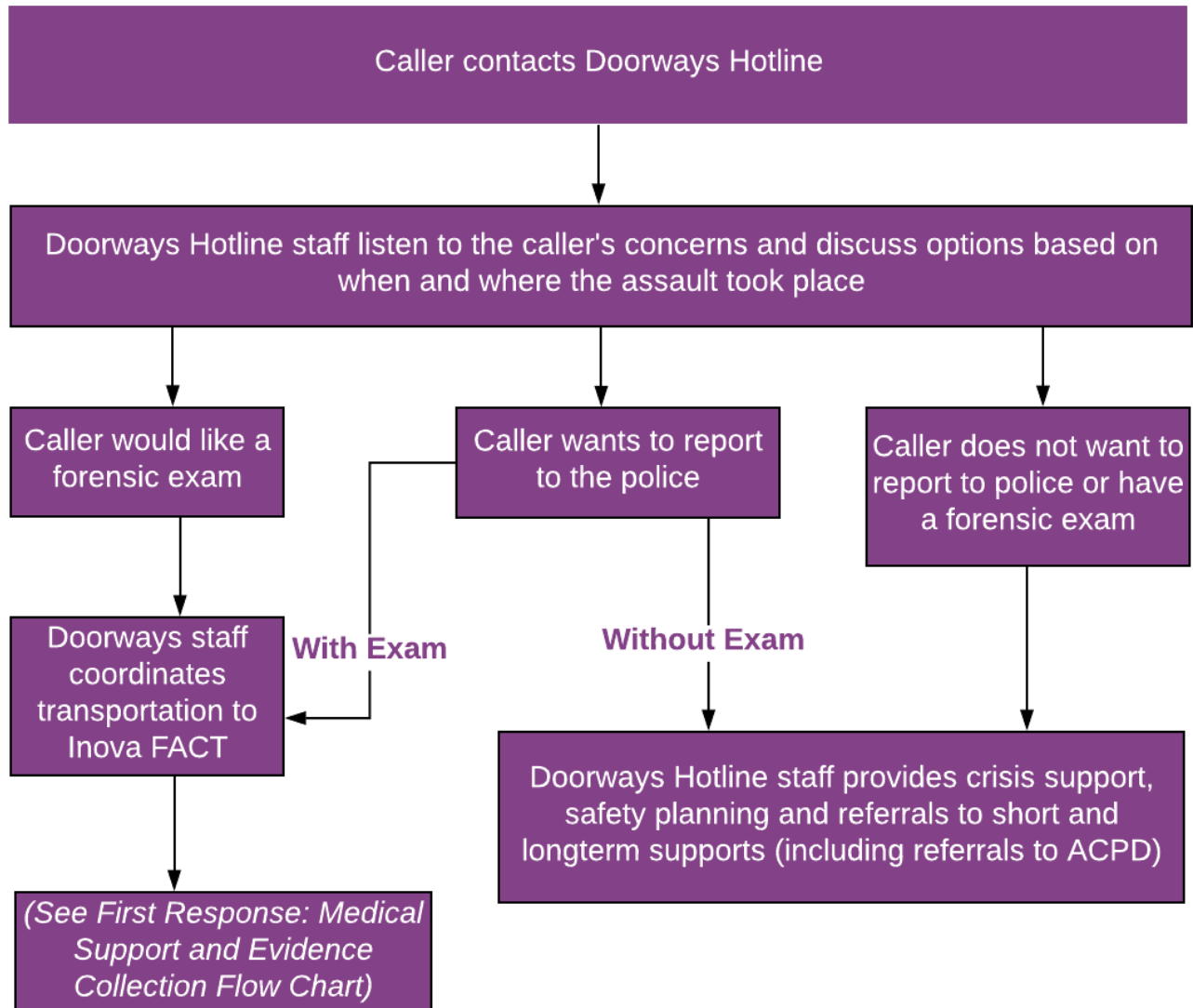
- Doorways Hotline receives the call, assesses the needs of the caller, and presents resources and options based on the unique experiences of the individual caller.
 - Unique experiences such as specific medical needs, amount of time since the assault, and the nature of assault will dictate short and long-term options.
- If caller discloses a sexual assault and wants to move forward with a [forensic exam](#), Doorways Hotline staff coordinates with a Doorways Advocate to meet the caller at Inova FACT.
 - If caller does not want a [forensic exam](#), the Doorways Hotline staff will continue to support the caller throughout the crisis with short and long-term referrals for mental, medical, legal support and safety planning.
 - If the caller requests to make a report to law enforcement, the Doorways Hotline staff will reach out to ACPD to request that an ACPD officer meet them at the hospital.
 - The caller does not have to report to law enforcement to be eligible for advocacy or medical services.
 - The caller can request to report to law enforcement without a [forensic exam](#). Doorways Hotline staff will support the caller in locating the information needed to make a report.
- Doorways Hotline staff notify Inova FACT that a caller is on the way and discusses [medical clearance](#) as necessary.
 - Hotline staff schedule the exam with input from the caller in cases where the exam is not happening immediately. Hotline staff then coordinate with caller, Doorways Advocate, and Inova FACT staff.
- Doorways Advocate arrives at the hospital within one hour of the accompaniment dispatch request unless an exam has been scheduled for a specific time in the future.

Counseling Services

Doorways Revive Domestic & Sexual Violence Counseling Program supports survivors seeking services due to domestic violence, sexual assault, dating violence and/or stalking, including adults, youth and children. Revive services include, free, [confidential trauma-focused](#) counseling, crisis intervention, [safety planning](#), [advocacy](#) and support groups.

To learn more visit: <https://www.DoorwaysVA.org/REVIVE>

First Response: Calling the Hotline



FIRST RESPONSE: MEDICAL SUPPORT AND EVIDENCE COLLECTION

Evidence that a sexual assault occurred comes in many forms, including victim and witness interviews and physical evidence. In a sexual assault, often the physical evidence is [forensic evidence](#) which needs to be collected in a specialized manner and within specific timeframes. In a sexual assault, [forensic evidence](#) is typically on (or inside of) the bodies and clothing items of those involved. To collect forensic evidence, [Forensic Nurse Examiners](#) (FNEs) and Forensic Physicians, complete a [forensic exam](#) using a [Physical Evidence Recovery Kit \(PERK\)](#). FNEs are trained in [forensic](#) medical collection and in how to support a victim through what can often be a [re-traumatizing](#) experience. Inova FACT provides [forensic evidence](#) collection for Arlington County. After an assessment with ACPD and Doorways has taken place, if the [victim/survivor](#) agrees to a [forensic exam](#), ACPD and Doorways will coordinate with each other and Inova FACT to provide these services in a time-sensitive and [trauma-informed](#) manner. ACPD conducts the forensic exam for any perpetrator(s) that may be identified.

FORENSIC EVIDENCE COLLECTION

- Once a [victim/survivor](#) has agreed to an exam, ACPD or Doorways Hotline responding staff contact the Inova FACT staff prior to arriving at the hospital. The [victim/survivor](#), Doorways Advocate and ACPD responding officer(s) proceed to the hospital. The initial responding agency assists in coordinating transportation for the [victim/survivor](#).
 - If a [victim/survivor](#) has significant injuries (strangulation, head [trauma](#), pain, pregnancy), they will be admitted and treated by the emergency room department before a forensic exam can be completed.
 - The [victim/survivor](#), or guardian, must be able to provide [informed consent](#) to the exam.
 - If the [victim/survivor](#) is a [vulnerable adult](#), Inova FACT has procedures that ensure another person (such as a next of kin or legal guardian) can give consent on behalf of the individual.
 - If the [victim/survivor](#) arrives at the hospital for support prior to contacting law enforcement and advocacy services, Inova FACT staff will call Doorways Hotline to request a Doorways Advocate.
 - If a [victim/survivor](#) wants to report to law enforcement, the appropriate law enforcement office will be notified depending on where the assault occurred. Responding officers may decide to conduct an initial interview at Inova FACT or wait until after the exam.
- The [victim/survivor](#), ACPD and Doorways Advocate arrive at Inova FACT.
- Doorways Advocate discusses role and [victim/survivor](#) rights and assists in obtaining [informed consent](#) for the [forensic exam](#).

- The exam is completed by an [FNE](#) or Forensic Physician. The Doorways Advocate may be present at the request of the [victim/survivor](#).
- If the [victim/survivor](#) believes they were the victim of a [Drug Facilitated Sexual Assault \(DFSA\)](#), they can consent or refuse additional forensic testing.
- If a [victim/survivor](#) has consumed drugs or alcohol voluntarily, the [victim/survivor](#) has the option to consent or refuse forensic testing specifically related to the forensic evidence collection.
 - Please note that [medical clearance](#) will have to be determined if a [victim/survivor](#) is under the influence of any drugs to ensure the ability to consent to treatment. Blood or urine samples may be necessary for medical treatment separate from forensic testing.
- ACPD is responsible for handling all evidence collected at the medical facility. This includes the victim's clothing and the [PERK](#). If the victim changed clothes prior to reporting the incident, ACPD will ensure the clothing is located and collected as possible evidence.
 - If ACPD is not involved because the [victim/survivor](#) chooses not to report to law enforcement, the [PERK](#) will be sent to the [Division of Consolidated Laboratory Services](#) in Richmond to be stored for a *minimum* of two years.
- Doorways Advocate will meet the [victim/survivor](#) after the exam to make any immediate or future referrals as well as [safety plan](#) as needed.
 - When a police report has been made, the Doorways Advocate will make a referral to the Victim/Witness Program for support throughout the criminal process.
- ACPD and Doorways Advocate will coordinate to ensure the [victim/survivor](#) has a change of clothing and transportation home.

Did You Know?

In the state of Virginia, [community-based advocates](#) are afforded legal privilege in relation to their [confidentiality](#). The privilege ensures that public and not-for-profit agencies whose primary mission is to provide services to victims of sexual or domestic violence shall not disclose any personally identifying information or individual information collected in connection with services requested, utilized, or denied through sexual or domestic violence programs; or reveal individual client information without the informed, written, reasonably time-limited [consent](#) of the person.

American Bar Association (2012)

Did you know?

In Virginia, forensic exams are available to youth aged 14 years and older without parental consent.

VIRGINIA HOSPITAL CENTER

While it is not a formal point of entry for sexual assault services, some victims may present at the local hospital for immediate medical services after an assault has occurred. Although the local hospital for Arlington, Virginia Hospital Center, does offer emergency medical services, they do not offer forensic evidence collection. If a patient presents at the Virginia Hospital Center Emergency Department and discloses a sexual assault, the Emergency Department staff are trained to discuss two options with the patient: (a) connecting them to ACPD to make a report; and/or (b) visiting Inova FACT to obtain a [forensic exam](#).

Additionally, if someone lives in Arlington, or has experienced an assault in Arlington, they can reach out to Doorways for Women and Families' Hotline to arrange for a forensic exam, transportation to the exam and advocacy services.

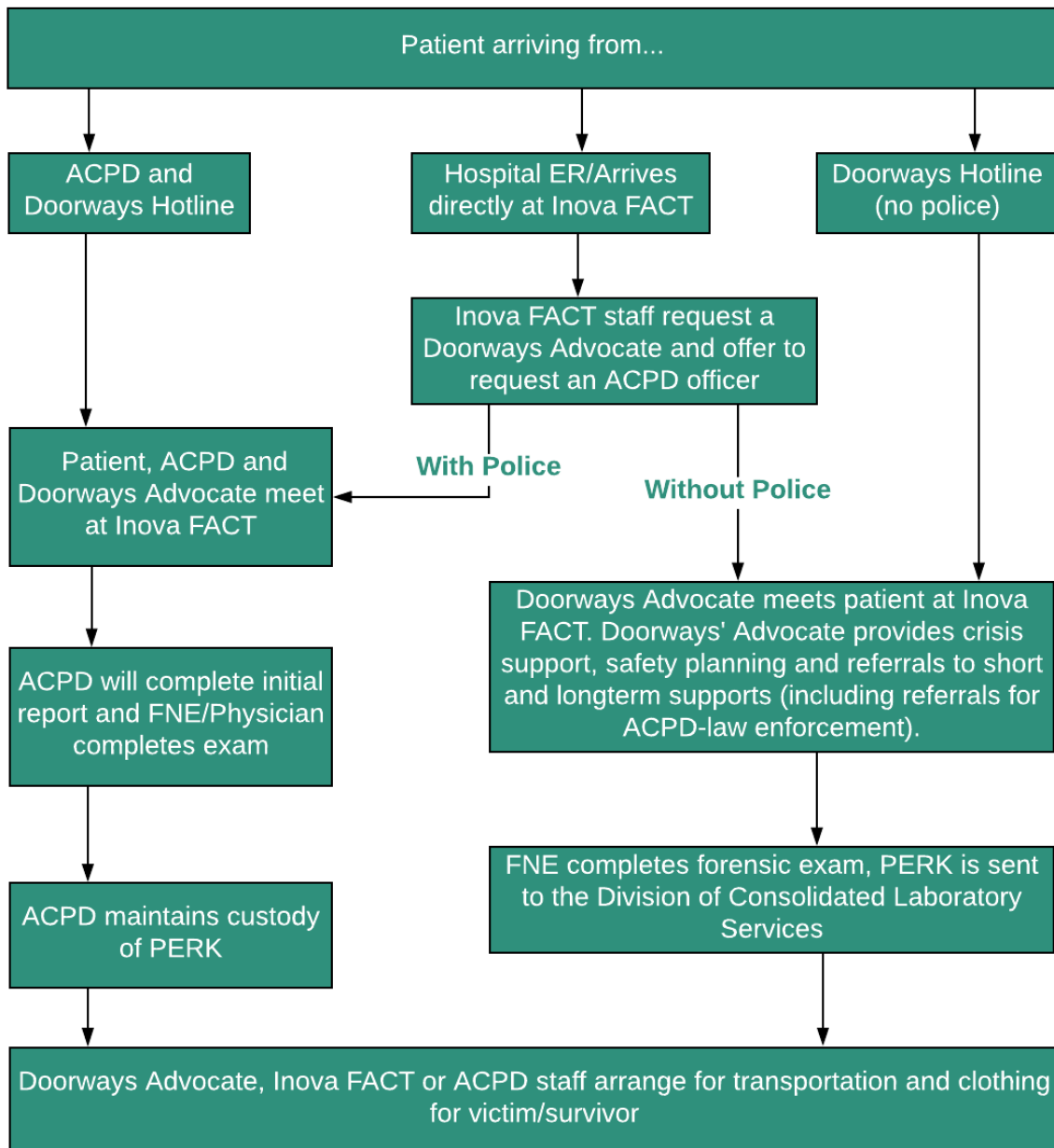
Virginia Victims Fund-Safe Payment Program

Individuals can apply for assistance with reasonable and necessary expenses that arise when a crime is committed against them. In Virginia, victims of rape and sexual assault have the right to seek evidence collection at no cost and have the right to have evidence collected through a [Physical Evidence Recovery Kit \(PERK\)](#) without filing a police report. Costs associated with evidence collection may include:

- Emergency room physician fees,
- Hospital and forensic examiner fees,
- Testing (and medication) for sexually transmitted infections and/or pregnancy,
- Ambulance transport from a hospital unable to provide evidence collection to one that can, and
- Follow-up [Forensic Examinations](#).

Making a police report is sometimes, but not always, a requirement to access these financial supports. Information on the Safe Payment Program can be found on the [Virginia.gov](#) website at: <http://www.cicf.state.va.us/content/safe-payment-program>. Questions about what is covered and accessing the fund can be directed to Inova FACT and VW program staff. *See resource list on page 40 for contact information.*

First Response: Medical Support and Evidence Collection



Marymount University's (MU) [Title IX](#) Coordinator is a member of the Arlington SART and is responsible for the response for MU students, staff, faculty, and visitors. When allegations of sexual assault are disclosed or discovered, the University will take prompt and effective action to provide resources and rights to all parties; address the safety of individuals and the campus community; conduct a review of the reported conduct; and pursue resolution of the reported conduct through remedies-based measures or formal disciplinary action against the accused individual. If a student (or employee) prefers to not make a formal report, the University has designated [confidential](#) resources who are not required to report the assault to the University's Title IX Coordinator. These confidential services who have a legally- recognized privilege of confidentiality are the Student Counseling Center Staff, Pastoral Counselors, and Student Health Center Staff.

Once a student discloses allegations of an assault, options for on- or off-campus support are offered to all parties involved by the [Title IX](#) Coordinator (or designee) and/or the University's designated confidential resources.

- Legal System Support
 - Students, faculty and staff can file a police report (if in Arlington, with ACPD) and/or file a complaint to Marymount University's [Title IX](#) Coordinator.
 - Students, faculty and staff can be referred to the VW program for support through the criminal justice process.
- Medical Support
 - Students have access to general medical services through the Student Health Center and [forensic evidence](#) collection and preservation through Inova FACT. After hours, students can access Inova FACT services directly or they can arrange support and/or transportation through the Office of Campus Safety or Doorways Hotline. (Please note that contacting the Office of Campus Safety will create a report to the [Title IX](#) coordinator).
- Advocacy Support
 - Students have access to counseling services through the Student Counseling Center.
 - Students can seek advocacy with the [Title IX](#) Coordinator for accommodations if the student feels unsafe on campus.
 - Students can be referred to Doorways for Women and Families for short- and long-term crisis and counseling support.

MU coordinates with the Commonwealth Attorney's Office to meet the Virginia law requirement that institutes of higher education report assaults that constitute a felony violation to their local Commonwealth Attorney's Office.

The [Title IX](#) Coordinator ensures students, staff and faculty are aware of the resources, faculty/staff roles and responsibilities, and MU's response process through ongoing education, presentations, trainings and resources.

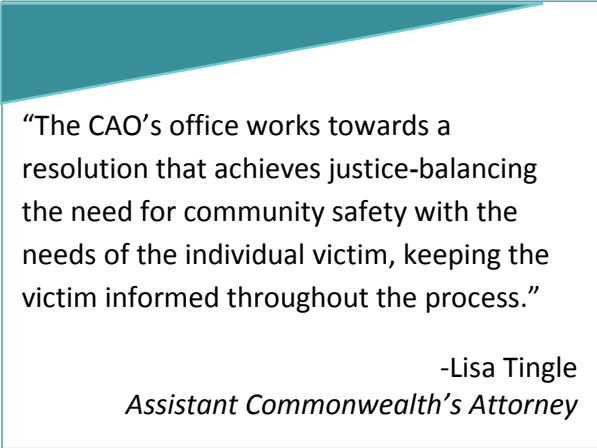
ONGOING RESPONSE

Regardless of the reporting and disclosure path a [victim/survivor](#) chooses, there is community support before, during and after a report is made. While some [victims/survivors](#) of sexual assault choose not to report the crime, the presence of a SART has been associated with higher victim participation in the criminal system, shorter reporting delays, more types of forensic evidence collected and higher arrest rates.¹⁶

CRIMINAL REPORT MADE TO THE POLICE

If a victim chooses to report the crime to the police, an investigation begins.

- ACPD will complete all police case reports, and as needed, case supplements.
- VW reviews police reports daily, to identify victims who may be in need of assistance or who may be eligible for [victim compensation](#) programs.
 - Once VW reviews a report of sexual assault, they will then contact the detective and/or the prosecutor before contacting a victim to reduce duplicative efforts and provide comprehensive support.
- After an arrest has been made, the case will be assigned to a prosecutor.
 - The prosecutor from the CAO's office coordinates with VW and ACPD to determine next steps in the investigation.
 - The prosecutor gathers reports and requests additional information.
 - The prosecutor meets with the victim and the VW specialist prior to court.
- VW works in tandem with the prosecutor to support the victim, providing court and law enforcement updates and changes.
 - VW specialists ensure that the victim is continuously informed about the process including explaining their rights and when those rights can be exercised. VW ensures



“The CAO’s office works towards a resolution that achieves justice-balancing the need for community safety with the needs of the individual victim, keeping the victim informed throughout the process.”

-Lisa Tingle
Assistant Commonwealth’s Attorney

¹⁶ Sexual Assault Response Team (SART) Functioning and Effectiveness: Findings from the National SART Project. (2015) https://www.nsvrc.org/sites/default/files/2015-05/publication_researchbrief_sexual-assault-response-team-functioning-effectiveness.pdf

that the victims' needs are taken into consideration throughout the investigation and criminal proceedings.

- VW support includes, but is not limited to:
 - Informing the victim of pretrial hearings/motions and consider victim's availability when scheduling;
 - Advocating for the victim's participation in all hearings in which defendant has the right to be present and accompany the victim to court;
 - Advocating for the victim in plea negotiations and sentencing;
 - Referring to Doorways Revive Counseling Program; and
 - Notifying the victim about changes in offender status including release from incarceration.
- Even when an arrest is not made, VW can support the victim with referrals for short- and long-term support and access to [victim compensation](#) as needed.

REPORT MADE TO THE DOORWAYS HOTLINE OR INOVA FACT: NO POLICE INVOLVEMENT

If a [victim/survivor](#) chooses not to report the crime to police, they still have access to seeking a [forensic exam](#), as well as access to mental health resources and other support.

Medical Follow-Up

- Once the [PERK](#) is sent from Inova FACT to the [Division of Consolidated Laboratory Services](#) in Richmond, the evidence is stored and available for testing for a minimum of two years.
 - In Virginia, once a [PERK](#) has been sent for storage, a [victim/survivor](#) can request to extend the storage time from two to ten years.
 - A [victim/survivor](#) may request that their PERK be stored for an additional ten years by contacting the DCLS Evidence Custodian at (804) 648-4480 ext. 102 and submitting a written objection to "the destruction of my PERK" that includes the PERK number.
 - If the [victim/survivor](#) believes they were the victim of a [Drug Facilitated Sexual Assault \(DFSA\)](#), they can consent or refuse additional forensic testing.
 - If a [victim/survivor](#) chooses to make a report and they have stored a [PERK](#), the police report must be made before the evidence is turned over to law enforcement for testing.

Advocacy Follow-Up

- During the initial call with the Doorways Hotline, the caller will be offered resources and referrals for short- and long-term medical, mental health and legal system support. Additionally, the hotline is available if crisis support is needed at any point during the healing process.
 - One referral could be to Doorways Revive Domestic & Sexual Violence Counseling Program.

Through Revive, Doorways offers [trauma-informed](#), short-term counseling tailored to the needs of survivors and support the healing process.

Help at Any Point

Survivors of sexual assault can seek help at any time- no matter how long ago the assault took place. While there are [statutes of limitations](#) on prosecuting a sexual assault as a criminal offense, *there is no time limit* on seeking supportive services. To learn more about options for survivors of childhood sexual abuse, adult sexual assault, and intimate partner sexual assault in Arlington, contact Doorways Hotline: 703-237-0881.

SPECIALIZED RESPONSE

In Arlington County, there are community members that rely on a specialized response to holistically meet their needs. The Arlington SART creates specific partnerships with additional agencies to ensure that the services offered by SART members meet the needs of those most vulnerable in Arlington.

CHILDREN

When a sexual assault is perpetrated against a child, there are unique and specific risk factors and needs to be addressed. The Arlington County Child Advocacy Center (CAC) promotes the safety and well-being of children in Arlington County when there is an allegation of sexual, severe physical or mental abuse against a minor. The CAC, like the SART, is a [multidisciplinary](#) team that brings together the professionals and agencies needed to offer, investigate and support comprehensive services to children: ACPD Special Victim's Unit, Department of Human Services Child Protective Services, CAO, County Attorney, Victim/Witness, Department of Human Services Children's Behavioral Health and the Inova FACT Team. The Arlington County CAC was first established in 2005 and has been accredited by the National Children's Alliance since 2008. The CAC is a community-based program designed to meet the unique needs of children in Arlington by offering:

- Separate, child-friendly facilities that are comfortable, private and physically and psychologically safe for diverse populations of children and their family members.

- Forensic interviews coordinated to avoid duplicative interviews and conducted in a manner that is legally sound and of a neutral, fact-finding nature by trained forensic interviewers.
- A formal process in which [multidisciplinary](#) discussion and information-sharing regarding the investigation, case status and services needed by the family occur routinely.
- On-site victim advocacy and mental health services for children and their families using evidence-based [trauma](#) focused approaches.
- Specialized medical evaluation and treatment services through linkage agreement with Inova FACT.

The Arlington County CAC recognizes that child abuse is a community problem that requires a coordinated community response. No one entity or organization can possibly anticipate or meet all of the needs of victims. A strong, collaborative, non-duplicative, compassionate community response is one of the best ways to assure that victims of child abuse are not further traumatized by the very system designed to protect them.

While the abuse of children is often thought of in the context of abuse by a caregiver or adult, the CAC also provides support to youth who experience sexual or physical abuse by a dating partner. As needed, the CAC collaborates with the SART to access resources and support. Learn more about the Arlington CAC by visiting their website: <https://family.arlingtonva.us/childrens-advocacy-center/>

INDIVIDUALS WITH LIMITED ENGLISH PROFICIENCY

All members of the SART utilize language interpreters (in person or on the phone) to support victims who have limited or no English proficiency. All efforts are made to not use family or community members to provide interpretive services to a first responder. Using professional interpreters ensures a confidential and safe environment for the [victims/survivors](#) to share details about the crime in their primary language. When [victims/survivors](#) can communicate in their primary language, the relationship with service providers is strengthened, and the information collected during the interview is more robust.

MILITARY: JOINT BASE MYER-HENDERSON HALL

Joint Base Myer-Henderson Hall is a Joint Army and Marine Corps Installation located in Arlington County. While the base Provost Marshall Office has jurisdiction over crimes that occur on the base, they collaborate with Arlington resources when there is jurisdictional overlap or if additional support is requested.

When the crime occurs in Arlington (off-base), ACPD responds as described earlier. Additionally, when the perpetrator resides at the base, ACPD can connect with the base Criminal Investigation

Command (CID) or Naval Criminal Investigative Service (NCIS) to leverage any resources they have for the investigation.

The uniformed victim is offered community resources in addition to a specific military-only program known as Sexual Assault Prevention & Response (SAPR). These resources include [forensic exams](#), family advocacy services as well as uniformed victim advocates. Additional referrals are often made to civilian entities such as, Doorways for Women and Families and the Rape Abuse Incest National Network.

INDIVIDUALS WHO ARE DETAINED: ARLINGTON COUNTY DETENTION FACILITY

Individuals who are incarcerated in Arlington County have the right to access support services if they are victims of sexual assault under the [Prison Rape Elimination Act \(PREA\)](#). In Arlington, PREA access is ensured through a [Memorandum of Understanding \(MOU\)](#) between the Arlington County Department of Human Services, the Arlington Sheriff's Office and Doorways for Women and Families. In this agreement, Doorways is responsible for providing 24/7 telephone support, crisis intervention counseling, advocacy, hospital accompaniment, emotional support services related to sexual abuse/harassment and referrals for a victim when the violence has occurred during detention. An additional MOU ensures that [forensic exams](#) requested are completed by Inova FACT.

SYSTEM RESPONSE REVIEW

Arlington SART members meet monthly in a working group formalized under Project PEACE's Goal 2: Advancing a Coordinated Community Response by First Responders and Service Providers at Points of Entry. Project PEACE's Goal 2 members review closed sexual assault and domestic violence cases twice per year to ensure best practices in coordinated responses, quality assurance of service provision, and offender accountability. The review is intended to highlight both successes and challenges of each SART agency in the system response. Cases for review are selected by the members of Goal 2 based on pre-determined criteria including, but not limited to: age of victim, type of assault, and the number of SART agencies involved. Each system review includes in-person presentations by each SART agency that worked on the response under review. As each SART member agency presents their individual agency's response, partner agencies are evaluating their actions using the SART system review evaluation form. Forms are collected, compiled and sorted by themes and trends observed. The findings are summarized, and draft policy or practice recommendations are prepared and submitted to the Project PEACE Leadership Roundtable for review. Recommendations from previous reviews have included additional training, new policies or procedures and establishing new avenues for collaboration.

SART GOALS

INCREASING KNOWLEDGE OF POINTS OF ENTRY

While ACPD and Doorways are Arlington's two formal points of entry, it is recognized that many [victim/survivors](#) of sexual assault often disclose to someone they know before they seek out formal supports. [Victim/survivors](#) often disclose to friends, family members, faith leaders, colleagues or educators first. Since the first response to a disclosure can impact if and how the person chooses to report the crime, it is imperative to educate the community about how to respond to, and where to refer, someone who discloses a sexual assault. The Arlington SART works with Project PEACE's Goal 1 Prevention Committee to prioritize outreach to informal points of entry. Goal 1 works to provide access to information and training on how to provide helpful initial responses, and how to refer [victim/survivors](#) to ongoing formal supports. Goal 1 outreach includes but is not limited to: Arlington Public Schools, the Arlington faith community, and the Arlington Chamber of Commerce.

ENHANCING SPECIALIZED RESPONSE

Through Project PEACE's work, the SART has identified two under-served communities in Arlington, individuals who have immigrated to the U.S. and those who identify as Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ+); noting overlaps between the two communities as well. The SART is committed to increasing member agencies capacity to serve members of these communities by ensuring inclusive and accessible services and increasing SART member's knowledge and training to meet their specific needs. The SART will prioritize regular system reviews that will further illuminate if and how the protocol response meets the needs of these two communities in Arlington.

ENSURING ACCESS TO FORENSIC EXAMS

Arlington residents and visitors have access to [forensic exams](#) through Inova FACT in Fairfax County. Inova FACT is a state-of-the-art, nationally-recognized, and scaled facility that serves as the primary provider of sexual assault [forensic exams](#) for several Northern Virginia jurisdictions. Arlington County is located conveniently nearby this resource, allowing survivors fairly quick and highly accessible access to 24/7 services at Inova FACT. With significant increases in state resources in 2017, the FACT Department is well-staffed with several full-time, [Forensic Nurse Examiners](#). In nearly all cases, Arlington [victims/survivors](#) are able to travel to Inova FACT with support from ACPD and/or Doorways. There are instances in which a [victim/survivor](#) is not well enough to travel from Virginia Hospital Center to Inova FACT for the exam. Additionally, some individuals may feel deterred from seeking [forensic evidence](#) collection at Inova FACT if they have first gone to Virginia Hospital Center. The Arlington SART is dedicated to supporting efforts and working with Inova FACT and Virginia Hospital Center to consider ways to ensure all patients in Arlington have access to this necessary and time-sensitive service.

MAINTAINING THE SART AND COLLABORATIVE EFFORTS

The SART Leadership Team, consisting of executive leadership from each SART member agency, meets bi-annually to assess quality assurance of the process and to strategize areas for enhancement. Each SART Leadership Team meeting is led by the Commonwealth Attorney's Office and is a formal, collaborative space where members can discuss the successes and challenges agencies face in responding (individually and collectively) to reports of sexual assault. Meeting topics include, but are not limited to:

- Policy and protocol development, review and adoption: policies and protocols are developed by the SART members that specify how sexual assault responders from each agency will respond to sexual assault cases and victims.
- [Multidisciplinary](#) trainings: different sexual assault response stakeholder groups that belong to the SART train one another about their roles and limitations in responding to sexual assault and to share their expertise with other team members.
- [Memoranda of Understanding \(MOU\)](#): develop new, or update existing, MOUs between sexual assault response organizations to formalize agreements.
- Formal program evaluation: Systematic analysis of data is used to help the SART understand how the team is working, the impact it has on the community and potential areas of improvement.

Regular Review: The SART Protocol will be reviewed every two years to ensure it is consistent with best practices and with member agencies' policies and procedures for sexual assault response.

WHERE TO GET HELP IN ARLINGTON

If you or someone you know has experienced a sexual assault, there is help. It is never too late to get the help you deserve.

Reporting an Assault. Available 24/7.

- For law enforcement support, contact Arlington County Police Department: emergency, 9-1-1 or non-emergency, 703-558-2222

Crisis Support. Available 24/7.

- For crisis support, safety planning, and shelter services call Doorways for Women and Families' Hotline at 703-237-0881 or visit www.doorwaysVA.org

Medical Support. Available 24/7.

- For medical support, including access to a [forensic exam](#), call Inova Ewing Forensic Assessment and Consultation Team (FACT) at 703-776-4001 and ask to page a SANE nurse or visit www.inova.org/inova-in-the-community/fact

Legal System Support. Available during business hours.

- For support or questions regarding the legal process, call the Arlington County Victim/Witness Program at 703-228-4410 or the Doorways Court Advocacy Program at 703-228-3749

Mental Health Services. Available during business hours.

- Doorways for Women and Families Revive Counseling Program. To learn more or for a referral call the Doorways Hotline at 703-237-0881 or visit www.doorwaysVA.org
- Arlington's Behavioral Health Services. For more information, call 703-228-5150 or visit <https://health.arlingtonva.us/behavioral-healthcare>

Resources for Children

If you are seeking information and support for children call the child abuse hotline at: 703-228-1500

For resources and support for children who have experienced sexual abuse visit the Arlington Child Advocacy Center: <https://family.arlingtonva.us/childrens-advocacy-center>

GLOSSARY

Advocacy/Advocate: Active support for a cause, person, or policy; to advocate is to speak or act on another's behalf, to intercede; an advocate is one who engages in advocacy. Advocacy may be individual (for a person served) or social (directed at changing social systems, institutions, and broader functioning of society).¹⁷

Best Practice: A procedure that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption.¹⁸

Confidentiality: The act of protecting (i.e., not disclosing, revealing, or sharing without consent) private information relating to a person served, established through federal and state statutes and regulations, ethical principles, and program policies. Confidentiality is rarely absolute, and limitations should be fully disclosed to persons served.¹⁹

Consent: Consent is when someone agrees, gives permission, or says "yes" to sexual activity with other persons. Consent must be freely given and all people in a sexual situation must feel that they are able to say "yes" or "no" or stop the sexual activity at any point. Consent cannot be coerced, nor can an individual give consent if they are incapacitated or intoxicated.²⁰

Crime Victim Compensation: Government programs in every state, the District of Columbia, the U.S. Virgin Islands, and Puerto Rico that make funds available to help crime victims recover from financial losses resulting from their victimization. These programs reimburse victims for crime-related out-of-pocket expenses, including medical and dental care, counseling, funeral and burial expenses, and lost wages and income.²¹

Community Based/System Based Advocates: Community-based advocates serve victims regardless of whether they report to the criminal system. Community-based advocates work at an independent, usually nonprofit, organization dedicated to assisting victims of sexual assault. Systems-based advocates generally serve victims whose cases are in the criminal justice system.²²

Coordinated Community Response (CCR): Coordinated community response programs engage the entire community in efforts to develop a common understanding of violence against women and to change social norms and attitudes that contribute to this violence. Law enforcement, health care

¹⁷ <https://ovc.gov/model-standards/glossary.html>

¹⁸ <https://www.merriam-webster.com/dictionary/best%20practice>

¹⁹ <https://ovc.gov/model-standards/glossary.html>

²⁰ <https://sapac.umich.edu/article/49>

²¹ <https://ovc.gov/model-standards/glossary.html>

²² <https://ovc.ncjrs.gov/sartkit/develop/team-advocate-c.html>

providers, child protection services, educators, local businesses, the media, employers, and faith leaders should be involved in a Coordinated Community Response.²³

Crisis Intervention: Methods of communication and action designed to protect, stabilize, and mobilize individuals who are experiencing an event or a situation that they perceive is intolerable and which exceeds their current coping mechanisms.²⁴

Cultural Competence: The ability of an individual or organization to interact effectively with people of different cultures. This includes drawing on knowledge of culturally based values, traditions, customs, language, and behavior to plan, implement, and evaluate service activities.²⁵

Division of Consolidated Laboratory Services (DCLS): The Division of Consolidated Laboratory Services provides around-the-clock, high quality analytical testing services and support to local, state and federal agencies that serve to protect the health, safety and security of the public. The State Laboratory is a national training "Center of Excellence" for the U.S. Centers for Disease Control and Prevention and the U.S. Department of Agriculture, and provides certification and accreditation for other laboratories.²⁶

Drug Facilitated Sexual Assault (DFSA): Drug-facilitated sexual assault occurs when alcohol or drugs are used to compromise an individual's ability to consent to sexual activity. These substances make it easier for a perpetrator to commit sexual assault because they inhibit a person's ability to resist and can prevent them from remembering the assault.²⁷

Emergency Communications Center (ECC): ECC's expertly trained dispatchers answer Arlington's 9-1-1 calls in times of emergency and send help, no matter the obstacles. ECC's mission is to help save lives, protect property and help the public by receiving and processing 9-1-1 emergency and non-emergency calls; dispatching police, fire, and emergency medical service units in a prompt, efficient, courteous, and professional manner.²⁸

Empower/Empowerment: To give authority or power; to help people by sharing information or resources so that they may help themselves.²⁹

Forensic Evidence: Forensic Evidence is evidence obtained by scientific methods such as ballistics, blood tests, and DNA tests for use in court. Forensic evidence often helps to establish the guilt or innocence of possible suspects. Analysis of forensic evidence is used in the investigation and prosecution of civil as well as criminal proceedings. Forensic evidence can be used to link crimes

²³ <http://www.endvawnow.org/en/articles/127-what-is-a-coordinated-community-response-to-violence-against-women.html>

²⁴ <https://ovc.gov/model-standards/glossary.html>

²⁵ <https://ovc.gov/model-standards/glossary.html>

²⁶ <https://dgs.virginia.gov/division-of-consolidated-laboratory-services/>

²⁷ <https://www.dea.gov/resource-center/DFSA.PDF>

²⁸ <https://departments.arlingtonva.us/ecc/>

²⁹ <https://ovc.gov/model-standards/glossary.html>

that are thought to be related to one another. For example, DNA evidence can link one offender to several different crimes or crime scenes. This linking of crimes helps authorities to narrow the range of possible suspects and to establish patterns of for crimes to identify and prosecute suspects.³⁰

Forensic Exam: A Forensic Exam is completely private and includes a thorough assessment of any injuries sustained because of a violent act. A Forensic Nurse Examiner (FNE) or physician collects evidence, takes photos of any injuries, answers questions and discusses the patient's options. The FNE and physicians are specially trained to provide both medical and emotional support.³¹

Forensic Nurse Examiner (FNE): FNEs are registered nurses specially trained to observe, recognize, collect, and appropriately document evidence of abuse and violence for use by the criminal judicial system or other investigative agencies.³²

Informed Consent: Voluntary agreement to participate in an activity and/or allow an activity or procedure to be performed based on the availability of all pertinent information and the ability to understand the consequences of the decision.³³

Intimate Partner Sexual Violence: Intimate partner sexual violence can be defined as any unwanted sexual contact or activity by an intimate partner with the purpose of controlling an individual through fear, threats or violence. It can affect anyone from teens to elders.³⁴

LGBTQ+: Any combination of letters attempting to represent all the identities in the queer community, this example (although not exhaustive) represents Lesbian, Gay, Bisexual, Transgender and Queer.³⁵

Medical Clearance: A thorough medical assessment is the first step when approaching a patient who has experienced a sexual assault to determine if the patient is seriously injured or impaired. Acute injury, trauma care and safety needs must be addressed before evidence collection. If a patient is unconscious or is in an altered mental state, the examiner should follow facility policy regarding such patients and delay the start of the exam.³⁶

Memorandum of Understanding (MOU): A Memorandum of Understanding is a signed non-obligating and legally non-binding document that describes intentions of the signatories to work together to address a shared development challenge.³⁷

³⁰ <https://definitions.uslegal.com/f/forensic-evidence/>

³¹ <https://www.inova.org/inova-in-the-community/fact>

³² <https://www.inova.org/inova-in-the-community/fact>

³³ <https://ovc.gov/model-standards/glossary.html>

³⁴ <http://www.wcsap.org/intimate-partner-sexual-violence>

³⁵ https://www.lsu.edu/lacasu/site_files/item71312.pdf

³⁶ https://www.justice.gov/sites/default/files/ovw/legacy/2013/04/24/safe_fact_sheet_long_final.pdf

³⁷ <https://www.usaid.gov/sites/default/files/documents/1880/Section%206%20MOU%20Overview.public.updated.022013.pdf>

Multidisciplinary: A planned and coordinated program of care involving two or more specializations (e.g., law enforcement and a nonprofit service organization) for the purpose of improving services because of their joint contributions. ³⁸

Physical Evidence Recovery Kit (PERK): Physical Evidence Recovery Kits (also known as Sexual Assault Kits in other jurisdictions) are used to collect biological evidence from victims and perpetrators of sexual assaults. ³⁹

Prison Rape Elimination Act (PREA): The Prison Rape Elimination Act (PREA) was passed in 2003 with unanimous support from both parties in Congress. The purpose of the act was to “provide for the analysis of the incidence and effects of prison rape in federal, state, and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape.” ⁴⁰

Protective/Restraining Order: They are legal documents issued by a judge or magistrate to protect the health and safety of a person who is alleged to be a victim of any act involving violence, force or threat that results in bodily injury or places that person in fear of death, sexual assault or bodily injury. ⁴¹

Marymount University Responsible Employees: Responsible employees at Marymount University include faculty, staff, and some student employees. Those faculty and staff not included are those employed by the Student Counseling Center, Pastoral Counselor and Student Health Center Staff.

Re-Traumatization: Intense physical and psychological reactions that occur when a victim’s emotional wounds are re-opened or when they anxiously anticipate the re-opening of these wounds. This distress may occur when individuals are exposed to additional traumatic events or when they find themselves in situations that trigger painful memories of past traumatic events. Re-traumatization may also occur when victims re-tell their stories. Victim-centered and trauma-informed approaches are implemented to avoid re-traumatizing victims while delivering services. ⁴²

Safety Planning: A personalized, practical plan that can help individuals anticipate dangerous situations and develop ways to keep themselves safe when they are in danger. ⁴³

Special Victims Unit (SVU): SVU is an investigative branch within ACPD. The unit investigates criminal acts of sexual assault and abuse. SVU detectives receive specialized training to investigate, arrest and assist in the prosecution of offenders accused of criminal sexual acts. They are trained to assist victims and their families in locating support services for trauma-based treatment.

³⁸ <https://ovc.gov/model-standards/glossary.html>

³⁹ <http://www.dfs.virginia.gov/field-test-kits/perks/>

⁴⁰ <https://www.prearesourcecenter.org/about/prison-rape-elimination-act-prea>

⁴¹ http://www.courts.state.va.us/forms/district/info_sheet_protective_order_stalking.pdf

⁴² <https://ovc.gov/model-standards/glossary.html>

⁴³ <https://ovc.gov/model-standards/glossary.html>

Statute of Limitations: A statute of limitation is a law which forbids prosecutors from charging someone with a crime that was committed more than a specified number of years ago. ⁴⁴

Title IX: Title IX protects people from discrimination based on sex in education programs or activities that receive Federal financial assistance. The U.S. Department of Education’s Office for Civil Rights (OCR) enforces Title IX of the Education Amendments of 1972.

Title IX states: No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving Federal financial assistance. Some key issue areas in which recipients have Title IX obligations are: recruitment, admissions, and counseling, financial assistance, athletics, sex-based harassment, treatment of pregnant and parenting students, discipline; single-sex education, and employment. ⁴⁵

Trauma: Serious injury to the body, as from physical violence or an accident; also, emotional or mental distress caused by an event, series of events, or set of circumstances that are experienced by an individual as physically and emotionally harmful or threatening. The event may cause the individual to feel emotionally, cognitively, and physically overwhelmed and unable to cope. The adverse effects of a traumatic event may occur immediately or over time. Many people who experience trauma readily overcome it, particularly with support; however, others may experience significant disruption in their lives and/or a long-term impact on their physical, social, emotional, and spiritual well-being. ⁴⁶

Trauma-Informed Approach: Approaches delivered with an understanding of the vulnerabilities and experiences of trauma survivors, including the physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on restoring the survivor’s feelings of safety, choice, and control. Programs, services, agencies, and communities can be trauma-informed. ⁴⁷

Victim/Survivor: Victim and Survivor are two ways that organizations, communities and the media refer to those who have experienced a sexual or domestic violence assault. Both terms are applicable. Organizations often use the term “victim” when referring to someone who has recently been affected by sexual violence, when discussing a particular crime, or when referring to aspects of the criminal justice system. Organizations often use “survivor” to refer to someone who has gone through the recovery process, or when discussing the short- or long-term effects of sexual violence.

⁴⁴ <https://criminal.findlaw.com/criminal-law-basics/time-limits-for-charges-state-criminal-statutes-of-limitations.html>

⁴⁵ https://www2.ed.gov/about/offices/list/ocr/docs/tix_dis.html

⁴⁶ <https://ovc.gov/model-standards/glossary.html>

⁴⁷ <https://ovc.gov/model-standards/glossary.html>

Some people identify as a victim, while others prefer the term survivor. The best way to be respectful is to ask for an individual's preference. ⁴⁸

Victim-Centered Approach: Placing the victim's priorities, needs, and interests at the center of the work with the victim. This includes but is not limited to: providing nonjudgmental assistance with an emphasis on client self-determination, assisting victims in making informed choices, ensuring that restoring victims' feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims and ensuring that victims' rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims. ⁴⁹

Vulnerable Adult: A person who may be unable to adequately protect themselves from mistreatment and may be afforded specific protections under local, state, or federal law, including older adults and persons with disabilities. ⁵⁰

⁴⁸ <https://www.rainn.org/articles/key-terms-and-phrases>

⁴⁹ <https://ovc.gov/model-standards/glossary.html>

⁵⁰ <https://ovc.gov/model-standards/glossary.html>

MEMBER SIGNATURE PAGE



Theophani Stamos, Arlington Commonwealth's Attorney
Office of the Commonwealth's Attorney for Arlington County and the
City of Falls Church

9/26/18

Date



Anita Friedman, Director, Department of Human Services
Arlington County Department of Human Services

9/26/18

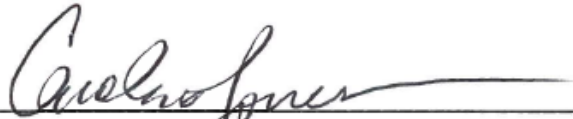
Date



Murray Farr, Chief of Police
Arlington County Police Department

10.02.18

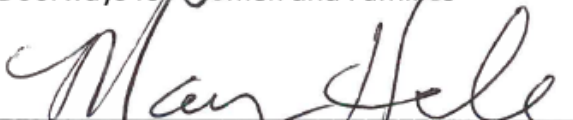
Date



Caroline Jones, CEO and President
Doorways for Women and Families

9/26/18

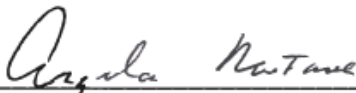
Date



Mary Hale, Director for Safety Net Clinics
Inova Ewing Forensic Assessment and Consultation Teams (FACT)

9/26/18

Date



Angela Nastase, Title IX Coordinator
Marymount University Title IX Office

9/26/2018

Date

