



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
METROPOLITAN POLICE DEPARTMENT

June 8, 2012

Sara Darehshori  
Senior Council  
Human Rights Watch  
350 Fifth Avenue, 34<sup>th</sup> Floor  
New York, NY 10118-3299

Dear Ms. Darehshori,

Thank you for the opportunity to respond to your letter. As previously communicated, the Metropolitan Police Department finds it disturbing that a highly respected organization such as Human Rights Watch would ask us for feedback on a report yet not provide the entire report for review. MPD was also perplexed that Human Rights Watch (HRW) asked for feedback on a 16-month investigation in three business days. Most troubling is that in conversations subsequent to receiving the letter, HRW has showed no interest in working cooperatively with MPD to improve sexual assault investigations.

The Metropolitan Police Department (MPD) takes investigations of Sexual Abuse Allegations very seriously, and we are deeply troubled by some of the allegations contained in your letter. In particular we are concerned about the allegation that members of MPD's Sexual Assault Unit (SAU) would: 1) fail to follow-up on complaints from survivors of sexual abuse; or 2) treat victims of sexual abuse in an insensitive manner. Admittedly, we do not have the full investigation because HRW has refused to provide it, but after a review of your letter, we have identified a number of potential fundamental and disturbing flaws in your investigation. If the letter in anyway resembles the full investigation, we believe the matter needs further and more thorough investigation to support and/or substantiate the allegations that you have made.

As you are aware, in 2006 after a sexual assault received a great deal of media attention, there were concerns that the case was not properly handled by the MPD. The resulting civil suit filed against MPD ([REDACTED] et al) was adjudicated and dismissed (Attachment 1 and 2). MPD agrees that the depositions that were taken during the course of the civil suit were very troubling. However, the issues that were raised during the course of those depositions have long since been addressed.

Since the issues raised in this high profile [REDACTED] case came to light, the Council of the District of Columbia passed legislation (Attachment 3), and a number of reforms were implemented by MPD. Additionally, the members associated with that case are no longer assigned to MPD's Sexual Assault Unit. Although your letter highlights excerpts from the 2008 depositions, there is no mention of the subsequent reforms or their impact. There is also no mention of the fact that the members associated with the police response and follow up investigation are no longer members of MPD's SAU. The report suggests that the legislation, reforms, and personnel changes had no positive impact.

Reforms implemented since 2008 include:

- 1) MPD has reemphasized its role in the Sexual Assault Response Team (SART), embracing the multidisciplinary approach to handling sexual assault investigations (Attachment 4).
- 2) In October 2008, the SANE Program was revised and transferred to the Washington Hospital Center (WHC) from Howard University Hospital (Attachment 5). The SART developed a more efficient and comprehensive coordinated response to address victims' immediate needs at the Washington Hospital Center, where, in a single location, medical treatment is provided and evidence collection is conducted by a SANE nurse, the victim is interviewed by an MPD SAU detective, and the victim is provided with support and referrals for services by an advocate from the D.C. Rape Crisis Center. The SART ensured that a dedicated "quiet room" was established within the Hospital's Emergency Department so that victims could be interviewed in a quiet, private location.
- 3) The SART developed a system which integrated the use of the WHC/Medstar dispatch system and the MPD Command Information Center, which reduced the response time of SANE nurses, SAU detectives and D.C. Rape Crisis Center advocates to the hospital. The system also enables the assigned SANE nurse and SAU detective to communicate with each other to convey relevant information, if necessary, while en route to the hospital. In cases where victims report to the Hospital before notifying police, the dispatch system is able to directly summon an SAU detective to respond, in lieu of a patrol officer, so that the victim would only have to speak to a single law enforcement officer.
- 4) Through the SART, MPD has engaged in efforts to improve its investigations of suspected drug-facilitated sexual assaults. In addition to formal training on investigations of drug-facilitated sexual assaults, which is discussed later in this response, MPD and SANE nurses have significantly increased the number of cases in which specimens are collected from victims and sent to the District's toxicology laboratory at the Office of the Chief Medical Examiner (OCME) for analysis.
- 5) As discussed in more detail later in this response, MPD has increased its efforts to provide formal training to all SAU detectives, especially training by programs which promote a victim-centered approach, such as End Violence Against Women, International (EVAWI). Four members of the SAU participated in EVAWI's comprehensive training conference in 2001, and plans are being made for training for all SAU members by EVAWI in the fall of 2012 and the spring of 2013.
- 6) In 2008, the Sexual Assault Unit began a mentoring program for new detectives who enter the unit. The new Detectives are paired with a mentor who has demonstrated excellent skill in working with sexual assault victims and exhibits a commitment to a victim-centered approach to investigations. The new detectives are mentored for the first month in the unit. At the completion of that period, the mentor detective remains available for questions and advice to the new detective, and also remains available for case discussion.
- 7) MPD's SAU has expanded its involvement of its Sexual Assault Victim Services Representative to include contacting and following up with victims in cases where the victim's initial report did not indicate all of the elements of a sexual assault.

- 8) MPD is in the process of developing a formal case review process in which a panel of members will review, on a bi-weekly basis, all cases which have been investigated and are not forwarded to the U.S. Attorney's Office for prosecution.
- 9) MPD is in the process of developing a more extensive selection process for detectives assigned to the SAU. The selection process will incorporate interviews of potential candidates and other means of assessing the candidates' commitment to a multi-disciplinary response and a victim-centered approach to investigating cases, and demonstrated skill in working with traumatized victims.

In addition to these changes, in 2011, MPD made several personnel changes in the SAU, and in August, released an updated General Order on Adult Sexual Assault investigations (Attachment 6). The new General Order stresses the importance of providing an unbiased investigation into all reports of sexual assault, ensuring that MPD members who investigate sexual assault complaints are sensitive to the needs of the victim, and the need to provide information and assistance to the victim throughout this traumatic event.

The Department is very concerned that HRW may be drawing conclusions from a set of incomplete data. It is understandable that HRW became frustrated because of an incomplete response to a Freedom of Information Act (FOIA) request submitted several months ago. Admittedly, the voluminous request (Attachment 7) could have been handled more expeditiously and completely than it was. However, as you are aware, MPD has subsequently been working tirelessly to completely fill that request. The Department is also troubled by HRW's unwillingness to wait for the complete set of data. We are hopeful that you will reconsider and wait for the complete data set so that your investigation has accurate information.

Examples of incorrect conclusions drawn from incomplete data can be seen on page two of your letter. Human Rights Watch draws negative conclusions about the number of PD-251s (Offense/Incident Reports) that you received in response to your FOIA request, and the number of victims that are reflected in hospital records. Our 2011 records indicate that the SAU initiated 553 investigations into allegations of sexual abuse and incidents where there was indication of sexual overtones. There are 553 WACIIS (Washington Area Criminal Intelligence Information System) reports documenting these investigations, and 471 PD-251s that were generated documenting MPD's response to and investigations of these cases. This snapshot of 2011 suggests WACIS reports were prepared in 100 percent of the cases that were reported to MPD's SAU, and that PD-251s were prepared in 85 percent of these cases.

It is important to note that not all reports require a PD-251 to be completed. Following are some examples of cases in which a WACIIS report was completed but a PD-251 was not completed:

SA [REDACTED] An adult female complainant responded to police headquarters to report a possible sexual assault. The complainant advised the detective that in 1988 (24 years ago) she was at a party in Georgetown. She consumed drugs and alcohol with a male subject and woke up naked next to him. She does not remember a sexual assault. The complainant was an adult at the time of this incident. There is no specific disclosure of a sexual assault and the incident occurred beyond the statute of limitations.



SA [REDACTED] Detectives were called to the WHC in regard to a possible sexual assault. Upon arrival, they met with the complainant, an adult female, who stated she did not want police assistance and did not wish to file a report.

SA [REDACTED] Detectives were called to a location in the Seventh District by patrol officers who were on the scene of a family disturbance in which there were allegations of a sexual assault. Detectives interviewed the complainant who advised that there was no sexual assault. She advised that she had consensual sex with her boyfriend but they had an argument because he wanted her to leave the apartment.

SA [REDACTED] Detectives were called to WHC in regard to a possible sexual assault. Upon arrival, they met with the complainant, an adult male, who stated he did not want police assistance and did not wish to file a report.

SA [REDACTED] Complainant responded to police headquarters to meet with an SAU detective. Detectives interviewed the complainant, an adult female, who did not make any disclosure of a sexual assault. She stated that back in 2010 she was harassed by a man who stated she looked like a man. The complainant stated she saw a man on a bike and thinks he is following her. Complainant is under the care of a Doctor.

Your letter also incorrectly draws negative conclusions from a comparison of the number of sexual assaults reported on MPD's website and the number of hospital reports. This conclusion is without merit, and was likely made without a full understanding of the significance of the numbers. The number of sexual assaults reported on MPD's website only includes first and second degree offense reports of adults, as is clearly defined on the website. Human Rights Watch should know that the number of first and second degree offense reports would never equal the number of victims that reported for examination. Those who report for examination would include victims of lesser offenses, victims who don't want the case investigated by the police, and cases where it is not clear that an offense occurred. Therefore this number would always be larger than the numbers presented on the website. Additionally, there are numerous cases in which it is not clear at the time of the examination that a sexual assault (or any offense) has occurred, but the case is nevertheless investigated because the circumstances are suspicious and indicate a reasonable possibility that an offense has occurred.

Your letter alleges on page three that "minutes from the Sexual Assault Response Team meetings show that kits (Sexual Assault Evidence Collection Kits) collected from victims who had reported but whose cases were not being investigated were not picked up by detectives." Taken out of context this may appear to be a significant allegation. However, as you know, the victim of a sexual assault can choose to have a sex kit taken in a case even when they do not want the police involved. The kit is held at the hospital, and the victim has the opportunity to report the offense over the next 90 days. If the victim chooses not to go forward, the kit is destroyed. At a SART meeting in 2009, it was brought to MPD's attention that several kits had not been picked up. In response MPD instituted a policy for regular pick-ups. On June 1, 2012, MPD called the Washington Hospital Center (WHC) to check on any kits that had not been picked up. Devin Trinkley, SANE director at WHC, confirmed there were only one Drug Facilitated Sexual Assault (DFSA) and one sex kit at the hospital. Both kits were from recent cases, and detectives

were sent to pick them up. However, Ms. Trinkley was not available to unlock the storage area so arrangements were made for the detectives to pick the items up the next morning. Out of context the letter makes it seem like there is a current problem with MPD not picking up sex kits at WHC. In context, this concern was brought to MPD's attention in 2009, MPD immediately addressed the issue, and there is currently no problem with kits being picked up by MPD.

The Department is concerned that the letter, and presumably the report, use unsupported and uncorroborated allegations as a basis for its conclusions. In many of these cases it appears that the allegation is not being made by a sexual abuse victim, but by advocates and/or hospital staff. MPD does not automatically discredit the reports by advocates and hospital staff but in the letter it is unclear of the context in which these allegations were reported to these third parties. Most importantly, it is not clear whether the incidents that led to these allegations occurred before or after many reforms were put in place and personnel changes were made. Human Rights Watch has refused to provide the specifics of these allegations so that MPD can check the reports against any reports we have.

On page 3 of your letter, you allege that "cases involving alcohol or drugs in particular are less likely to be investigated by the MPD." It is agreed that these cases are extremely difficult to investigate, especially when the offense is reported late, when valuable drug and or alcohol evidence are no longer detected in the victim's urine and blood samples submitted for toxicology testing, and even more difficult to prosecute. However, MPD's SAU detectives are trained and committed to not pre-judge these cases and to investigate each one just as aggressively as those in which the victim was not intoxicated at the time of the offense. In June 2010, the U.S. Attorney's Office invited a nationally-recognized expert from the F.B.I. to conduct training for prosecutors and MPD SAU detectives on investigating drug-facilitated sexual assaults. Additionally, through the SANE program, the number of cases in which urine and blood samples are taken from victims in suspected drug-facilitated sexual assaults has substantially increased, and MPD SAU detectives deliver those samples for toxicological analysis at the D.C. Office of the Chief Medical Examiner (OCME) on a regular basis. Your letter gives three examples, and none of these allegations are corroborated. MPD cannot determine whether or not these cases were investigated without more detailed information (date, time, name of victim etc.) that HRW is unwilling to provide. MPD also cannot review our reports to see what the victim and witnesses may have reported to the police, which, not surprisingly, is often different from what individuals say in public.

Other significant concerns with these three examples include:

1. The incidents were not reported directly by the victims, but were third party reports by unnamed hospital staff.
2. Although footnotes indicate when the telephone interview was conducted with the third party, the date of the incidents is not included. Therefore, it cannot be determined if the incidents occurred before or after reforms were implemented.
3. In these examples, it is not clear if the hospital staff reported the police misconduct to police officials or the Office of Police Complaints. However, given the very few complaints that have been received by either office about SAU detectives, it appears that

the staff and advocates were not concerned enough about a pattern of behavior to raise the issue to either MPD or any oversight body.

4. Lastly, as with alleged crimes, the veracity of a complaint cannot be determined without investigating it.

On page 4, the letter indicates that “witnesses report that cases against sex workers are routinely dismissed.” The footnote for this allegation indicates the source of this allegation to be various third party advocates and [REDACTED] ( [REDACTED] was also footnoted in at least two other examples in your letter). Given the seriousness of the allegations, we must raise the issue of the credibility of this source. [REDACTED]

[REDACTED]

[REDACTED] Any report of sexual abuse is taken very seriously by MPD. MPD has regularly reported sex offenses when the victim is a sex worker, and is currently investigating five cases since January 2012 involving victims who are self-identified sex workers, along with additional cases in which the defendants have already been charged and are pending trial. The United States Attorney’s Office has forwarded to HRW multiple other examples of prosecutions by MPD and the USAO where the victim was a sex worker.

Page 4 of the letter also notes that “allegations of sexual assault are sometimes classified as miscellaneous or as misdemeanors or other crimes (burglary) despite having clear elements of sex abuse crimes.” The letter does not provide any details or specific examples to support this allegation. Additionally, it should be noted that the original classification of a report is of limited importance in this context. Initial sexual abuse reports, like any other police report, are often completed in the infancy stages of an investigation. The reporting member can only report on the facts that are available at the time of the report. If more facts become available, there is a process for reclassifying the report, and MPD frequently reclassifies reports when more information becomes available. Without more information, MPD cannot check on this allegation to see if the reports were subsequently reclassified. Without more information, MPD cannot check to see if the reports were classified properly in the first place.

On page 4 the letter also makes a series of allegations about the treatment of sexual abuse victims. None of these allegations is substantiated with any specifics. More troubling is that the tone and language of your letter implies that this treatment of victims is widespread. It is unclear if it is one, two, or ten detectives who are involved in this alleged misconduct. Again, it is also unclear when these allegations of misconduct occurred. The letter suggests that these allegations are from recent cases because the footnotes identify the date of the interviews and not the date of the underlying allegation. The letter also suggests that the problems are systemic and the complaints are numerous. It is unclear if these allegations occurred after reforms and personnel changes at the SAU.

The letter refers to seven relevant complaints filed with the Office of Police Complaints (OPC), an independent oversight agency. MPD searched our files and found nine OPC complaints. Of these, one was withdrawn by the complainant. Five of the cases were dismissed by OPC. In at

least two of those five cases, OPC found not only was there no wrong doing on the part of MPD, but that there was no evidence to support the underlying allegation. In one case, a patrol officer was corrected for not taking an unlawful entry report. One complaint was investigated and found that there was insufficient evidence to sustain misconduct on our members. In the last case, the allegation was unfounded. In short, OPC has sustained only one case relevant to this study.

Furthermore, MPD did an internal check for citizen complaints against all of the currently assigned members of the SAU (one lieutenant, two sergeants and 16 detectives), and found only three citizen complaints filed against an SAU member since 2008. In two of the cases the member was exonerated and one case, just received in March 2012, is pending investigation. In only one of the three cases is the complaint concerning the conduct of an SAU detective in interacting with the victim of a sexual assault. Including the nine OPC complaints and the three citizen complaints filed at MPD, there have been a total of twelve complaints located since 2008, of which only one has been sustained. As noted above, MPD's SAU responds to and investigates over 500 cases every year, or more than 2000 cases since 2008. In four years, MPD is aware of only twelve citizen complaints. Records show that citizen complaints were filed in less than one percent of the cases that MPD's SAU investigated since 2008. As HRW is aware, hospital staff and advocates can initiate complaints of police misconduct when they become aware of it. MPD did not find any records of hospital staff or advocates filing complaints.

MPD cannot predict the content of the full HRW report, but from the letter, MPD is very concerned that Human Rights Watch is drawing most of its conclusions based on pre-reform practices. MPD has also identified the following concerns:

1. Many of the allegations are from examples that preceded significant reforms at MPD
2. Many of the allegations are from examples that preceded personnel changes at MPD's Sexual Assault Unit.
3. Many of the allegations are from third party complainants.
4. Many of the allegations are not corroborated in the letter.
5. MPD and OPC have no records of widespread allegations that are raised.
6. The letter draws negative conclusions from incorrect assumptions.
7. The letter draws negative conclusions from incomplete data.
8. MPD has not been given an opportunity to review the entire report and respond.

In short, the Metropolitan Police Department is not satisfied with the method or conclusions being drawn by Human Rights Watch. The Department does not want, in anyway, to discourage or dissuade the writers or others from proceeding with their criticism. MPD simply is trying to point out significant flaws with the methodology of the investigation as described in the letter. Apparently, incomplete data, poor methods and improper assumptions were used to draw negative and potentially inaccurate conclusions.

MPD is committed to three fundamental principles to support all sexual assault investigations. First, the treatment of the victim is the absolute most important aspect of the investigation. Sexual assault cases are extremely difficult to investigate and are even more difficult to prosecute. At the end of the process, the victim should always walk away feeling that they were treated with the utmost dignity and respect. Regardless of the outcome, if the victim is not



satisfied, then it is not a successful case. Second, the goal of any criminal investigation is to find the truth. Arrests and prosecutions sometimes occur, but justice for all can only be achieved by determining the truth. Lastly, the approach to criminal sexual assault investigations is constantly evolving. Over the years the Metropolitan Police Department has learned that the multidisciplinary approach appears to be the best, and we stand ready to continually evolve to improve our approach and processes. With that being said, MPD took a very serious look at the recommendations that made by Human Rights Watch, and has decided to do the following:

Chief Cathy Lanier is asking the Department of Justice (DOJ) Civil Rights Division to review the Metropolitan Police Department's handling of Sexual Assault Investigations. MPD believes it is critically important to have an objective, balanced and unbiased analysis to determine if, in fact, there are issues that need to be addressed.

To the Council of the District of Columbia, the Metropolitan Police Department would recommend pursuing mandatory reporting laws for hospital staff and sexual assault advocates when they identify police misconduct associated with the treatment of sexual assault victims. One of the areas of concern MPD identified in reading the HRW letter was that if hospital staff and advocates have concerns about police misconduct, they need to be raising them to the Department or the Office of Police complaints in order for us to address them. MPD already has policies in place prohibiting any type of victim mistreatment, and MPD has a zero tolerance approach to sustained allegations of this type. If a victim does not feel comfortable with the police when reporting a sexual assault, then the entire process can be undermined. Furthermore, the mistreatment or the appearance of mistreatment by the police can deter others from bringing complaints forward. If anyone has information regarding the mistreatment of a sexual assault victim, MPD wants to know so the matter can be immediately addressed. Therefore, MPD would highly recommend mandatory reporting legislation in this area.

With regards to recommendations Human Rights Watch made to MPD, they are addressed individually below:

1. Include treatment of victims as a factor in evaluation of Sexual Assault Unit detectives.

**Response:** Excellent suggestion – MPD will add this to the performance evaluation of all members of the SAU.

2. Follow through on any complaints regarding how a case was handled by MPD. Complaints may be made by victims, support persons, witnesses or third parties. Investigation into complaints should be conducted by a supervisor with second level review. Transfer detectives from the unit who are regularly the subject of complaints.

**Response:** Agree – MPD frequently provides information on how anyone can file a complaint about a member simply by calling or e-mailing MPD's Internal Affairs Bureau or by contacting the Office of Police Complaints. MPD believes that a mandatory reporting law for hospital staff and advocates who regularly have contact with the victims of sexual assault will improve this process. Lastly, MPD will make every effort to



transfer SAU members who are the subject of sustained complaints in accordance with current personnel rules and regulations.

3. Require responding officers to document all reports of a sexual assault and require SAU Supervisors to compare call log sheets for sexual assault cases to PD 251s to ensure each report is documented.

**Response:** MPD Officers are currently required to document all reports of sexual assault. To emphasize this requirement, on June 8, 2012, MPD issued a teletype reminding all members of the department (Attachment 8).

4. Require supervisors to ensure that forensic evidence kits and other relevant evidence are collected regularly.

**Response:** As previously detailed, SAU's current practice includes picking up sexual assault examination kits from WHC. A recent check has indicated that there was no problem in this area. MPD will memorialize this requirement in a Standard Operation Procedure (SOP).

5. Assign all allegations to detectives for follow up investigation and require supervisors to review sexual assault allegations to determine whether they are being properly converted to sexual assault cases.

**Response:** All allegations of sexual assault are required to be investigated, and a supervisor from SAU reviews the allegations to determine whether they are properly classified. MPD will memorialize this requirement in an SOP.

6. Establish a tracking system allowing supervisors to monitor the reporting, clearing and closing of all cases by each detective to identify potential problems.

**Response:** MPD currently uses the Washington Area Criminal Intelligence Information System (WACIIS) to track the clearing and closing of all sexual assault investigations. WACIIS contains very sensitive information. MPD will ask DOJ to review WACIIS to see if cases are being appropriately investigated, cleared and closed.

7. Establish regular multidisciplinary review of closed cases to discuss ways to improve the investigation and prosecution of sexual assault cases as well as the treatment of victims.

**Response:** Agree – MPD believes this would be best handled through SART.

8. Develop a system allowing victims to complete and submit victim satisfaction surveys that will be reviewed and responded to by MPD in order to change responses to sexual assault based on input by survivors.

**Response:** Agree – MPD believes that this would best be implemented by the Victim Services Unit at MPD.

9. Require a prosecutor to review all cases in which the perpetrator has been identified before it is closed.

**Response:** All closed criminal cases are currently reviewed by prosecutors. MPD will ask DOJ to review compliance in this area.

10. Give victims the option of having a rape crisis center advocate present during law enforcement interviews or proceedings.

**Response:** The United States Attorney's Office has indicated that this could create problems with prosecutions; however MPD is agreeable to exploring this recommendation for implementation. MPD recommends that SART develop a recommendation that is amenable to all of the multidisciplinary agencies.

11. Provide referral information for counseling for all victims who report sexual assault.

**Response:** Agree – Sexual assault victims who respond to the WHC for examination currently have access to referral information. MPD's Victims Services also currently follows up with all sexual assault victims to ensure they receive proper referral information. MPD recommends DOJ review this process and make recommendations for improvement.

12. Require detectives to provide victims with transportation from the hospital after a forensic exam unless he or she has made other arrangements.

**Response:** MPD agrees that the victim should be provided with this service, and the D.C. Rape Crisis Center advocates currently provide taxi vouchers for victims.

13. Provide all victims with a case number and the detective's contact information and work hours. They should be told to call 911 in an emergency.

**Response:** It is currently the practice at MPD for detective's to provide victims with contact information. This will be memorialized in an SOP.

14. Require a detective or victim specialist to return calls from victims within one business day; work with victim advocates to keep victims regularly informed of the status of the investigation.

**Response:** MPD agrees that a victim should receive timely response to their inquiries. Because of work schedules, MPD will require detectives and victim service personnel to respond to victim inquiries within two business days. Due to the fact that much of the information in a sexual assault investigation is personal and confidential, MPD cannot agree to provide regular updates to non-systems-based advocates. MPD would advise community-based advocates to get that information from the victim.

15. If a decision is made not to prosecute, inform the victim in a timely and sensitive manner and, if appropriate, offer referrals to community resources for counseling.

**Response:** The decision not to prosecute a case is made by the prosecutors. Prosecutors currently make these notifications, often in conjunction with the assigned detective, and sometimes with a U.S. Attorney's Office Victim Advocate.

16. Develop an anonymous reporting system.

**Response:** MPD does not currently have a system for victims to anonymously report a sexual assault. MPD is aware of the current debate about the advantages and disadvantages of such a system, and is taking the matter under advisement.

17. Provide a comfortable and private place for victims to be interviewed at the SAU.

**Response:** MPD currently has a number of comfortable and private areas for interviewing the victims of sexual assault. MPD will memorialize in its SOP that interviews should take place at these locations.

18. Increase the role of victim specialists with the SAU to provide support and referrals to all sexual assault victims and help with practical arrangements as necessary.

**Response:** MPD Victim Services currently does this. MPD would recommend that DOJ evaluate and review this process.

19. Except in urgent circumstances, allow victims at least one full sleep cycle before scheduling a follow up interview by a detective.

**Response:** Agree – MPD will memorialize this recommendation in an SOP.

20. Include a former SAU member in the upper echelons of MPD management or establish and advisor on sexual assault investigation for the Chief of Police.

**Response:** Several of MPD Command Officials have prior experience in either investigating or reviewing sexual assault investigations.

21. After changes have been implemented, conduct public outreach to encourage member of the community to report sexual assaults and strengthen trust in the police.

**Response:** MPD currently has a number of community outreach initiatives encouraging people to report sexual abuse of any kind. MPD will ask DOJ to review and make any recommendations that would strengthen these initiatives.

22. Regularly train all police officers and recruits to understand the realistic dynamics of sexual assault (including non-stranger cases and drug or alcohol-facilitated assaults), the effects of trauma and proper treatment of victims.

**Response:** MPD recognizes the need to continuously train its members particularly in the ever evolving science of sexual assault investigations and also in the very sensitive area of responding to sexual assault victims. MPD will create a department-wide training in these areas to provide to all members in 2013.

23. Train detectives to interview sexual assault victims appropriately using trauma-informed techniques and to understand the impact of trauma on victims of sexual assault; investigate non-stranger and drug facilitated sexual assaults; and how to document sexual assault using the language of non-consensual sex.

**Response:** MPD has already received grant funding to provide training in these areas to the members of SAU. The training will be administered within the next several months. The supervisors of the Sexual Assault Unit recognized that in order to have an efficient unit that not only embraces arresting sex offenders but also understands the importance of providing victim services, stepped forward in 2011 and applied for a justice grant to assist with supporting training programs. The SAU received funding for training and has begun this training by sending an official and three detectives to a National Conference sponsored by End Violence Against Women International (EVAWI).

Supervisors of the Sexual Assault Unit further sought to increase training by locating Online Training through End Violence Against Women International's (EVAWI). The On-Line Training Institute hosted by EVAWI provides an opportunity for interested professionals to expand their knowledge of cutting edge developments in the criminal justice and community response to sexual assault, with particular emphasis on those crimes committed against an adult or adolescent by someone who is known to the victim (i.e., a non-stranger). Training content is primarily focused on the techniques for successful law enforcement investigation of non-stranger sexual assault. Yet training modules also address a broader range of content that is relevant to the criminal justice and coordinated community response to sexual assault, as well as sexual assaults that are committed by strangers. Participants in the On-Line Training Institute can work through the various training modules to learn and review new information and then apply this newly acquired knowledge in realistic and interactive scenarios, as well as assessment methods such as quizzes, tests, and case studies.

The supervisors of the Sexual Assault Unit along with the supervisor of the victim services unit continued this important process by once again applying for additional funding to cover multi-disciplinary training for the fall of 2012 and spring of 2013. This training will be utilizing a national recognized trainer, Joanne Archambault of EVAWI, along with other presenters from partners the Rape Crises Center, the Sexual Assault Nurse Examiners and the US Attorneys office.

In conclusion, if the victims of sexual abuse in the District of Columbia are being treated improperly, I would hope that Human Rights Watch would work more cooperatively with MPD to correct these issues. The Metropolitan Police Department has a national reputation for providing quality police service to our community. Our organization embraces criticism, and



continuously strives to improve the level of police service we provide. MPD is also open to providing training to members that will improve our ability to serve the public. As always, we stand ready to make whatever changes are necessary to improve police service in the District of Columbia.

Sincerely,

A handwritten signature in black ink, reading "Cathy L. Lanier". The signature is fluid and cursive, with the first name "Cathy" being the most prominent.

Cathy L. Lanier  
Chief of Police

cc: Vincent C. Gray, Mayor  
Paul A. Quander, Deputy Mayor for Public Safety and Justice  
Phil Mendelson, Chair, Committee on the Judiciary, Council of the District of Columbia