May 30, 2012

Cathy L. Lanier, Chief of Police
Metropolitan Police Department of the District of Columbia
300 Indiana Avenue, NW
Washington, DC 20001

Dear Chief Lanier:

For the past 16 months Human Rights Watch has been researching the Metropolitan Police Department’s handling of adult sexual assault cases. As part of its research, Human Rights Watch has conducted 128 telephone or in-person interviews and collected documents from the Metropolitan Police Department (MPD) and other government agencies in response to public records requests.

We intend to issue a report in mid-June detailing our findings, but before doing so we would like to inform you of our findings and provide you with an opportunity to respond. We will incorporate any response we receive from you by June 4, 2012, into the report. If we do not hear from you, we will note in the report that we did not receive a response to this letter.

The report covers two general areas: police investigation of sexual assault cases and police treatment of victims who report sexual assaults.

Failure to Investigate

Human Rights Watch analyzed data it received in response to public record requests from two sources: the MPD and from the Office of Victims Services. The Office of Victims Services provided information about the number of victims who have had forensic exams at Washington Hospital Center since October 2008 when the new Sexual Assault Nurse Examiner program began keeping records. The hospital also records how many victims seen at the hospital report to the police and to which department the victim reported. We compared this data to incident reports (PD Form 251s) we received from the MPD in response to our request for all PD Form 251s for all
sex abuse cases and for all allegations since 2008.1 Because the MPD is called to
the hospital by MedStar when a victim wants to report, a PD-251 would be expected
to be prepared for each victim who reports an assault to the police. (In many
instances the name of the responding detective has been recorded by hospital staff.)
However, according to our analysis, at most 45 percent of victims who report to the
MPD and get a forensic exam have a PD-251 assigned to them. If we cross-reference
dates, the number of matching PD-251s to hospital reports drops to 34 percent, even
if we allow officers an extra two days to file their reports (though according to policy,
they are supposed to be filed at the end of a shift).

In addition to comparing hospital reports to PD-251s, Human Rights Watch also
compared the reports to the crime incident information available on MPD’s website.
It is unclear whether those cases have a PD-251 since we were not provided PD-251s
for many of those cases. However, even comparing this larger universe of cases to
the hospital reports, only 63 percent of the incident reports for sex abuse cases
respond within one or two days of a hospital report. Furthermore, the hospital
records more reports of sexual assaults than incidents on the MPD website and PD-
251s nearly every month. Because many people report sexual assault without getting
a forensic exam (such as walk-ins, people who report after 96 hours, acquaintance
assaults, etc.), the MPD’s number should always be higher than those recorded at
Washington Hospital Center but it frequently is not according to our analysis.

Our research indicates that a significant number of sexual assault cases are not
being documented. The findings from data analysis are corroborated by police
testimony in civil lawsuit depositions and observations from witnesses in the
community. Several police testified that the Sexual Assault Unit detectives routinely
instruct them not to write a PD Form 251 when they do not believe a victim. A sexual
assault unit supervisor testified in late 2008 he did not even know whether a
majority of calls that came into the sexual assault unit resulted in a written report.2
An officer estimated that of the 12 times he responded to sexual assault cases, he
took seven reports.3 Another officer testified that only one of the five sexual assault
complaints she responded to had been considered “founded.”4 In the other four
cases, the sex squad detectives determined the case was unfounded and no written
report was taken.5 In some cases, though, a form is written up just to “cover the

1 This Information was provided to us in August and December of 2011. We provided a list of all the PD-251s we received to
the Attorney General to ensure we had all PD-251s. The Attorney-General cross-referenced the list and provided us with 22
more PD-251s on April 27, 2012.
5 Deposition testimony of Officer Ginette Leveque, ______ v. The District of Columbia, et al., April 14, 2008, pp. 73, 157-58. A
third officer also estimated that of the over ten sexual assault complaints she had responded to in her career, several or half
were deemed “unfounded” by the Sexual Assault Unit and no report was written; Deposition testimony of Tandreia Green,
May 8, 2008, p. 64.
officer’s interaction with the person at the hospital” even though no investigation would be done.°

The practice of reporting to the police and the police not investigating was sufficiently common that the forms nurses at Washington Hospital Center use to document cases in which the victim has decided not to get an exam (the “exam exemption form”) has an option for nurses to check off reading “Reported and sex crimes not investigating.” Furthermore, minutes from Sexual Assault Response Team meetings show that kits collected from victims who had reported but whose cases were not being investigated were not picked up by detectives. 7

Observers indicate that cases involving alcohol or drugs in particular are less likely to be investigated by the MPD. The following are some examples of cases described to Human Rights Watch that were not investigated:

- Three observers who work closely with victims immediately after their assault separately told Human Rights Watch about a college student who woke up without pants outside her dorm room. She had skinned knees, bruises, scratches on her face and thighs and abrasions and mulch in her vagina. The police said they would not investigate because the victim did not remember the crime. It was written up as a general report. 8 As for the mulch, police said maybe she fell while urinating. 9 The victim felt like she was being called a liar and not taken seriously.°

- Medical staff recounted the story of a student, Valerie S., a person with disabilities, who woke up the morning after a party off of her wheelchair and naked. She could not remember what happened but was concerned she had been sexually assaulted. The responding officers did not believe her story and said she had not been raped. A SAU detective did not even come to speak with her. She decided not to file a complaint because of the way she was treated. 11

- Witnesses told Human Rights Watch about a young woman was at a bar when an acquaintance brought her a drink. She remembers nothing after that but

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7 DC SART Meeting Minutes, April 30, 2009, on file at Human Rights Watch; DC SART Meeting Minutes, June 18, 2009; DC SART Meeting Minutes, May 21, 2009; DC SART Meeting Minutes, April 8, 2009, all on file at Human Rights Watch.

8 Human Rights Watch telephone interview with [name withheld], March 29, 2011; Human Rights Watch telephone interview with [name withheld], December 7, 2011.


woke up between two cars. The police said because she did not remember anything “there was nothing to report.”

In addition, witnesses report that cases against sex workers are routinely dismissed. Furthermore, allegations of sexual assault are sometimes classified as miscellaneous or as misdemeanors or other crimes (burglary) despite having clear elements of sex abuse crimes.

Police Treatment of Sexual Assault Victims
In addition to failing to document reports of sexual assault, Human Rights Watch found that Sexual Assault Unit detectives regularly treat victims in a dismissive or insensitive manner, adding to their trauma and undermining the possibility that their perpetrator will be brought to justice. Revictimization or counterproductive behaviors by law enforcement personnel documented by Human Rights Watch include: questioning survivors’ credibility; actively discouraging victims from reporting or providing forensic evidence; threatening victims with prosecution if they are found to be lying; asking victim-blaming or inappropriate questions; telling victims that their stories are not serious enough to investigate; and failing to keep victims’ informed of progress on their cases. Each of these behaviors has been documented extensively in interviews with victims and those who work with victims or have observed police interactions with victims. In addition, similar information was found in a number of complaints filed at the Office of Police Complaints and at the Office of Victims Services. Although not all detectives behave inappropriately towards victims, the number of complaints and range of problems revealed in our research was extensive enough to raise serious concerns about overall lack of training and institutional tolerance of inappropriate behavior.

A few examples of inappropriate behavior by detectives include: Detectives make it clear they do not believe victims directly or by gestures, such as tapping their foot when the victim is telling them about their rape, or by their form of questioning. A victim reported being told repeatedly by a sex crimes unit detective that “no one would believe her,” and that she was “lying” and “wasting their time.” A detective told another victim, “It seems like you’re telling a story and it isn’t yours.” One witness saw a detective look at a patient and tell her she was not sexually

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14 Human Rights Watch telephone interview with [name withheld], May 10, 2011; Complaint form, Office of Police Complaints, May 9, 2011 (provided by victim); Narrative of events provided by victim, on file at Human Rights Watch.
assaulted.\textsuperscript{16} Observers also describe the detectives' attitudes as giving the victim the impression that they are annoyed to have to come and take a report.\textsuperscript{17} Another victim reported that her detective rolled her eyes repeatedly when she was telling her about her sexual assault.\textsuperscript{18}

Several exam exemption reports prepared by nurses when a victim decides not to get an exam describe victims leaving the hospital after talking to the police before getting their forensic exam, frequently upset as a result of their police interaction. Victims, medical staff, and other observers report police discouraging victims from reporting or getting a forensic exam. When one married victim attempted to report her assault, the detective told her he would have to inform her husband in order to proceed with his investigation. "I then asked him, ‘Please don’t,’ and he said ‘OK’—and then he handed me a form to deny ongoing investigation so therefore I signed it."\textsuperscript{19} Victims are often told "There is nothing we can do," or "You don't meet the criteria for sexual assault."\textsuperscript{20}

Numerous people describe victim-blaming behavior. Another victim attempted to report an assault to two female police detectives from the Sexual Assault Unit. After telling the detectives about her assault, one of the detectives "then went on to relay her unsolicited opinion by saying if someone did something to her that she did not like she would say no or tell them to stop. I was then asked that if I didn't want them to do it why I didn't stop them. I think filing the report was just as traumatic as the crime, if not more."\textsuperscript{21} Others describe similar behavior such as a detective telling an 18-year-old runaway who was assaulted in the middle of the night, "You shouldn't have been outside. This is what happens at two in the morning. What do you expect?"\textsuperscript{22}

Victims report being subjected to lengthy interviews before being permitted to get a forensic exam, being threatened with charges of false reporting, and, for those whose cases are investigated, a lack of follow-up and inability to reach detectives, even if the victim is feeling threatened by her assailant. Victims and others who work on these issues also report a lack of support or referrals to community services for victims.

\textsuperscript{16} Human Rights Watch interview with Cindy Teller, Newport Beach, Virginia, June 24, 2011.
\textsuperscript{17} Human Rights Watch group interview with advocates, Washington, D.C., March 28, 2011.
\textsuperscript{18} Human Rights Watch group interview with sexual assault survivors, Washington, D.C., September 30, 2011.
\textsuperscript{19} Sexual Assault Information form, dated November 24, 2011; Human Rights Watch telephone interview with medical staff [name withheld], December 7, 2011.
\textsuperscript{20} Human Rights Watch interview with Cindy Teller, Newport Beach, Virginia, June 24, 2011.
\textsuperscript{21} Office of Police Complaints, Complaint Form, November 12, 2009.
\textsuperscript{22} Human Rights Watch telephone interview with medical staff C.J., May 10, 2011.
The poor police response to victims may in part be due to lack of training. Deposition testimony, witness interviews, and the response to our Freedom of Information Act Request for all MPD training material reveal little formal training for responding officers or detectives on handling sexual assault cases. Hospital staff indicated that officers’ lack of understanding of medical reports means they are unable to recognize injuries that are helpful in proving an assault.\(^{23}\) Others expressed concern that detectives’ expectations of victims immediately after the assault may be unrealistic because they do not understand the effects of trauma, leading officers unfamiliar with the biology of trauma to wrongly think victims are untruthful.\(^{24}\)

Many behaviors described in the report contradict police policy, which requires police to investigate all allegations of sexual abuse and to treat victims sensitively. However, despite at least seven complaints to the Office of Police Complaints since 2006, several complaints from medical staff to the Office of Victim Services at the Mayor’s Office, a lawsuit, and at least two direct complaints about different detectives to detectives’ supervisors, only one officer has been disciplined for inappropriate treatment of a sexual assault victim since June 2006: a detective was suspended in November 2009 for 15 days after inappropriately contacting a sexual assault victim on Facebook.\(^{25}\) No disciplinary action was taken in response to the lawsuit against the MPD for closing an investigation without interviewing the victim, despite testimony from officers that made it clear that this was common practice.

In order to make recommendations to improve police practices, Human Rights Watch researched how police handle sexual assault investigations in cities that have undertaken reform to improve their approach to these cases. In the late 1990s the Philadelphia Inquirer revealed that the Philadelphia Police Department had been failing to investigate large number of sexual assault cases. Following the expose, the department undertook a number of reforms that have rebuilt public confidence in the police. Based on experience in Philadelphia and two other cities (Kansas City and Austin), Human Rights Watch has made a number of recommendations in the report to improve practice at the MPD. Many of the recommendations focus on accountability and transparency. In addition, effective sexual assault units have a

\(^{23}\) Human Rights Watch telephone interview with medical staff P.R., February 18, 2011.

\(^{24}\) Human Rights Watch telephone interview with Y.L., May 26, 2011 and September 30, 2011; Human Rights Watch telephone interview with medical staff P.R., May 10, 2011; Human Rights Watch telephone interview with R.T., Washington, D.C., May 26, 2011. Decades of research shows that trauma decreases a person’s ability to provide information that is complete, consistent and 100 percent accurate. Trauma can also cause loss of cognitive and motor skills meaning that a person may not be able to concentrate or may behave irrationally. Other research indicates that because of the short-term impairment caused by trauma, the ability to recall might actually increase later. Louise Ellison, “Closing the Credibility Gap: Prosecutorial Use of Expert Witness Testimony in Sexual Assault Cases,” International Journal of Evidence and Proof, vol. 9, 2005, p. 243; Sgt. Joanne Archambault and Dr. Kim Lonsway, EVAWI, “Incomplete, Inconsistent and Untrue Statement Made by Victims: Understanding the causes and overcoming the challenges,” revised August 26, 2008, pp. 2-3.

"victim-centered" approach to investigations. Human Rights Watch’s recommendations are attached to this report.

Human Rights Watch and the MPD share the same objective: justice for sexual assault perpetrators and humane treatment of victims. We therefore hope you will consider our recommendations seriously. Failure to investigate sexual assaults is not only a public safety issue, it is a violation of human rights obligations. I hope we can work together to improve police practices in this area. Please let us know if you would like to meet to discuss this matter further, but in any event we look forward to receiving your response by June 4.

Sincerely yours,


Sara Darehshori
Senior Counsel
US Program

CC: Mayor Vincent Gray
   Executive Office of the Mayor
   1350 Pennsylvania Avenue, NW, Suite 316
   Washington, DC 20004
Draft Recommendations

To the United States Department of Justice Civil Rights Division:

- Conduct an investigation into the Metropolitan Police Department’s handling of sexual assault cases to determine whether the MPD has engaged in a pattern or practice of conduct that deprives individuals of rights, privileges or immunities secured or protected by the Constitution or laws of the United States.

To the Council of the District of Columbia and the Mayor’s Office:

- Establish a task force (including a nationally recognized expert on sexual assault investigations) to examine the Metropolitan Police Department’s policies and practices for handling sex crimes cases and recommend changes to ensure all sexual assaults are documented and investigated and victims of sexual assault are treated appropriately.
- Pass legislation giving victims the right to have an advocate present during law enforcement interviews and proceedings.
- Create a permanent oversight mechanism whereby selected advocacy groups review police sexual assault investigation files quarterly to ensure sexual assault cases are handled appropriately and report their findings to the Council.
- Approve legislation to increase funding of victims specialists within the Metropolitan Police Department.
- Request regular reports on implementation of recommended changes to handling of sexual assault cases from the Metropolitan Police Department as part of the Council’s regular performance oversight hearings.

To the Metropolitan Police Department:

In order to improve accountability for the follow-up on sexual assault cases:

- Include treatment of victims as a factor in evaluation of Sexual Assault Unit (SAU) detectives and 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.
• Require responding officers to document all reports of sexual assault and require Sexual Assault Unit supervisors (a sergeant or lieutenant) to compare call log sheets for sexual assault cases to PD-251s to ensure each report is documented.
• Require supervisors to ensure that forensic evidence kits and other relevant evidence are collected regularly.
• 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.
• Establish a tracking system allowing supervisors to monitor the reporting, clearing and closing of all cases by each detective to identify potential problems.
• 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.
• 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.
• Require a prosecutor to review all cases in which the perpetrator has been identified before it is closed.

In order to treat sexual assault survivors fairly:

• Give victims the option of having a rape crisis center advocate present during law enforcement interviews or proceedings.
• Provide referral information for counseling for all victims who report sexual assault.
• Require detectives to provide victims with transportation from the hospital after a forensic exam unless he or she has made other arrangements.
• 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.
• 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.
• 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.
• Develop an anonymous reporting system.
• Provide a comfortable and private place for victims to be interviewed at the sexual assault unit.
• Increase the role of victim specialists within the SAU to provide support and referrals to all sexual assault victims and help with practical arrangements as necessary.
• Except in urgent circumstances, allow victims at least one full sleep cycle before scheduling a follow-up interview by a detective.
• Include a former SAU member in upper echelons of MPD management or establish an advisor on sexual assault investigations for the Chief of Police.
• After changes have been implemented, conduct public outreach to encourage members of the community to report sexual assaults and strengthen trust in the police.
• 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.
• 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.
June 8, 2012

Sara Darehshori
Senior Council
Human Rights Watch
350 Fifth Avenue, 34th 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 shown 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 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 WACIIS 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:

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.
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.

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.

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.

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] 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] 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 are 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,
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,

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
December 6, 2012

Cathy L. Lanier, Chief of Police
Metropolitan Police Department of the District of Columbia
300 Indiana Avenue, NW
Washington, DC 20001

Dear Chief Lanier:

We are writing to update you on Human Rights Watch’s upcoming report about the Metropolitan Police Department’s response to sexual assault cases and provide you with an opportunity to respond to our revised findings.

We appreciate the efforts MPD has undertaken in response to our recommendations since our May 30, 2012, meeting. In particular, the June 12 memo by Commander George Kucik incorporates a number of important changes to police practice that, if implemented effectively, we believe will strengthen MPD’s investigations and improve its treatment of victims. We also welcome MPD’s addition of two staff members to the Victim Services Unit to assist with sexual assault cases. Your decision to refer all sexual assault cases to that unit is a positive development. We also understand that MPD has added staff to the Sexual Assault Unit (SAU), that MPD has offered some training to SAU detectives since our last communication, and that it is considering additional training for 2013.

At the same time, we have followed up on the additional information MPD provided to us, as well as on its suggestions for further interviews. We spoke with all eleven people on Assistant Chief Newsham’s list of suggested witnesses. Most of the people on the list were not in a position to observe the initial contact that detectives have with victims (which is the subject of the report), but many of them emphasized that there are some good detectives in the unit. We have incorporated their views, along with the changes referenced in your June 8 letter and Assistant Chief Newsham’s September 14 email to us, into a revised version of the report.

In addition, we have re-run our data analysis, incorporating all the new incident reports (PD-251s) that MPD has provided to Human
Rights Watch since June. We have also added and corrected information based on our viewing of the WACIIS database in June and our review of case files at MPD headquarters in August.

In June, we provided lists of dates of missing incident reports to MPD. Before re-running the data analysis, we made every effort to find documentation of these missing cases. We included all incident reports in our analysis, whether or not MPD classified it as a sexual assault or assigned it a case number. We excluded hospital cases in which the victim did not report to a police department or reported to a department other than MPD. For 12 of the 36 months analyzed, the Washington Hospital Center (WHC) did not provide documentation of reports to departments other than MPD, apart from those contained on exam exempt forms. However, based on the median number of cases reported to other departments in the other 24 months, we were able to estimate that approximately 12 cases would have been missing from that twelve-month time period and we have therefore deducted 12 cases from the analysis.

Between October 2008 and September 2011, WHC indicates 480 patients presented at the hospital and reported an assault to MPD. Comparing the dates and numbers of persons who made reports at WHC to MPD during that period with all incident reports or detective reports in WACIIS that we had access to for the same period, we were still unable to locate a corresponding MPD report for 171 cases (35.6 percent). In addition, 34 of the cases for which incident reports matched the dates of hospital records were classified as miscellaneous or “office information.” According to the SAU Standard Operating Procedures, this classification means the case is effectively closed and not investigated.

Due to MPD’s stated concern about MPD’s publicly available database being an incomplete source of information about sexual assault reports, Human Rights Watch excluded that analysis from the new version of the report.

Apart from the comparison of hospital dates to police reports, Human Rights Watch found that overall the number of sexual assault cases documented by MPD is lower than would be expected. For various reasons, many victims do not have a forensic exam. A large study in Los Angeles showed that only half of victims who reported a sexual assault to the police in that city in 2008 underwent a forensic exam. Human Rights Watch’s analysis of forensic evidence kits in Illinois over a 10-year period found that only 31 percent of reported rapes resulted in the administration of a

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forensic evidence kit in that state. A Department of Justice document cites research finding that nationwide 59 percent of all sexual assault victims choosing to report the victimization to law enforcement receive medical treatment. Based on these trends, one would expect the total number of police reports for sexual assaults to be notably greater than the number of hospital reports.

Assuming the Washington Hospital Center data is correct, 436 victims had forensic exams and reported to MPD in the three year period analyzed by Human Rights Watch (this excludes 44 cases from the 480, as those victims presented at the hospital and reported to MPD but did not complete an exam). Over the same time period, MPD provided a total of 571 incident reports (including 173 police reports showing that the victim did not go to a hospital or went to a hospital other than Washington Hospital Center that were excluded from the date comparison analysis). Even if all the hospital reports were accounted for at MPD, MPD's number is still lower than expected. If approximately 59 percent of people who report have forensic exams, the number of MPD reports for sexual assault for that period would be expected to be 739 cases.

As part of its review of WACIS, Human Rights Watch reviewed a number of cases that seemed misclassified on the face of their PD-251s. One such example is a 2009 incident report classified as a “misdemeanor” that reads: “The complainant states that the suspect penetrated her vagina several times with his penis without her consent. The suspect then left the room. When the suspect returned, he slapped the complainant in the face and pushed her down on a mattress. The suspect then penetrated the complainant’s vagina with his penis again without her consent.” In order to ensure that the victim cannot be identified by a third party, some details cannot be included in this letter. However, investigative notes from the report further indicate that the complainant tried to escape but was slapped and raped again. Nothing in the database indicated that this case and several others reviewed had been reclassified.

Other cases that we reviewed and that were listed as “office information” also seemed to be misclassified and there was often no indication of supervisor review. Many of those cases involved alcohol. For example:

- An early 2010 case in which a young woman reported that she was forced to orally copulate a stranger in an alley after a night of drinking. No investigation was done apart from a victim interview, but the detective's internal report concludes: “There is nothing to corroborate the complainant's alleged

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allegations.” The detective did not prepare an incident report or assign the report a case number. The victim had a forensic exam, but there is no indication of follow-up after receiving test results.

- Another 2010 case in which the complainant was intoxicated and outside a club and reported that a suspect told her if she did not go with him she would be raped. He then took her in a car with a group of four others who called her friends and told them they would rape her if they did not come and get her. Witnesses stated the suspect then called another friend of the complainant and told her the complainant was being raped at the time. The complainant was taken to the hospital by ambulance after police were contacted. A SAU detective met her and her friends there. She was still intoxicated and did not recall details of what happened to her in the car. For follow up the detective notes say: “[Complainant] was provided with a business card and was advised that a record of the interview would be made [sic] in the department’s database.” The case was classified as office information. The file contains no indication of further investigation, follow up, or of results from the forensic exam, until nine months later when a supervisor recommended that the case be reopened.

Many more of these kinds of cases can be found in the files we reviewed in August, including the cases for which no case number was assigned.

In addition, reviewing the case files raised concerns about the high proportion of cases that the prosecutor rejected as “weak” and that were closed administratively. More than two-thirds of the arrest warrant affidavits we reviewed were rejected in this manner. In some cases, the warrant request appeared to be made with little expectation of success. Only 18 cases (27.2 percent) had a warrant approved.

Human Rights Watch reviewed only a limited number of files so it is not possible to draw a definitive conclusion from this. However, because MPD includes these administrative closures in the clearance rates it reports to the FBI as part of their Uniform Crime Reports, this would seem to account for MPD’s unusually high clearance rate for sexual assault cases in recent years. The arrest figures MPD provided to Human Rights Watch for 2008 through 2011 show relatively few arrests for sex abuse, despite the high clearance rates. For example, in 2008, MPD provided information showing 15 arrests, though its reported clearance rate was 65.1 percent (121 cases). Even recognizing that the FBI data includes non-adult sex abuse cases, the disparity is notable.

Our concerns about police treatment of victims during the period under examination in this report, which we highlighted in May 2012, have not changed. While we recognize not all detectives treat victims insensitively, and some new detectives in particular are viewed positively, information in the investigative files corroborated information we had received from victims and numerous observers about police
treatment of victims. Despite concerns raised to us that we might be basing our determinations on older cases, we have confirmed that nearly all the incidents that underlie our report occurred between 2009 and 2011.

We appreciate the efforts MPD has made to improve treatment of victims in light of our recommendations and, as mentioned above, will acknowledge them in the report and in discussions with media about our findings. However, the report contains other recommendations we would like to see implemented, including those for other agencies. In particular, we believe that external oversight is necessary to ensure that any changes in policy are implemented effectively.

We plan to release the report in January. We will incorporate any response we receive from you by December 20, 2012, into the report. If we do not hear from you, we will note in the report that we did not receive a response to this letter.

Sincerely yours,

Sara Drexhorthi
December 20, 2012

Sara Darehshori
Human Rights Watch
350 Fifth Avenue, 34th Floor
New York, NY 10118

Dear Ms. Darehshori:

The Metropolitan Police Department (MPD) continues to be perplexed by Human Rights Watch’s reluctance to share its full report with MPD before it is released. MPD has repeatedly asked for an advanced copy of the report so that MPD can respond and correct any inaccuracies. HRW’s response to requests for an advanced copy of the report has been “HRW does not do that” and HRW would like to “release to the media first”. MPD has given HRW unprecedented and complete access to our reports and case files in a cooperative effort to be transparent and improve our approach to investigating sexual abuse. HRW has been secretive and opaque when asked for information in return.

Even more troubling is that HRW sent a letter in May of 2012 announcing the release of a report in “mid-June” of the same year. MPD undertook a thorough review of the limited information that was provided in an advanced letter (much like this one), and was able to determine that much of the information was garnered from interviewing only fifteen victims, and much of the information in the letter was anecdotal, unsubstantiated and in some cases completely inaccurate. HRW took an additional six months, with full and unprecedented access to MPD files, and has retooled the original report. Inexplicably, HRW sends a five page letter to MPD announcing the release of the retooled report without providing MPD with an advanced copy of the full report. Based on a review of HRW’s previous work product and HRW’s self-admitted need for a six month correction period, MPD is very concerned about the accuracy and quality of any report that HRW publishes. Nonetheless, MPD will respond to the limited information that was provided in the five page letter you sent on December 6, 2012.

On Page 2, HRW highlights that some cases were classified as miscellaneous reports or Office Information. HRW states further that “this classification means the case is effectively closed and not investigated.” This statement is untrue and shows a compete misunderstanding of the classification of reports at the time. In the past these classifications were used for cases where the preliminary investigation did not reveal enough information to substantiate the elements of a crime in the District of Columbia. A few examples of such cases would include cases where the victim cannot remember details of the offense, other evidence (video) or witness statements indicate the offense did not occur, or the offense occurred in another jurisdiction. HRW also failed to mention that because of suggestions from HRW, MPD changed this reporting procedure, and that public reports are taken on all cases and they are classified as either a sexual allegation or a sexual abuse case.
HRW continues to draw conclusions regarding the number of victims that present for a SANE examination and the number of PD 251s that were taken by MPD officers. As repeatedly explained to HRW, this is a fundamentally flawed analysis regarding reporting. The determination as to whether or not there was an appropriate police response can be drawn from the number of individual WACIS reports compared to the number of victims that present for a SANE examination. During the time frame that HRW examined, there were approximately 1,500 WACIS reports. Again, the analysis by HRW indicates a complete misunderstanding of the process that existed at the time, and HRW again fails to mention that the process has been changed based on their suggestions.

In the letter, HRW attempts to draw negative conclusions about MPD by providing examples of cases that HRW was allowed to review. Using excerpts from these cases, HRW draws negative conclusions that do not include all of the relevant facts. It is not clear if this is done intentionally or is done because of a misunderstanding of the laws in the District of Columbia and the presentment process.

For example, HRW used one 2009 case that was classified as a “Misdemeanor Sexual Abuse” as an example of MPD’s failure to properly classify reports. In the letter, HRW states: “As part of its review of WACIIS, Human Rights watch reviewed a number of cases that seemed misclassified on the face of their PD 251’s.” HRW failed to mention that the initial classification is not binding nor does the classification of a report as a misdemeanor change the amount of investigative resources and effort that are dedicated to a sexual abuse case. HRW also fails to mention that DC Code (22-3006) – “Misdemeanor Sexual Abuse” does include non-consensual sexual acts i.e. penetration of the vulva by a penis. All cases, misdemeanors and felonies have the same resources dedicated to them, and the classification of the offense only becomes relevant at the charging stage.

HRW also fails to mention that the 2009 case that was used as an example was thoroughly investigated, and was presented to the United States Attorney’s Office (USAO) for prosecution. The USAO has the authority to upgrade or downgrade a charge depending on the facts of the case. In this case there was no effort to upgrade the charges.

HRW indicates that there was no indication that the 2009 case “and several others reviewed” were ever reclassified. MPD cannot respond to the “several other cases” because HRW has again failed to provide those specifics so that MPD can appropriately respond.

If HRW is highlighting cases and selectively using the facts, it appears that HRW is continuing to take anecdotal information out of context to suggest larger problems.

On page 3, paragraph 2 you indicate that MPD provided a total of 571 incident reports. You further state that based upon a Department of Justice study, the number of reports for sexual assaults for the period you analyzed would be expected to be 739. Thus, you conclude that MPD is failing to complete reports in a large percentage of cases.
Our records indicate that MPD sent HRW 1080 PD 251, Incident Reports. In addition, we met several times and advised you that there were instances in which a PD 251 report was not completed but that an internal WACIIS report was completed. During the time frame in which you analyzed cases, we completed approximately 1,500 WACIIS reports. Our numbers far exceed the expected level of 739 cases.

HRW indicates “many of these cases can be found in the files we reviewed in August”. HRW has again failed to provide those specifics so that MPD can appropriately respond.

In the portion of the letter where HRW comments on prosecutions and closure rates, HRW again exhibits misunderstanding, ignorance or purposeful misreporting. HRW should be well aware that sexual abuse cases are some of the most difficult to prove for investigators and in court. Nationally, more than two thirds of the suspects in sexual abuse cases are known to the victim. Frequently, there are no uninvolved witnesses in these cases, and consent is extremely difficult to prove or disprove.

The UCR has very specific guidelines for the closing of cases, and MPD abides by those guidelines. HRW’s suggestion that MPD is over reporting its closure rates for sexual abuse is absolutely false, and is an example of how HRW is trying to use misinformation and unsupported and uncorroborated information to draw conclusions. To dismiss the fact that non-adult sex abuse cases have an impact on closure rates again shows HRW’s misunderstanding of the issue. The large majority of non-adult cases are familial, do close and do have an impact on closure rates.

In the closing paragraphs, HRW takes what can only be described as a cheap shot at MPD by suggesting that they have reviewed reports that document mistreatment of sexual abuse victims. Aside from being nonsensical that a detective would report his/her own mistreatment of a victim, HRW fails to provide any concrete examples. In its final analysis, HRW recommends external oversight as one of its recommendations. HRW does not mention that MPD unilaterally requested that the Department of Justice come in and examine the practices of the Sexual Assault Unit, or that the Department of Justice, Office of Justice Programs Diagnostic Center is currently reviewing MPD’s policies and practices.

As mentioned in previous writings to Human Rights Watch, part of the Metropolitan Police Department’s approach to addressing cases of sexual abuse includes an effort to constantly improve. This improvement is achieved through an ongoing evaluation of current processes, identification of best practices, and modification of our approach when necessary. Your letter highlights some of the changes that have occurred at MPD’s Sexual Abuse Unit, but we believe it is also important for HRW to mention in your report:

1. In 2012, MPD developed online Sexual Abuse training which was mandated for all sworn members of the force.
2. MPD issued a directive to first responders to notify a Sexual Abuse Detective whenever they respond to a scene where there are sexual overtones.
3. MPD changed the process of collecting data in sexual assault cases.
4. The Mayor’s Office of Victim Services has contracted with paid advocates (Network for Victim Recovery of DC - NVRDC) to provide resources to the victims of sexual abuse (formerly this was handled by volunteers).

5. NVRDC provided training to all of the members of MPD’s Sexual Assault Unit on the impact of trauma and proper approach to victims of sexual assault.

6. MPD undertook a concerted outreach effort to provide victims with resources including the launch of the UASK application, and meetings with the owners of ABC establishments throughout the city to advise them of the prevalence of sexual assaults that are related to their establishments.

7. That The Department of Justice Office of Justice Programs Diagnostic Center is currently working with MPD to do a gap analysis to identify possible future changes that can improve our processes.

MPD has taken very seriously the fact that some sexual assaults are never reported to police. According to The Rape Abuse and Incest National Network 54% of Sexual Assaults in the country go unreported. HRW did not take the time to find out about the impact of the outreach efforts described above. In 2012, MPD saw a significant increase in the number of sexual assaults that were reported where the suspect was known to the victim. Denise Snyder from the DC Rape Crisis Center noted when commenting on the increase in reporting in a December 19, 2012, interview with the Washington Examiner that “there is cause for celebration . . . . any increase in reported sex crimes could be seen as a growing comfort level among victims, men and women alike, to report rape and abuse.” MPD attributes much of the increased reporting to the improvements described above.

In closing, MPD believes that objective outside observers will agree that HRW in its desire to draw public attention to themselves has used unsupported and erroneous information to attack MPD’s handling of sexual abuse investigations. HRW’s refusal to work cooperatively with MPD, and HRW’s insistence of attempting to make a public spectacle are indicative of HRW’s self-serving goals. In spite of MPD’s full cooperation and unprecedented access that was given to HRW, HRW has continued to ignore relevant information in an attempt to paint a skewed picture of the state of affairs in the District of Columbia. It is unfortunate that HRW does not use that same self-serving energy to really make things better for the victims of sexual abuse.

Sincerely,

Cathy L. Lanier
Chief of Police
January 17, 2013

Chief Cathy Lanier
Metropolitan Police Department
300 Indiana Avenue NW
Washington, D.C. 20001

Via Email and Fed-Ex

Dear Chief Lanier:

Please find enclosed an advance copy of the upcoming Human Rights Watch report, *Capitol Offense: Police Mishandling of Sexual Assault Cases in the District of Columbia*, which documents our findings from a 22-month-long investigation of the Metropolitan Police Department’s handling of sexual assault cases. The report will not be made public until January 24, 2013, and we plan to release it formally at a 10:00 a.m. press conference that day. As we have respected your request for an advance copy of the report, we would also ask that you respect the embargo period. As you are aware, we have previously described our findings in writing to you on two occasions, in May and December 2012, as well as in person in various meetings over the last several months. Now that the report is final and complete, we are pleased to be able to share it in full with you.

As you know, the report concludes that, between October 2008 and September 2011, MPD officers on many occasions treated sexual assault victims callously and failed to document or investigate a substantial number of sexual assault cases reported to police by victims at the Washington Hospital Center. In other cases, it appears that MPD detectives conducted only minimal investigations and failed to document or investigate a substantial number of sexual assault cases, it appears that MPD detectives conducted only minimal investigations and failed to document or investigate a substantial number of sexual assault cases. In other cases, it appears that MPD detectives conducted only minimal investigations and failed to document or investigate a substantial number of sexual assault cases, requests for arrest warrants were rejected by prosecutors as too weak to pursue, which we believe was often directly related to the poor quality of the investigation. The MPD detectives conducted only minimal investigations before closing a case or filing an affidavit requesting arrest warrants. In the majority of cases we reviewed, requests for arrest warrants were rejected by prosecutors as too weak to pursue, which we believe was often directly related to the poor quality of the investigation. As you know, Human Rights Watch had received various reports from victims and witnesses about mistreatment of victims by MPD officers, and those reports were corroborated by several things we noted from MPD’s own files.

We realize and welcome the fact that the MPD has changed some of its policies surrounding sexual assault cases, including in response to our first letter, and we remain hopeful that the MPD will take seriously the findings and full set of recommendations in this report. However, because most of the problems we documented are already contrary to departmental policy, we believe the fundamental changes that are necessary have to do with institutional practice and culture and require a sustained commitment by leadership to address the practices and to hold accountable those who engage in them.

We also wish to express our surprise and disappointment at the tone the MPD has taken, particularly in your letters in June and December 2012, in response...
to our previous descriptions of our findings. Human Rights Watch has worked cooperatively with the federal government and law enforcement agencies in 19 states on criminal justice issues for over a decade. In recent years we have carried out in-depth investigations, for example, of the Los Angeles Police Department's failure to analyze rape kits. While government agencies have at times disagreed with our findings, we have rarely encountered—at least within the United States—the type of hostility and defensiveness evident in your letters. We hope this is not a reflection of the MPD's willingness to address the problems documented here.

None of the criticisms in your most recent letter affect or in any way undermine the report’s findings, as most are based on a fundamental misunderstanding of our findings or are not germane. However, to dispel any confusion that they may create, we enclose a fact sheet which addresses each of your comments in detail.

We hope that, once you have had the opportunity to review the enclosed report and fact sheet, you will see that our goals are aligned with those of the MPD: promoting more vigorous prosecution of sexual assault cases and improved police treatment of sexual assault victims who report crimes. We believe the best way to move forward on this issue is to encourage open and transparent dialogue among all people concerned with prosecuting violent offenders and safeguarding the interests of sexual assault victims.

We look forward to working with you on this issue in the future.

Sincerely,

Sara Darehshori
Senior Counsel, US Program
Human Rights Watch

Alison Parker
Director, US Program
Human Rights Watch
February 6, 2013

Chief Cathy Lanier
Metropolitan Police Department
300 Indiana Avenue NW
Washington, D.C. 20001

Via Email and USPS

Dear Chief Lanier:

Human Rights Watch was surprised to learn from news stories in the Washington Post and NBC that the Metropolitan Police Department (MPD) asserts it has uncovered documentation for many of the 170 (actually 182) sexual assault cases reported at the hospital for which we were unable to locate either a PD-251 incident report or entry into the WACIIS database. We are disappointed you did not bring this information to us directly, particularly in light of our settlement agreement with the MPD resulting from our FOIA litigation.

It is unclear from your media statements whether the documentation you have found consists of incident reports (PD-251s)—required for the MPD to proceed with an investigation and the focus of our report—or other records or notations made by MPD. Pursuant to MPD policy, of course, records or notes about a complaint unaccompanied by a PD-251 incident report are not evidence that the MPD in fact properly investigated the case.

Either way, we find it deeply disturbing that the MPD did not produce such records before: the MPD was legally required (under Freedom of Information Act requirements, as well as according to the terms of an August 21, 2012 settlement agreement) to provide all such documentation to us. And the MPD repeatedly assured us that it had done so.

The MPD’s failure to produce this documentation previously is also surprising because Human Rights Watch, more than seven months ago, provided the MPD with lists of cases for which we were missing PD-251s, giving the MPD ample opportunity to search through its files, even if they were in disarray, and find the missing cases. Your statement to the Washington Post that “the police department repeatedly asked Human Rights Watch to share its hospital data but...
the group refused until four days after their report was made public” is incorrect. As you are aware, on June 19, 2012, Human Rights Watch provided Commander George Kucik with a list of 149 dates of hospital reports for which we could find no corresponding PD-251. Our staff then spent an entire day searching the MPD’s database (the WACIIS) for missing reports. Human Rights Watch followed up on June 22 with additional lists of case numbers for which we were missing PD-251s, to further ensure the MPD had provided Human Rights Watch with all relevant PD-251s in compliance with its Freedom of Information Act (FOIA) requirements. You were copied on the email that contained this information. Over the course of June and July, the MPD provided us with various additional PD-251s resulting from our search for missing reports.

The MPD then represented to our attorneys that its production of PD-251s was complete. On September 5, 2012, in email correspondence with Assistant Chief Peter Newsham, we informed MPD of our assumption “that we have all the relevant PD-251s and there is no outstanding document request.” Your office did not suggest otherwise and no additional documents were provided. If you have now uncovered additional PD-251s that the MPD failed to disclose to us before, despite repeated assurances that you had sent us all relevant records as required by law, please forward them to us immediately.

Moreover, as part of the August 21, 2012, settlement agreement, Human Rights Watch was entitled to review “all sexual assault cases from 2009 through 2011 for which a PD-251 was not completed.” This would include entries in the MPD’s WACIIS database for all sex abuse allegations or cases that may not have a PD-251. The MPD provided us with 88 such cases for a three year period.

Again, between the FOIA obligation to turn over all PD-251s and the settlement agreement requiring MPD to show us WACIIS entries for all cases without PD-251s, Human Rights Watch should have seen every possible case that could be included in its analysis.

Unless the newly discovered cases are not sex abuse cases, we are concerned that the MPD is in violation of either its settlement agreement or its FOIA obligation. In either case, as Human Rights Watch has repeatedly emphasized, our primary concern is with the accuracy of our findings. Therefore, if there is additional information that you just discovered and failed to share with us between May 30, 2012 and December 20, 2012, we would be interested in reviewing that information and will adjust our findings if necessary.¹

¹ If you have expanded the date range for the analysis, we would also like information confirming that any PD-251s you found are in fact Washington Hospital Center cases.
Apart from the data on investigations, Human Rights Watch remains concerned that the MPD appears more intent on minimizing sexual assault victims’ reports that their encounters with the MPD were retraumatizing than on addressing the issue in a meaningful manner. We had direct testimony on this issue from approximately 20 victims, who are notoriously reluctant to speak about these issues. Their testimony was corroborated by many witnesses who saw firsthand the alarming behavior described in the report, as well as by police notes in internal records, which in several instances betray a dismissive, inappropriate attitude towards victims.

We were sad to see that rather than commit to correcting this behavior, you chose to go on the offensive against us in an NBC interview in which the issue was raised. Your response was to point to a single paragraph in a letter from a victim making a positive statement about her interaction with a responding uniformed officer, which you claimed we had omitted from the report while including the rest of her four-page letter. That is factually incorrect: our report explicitly points out that this victim was grateful that her responding officer stayed with her. Our report also emphasizes that “several people interviewed for this report told Human Rights Watch about a number of good detectives in the SAU who demonstrate an appropriate attitude towards these crimes.” Contrary to your assertion on NBC, the report does not excerpt the rest of that one victim’s four-page letter, but it does discuss the central point the victim made in her letter, the misclassification of her case. Indeed, her case is included in our report as an illustration of misclassification of a sexual assault case not as an example of improper treatment—of which there are many in the report. That you should seize on this case as somehow demonstrating that our findings on improper police treatment of sexual assault victims are unreliable only suggests to us that you are reaching for straws.

With regard to the same case, we are further perplexed by your assertion that the elements of the crime were not established. The victim said repeatedly she was subject to an attempted rape, she was forced into an alley even after she had tried to give the attacker her purse, and her dress was ripped. Your assertion raises troubling questions about what the MPD’s standards are for investigating and classifying these crimes; sexual assault cases rarely have any witnesses apart from the victim (though in this case, two witnesses who heard her cry “rape” were not interviewed by the MPD). Other victims have since come forward to Human Rights Watch with similar stories, raising serious public safety concerns that attempted rapes are not being treated as such. These also raise questions about why, if all cases are properly documented, the rate of sexual assault per capita in DC over the past decade is half that of Philadelphia, when other rates of violent crime are comparable.

We are pleased that, as noted at the end of an MPD webpage on which you discuss our report (at http://mpdc.dc.gov/page/sexual-assault-investigations-information-regarding-review-sexual-assault-investigations-human), you are providing an opportunity for victims to contact the Sexual Assault Unit (SAU) and seek to have
their cases reviewed. But you should also be aware that by publicly undermining or dismissing the concerns of individual victims brave enough to come forward, you also reduce the likelihood that others will feel comfortable speaking to the MPD about their past experiences. At this stage, it is crucial that the MPD take steps to regain the trust of victims, not further damage it. We have already been contacted by victims who are very upset about your dismissal of victims’ concerns and are worried that if they come forward they may risk negative repercussions. They have also raised with us whether it would be prudent to secure legal counsel to protect their interests if they pursue a complaint, and are concerned about the MPD revealing private information about them. Unfortunately, the overall response from the MPD to our findings about mistreatment of victims reinforces the problem we have documented in the report: a police culture in which victims’ concerns are not, in practice, taken as seriously as they should be.

Finally, we believe it is worth reminding you—because the MPD has repeatedly claimed that HRW refused to provide information or cases on which we were basing our findings—that we shared our findings with the MPD on multiple occasions, offered the MPD many opportunities to provide additional data or witnesses, and have responded immediately to MPD requests for information about specific cases and data on which we were basing our findings. As soon as the report was final, we even provided the MPD with an embargoed—confidential—copy of our report a week before it was released, and then the MPD promptly and unprofessionally posted it on its webpage, breaking the embargo.

Again, we look forward to receiving the additional documentation and to independent review of the department’s treatment of victims and handling of sexual assault cases by independent counsel or the Department of Justice, which we believe is necessary to address the numerous issues raised in the report.

Sincerely yours,

Sara Darehshori
Senior Counsel, US Program
Human Rights Watch

Alison Parker
Director, US Program
Human Rights Watch

CC: Councilmember Tommy Wells
1350 Pennsylvania Ave NW
Washington, DC 20004