



# Washington State

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## Sexual Assault Forensic Examination Best Practices Advisory Group

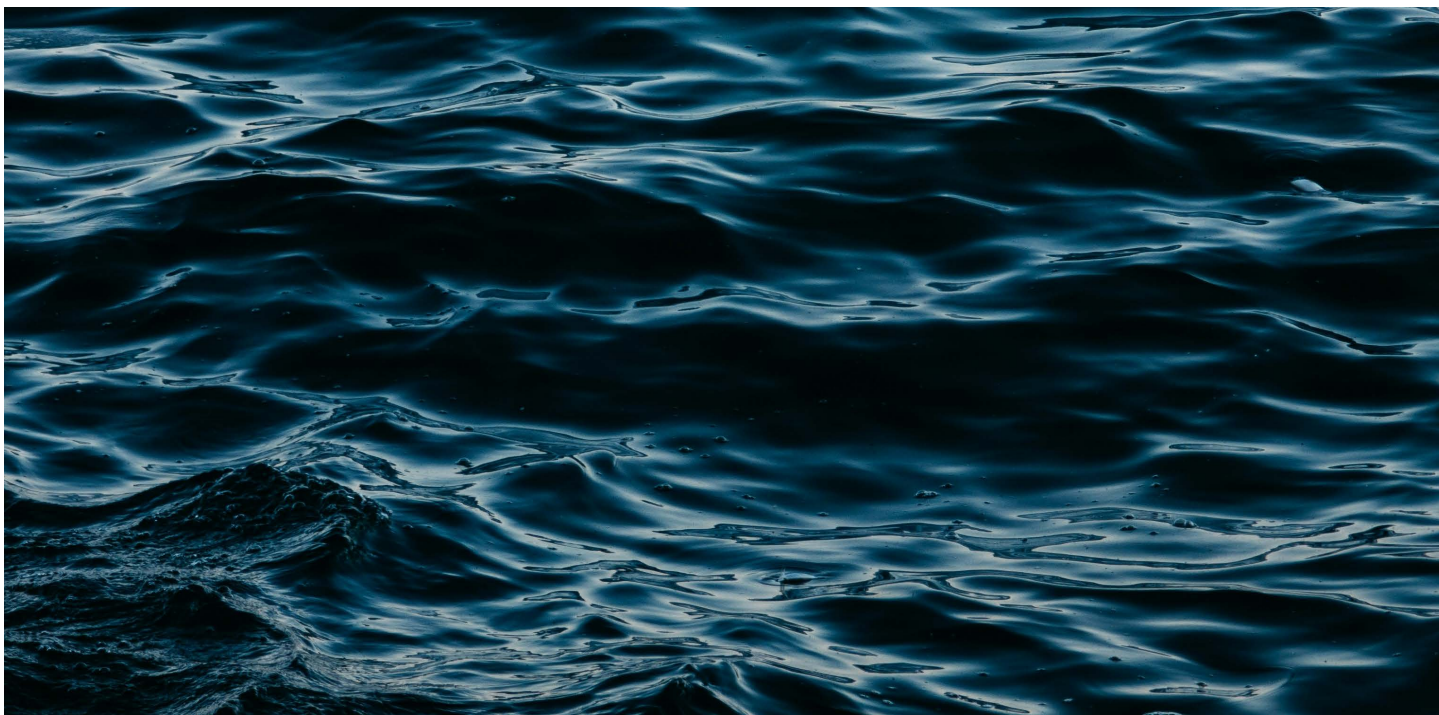
**ANNUAL REPORT**

**DECEMBER 2025**

This document is the annual report to the Washington State Legislature and Governor as directed by Second Substitute House Bill 1028 (2023). For more information on the Sexual Assault Forensic Examination (SAFE) Best Practices Advisory Group's activities, please visit <https://www.atg.wa.gov/task-forces#SAFE>.

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## **MY FELLOW WASHINGTONIANS,**

This year marked one decade since the Sexual Assault Forensic Examination (“SAFE”) Best Practices Advisory Group was established by the Washington State Legislature. In 2015, our state faced significant challenges with inventorying, tracking, and testing sexual assault kits, and lacked up-to-date information on the status of related investigations. Since then, Washington has been on a different course thanks to unprecedented coordination across disciplines and the tireless commitment of SAFE members—including some who have served continuously for 10 years.



The Legislature has acted on 41 of 50 recommendations made by the SAFE Advisory Group through its 10 years of service. I applaud SAFE members and participants for their transformative impact on policies that prioritize prosecution focused on offenders, and justice that centers healing for victims and survivors.

I especially want to thank and acknowledge Leah Griffin and Nicole Stephens, representatives of survivors on the SAFE Advisory Group and two of the original co-founders, along with Sen. Tina Orwall and former Rep. Gina Mosbrucker. It took tremendous courage to transform their experiences as survivors into advocacy and a call to action for the state. Thank you for leading the way.

We have seen impressive progress. The backlog of previously untested sexual assault kits has been eliminated. But the work is far from over. Victims and survivors still lack consistent and equitable access to medical professionals equipped to collect sexual assault kit evidence and provide trauma-informed medical care. This report outlines these and other key issues and provides recommendations for legislative action that we hope to see in the 2026 Legislative Session.

My office remains committed to justice and healing for victims and survivors. We know that it will take all of us working together to end sexual violence.

In partnership,  
Nick Brown  
Washington State Attorney General



# SAFE Advisory Group Membership

Washington State House of Representatives	<b>Representative Gloria Mendoza (R-Grandview, Legislative District 14)</b>
Washington State House of Representatives	<b>Representative Sharon Wylie (D-Vancouver, Legislative District 49)</b>
Washington State Senate	<b>Senator Manka Dhingra (D-Redmond, Legislative District 45)</b>
Washington State Senate	<b><i>Vacant</i></b>
Survivor Representative	<b>Leah Griffin</b>
Survivor Representative	<b>Nicole Stephens</b>
Washington State Patrol (WSP)	<b>Kristina Hoffman</b>
Washington Association of Sheriffs and Police Chiefs (WASPC)	<b><i>Vacant</i></b>
Washington Association of Prosecuting Attorneys (WAPA)	<b>Robin Sand</b>
Washington Defender Association (WDA)	<b>Cindy Arends Elsberry</b>
Attorney General's Office (AGO)	<b>Maggi Qerimi</b>
Association of Washington Cities (AWC)	<b>Flora Diaz</b>
Washington Association of County Officials (WACO)	<b>Timothy Grisham</b>
Washington Coalition of Sexual Assault Programs (WCSAP)	<b><i>Vacant – organization no longer exists</i></b>
Office of Crime Victims Advocacy (OCVA)	<b>Mikah Semrow</b>
Washington State Hospital Association (WSHA)	<b>Jacqueline Barton True</b>
Sexual Assault Nurse Examiner (SANE)	<b>Annette Simpson</b>
Criminal Justice Training Commission (CJTC)	<b>Andrea Piper-Wentland</b>
Law Enforcement Officer, Rural	<b>Detective Steve Evitt</b>
Law Enforcement Officer, Urban	<b>Lieutenant Katie Savage</b>
Prosecuting Attorney, Rural	<b>Anita Petra</b>
Community-Based Advocate, Rural	<b>Sara Owen</b>
Community-Based Advocate, Urban	<b>Carlyn Sampson</b>

Staff

**Lauren Vlas, Attorney General's Office**



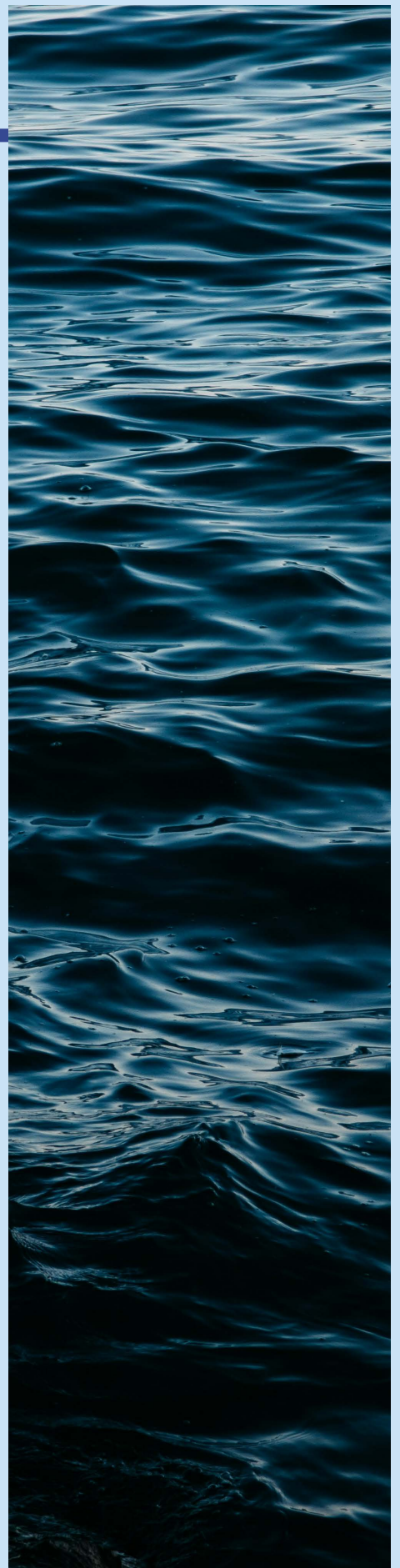


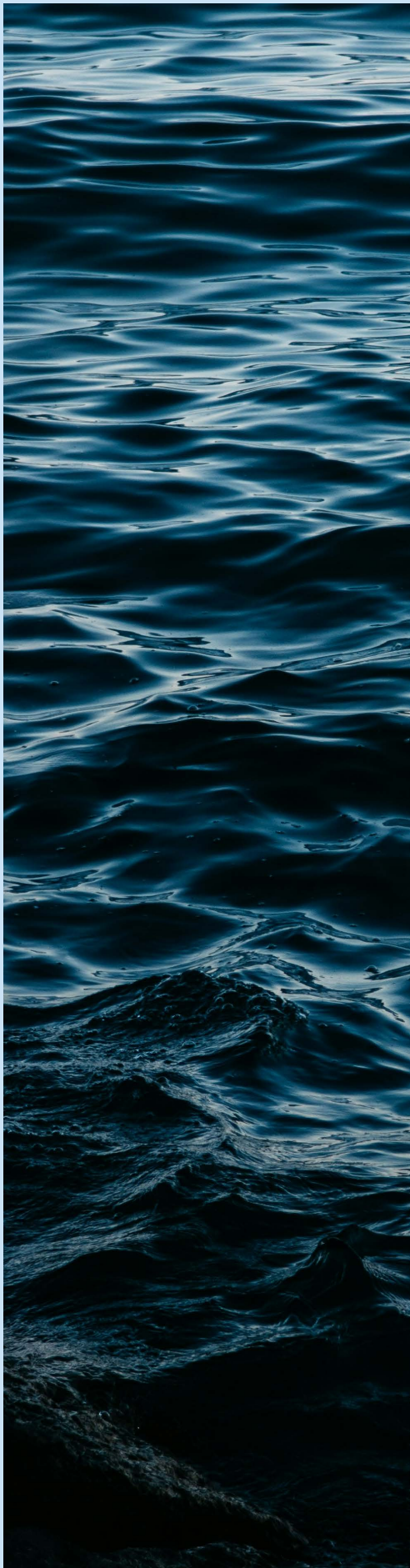
# Executive Summary

In 2015, the Washington State Legislature established the Sexual Assault Forensic Examination Best Practices Advisory Group (“SAFE Advisory Group”) with the shared belief that Washington can improve the care of sexual assault victims and survivors, do a better job coordinating multidisciplinary efforts to obtain justice, and reduce the backlog of over 10,000 untested sexual assault kits that existed at the time.<sup>1</sup> Over the past ten years, the Legislature has acted on, either fully or in part, 41 of the 50 legislative recommendations developed by the SAFE Advisory Group. This has resulted in addressing neglected sexual assault kits and preventing future backlogs, increasing support services for survivors, adopting a mandatory and comprehensive trauma-informed and victim-centered training for all law enforcement investigating sexual assault, enacting a survivor bill of rights, eliminating specific statutes of limitations for bringing civil and criminal cases, and more.

After ten years of concerted efforts, a report published in December 2024 by the Washington State Auditor found the state’s backlog of untested sexual assault kits had been effectively eliminated.<sup>2</sup> The last known sexual assault kit in the backlog was tested by Washington State Patrol in January 2025, and all new kits are tested within approximately 45 days.<sup>3</sup> As a result of testing the backlog, thousands of DNA profiles have been uploaded to the national database to help assist with investigations and 22 cases have been solved, a number that is expected to grow over time.<sup>4</sup>

Despite these achievements, survivors still lack access to sexual assault forensic examiners (trained medical professionals sometimes referred to as sexual assault nurse examiners “SANEs” or forensic nurse examiners “FNEs”) who provide trauma-informed medical care as well as collect and document forensic evidence that is submitted for





testing as part of the sexual assault kit. Not all hospitals have trained examiners available, and many that do are not available 24/7, especially in rural areas, as one victim advocate illustrated this year:

***“We recently had a survivor that came to our local hospital for a forensic exam in the aftermath of her assault...Because we are a small, rural community, the ER is not staffed 24/7 with SANEs. The survivor waited more than 12 hours in the hopes that the ER would be able to get ahold of one of the SANEs... Unfortunately, by the time a SANE could be contacted and was on their way, the survivor was fed up and left the hospital without a SANE exam. The next closest hospital with SANE services is in Spokane, which is a 90-minute drive/60+ miles from our town...We love our SANEs in Colville, but we are in desperate need of a stronger network in rural eastern Washington.”***

This report addresses progress that the SAFE Advisory Group made in 2025, outlines key issues, offers recommendations for legislative action, and identifies plans for 2026 as work continues to address critical issues impacting survivors of sexual assault across the state.

## 2025 RECOMMENDATIONS

- 01 Establish a statewide forensic examiner coordinator;
- 02 Establish a “TeleSANE” program to increase patient access to trained sexual assault forensic examiners;
- 03 Establish a forensic examiner training grant program;
- 04 Provide adolescents 13+ the ability to independently consent to all types of medical forensic examinations, consistent with the current age of consent for sexual assault examinations;
- 05 Maintain victims of crime act (VOCA) funding for Washington to retain community-based services for crime victims in response to significant reductions in federal funding;
- 06 Expand the definition of “sexual assault survivor” within the survivor bill of rights, [RCW 70.125.110](#), to include victims and survivors of female genital mutilation and cutting (FGM/C);
- 07 Eliminate financial obstacles survivors may face accessing medical records; and
- 08 Reauthorize the SAFE Advisory Group.

## SAFE ADVISORY GROUP PRELIMINARY 2026 PLANS

- Understand barriers to implementing sexual abuse prevention education curriculum in K-12 schools in Washington;
- Increase the efficacy and accessibility of crime victim rights by harmonizing, modernizing, and clarifying existing statutes and enhancing enforcement;
- Review the legal age of consent to sexual activity in Washington;
- Enhance the collection of lawfully-owed DNA to help solve crimes;
- Increase victim and survivor access to medical forensic exams statewide;
- Develop standards for forensic examiner training; and
- Promote awareness and dissemination of accurate information related to strangulation.







# SAFE Advisory Group Overview

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In 2015, the Washington State Legislature instituted reforms to the state's response to sexual assault, including coordinating multidisciplinary efforts to identify and resolve systemic barriers contributing to a backlog of untested sexual assault kits and establishing mandatory testing requirements. A sexual assault kit, used by a medical professional, preserves any evidence left behind from an assault. Sexual assault forensic examiners are specially trained to provide trauma-informed medical care as well as collect and document evidence from victims as part of the kit.

Prior to 2015, law enforcement agencies and prosecutors had the discretion to submit kits to forensic laboratories for testing but were not required to do so. This contributed to a backlog of over 10,000 unsubmitted kits that had languished in evidence lockers, some dating back to the 1980s. The Attorney General's Office and other state agencies received thirty million dollars in Legislative appropriations and federal funding, which enabled the state to eliminate the backlog of untested kits.<sup>5</sup> Now, Washington state law requires all kits to be submitted for forensic testing within 30 days if the survivor consents to testing.<sup>6</sup> Furthermore, Washington state law now requires a sexual assault kit to be processed for DNA within 45 days of receipt by the laboratory.<sup>7</sup>





The Legislature created the SAFE Advisory Group to bring together law enforcement, community-based advocates, survivors, medical professionals, prosecutors, and legislators to focus on removing barriers to information-sharing and establishing a system that prioritizes the experiences of survivors. In 2025, the SAFE Advisory Group had three active subcommittees: Community-Based Advocacy, Forensic Services, and an Interagency workgroup for state employees. These subcommittees met regularly between meetings of the full SAFE Advisory Group.

SAFE Advisory Group Subcommittee	Purpose	Participants
Community-Based Advocacy	Research and develop recommendations to prevent sexual assault, maintain and increase support services for crime victims, and improve the experience of survivors in the criminal justice system	Representatives from community-based advocacy organizations across the state, in partnership with the existing Sexual Assault Working Group (a statewide community-led coalition)
Forensic Services	Research and develop recommendations on opportunities to enhance and increase access to emergency medical care and forensic exams for victims	Legislators, forensic nurses from at least 12 different hospitals and tribal health centers, community-based advocates, survivors, representatives of the Washington State Hospital Association, the Washington Board of Nursing, the Department of Health, the Department of Commerce, and the Criminal Justice Training Commission
Interagency workgroup for state employees (co-convened with the Department of Commerce’s Office of Crime Victims Advocacy)	Identify gaps in the state’s response to sexual assault, de-silo work across agencies and strengthen relationships across varying bodies of work	Investigators, prosecutors, advocates, program managers, policy analysts, outreach specialists and other professionals representing 10 different state agencies

While the original mission to reduce the number of untested sexual assault kits in Washington is complete, the Legislature charged the SAFE Advisory Group with continuing to research and recommend best practice models for managing all aspects of sexual assault investigations, among other issues.<sup>8</sup>

## ONGOING DUTIES OF THE SAFE ADVISORY GROUP

- Research best practice models for collaborative responses to survivors of sexual assault from the point the sexual assault kit is collected to the conclusion of the investigation and prosecution of a case, and providing recommendations to address any gaps in Washington and resources that may be necessary to address those gaps;
- Research and make recommendations on opportunities to increase access to, and availability of, critical sexual assault nurse examiner services;
- Monitor the supply chain and distribution of sexual assault kits;
- Monitor implementation of state and federal legislative changes;
- Collaborate with the Legislature, state agencies, medical facilities, and local governments to implement reforms pursuant to federal grant requirements; and
- Make recommendations for institutional reforms necessary to prevent sexual assault and improve the experiences of sexual assault survivors in the criminal justice system.

## FORMER DUTIES OF THE SAFE ADVISORY GROUP, NOW COMPLETED

- ☒ Determine the number of untested sexual assault kits in Washington;
- ☒ Make recommendations regarding legislative policy options for reducing the number of untested sexual assault kits;
- ☒ Make recommendations for securing non-state funding for testing sexual assault kits, and reporting on progress made toward securing such funding;
- ☒ Monitor the testing of the backlog of sexual assault kits and;
- ☒ Develop policies on the storage, retention, and destruction of unreported sexual assault kits as well as protocols for engaging with survivors associated with unreported kits.<sup>9</sup>

The SAFE Advisory Group submitted a preliminary report and work plan in 2015<sup>10</sup> and full annual reports with recommendations in 2016<sup>11</sup>, 2017<sup>12</sup>, 2018<sup>13</sup>, 2019<sup>14</sup>, 2020<sup>15</sup>, 2021<sup>16</sup>, 2022<sup>17</sup>, 2023<sup>18</sup> and 2024<sup>19</sup>. The reports contain information about the SAFE Advisory Group's activities, relevant legislative and policy changes, and recommendations to the Legislature and Governor for institutional reforms needed to improve the state's response to sexual assault.





# Key Issues

## *Many people experience rape, few report to law enforcement*

Sexual violence is a disturbingly common occurrence in Washington state and across the U.S. Nearly one in four (23%) Washington women report experiencing rape, as defined by Washington law, during their lifetime, and more than one in three women have been victims of sexual assault—defined as rape, attempted rape, forced sexual contact, or child sexual abuse.<sup>20</sup> National surveys indicate an estimated one in ten rape victims identify as male.<sup>21</sup> Despite the prevalence, sexual violence remains one of the most underreported violent crimes. In 2021, approximately 46% of all violent crimes committed in the United States were reported to the police.<sup>22</sup> At 61%, aggravated assault was the most likely to be reported to police. Rape and sexual assault, however, were the least likely to be reported, with 22% of such crimes reported to police in that year.<sup>23</sup> Victims do not report for a variety of reasons, including fear of not being believed, shame, self-blame, or the belief that nothing will be done.<sup>24</sup>

## *Sexual violence is disproportionately perpetrated against specific populations*

Research demonstrates that people with disabilities, LGBTQ+ people, and people of color experience sexual violence at higher rates. National Public Radio analyzed unpublished data from the U.S. Department of Justice and found that people with disabilities experience sexual assault at 7 times the rate of people without disabilities.<sup>25</sup> A national study found nearly half (47%) of trans and gender non-conforming people have been sexually assaulted at some point in their lives.<sup>26</sup> Bisexual women are more likely than lesbian and heterosexual women to report having experienced rape (46% compared to 13% and 17%, respectively).<sup>27</sup> And in a study of 148 Alaska Native and American Indian women in Seattle, 139 (94%) reported being raped or sexually coerced at some point in their lives.<sup>28</sup> According to data collected by the King County Prosecuting Attorney's Office between 2011 and 2020, of the cases with charges related to Commercial Sexual Abuse of a Minor, Attempted Commercial Sexual Abuse of a Minor, Promoting the Commercial Sexual Abuse of a Minor, and Human Trafficking in the 2nd Degree, 43% of the victims were Black, 38% were White, 6% were Hispanic, 5% were Asian and 1% were Alaska Native and American Indian.<sup>29</sup>



### **Very few perpetrators are arrested and prosecuted nationally and locally**

As demonstrated by Figure 1, out of 500 rapes committed nationally, 100 are reported to police, 19 lead to arrest, 14 are prosecuted, and less than 8 are convicted.<sup>30</sup> Local data illustrate a similar picture of attrition at each stage. In 2017, 118 reports of rape were received by Whatcom County's law enforcement agencies. Of those reports, 17 cases (14%) resulted in an arrest. Two cases were resolved by a guilty plea, two were dismissed without a trial, and the remaining 13 had not been resolved at the time of reporting.<sup>31</sup> In King County, between January 2015 and July 2018, 693 cases (27%) were referred to the Prosecuting Attorney's Office and charges were filed in 252 cases (10%).<sup>32</sup> While not all cases had resolved at the time of reporting, 163 (6%) resulted in a guilty plea or conviction at trial. It's important to note there are complex reasons why cases may not move forward, and available data is often incomplete and not robust enough to illustrate a complete picture. However, despite considerable margins of error, across the available data sets and studies, it is clear very few sexual assault cases result in prosecution and conviction.<sup>33</sup>

### **Arrests are more likely when the assault fits a stereotype**

A 2024 report published by the Washington State Office of Financial Management's Public Safety Policy & Research Center analyzed rape arrests and found on average, there were 287 arrests annually in Washington state from 1995 to 2024. The average age of an arrestee was 33 years old and 99% were male.<sup>34</sup> Research reveals arrests are more often made in sexual assault cases when the case upholds cultural myths and stereotypes of "real rape," examples being if the assault is committed by a stranger, with a weapon, or results in physical injury to the victim.<sup>35</sup> In reality, most rapes are perpetrated by someone known to the victim, do not involve weapons, and victims are often unable to resist because they are frozen by fear.<sup>36</sup>



Figure 1. Morabito, M. S., Williams, L. M., Pattavina, A., University of Massachusetts Lowell, & Wellesley Centers for Women. (2019). *Decision making in Sexual Assault Cases: Replication Research on Sexual Violence Case Attrition in the U.S.* <https://www.govinfo.gov/content/pkg/GOVPUB-J28-PURL-gpo121074/pdf/GOVPUB-J28-PURL-gpo121074.pdf>



## Myth

## Reality

Victims are assaulted by strangers

Stranger rape does happen, but, most often, perpetrators are known by the victim

Rape didn't happen if the victim didn't say no or fight back

Many victims are unable to verbalize or fight back because they experience a "freeze" trauma response, also known as tonic immobility<sup>37</sup>

Rape didn't happen if there were no weapons involved, or no visible injuries

Perpetrators often use threats of violence, drugs, alcohol, and other coercive tactics as weapons. Many assaults do not result in visible injuries

The reasons for referring and charging cases for prosecution are complex and depend on the specific details of each case. Less data is available to understand prosecution factors. Prosecutors have an ethical obligation to bring cases only when they can prove the defendant's guilt beyond a reasonable doubt. Therefore, decisions are guided by the likelihood that a case will secure a conviction. Other legally relevant characteristics that contribute to the decision to charge a case include whether a weapon was involved, documented injuries, and the presence of forensic evidence.<sup>38</sup> However, significant extralegal (nonlegal) factors are also involved in charging decisions including, victim credibility and risk-taking factors, and the relationship between the victim and suspect.<sup>39</sup>

### *Limited access to and availability of emergency medical care for survivors across the state*

Without a coordinated statewide approach and dedicated funding, Washington has struggled to ensure consistent availability of forensic examiners, most often nurses, trained to provide trauma-informed medical care and facilitate evidence collection that may support cases moving forward in the criminal justice system.<sup>40</sup> State law requires the Crime Victims Compensation Program to cover the cost of exams and prohibits providers from billing patients.<sup>41</sup> Exams may include treatment for injuries, medications to prevent sexually transmitted infections and/or pregnancy, toxicology testing for suspected drug or alcohol-facilitated assaults, as well as documentation and evidence collection that is submitted as part of a sexual assault kit and sent to the state crime lab for testing. Without access to a trained provider, victims are not able to receive this essential care.



***After my rape, I was turned away from a hospital that did not provide rape kits. I eventually found a hospital that did, but that delay in care contributed to the prosecutor's decision to decline charges in my case. We have a justice system that demands empirical evidence to prosecute rape but denies victims access to evidence collection."***

### ***Survivor in Washington***

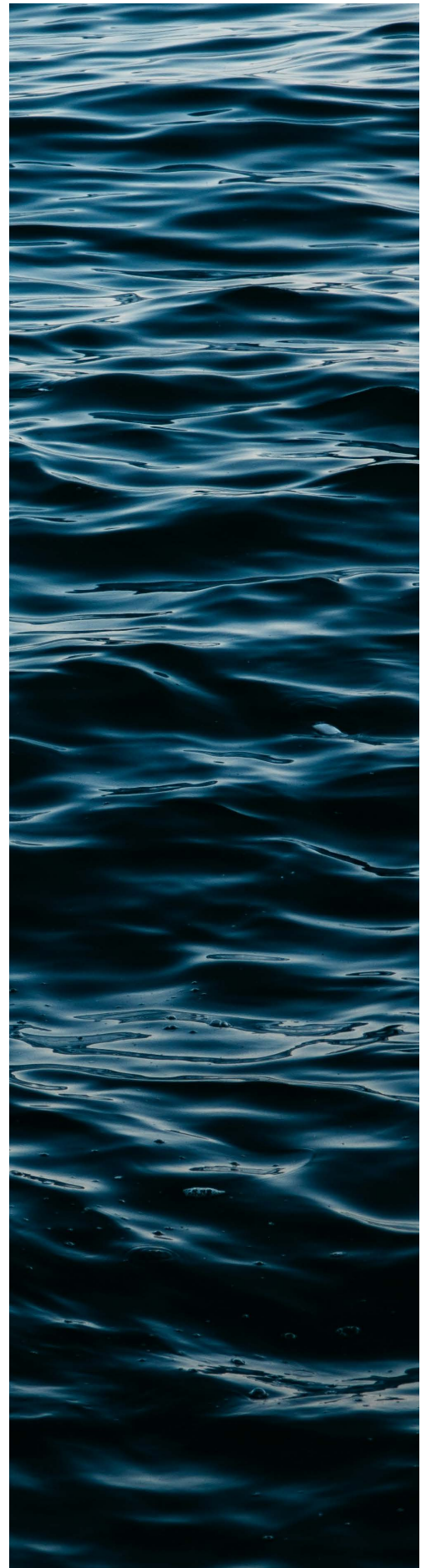
The number of trained nurses in Washington is not clear because the state lacks a mechanism to track where and how often they are available. In 2016, the Office of Crime Victims Advocacy estimated as many as eight counties across Washington did not have a forensic nurse available. However, four counties could not confirm if a trained examiner was currently on staff, and two counties had term-limited contracts for forensic services.<sup>42</sup> In 2020, the Washington Coalition of Sexual Assault Programs conducted a survey that found victims and survivors across the state regularly wait upwards of two hours for a sexual assault exam, and as many as eight to ten hours in rural areas of the state.<sup>43</sup>




***The lack of trained sexual assault nurses, results in victims being told to go home and come back when a trained SANE is working. This is not only traumatizing for victims, but this delay also compromises the ability to collect evidence."***

***Erica Hallock,  
Washington State Nurses Association***


On July 1, 2020, [RCW 70.41.367](#) (House Bill 1016) went into effect requiring any hospital that does not provide sexual assault kits, or have an appropriate provider available at all times, to develop a plan in consultation with local sexual assault programs to assist individuals in obtaining a kit. Further, the legislation required hospitals that do not perform sexual assault exams or have providers available, to notify individuals within two hours of







presenting to an emergency department and assist the patient in finding a facility with an appropriate provider available. Data is lacking on whether hospitals have complied with the law because the legislation did not require the Department of Health to enforce the measure or track whether hospitals have a plan in place.

 *I was raped in my own apartment by a stranger...what would you do if you had been raped? Most people would say go to the emergency room...I went...I waited for a triage nurse to speak to me and was told by her they'd be happy to see me but if I wanted a kit done the only place that would do one was Harborview. She sent me on my way as if I was asking for brunch reservations...Being a victim of sexual assault and wanting to report it and get a rape kit done is a little bit like a nightmare version of an easter egg hunt, there are hospitals around who will do the kit but you don't know which ones they are and no one tells you which one to go to. You're left alone, on your own, and in trauma. This should not be the case. No one should ever be turned away."*

*Survivor in Washington*

Despite limited regional and statewide data on the real-time availability of forensic nurses, the root causes underpinning lack of access are well-established.<sup>44</sup>

#### **LACK OF DEDICATED STATE FUNDING CONTRIBUTES TO THE SHORTAGE OF TRAINED NURSES AND INCONSISTENT COVERAGE STATEWIDE**

- Nurses receive insufficient compensation for exams, may not be compensated while on-call
- Nurses are forced to pay out of pocket for costs associated with attending necessary training
- Nurses work long hours, have insufficient time to decompress and debrief following an exam
- Medical facilities backfill staff to provide patient care when nurses attend training and perform exams without any incentive or requirement to provide forensic exams

***As a result: we see low retention, burnout, and fewer nurses receiving training.***

## ABSENCE OF STATEWIDE COORDINATION AND CENTRALIZED TECHNICAL ASSISTANCE

- No single point of contact exists for nurses with questions about their legal obligations, evidence collection standards or best practices, especially if they are the only trained examiner at their facility
- Lack of available statewide data provides an unclear picture of where forensic services are available and how to promote more partnerships across hospitals to ensure victims have access to care
- No standardized forensic examiner training curriculum


***As a result: protocols are out-of-date, no diffusion of best practices, significant regional variability in standards of care, availability of examiners, and evidence collection.***

### ***Existing forensic programs are experiencing extreme strain, at risk of elimination due to unstable funding***

In 2025, the Forensic Services Subcommittee discussed present-day challenges providing emergency medical care and forensic exams to victims. Forensic program managers face consistent pressure from administrators because their programs operate at a deficit and do not generate money for the hospital, adding to existing financial strain and overall deficits most hospitals experience.<sup>45</sup> Forensic programs, including two of the largest in urban areas of the state, reported they are at risk of closure due to lack of available funding to sustain their programs. Furthermore, in July, Congress passed the “One Big Beautiful Bill Act” which the Washington State Hospital Association reports will have disastrous impacts and likely result in the elimination of services and significant layoffs.<sup>46</sup>

**As many as  
14 rural  
hospitals**

**in Washington are at risk  
of closure in coming years,  
increasing the lack of access  
to care for victims and  
adding to the strain on  
existing programs.<sup>47</sup>**



Federal grant funding presented another challenge for programs in 2025. In 2024, Providence Intervention Center for Assault and Abuse in Everett was designated by the International Association of Forensic Nurses as a Center of Excellence and awarded funding by the Office of Justice Programs.<sup>48</sup> However, shortly before two nurses were onboarded to begin offering training this year, the federal funding was terminated. The Attorney General's Office filed an amicus brief in a class action case challenging the rescission of the public safety grant program and the funding was later reinstated, but due to overall reductions and the instability of existing funding, the program is still in crisis.<sup>49</sup> Several other program administrators reported reductions in funding they had previously received as well as lack of success in applying for new federal grant funding. In November 2025, Providence Swedish Abuse Intervention Center (AIC), announced its imminent closure due to instability caused by increased costs and funding cuts. Since 1991, AIC has provided specialized medical care and support services to victims and survivors in the South Puget Sound region. While forensic nursing services will remain available, the closure represents a significant loss to the community who has relied on the child-friendly clinic and longer-term support offered by therapists and social workers.

***TeleSANE has the potential to increase access to care for victims and survivors across the state***

In response to existing program instability and the likelihood of future instability in healthcare access across Washington, subcommittee members prioritized discussions on how to implement a successful state-run TeleSANE program. TeleSANE is a proven method of expanding access to medical care for victims and survivors by utilizing telehealth to establish a two-way synchronous video connection with a trained forensic examiner, also known as the hub clinician, and a spoke clinician at another exam site where the patient has presented for care.<sup>50</sup> The spoke clinician may have little or no experience with providing care to a patient who has experienced sexual or domestic violence. The hub clinician guides the care of the patient and offers support to both the spoke clinician and the patient. The hub and spoke clinicians are both active participants in the delivery of patient care during a TeleSANE medical forensic exam, requiring documentation that reflects their collective involvement.<sup>51</sup> Massachusetts is the first state in the nation to ensure that every hospital in the state, over the next several years, will be equipped to offer forensic services from a trained examiner due, in part, to the implementation of a state-run TeleSANE program reducing the need to have trained examiners in every hospital.<sup>52</sup> Several studies have demonstrated a high acceptance and satisfaction rates with TeleSANE. Patients generally felt more confident with services when there was a trained provider available to provide guidance and support via telehealth.<sup>53</sup>





***Every survivor of sexual assault deserves access to trained and compassionate examiners, regardless of geography.”***

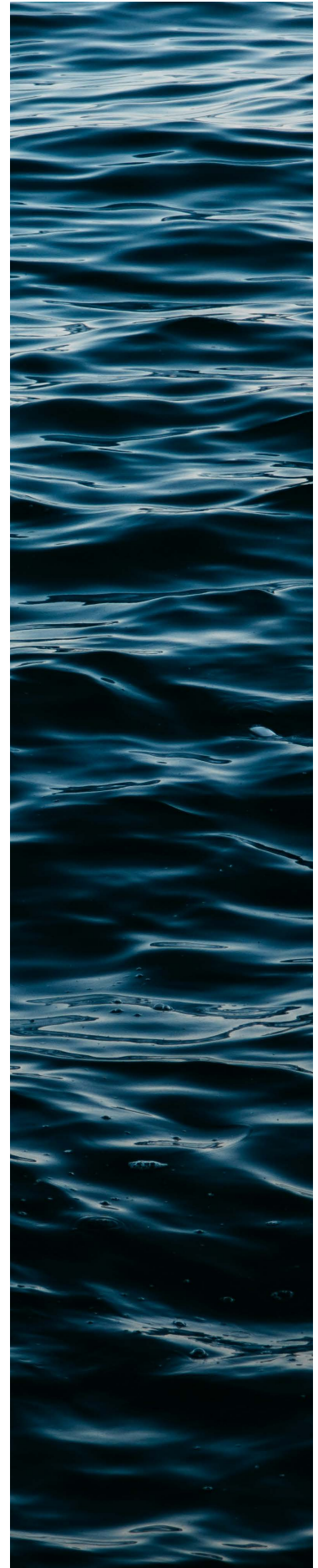
***Jacqueline Barton-True,  
Vice President for Rural Health at the  
Washington State Hospital Association***

***Washington’s network of community-based services for crime victims is in crisis, opportunities exist to strengthen crime victim rights***

In the 1990s Washington adopted an accreditation process for community-based sexual assault programs to ensure consistent, high-quality services were delivered to victims and survivors in every county across the state. [RCW 70.125.110](#) provides victims with the right to receive a referral to an accredited program providing these and other services:

- Information, options, and resources.
- Help applying for Crime Victim’s Compensation.
- Support and coping strategies.
- Crisis intervention and safety planning.
- Connection to counseling or therapeutic services.
- Accompaniment to medical or legal appointments and support through court proceedings.
- Help filing for a protection order.

Several years ago, Washington was nearly fully reliant on federal funding to support the network of accredited community-based advocacy programs across the state that deliver essential services to victims of crime. In fiscal year 2018, the state received over \$70 million from federal Victims of Crime Act (VOCA) funding that serves as a primary source of crime victim service funding for most states across the U.S. However, VOCA revenue, a collection of federal criminal fines, forfeitures and fees, has been declining year over year. In fiscal year 2026, the state received \$24.8 million in VOCA funding, and the Legislature appropriated another \$20 million to backfill the loss.<sup>54</sup> If the Legislature does not act again in the 2026 legislative session, more than 140 organizations are at risk of closure or significant reduction in services within a few months due to the loss of a core funding source.





***I represent a large agency that is arguably among the most financially stable of all the standalone programs—yet we are disaster planning. We have unfortunately already been forced to do one round of layoffs and freeze some positions."***

***Kate Garvey,  
CEO of the King County Sexual Assault Resource Center***

Finally, among other issues discussed by the SAFE Advisory Group's Advocacy Subcommittee was an opportunity to enhance the efficacy and accessibility of crime victim rights in Washington. While crime victims are provided constitutional and statutory rights, including but not limited to [RCW 7.69.030](#), [RCW 7.69A.030](#), [RCW 10.97.130](#), [RCW 70.125.110](#), advocates report confusion interpreting rights, a need to clarify and modernize language across the various statutes where rights appear, as well as adopt a robust enforcement mechanism. Currently, the sole remedy available to survivors when their rights have been violated is to file a petition in the superior court of the county which the sexual assault occurred, placing an additional burden on a traumatized individual. In 2026, the Advocacy Subcommittee will discuss how to develop a comprehensive and inclusive process to modernize, harmonize, and strengthen crime victim rights.

# 10-Year Reflection on Sexual Assault Reform in Washington

2025 marked ten years of work since the SAFE Advisory Group was originally established by the Legislature in 2015. In that time, the Legislature has acted on, either fully or in part, 41 of the SAFE Advisory Group's 50 legislative recommendations. Note: this is not an exhaustive list of bills and budget appropriations related to sexual assault.

☆ = indicates legislation that incorporated recommendation(s) issued by the SAFE Advisory Group.

## In 2015:

[House Bill 1068](#) (Rep. Orwall, D-Des Moines) required the testing of all sexual assault kits and directed law enforcement to log kits into Washington State Patrol's system within 30 days. It also funded seven new staff in the state lab dedicated to testing kits and established the SAFE Advisory Group.

[House Bill 1069](#) (Rep. Orwall, D-Des Moines) required DNA associated with sexual assault kits to be preserved within the statute of limitations.

## In 2016:

☆ [House Bill 2530](#) (Rep. Orwall, D-Des Moines) established a first-in-the-nation sexual assault kit tracking system at Washington State Patrol and directed the agency to publish a semi-annual report documenting progress of tested and untested sexual assault kits.

☆ [Substitute House Bill 2711](#) (Rep. Mosbrucker, R-Goldendale) commissioned a study on strategies for increasing the availability of forensic examiners across Washington.

☆ The 2016 supplemental budget included a total of \$3,800,000 for sexual assault kit reform.





#### In 2017:

☆ [House Bill 1109](#) (Rep. Orwall, D-Des Moines)

- » Established a specialized, intensive, and integrative victim-centered training for law enforcement investigating sexual assault cases at Washington's Criminal Justice Training Commission (CJTC). Required the training to include content on the neurobiology of trauma and trauma-informed interviewing, counseling, and investigative techniques. Required all law enforcement agencies to attend.
- » Established the Washington Sexual Assault Kit Initiative Pilot Project for the purpose of providing competitive grants to fund multidisciplinary community response teams seeking resolutions to cases tied to previously unsubmitted sexual assault kits.

#### In 2018:

☆ [House Bill 2101](#) (Rep. Mosbrucker, R-Goldendale) required the Office of Crime Victims Advocacy to develop strategies to make forensic nurse examiner training available to nurses in all regions of the state and develop best practices that local communities may voluntarily use to create more access to forensic examiners.

[House Bill 1539](#) (Rep. Mosbrucker, R-Goldendale) encouraged public K-12 schools to implement age-appropriate curricula developed by the Office of the Superintendent of Public Instruction that educates students about how to recognize and report sexual abuse. Referred to as "Erin's Law", the legislation is named after Erin Merryn, a survivor of child sexual abuse who advocated for similar legislation across the U.S.

☆ The 2018 supplemental operating budget included \$1,875,000 to fund three additional Washington State Patrol lab technicians to address the sexual assault kit backlog, for a total of 10 dedicated staff. This funding complemented \$3,000,000 from a federal grant the Attorney General's Office secured to facilitate testing kits. The SAFE Advisory Group was also reauthorized for one more year.

## In 2019:

### ☆ [House Bill 1166](#) (Rep. Orwall, D-Des Moines)

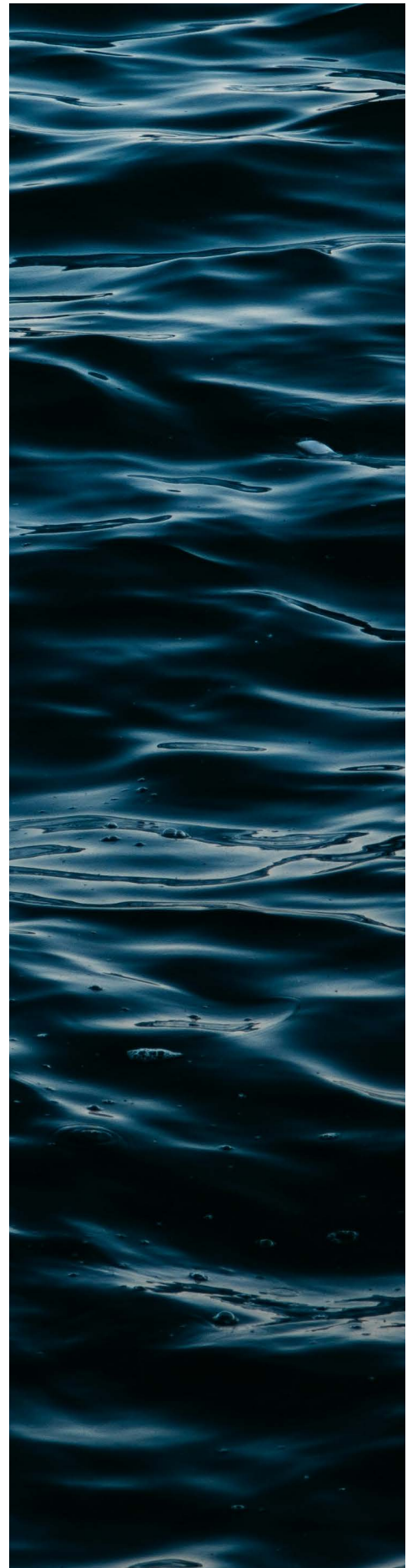
- » Established Washington's survivor bill of rights, which includes the right for survivors to receive a sexual assault exam at no cost, regardless of whether a report is made to law enforcement.
- » Required law enforcement to submit all previously unsubmitted sexual assault kits for testing. Required the Washington State Patrol Crime Lab to complete testing of new sexual assault kits within 45 days of receipt.
- » Extended the statute of limitations for prosecuting a sex offense following the identification of a suspect by DNA testing or photograph to two years.
- » Reauthorized the SAFE Advisory Group and established it within the Attorney General's Office through December 31, 2021.

☆ [House Bill 1016](#) (Rep. Caldier, R-Gig Harbor) required hospitals to notify survivors within two hours of arrival if they do not have a trained forensic examiner available to provide a sexual assault examination. Hospitals were also required to coordinate with a local community sexual assault program to assist the patient in finding a facility with an appropriate provider.

[Senate Bill 5649](#) (Sen. Dhingra, D-Redmond) adjusted the statute of limitations for reporting specific sex offenses and modified the definition of rape in the third degree to remove the evidentiary requirement that a victim clearly express lack of consent, acknowledging that many victims experience tonic immobility (otherwise known as the "freeze" trauma response).

☆ The 2019 supplemental operating budget appropriated \$10,300,000 to Washington State Patrol crime lab to fund HB 1166.

The 2019 capital budget authorized funding for the construction of a high through-put crime lab equipped with technology to enable the lab to process a higher volume of sexual assault kits.





#### In 2020:

- ☆ [House Bill 2318](#) (Rep. Orwall, D-Des Moines) modified procedures for collecting required DNA samples from convicted offenders who will not immediately be taken into custody, and required all evidence collected during sexual assault medical forensic examinations to be preserved, tested, and tracked with some exceptions. Law enforcement agencies were required to store and preserve unreported sexual assault kits; however, local governments can designate alternate departments to increase storage capacity. CJTC was required to develop a proposal for a case review program.
- ☆ [Senate Bill 6158](#) (Sen. Dhingra, D-Redmond) established the Sexual Assault Coordinated Community Response Task Force at the Attorney General's Office for the purpose of developing model protocols ensuring adult or minor sexual assault victims receive a coordinated community response when presenting for care at any hospital or clinic following a sexual assault.
- ☆ [Senate Bill 6162](#) (Sen. Dhingra, D-Redmond) directed the Office of Crime Victims Advocacy to develop strategies to make forensic nurse examiner training available throughout the state without causing unreasonable travel or expense for nurses and develop best practices and strategies for forensic nurse examiner access and training. The bill also authorized the Crime Victim Compensation Program to cover the cost of nonfatal strangulation exams for victims of domestic violence.

#### In 2021:

- ☆ [House Bill 1109](#) (Rep. Orwall, D-Des Moines)
  - » Required the Attorney General's Office to provide quarterly reports on forensic analysis that resulted in a "CODIS hit."<sup>55</sup>
  - » Amended the CJTC's case review program to be an annual ongoing program where CJTC reviews case files from law enforcement agencies and prosecuting attorneys to identify improvements to training and investigatory practices to optimize outcomes in sexual assault investigations and prosecutions.
  - » Established additional statutory rights for sexual assault survivors including the rights to consult with a community-based advocate, receive written notice of benefits available from Washington's Crime Victim Compensation Program, receive timely notification about the status of an investigation, and more.



### In 2022:

☆ [House Bill 1622](#) (Rep. Mosbrucker, R-Goldendale) provided temporary funding, through July 1, 2026, to establish a sexual assault nurse examiner training at Washington State University College of Nursing.

The 2022 supplemental operating budget reauthorized the SAFE Advisory Group through June 30, 2023, and commissioned a report by the Office of Superintendent of Public Instruction on best practices for responding to sexual assault and supporting survivors in K-12.

### In 2023:

☆ [Second Substitute House Bill 1028](#) (Rep. Orwall, D-Des Moines)

- » Extended the statute of limitations for prosecuting sex offenses where the suspect is identified by DNA testing or photograph.
- » Established the state's first sexual assault resource prosecutor to provide technical assistance and develop and conduct specialized training.
- » Expanded statutory rights of crime victims, survivors, and witnesses to apply to any adult or juvenile criminal proceeding, and any sexually violent predator commitment proceeding.
- » Modified requirements and procedures for collecting required DNA samples. In addition, the bill prohibited prosecutors from using a victim's social media account depicting past sexual behavior to prove consent or attack the victim's credibility, subject to certain exceptions.
- » Reauthorized the SAFE Advisory Group through June 30, 2026.

☆ [House Bill 1564](#) (Rep. Mosbrucker, R-Goldendale) prohibited the sale of over-the-counter or "DIY" sexual assault kits.





## In 2024:

### ☆ [Senate Bill 5937](#) (Sen. Dhingra, D-Redmond)

- » Expanded coverage of the Crime Victims Compensation Program to include reimbursement for roundtrip travel expenses to medical exams, as well as costs associated with an assault that happened outside of Washington state.
- » Expanded crime victim rights, removed the statute of limitations for rape committed by first responders who use their position to facilitate the commission of the offense, changed procedures under the rape shield statute, and expanded the definition of Rape in the First Degree.
- » Restricted depictions of a victim's genitals created during a sexual assault medical forensic examination from being shown in open judicial proceedings.
- » Created the statewide forensic nurse coordination program in the Department of Health and established age 13 as the age at which minors can independently consent to a sexual assault forensic exam.<sup>56</sup>

[House Bill 1999](#) (Rep. Orwall, D-Des Moines) expanded existing criminal offenses (related to minors engaged in sexually explicit conduct) to include fabricated depictions of an identifiable minor. Establishes a civil cause of action for the nonconsensual disclosure of fabricated intimate images.

### ☆ [House Bill 1618](#) (Rep. Farivar, D-Seattle) eliminated the statute of limitations for prospective claims of child sexual abuse (on or after June 6, 2024).

### ☆ [House Bill 1958](#) (Rep. Berry, D-Seattle) authorized a civil cause of action relating to nonconsensual removal of, or tampering with, a sexually protective device such as a condom (“stealthing”), and permits victims to proceed using a pseudonym. The legislation identifies factors courts may consider in determining whether to impose punitive damages and mandates that prior consent, alone, is insufficient to establish current consent.

## In 2025:

### ☆ [Second Substitute Bill 5355](#) (Sen. Orwall, D-Des Moines) prohibited colleges and universities from using or pressuring individuals to sign non-disclosure agreements in cases of alleged sexual misconduct. Required institutions to include sexual assault hotline numbers on student ID cards and expanded crime victim rights to include the right to receive notice prior to the disposal of a sexual assault kit.

[Senate Bill 5375](#) (Sen. Frame, D-Seattle) required members of the clergy to report child abuse or neglect when they have reasonable cause to believe that a child has suffered abuse or neglect.

# 2025 Recommendations

The SAFE Advisory Group voted to adopt the following recommendations on November 18, 2025. Two members were absent for the vote, representing the Washington Defender Association and the Washington Association of County Officials. The Office of Crime Victim's Advocacy recused themselves from voting for items with budgetary impact as they are within the Washington State Department of Commerce, a cabinet agency.

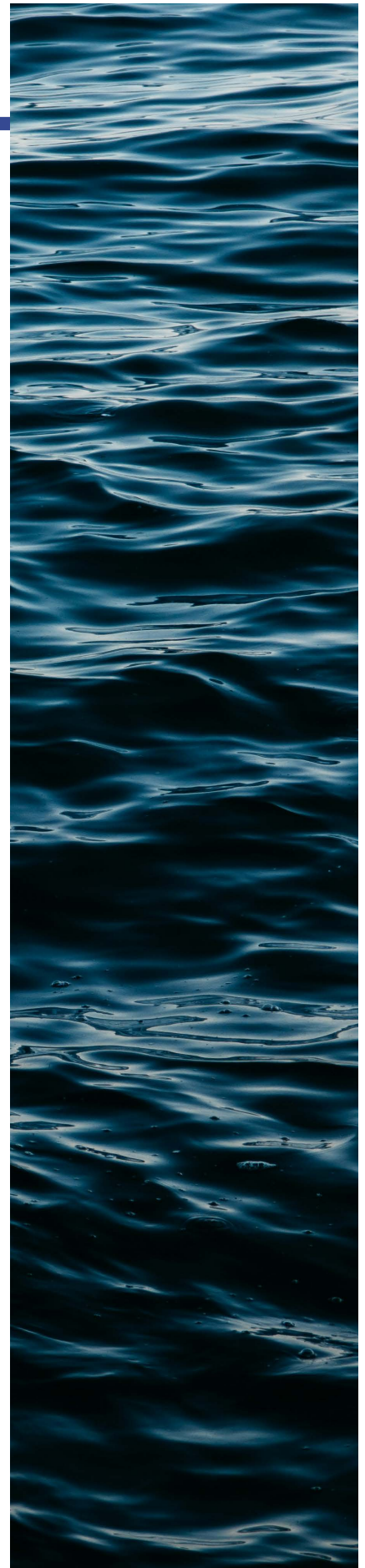
## **ESTABLISH A STATEWIDE FORENSIC NURSE COORDINATOR**

**Yes: 17 | Abstain: 1 (Office of Crime Victims Advocacy)**


Forensic nurses who are specially trained to provide emergency medical care to victims and survivors, as well as document and collect evidence, are not widely available in Washington. Statewide coordination of forensic services will ensure victims and survivors have the best possible experience and outcome no matter where they present seeking care. Statewide coordination is a best practice for enhancing effectiveness and efficiency of resources. The Forensic Services Subcommittee of the SAFE Advisory Group convened stakeholders and experts to study access to and availability of forensic nurses, and recommends establishing and funding a statewide coordinator or coordination team within the Department of Health, along with capacity building support for the agency.

Additional context:

- Reference page 15 for more information on the root causes of lack of access to trained examiners and the need for statewide coordination.
- Studies on forensic evidence and criminal justice outcomes demonstrate that evidence gathered and documented by trained forensic examiners, sometimes referred to as "SANEs or FNEs", can increase the likelihood of offenders being arrested, charged, and convicted.<sup>57</sup>





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- The five days, or around 120 hours, following an assault is a critical window in which SANEs and FNEs can gather and document evidence from victims and survivors. However, SANE/FNE services are only available in a limited number of hospitals and other facilities across the state, many of which do not have the resources and/or support to operate 24/7 programs or keep trained nurses on staff. Victims and survivors in rural areas are often required to drive several hours to access SANE services, or risk being turned away at a facility that is not prepared to offer exams via telehealth or on-call nurses.<sup>58</sup>
  - A coordinator could represent Washington at state and national convenings on forensics to ensure the state stays up to date on best practices and new technology as well as create a process to develop statewide forensic examination standards and best practices for trauma-informed medical care. Most states have a coordinator performing these, and other, duties.<sup>59</sup>
  - A statewide coordinator or coordination team would play a critical role in educating hospitals on the importance of SANE/FNE programs in the communities they serve and advising on resources such as state or federal funding and training to support virtual “TeleSANE” services.

### **RE-ESTABLISH A “TELESANE” PROGRAM TO INCREASE PATIENT ACCESS TO TRAINED FORENSIC EXAMINERS**

**Yes: 17 | Abstain: 1 (Office of Crime Victims Advocacy)**

“TeleSANE” programs increase access to care and expertise from a trained forensic examiner, sometimes referred to as a SANE or FNE via telehealth, facilitated by medical professionals in a medical facility where the patient presents seeking care. To reduce health disparities for survivors in rural areas of the state, the Legislature should authorize funding to create a “TeleSANE” program that includes strategies for promoting community and hospital buy-in, sustainable funding sources to support implementation, and processes to oversee clinical and technology support.

Additional context:

- In 2021, Harborview Abuse and Trauma Center received a grant to operate a term-limited TeleSANE program for rural hospitals across the state.
- Massachusetts is the first state in the nation to ensure that every hospital in the state, over the next several years, will be equipped to offer forensic services from a trained SANE or FNE due, in part, to the implementation of a state-run TeleSANE program.<sup>60</sup>
- The International Association of Forensic Nurses recently published a comprehensive guide for trauma-informed TeleSANE nursing, underscoring the value in telehealth services as it relates to improving access to care and supplementing in-person SANE and FNE services.<sup>61</sup>

## **ESTABLISH A FORENSIC NURSE TRAINING GRANT PROGRAM**

**Yes: 17 | Abstain: 1 (Office of Crime Victims Advocacy)**

Washington needs dedicated resources for comprehensive statewide training to increase the availability of medical professionals equipped to provide forensic exams and other essential medical care to victims and survivors. Long term, sustainable funding for training development can expand the variety of trainings offered, including preceptorship experiences and training for other hospital staff, and ensure frequent, and geographically diverse trainings are available across the state. Additionally, to address barriers medical professionals face attending training, the grant program should provide stipends to support travel and other expenses to attend training, and the cost of backfilling staff who leave their regular duties to attend training.

Additional context:

- The Department of Commerce identified cost as one of the main barriers preventing forensic nurse examiner training programs from offering sufficient mobile and onsite training opportunities, leading to fewer nurses able to access training.<sup>62</sup>
- Forensic nurse examiner training programs need additional funding to develop innovative training opportunities that can be offered statewide and provide the hands-on practice needed to perform forensic nurse examinations competently.

## **PROVIDE ADOLESCENTS 13+ THE ABILITY TO INDEPENDENTLY CONSENT TO ALL TYPES OF MEDICAL FORENSIC EXAMINATIONS, CONSISTENT WITH THE CURRENT AGE OF CONSENT FOR SEXUAL ASSAULT EXAMINATIONS**

**Yes: 17 | Abstain: 1 (WA State House of Representatives, Rep. Mendoza)**

The age at which minors are allowed to independently consent to emergency medical care after experiencing strangulation from domestic violence varies widely at hospitals across the state because a particular age is not set in statute. As a result, when an adolescent presents at a medical facility seeking a physical abuse forensic examination without a trusted parent or guardian present or reachable, they may not be able to receive care. Consistent with the age at which adolescents are permitted to consent to emergency medical care and other critical health services after experiencing sexual assault in Washington state, adolescents aged 13 and older should be able to independently consent to care after experiencing domestic violence strangulation.

Additional context:

- Mandatory reporting laws will still apply.
- Washington state law allows minors to consent to treatment for sexually transmitted diseases at age 14 and older, reproductive care services at any age, and mental health and substance use disorder treatment and sexual assault forensic exams at age 13.
- Adolescents may be unwilling to immediately disclose an assault to a parent or guardian for several reasons including fear of their reaction, the parent being the abuser, concerns about the relationship of a parent or guardian to their abuser, or a parent's or guardian's lack of involvement in their life.

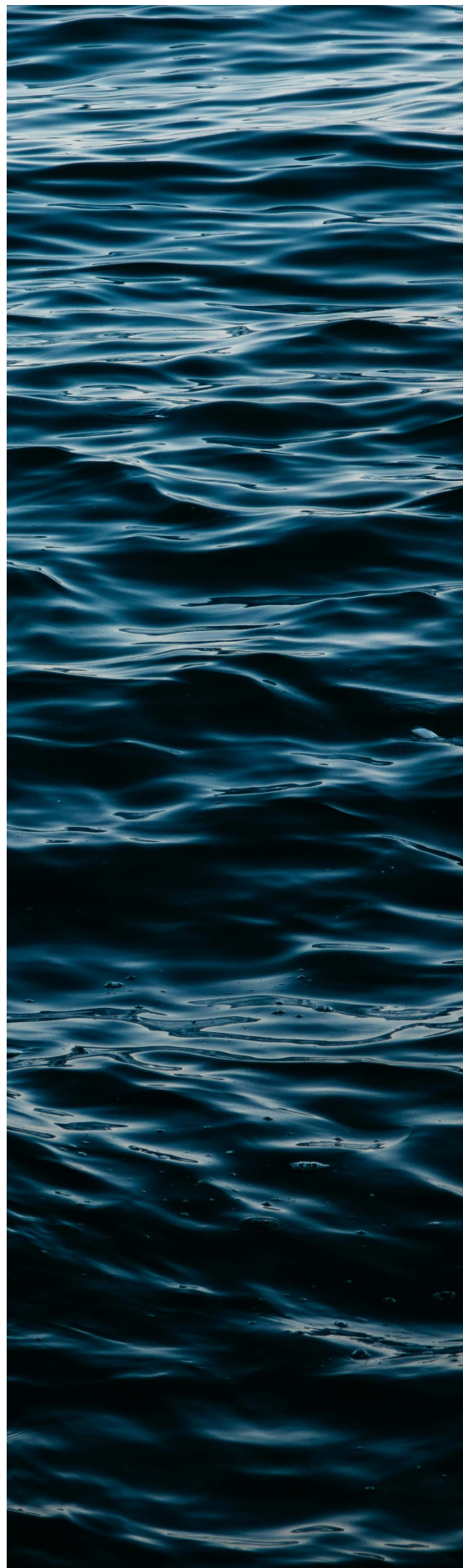
**MAINTAIN VICTIMS OF CRIME ACT (VOCA)  
FUNDING FOR WASHINGTON TO RETAIN  
COMMUNITY-BASED SERVICES FOR CRIME  
VICTIMS IN RESPONSE TO SIGNIFICANT  
REDUCTIONS IN FEDERAL FUNDING**

**Yes: 17 | Abstain: 1 (Office of Crime Victims Advocacy)**


Washington's most significant resource for crime victims is from the federal VOCA State Plan. Washington is facing a severe "funding cliff" due to a combination of reduced federal awards and the loss of state supplemental funding, which will cause a decrease of 45% in funds after June 30, 2026. If state funding is not renewed, it will have a devastating impact on victim services infrastructure statewide by significantly reducing organization's operating budgets and likely resulting in the closure of many of these essential organizations.

**Additional context:**

- According to the Dept. of Commerce's 2026 supplemental budget decision package, if the state supplemental funding for VOCA is not renewed, it would result in significant reductions in a variety of victim services across the state.<sup>63</sup>
- For many providers, it would significantly reduce their operating budget and could result in closure. Communities disproportionately impacted by harm and crime would lose life-saving resources including advocacy, crisis intervention, safety planning, emergency shelter, housing assistance, support groups, culturally specific healing practices, therapy, forensic interviews, legal aid and legal assistance, medical forensic exams, and more.
- The VOCA State Plan funds 140 organizations, including 45 culturally specific providers and 17 tribes. Services are available in every county.
- Communities of color, immigrants, and rural communities will be disproportionately impacted by the loss of VOCA funding.







## **EXPAND THE SURVIVOR BILL OF RIGHTS TO INCLUDE VICTIMS OF FEMALE GENITAL MUTILATION/CUTTING (FGM/C)**

### **Passed unanimously**

In April 2023, Substitute Senate Bill 5453 went into effect, making Washington the 41<sup>st</sup> state to prohibit FGM/C, which refers to any procedures that involves partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical purposes. The bill also established a community-led prevention education program, required the development of strategies and methodologies to effectively train health care providers about FGM/C prevention and response, and policies and procedures to promote coordinated responses among state-level agencies and with impacted communities. The Legislature should amend the definition of sexual assault survivor within [RCW 70.125.110](#) to include FGM/C and ensure victims and survivors have equal access to the rights provided, regardless of the type of sexual violence experienced.

### **Additional context:**

- FGM/C is typically performed on girls between one week and 15 years old and has been documented in at least 94 countries across the globe, including in the U.S.<sup>64</sup>
- Over 25,000 women and girls in Washington State are living with or at risk of undergoing FGM/C. The Seattle-Tacoma-Bellevue metro has the 5th highest rate of impacted and at-risk communities in the U.S.<sup>65</sup>
- FGM/C is a social norm practiced by different communities who cite cultural, traditional, and religious reasons that range from assurance of social status, sexual restraint or chastity, improved marriage prospects, ethnic identity, religious duty, aesthetics and morality linked to femininity, coming of age rituals, and a cure for masturbation or lesbianism.<sup>66</sup>
- The WA Coalition to End FGM/C was formed in 2022 and is a survivor-led, community-centered group that continues to advocate for state and local policy to address and prevent FGM/C and provide support for survivors.

## **ELIMINATE FINANCIAL OBSTACLES SURVIVORS MAY FACE ACCESSING MEDICAL RECORDS**

**Yes: 17 | Abstain: 1 (Washington State Hospital Association)**

Access to medical records is essential for sexual assault and domestic violence survivors seeking protection orders and legal recourse. However, survivors may be charged excessive fees, requiring purchasing medical records at exorbitant prices, a barrier in pursuing necessary legal actions such as protection orders. The Legislature should ensure state regulations align with federal laws such as the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, to assist patients in obtaining their medical records affordably and promptly, regardless of the request's origin. By eliminating financial obstacles, survivors are empowered to secure the protections they need and deserve.

Additional context:

- With limited exceptions, the HIPAA Privacy Rule provides individuals with a legal, enforceable right to see and receive copies upon request of the information in their medical and other health records maintained by their provider. A reasonable fee that covers limited labor, supply, and postage costs may be charged to the patient.<sup>67</sup>
- The HITECH Act is a federal law that promotes the use of health information technology and strengthens HIPAA privacy and security protections.<sup>68</sup>
- The 21st Century Cures Act was signed into law in 2016 with various provisions that went into effect in 2022 requiring healthcare organizations to provide patients with access to their full health records in digital format.<sup>69</sup>

## **REAUTHORIZE THE SAFE ADVISORY GROUP**

**Yes: 17 | Abstain: 1 (Office of Crime Victims Advocacy)**

The SAFE Advisory Group's authorizing language expires on June 30, 2026; however, given that work remains to improve the response to sexual assault, members recommend continuing the group. Membership should be updated to include a member of an existing sexual assault advocacy coalition, among other potential changes.





# 2026 Plans

Advisory Group members and participants have prioritized work on these and other key topics in 2026.

## *Sexual abuse prevention education in K-12 schools across Washington*

In 2018, the Legislature passed Substitute House Bill 1539 (Erin's Law) aimed at addressing child sexual abuse by encouraging schools to educate students and administrators on how to recognize and report sexual abuse. The SAFE Advisory Group will continue work to understand barriers that schools experience in implementing abuse prevention curricula and explore ways to enhance support and resources available to students.

## *Crime victim rights*

Victims and survivors in Washington have rights related to promoting fairness, respect, and dignity through the criminal justice process. This includes, but is not limited to, the right to be informed about and present at court proceedings, the right to make a statement during sentencing, and the right to be protected from the accused. Currently, victim rights appear in the Washington State Constitution and across various statutes. However, Advisory Group members discussed confusion around how to interpret rights, lack of awareness about rights, and a lack of meaningful enforcement of rights placing a burden on the survivor to seek legal counsel for advice if rights are violated. In 2026, members will discuss current issues and potential solutions.

## *Legal age of consent to sexual activity*

The State of Washington has never affirmatively defined the age of consent to sexual contact in criminal code. As such, advocates argue existing law treats 16- and 17-year-olds as adults and leaves them vulnerable to grooming and sexual assault by adult perpetrators well into their 20s, 30s and older who manipulate and coerce them into sexual activity. The SAFE Advisory Group will explore this gap and opportunities to extend the age range allowances outlined in [RCW 9A.44.030](#) to include children aged 16 and 17 who are victimized by the coercive behavior of adult perpetrators.



## ***Enhance the collection of lawfully-owed DNA to help solve crimes***

[RCW 43.43.754](#) requires people convicted of specific offenses to provide DNA samples, an essential tool to bring justice to victims of unsolved crimes and to solve cold cases. In 2023, at the recommendation of the SAFE Advisory Group, Second Substitute House Bill 1028 amended the existing statute to require local jurisdictions to develop and implement DNA collection protocols. However, many jurisdictions still do not have a process in place and, as a result, our DNA database is lacking a significant number of samples from offenders obligated to submit them. The SAFE Advisory Group will continue work to understand and address the barriers local jurisdictions face collecting lawfully-owed DNA.

## ***Increase victim and survivor access to medical forensic exams statewide***

The SAFE Advisory Group will continue to work on strategies to increase access to emergency medical care and forensic exams for victims and survivors by determining gaps in available data, monitoring implementation of programs and policies aimed at increasing access, and recommending best practices.

## ***Develop standards for forensic examiner training***

Multiple providers now offer sexual assault forensic examiner training in Washington, but the state lacks established or agreed-upon standards for training, resulting in a lack of consistency in how forensic exams are performed across the state. The SAFE Advisory Group will continue working to identify the best way to create and disseminate training standards and other best practices that support quality and consistent delivery of care across the state.

## ***Promote awareness and dissemination of accurate information related to strangulation***

Nonfatal strangulation refers to choking, strangling, or suffocating another person by applying pressure to the neck. Strangulation can result in obstruction of blood vessels and/or airflow and deprive the brain of oxygen, resulting in unconsciousness or death. Victims who experience strangulation have a 750% increased likelihood of future homicide. Despite the seriousness, strangulation can be minimized or overlooked because half of all victims have no visible injuries even though serious internal (nonvisible) injury may have occurred.<sup>70</sup> In 2021, Washington became one of the first states to provide free emergency medical care and forensic exams to victims of domestic violence who experience strangulation. Advisory Group members will continue work to educate and promote awareness of strangulation and its risks, as well as information on how to make appropriate referrals for medical care.



# Endnotes

<sup>1</sup>In this context, untested sexual assault kits refer to kits booked into evidence by law enforcement but not submitted to a crime lab for testing. See also, [2015 SAFE report](#).

<sup>2</sup>Office of the Washington State Auditor. Accessed October 14, 2025. [State's backlog of sexual assault kits effectively eliminated audit finds | Office of the Washington State Auditor](#).

<sup>3</sup>Washington State Patrol. Accessed October 14, 2025. [Sexual Assault Kit \(SAK\) testing Initiative - Washington State Patrol](#). <https://wsp.wa.gov/sak-testing/>.

<sup>4</sup>Office of the Washington Attorney General. Accessed October 14, 2025. [Case Summaries | SAKI](#). See also, [AG Ferguson announces the collection of DNA from more than 2,000 violent and sex offenders | Washington State](#).

<sup>5</sup>Office of the Washington State Auditor. Accessed October 14, 2025. [State's backlog of sexual assault kits effectively eliminated audit finds | Office of the Washington State Auditor](#).

<sup>6</sup>RCW 5.70.040.

<sup>7</sup>Id.

<sup>8</sup>RCW 43.10.801.

<sup>9</sup>An unreported sexual assault kit is one that has been collected from a survivor who has chosen not to report the sexual assault to law enforcement.

<sup>10</sup>Available at: <https://app.leg.wa.gov/reports-to-the-legislature>.

<sup>11</sup>Id.

<sup>12</sup>Id.

<sup>13</sup>Id.

<sup>14</sup>Available at: [https://agportal-s3bucket.s3.amazonaws.com/uploadedfiles/Another/News/Press\\_Releases/SAFE%20Report%202019.pdf](https://agportal-s3bucket.s3.amazonaws.com/uploadedfiles/Another/News/Press_Releases/SAFE%20Report%202019.pdf).

<sup>15</sup>Available at: <https://agportal-s3bucket.s3.amazonaws.com/uploadedfiles/Another/News/SAFE%20Report%202020%20V3.pdf>.

<sup>16</sup>Available at: <https://agportal-s3bucket.s3.amazonaws.com/uploadedfiles/Another/News/2021%20SAFE%20Report.pdf>.

<sup>17</sup>Available at: <https://agportal-s3bucket.s3.amazonaws.com/uploadedfiles/2022%20SAFE%20Report.pdf>.

<sup>18</sup>Available at: <https://agportal-s3bucket.s3.us-west-2.amazonaws.com/2023%20SAFE%20Report.pdf>.

<sup>19</sup>Available at: <https://agportal-s3bucket.s3.us-west-2.amazonaws.com/uploadedfiles/2024%20SAFE%20Report.pdf>.

<sup>20</sup>Berliner, L., Fine, D., Moore, D., Harborview Medical Center, Temkin, J., Krahe, B., Morgan, R. E., Oudekerk, B., Morabito, M. S., Williams, L. M., Pattavina, A., & Wolitzky-Taylor, K. B. (2021). *Sexual Violence Bench Guide. Revised December 2021*. [https://www.courts.wa.gov/content/manuals/SexualOffense/CHAPTER\\_1\\_Understanding\\_Sexual\\_Violence\\_2021.pdf](https://www.courts.wa.gov/content/manuals/SexualOffense/CHAPTER_1_Understanding_Sexual_Violence_2021.pdf).

<sup>21</sup>U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, *National Crime Victimization Survey, 2019–2023*. <https://bjs.ojp.gov/programs/ncvs>.

<sup>22</sup>U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. *Criminal Victimization, 2021*. <https://bjs.ojp.gov/content/pub/pdf/cv21.pdf>.

<sup>23</sup>Id.

<sup>24</sup>Rennison, C. M., U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (2002). *Rape and sexual assault: Reporting to police and medical attention 1992–2000* [NCJ 194530]. <https://bjs.ojp.gov/library/publications/rape-and-sexual-assault-reporting-police-and-medical-attention-1992-2000>.

<sup>25</sup>Shapiro, Joseph. NPR, January 8, 2018. *The Sexual Assault Epidemic No One Talks About*. <https://www.npr.org/2018/01/08/570224090/the-sexual-assault-epidemic-no-one-talks-about>.

<sup>26</sup>James, Sandy E., Herman, Jody, Keisling, Mara, Mottet, Lisa, and Anafi, Ma'ayan. *2015 U.S. Transgender Survey (USTS)*. Inter-university Consortium for Political and Social Research [distributor], 2019-05-22. <https://doi.org/10.3886/ICPSR37229.v1>.

<sup>27</sup>Walters, M.L., Breiding, M.J., *The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation* (2013). <https://stacks.cdc.gov/view/cdc/12362>.

<sup>28</sup>Echo-Hawk, A. Urban Indian Health Institute; 2018. *Our Bodies, Our Stories: Sexual Violence among Native Women in Seattle, WA*. <https://www.uihi.org/projects/our-bodies-our-stories/>.

<sup>29</sup>Gauen, B. (2020). *King County Commercial Sexual Exploitation Cases: The Data Behind the Charges*. [PowerPoint slides]. Special Assault Unit, King County Prosecuting Attorney's Office. <https://static1.squarespace.com/static/5b71c32bec4eb7c684a77ff4/t/6104439472e43205ebb69ef3/1627669451950/FINAL+WEBSITE+2020+King+County+CSE+Data+7.30+Update+Final.pdf>.

<sup>30</sup>Morabito, M. S., Williams, L. M., Pattavina, A., University of Massachusetts Lowell, & Wellesley Centers for Women. (2019). *Decision making in Sexual assault cases: Replication Research on sexual violence case attrition in the U.S.* <https://www.govinfo.gov/content/pkg/GOVPUB-J28-PURL-gpo121074/pdf/GOVPUB-J28-PURL-gpo121074.pdf>.

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