

SENATE BILL REPORT

SB 6007

AS OF AUGUST 29, 1991

Brief Description: Establishing procedures for medical care and evidence preservation for victims of sex offenses.

SPONSORS: Senators Roach, Wojahn, Owen, Rasmussen, McCaslin, Bailey and Oke.

SENATE COMMITTEE ON LAW & JUSTICE

Staff: Lidia Mori (786-7755)

Hearing Dates: September 11, 1991

BACKGROUND:

Physical evidence that is collected from sexual assault victims is critical to the investigation and prosecution of sexual assault cases. There are currently no mandatory uniform statewide procedures for the collection and preservation of physical evidence from sexual assault victims.

SUMMARY:

An eleven member evidence collection and preservation commission is created. It is directed to establish evidence collection and preservation procedures for use by medical practitioners who provide medical care to sex offense victims.

Medical practitioners are required to follow certain protocols when providing medical care to sex offense victims. The protocols must include the following:

- 1) a written statement explaining the protocols and evidence collection procedures which must be given to patients and parents or guardians of any patient who is an unemancipated minor;
- 2) a requirement that consent to medical care and evidence collection be sought from every patient. If the patient is an unemancipated minor, the consent of the parents or guardians must be sought;
- 3) a description of the physical examination and additional medical history information to be obtained from the patient, including a description of the sex offense;
- 4) the evidence collection procedures established by the commission;

- 5) procedures for collecting and documenting presence or absence of motile spermatozoa;
- 6) provision for secure refrigeration and dry storage space for the collected evidence;
- 7) a requirement that collected evidence be stored for up to 72 hours from the time the sex offense is known to have been reported to police or at least 30 days from the date of the incident, if it is unknown whether the sex offense has been reported;
- 8) transfer of evidence procedures to preserve the chain of custody of evidence collected;
- 9) requirements for stocking and maintaining sex offense examination kits and the necessary equipment to provide medical care and collect medical-legal evidence;
- 10) training of personnel and staff concerning the proper collection and storage of evidence; and
- 11) charting procedures and appropriate forms to be used during patient treatment.

Additional optional protocols for medical care for sex offense victims are delineated.

A medical practitioner who does not follow the protocols listed above and the evidence collection procedures established by the commission must refer sex offense victims to a medical practitioner who is adhering to the protocols. If necessary, the referring physician may treat the victim for emergent injuries.

Any person who knowingly and willfully violates any of required protocols shall be assessed a civil penalty of \$500 per violation.

The Department of Health is directed to notify all medical practitioners who may conduct examinations on sex offense victims of the required protocols and of the requirement for attendance at a training workshop. The department is required to sponsor workshops for medical practitioners to inform them of the protocols and provide other relevant information. The department is also directed to compile and make available to the public a list of medical practitioners who are adhering to the protocols, the commission evidence collection requirements and the persons eligible to treat victims. Public information and education is to be provided by the department regarding the collection and preservation of physical evidence from sex offense victims and the importance of such evidence to the investigation and prosecution of sex offenses. The county departments of public health are directed to compile annual data on the number of reported sex offenses, the number for which treatment is provided and evidence collected, the number of cases prosecuted and the number of convictions obtained.

This information must be reported to the commission annually by February 15.

Appropriation: none

Revenue: none

Fiscal Note: none requested