



FAQ: Reporting Responsibilities Related to Minors

DO SEXUAL ASSAULT ADVOCATES NEED TO REPORT RUNAWAY MINORS?

A question that is often asked is whether sexual assault advocates (SA advocates) need to report runaways who are minors. Answers have varied on this issue, but the general consensus is that, because of the higher confidentiality levels that SA advocates are mandated to uphold, they do not need to report runaway minors. In fact, an SA advocate reporting runaways could be seen as a data breach, which would in turn need to be reported to that program's funder(s).

VOCA funding requirements state that SA advocates must hold confidentiality unless there is a mandate in state law that directly waives that confidentiality. There have been questions on whether [RCW 13.32A.082 Providing shelter to minor—Requirement to notify parent, law enforcement, or department](#) might fall under that category. However, after a thorough reading of the RCW our interpretation is that SA advocate privilege takes precedence over this rule.

This is due to several reasons, not least of which is that sexual assault and domestic violence non-shelter services do not meet the definition of harboring or sheltering. As SA advocates, part of our mission is to do everything we can to make sure, as much as possible, that our actions do not bring further harm to the survivors who seek services with us. Reporting runaway minors carries a large potential of triggering systems responses that would make life much harder for the young person. This is particularly true when considering certain populations, such as LGBTQI+ youth.

Another Washington State mandate that is often considered to be related to this issue is [RCW 43.185C.280: Youth services—Duty to inform parents—Transportation to child's home or out-of-home placement—Notice to department of social and health services](#). It is important to note that this mandate is meant for residential care centers, where disclosure happens upon entry. Generally, if

your program is a non-residential shelter, or provides “unlicensed services”, then you are not required to report.

What does best practice look like?

It is important to set your program up for success by setting up best practice procedures.

To begin with, do not make it your practice to ask if someone is a runaway. It is important to remember that houseless minors are not always runaways, oftentimes the situation is much more complicated than that- such as when a youth has been kicked out of their home. Additionally, a youth’s status in regards to being a runaway does not impact the services you can provide - i.e. you can still provide housing referrals and assistance.

It is also a good idea to consider that, should you feel the need to report, that you do so once the youth is no longer with you. A good example of best practice procedure is demonstrated below by one of the youth trafficking programs who was contacted in regards to this question:

“What (program) has always done is if we are made aware that a youth has an active pick-up order (previously called run warrants) we notify the social worker, probation officer or LE within 24 hours; and never when the youth is with us, only after we are no longer in their presence. If a youth discloses being a runaway without disclosing knowledge of an active pick up order, or that their parent/guardian has called them in as a runaway, we do not typically notify anyone.”

Our general best practice guidance is that we always prioritize making mandated child abuse reports in collaboration with the youth so they can be as informed as possible. In these cases, letting the youth know that you can report after they leave can allow them to choose to be there or not.

If you are in doubt as to whether any of these requirements would apply to your program, it is always a good idea to double-check with your grant manager, any special conditions within your grant agreements, and WCSAP is always available to discuss issues as they come up.

DO SEXUAL ASSAULT PROGRAMS NEED PARENTAL CONSENT FOR MINORS TO RECEIVE SERVICES?

This is another question that frequently comes up, particularly in connection with the issue of runaway minors. The answer is that, generally speaking, no, minors do not require parental consent in order to receive services.

Washington law expressly and implicitly provides minors with the right to access advocacy services. In order to fully effectuate these rights, minor victims must have agency in choosing the advocate, and that agency would be undermined if it required parental consent. This means that minors should be able to obtain sexual assault victim advocacy services without parental consent while in Washington State.

Additionally, communications between a minor and the minor's sexual assault advocate may be protected from parental access under Washington and federal law. Advocacy records are confidential, and although parents generally have rights over their minor-child's records, those rights are not absolute. (NCVLI, 2013)

What does best practice look like?

Because we strive for INFORMED consent, it is a better practice to have a standard age where informed consent can be given that is reflected in agency policy.

While advocates are able to provide services to children of all ages without parental consent, a best practice is 13+ to ensure that the minor is giving informed consent. This is a solid age threshold because there is no parental consent requirement for minors 13 years of age or older to receive inpatient or outpatient mental health and substance abuse treatment. Furthermore, the parents will not be notified without minor consent per [RCW 71.34.530](#).

It is important to have a policy that outlines any age distinctions, as well as a practice for evaluating informed consent on those under the age of 13, or any other situation when a parent or non-offending caregiver may need to provide informed consent for services. If the minor is younger than 13 years old, you will want to create a practice where you can show the advocacy recipient was able to give informed consent for services.

Your program will need to set some internal guidelines on how you could evaluate that on a case by case basis. The "Mature Minor Doctrine" outlines this ability to give consent if they are capable of understanding or appreciating the consequences of a medical procedure. In determining whether the patient is a mature minor, providers need to evaluate the minor's age, intelligence, maturity,

training, experience, economic independence or lack thereof, general conduct as an adult and freedom from the control of parents. A good reference guide to look at in regards to this question can be found at [Providing Health Care to Minors under Washington Law: A summary of health care services that can be provided to minors without parental consent.](#)

Above all, the most vital aspect of working with minor clients, no matter what your policy and practice, is that it's always important to be transparent and honest with them about your reporting responsibilities.

Sources

Health Care for the Homeless. Providing Health Care to Minors under Washington Law. 2006.

National Crime Victim Law Institute. Memorandum: Minor Rights with Regard to Advocacy Services. 2013.