



Briefing note

For police first responders to a report of rape or sexual assault

Your priorities are to make anyone you identify as vulnerable, safe and begin an investigation into the report of rape and sexual assault.

The quality of your initial response may influence the victim's decision to support the investigation.

As the first responder, you are likely to hear the victim's account first. Whether the report is about something that is recent or non-recent, the victim may still be traumatised.

Your manner with the victim will be important for an appropriate and empathetic response.

Victims of rape or sexual assault come from all backgrounds and the assault circumstances will vary. Victims tell us that there are many reasons why they don't report or delay reporting (Hohl and Stanko 2015). It can be because they fear they will not be believed or will be blamed or judged for their actions, or they fear repercussions from the suspect or family for reporting. In all cases, it is important to:

- **ensure** the victim's safety, understanding any risk posed by the perpetrator to the victim or other people
- **identify** any immediate medical needs
- **initiate** the investigation and consider evidence preservation from the outset
- **reassure** the victim that they have done the right thing in coming forward and reporting
- **be** non-judgemental
- **show** empathy and sensitivity
- **maintain** impartiality
- **identify** if an interpreter or registered intermediary is required
- **speak** to the victim in an environment in which they are comfortable
- **understand** that rape and sexual offences in intimate/ex-intimate partner relationships may occur as part of a pattern of coercive or controlling behaviour or **stalking** and seek evidence connected with either of these offences
- **remember** that many victims may be under the age of 18 and are therefore still children and need to be dealt with in accordance with current Working Together to Safeguard Children guidance and **APP on child abuse** investigation.

Initial account

Allow the victim to speak freely about what has happened. Use open questions such as ‘tell me’. Confine any questioning to establishing:

- **What** has happened?
- **Who** did it?
- **Where** did it happen?
- **When** did it happen?

Record the initial account accurately. Body worn video may be used to record initial accounts only where the victim has consented and has the capacity to consent.

The victim’s account will help you decide whether a sexual offences investigation trained officer (SOIT) is required and whether you need to secure a crime scene. SOITs are officers who have been trained to College standards and are trained to interview victims of serious and complex offences in accordance with **Achieving Best Evidence** (ABE) guidelines when required to conduct the victim interview.

Next steps (recent cases)

- Does a SOIT need to be deployed (see below for further information)?
 - **If yes**, follow local force procedures for arranging attendance.
- Is there a live crime scene, eg, location, victim, suspect?
 - **If yes**, secure it and arrange for a crime scene investigator (CSI) to attend.
- Is there more than one crime scene?
 - **If yes**, secure them and request for officers to be deployed to each scene to avoid cross-contamination issues.
- Is there a risk that forensic samples might be lost through delay in arranging a forensic examination or the victim’s need to urinate, wash etc.?
 - **If yes**, consider retrieving samples through use of an Early Evidence Kit (EEK). For further information, see **Using an Early Evidence Kit**.
- Are there other forensic or evidential retrieval opportunities? For further information, see **FFLM (2018)** Recommendations for the collection of forensic specimens from complainants and suspects.

Next steps (non-recent cases)

- Does a SOIT need to be deployed?
 - **If yes**, follow local force procedures for arranging attendance.
- Delays in reporting will result in loss of forensic samples. Reports that are more than a week old are unlikely to require retrieval of forensic samples*. For further information, see **FFLM (2018)** Recommendations for the collection of forensic specimens from complaints and suspects.
- Are there other forensic or evidential retrieval opportunities (see **Annex A**)?

* Hair for toxicology (drugs) = minimum 4-6 weeks after the incident has taken place.

Forensic medical examination

If the decision is made that an FME is required, you will:

- explain the purpose of a forensic medical examination (FME) with the victim
- arrange and accompany the victim to the FME if the victim consents to the examination.

If the victim **does not** consent to referral or examination where appropriate, advise them to seek urgent medical/welfare advice and provide details of the local sexual assault referral centre (SARC) or equivalent. Timescales may be crucial and victims should be advised, for example, that a maximum of 72 hours applies to start HIV treatment and emergency contraception needs to be taken within five days.

When a victim is unable to consent to forensic examination or retrieval, eg, through being heavily intoxicated by alcohol or drugs, confusion due to head injury, strangulation, diabetes or because of issues relating to capacity, such as mental ill health, make arrangements to do so when the victim is sober or is appropriately supported with making decisions, eg, through an intermediary. Recording these facts is crucial to the lines of enquiry for the investigation.

Record all actions and decisions in a sexual offences investigation log and hand information to the SOIT where deployed.

Further steps and SOIT role

SOITs will normally be deployed to all reports of penetrative sexual offences. Forces may make a decision to deploy a SOIT to other sexual offences. The SOIT will be responsible for building rapport and maintaining contact with the victim.

At initial report you will:

- **have** initial discussions on obtaining a full account from the victim, remembering that victims of sexual offences are entitled to an enhanced service under the **Victims' Code of Practice** and are eligible for assistance as intimidated witnesses by virtue of **section 17(4) Youth Justice and Criminal Evidence Act 1999** within **ABE guidelines**
- **identify** potential witnesses or anyone to whom any early complaint was made
- **identify** any suspect and conduct intelligence checks – decisions relating to arrest of the suspect will be made in consultation with the investigating officer
- **obtain** preferred method of contact details for the victim, explain next steps and keep them informed
- **discuss** options with the victim for providing support and addressing welfare issues.

If the victim consents to FME

- **record** the victim's written consent in your log
- **advise** the victim not to change/discard clothing, wash, use the toilet, eat, drink, or smoke until after the examination
- **avoid** cross-contamination during transportation to the SARC or other medical centre by using car seat covers
- **ask** the victim whether they have washed or had a drink since the incident took place – these may affect forensic recovery
- **brief** the forensic practitioner with the facts of the case
- **secure** forensic samples taken from the victim and ensure continuity
- **record** forensic or medical findings in your log and any disclosures made by the victim during the examination
- **pass** forensic findings to the investigating officer
- **brief** the CSI and manager
- if the victim is in hospital, ask staff to preserve the victim's clothing, forensic samples, pre-transfusion blood sample (if applicable) and photographs of recent/non-recent physical injury, scars, bruises, scratches, abrasions.

If you have been in contact with the victim, to avoid cross-contamination, arrangements will need to be made for another officer to arrest the suspect. A prompt arrest will help to detain the suspect and prevent further offending.

Using an Early Evidence Kit

- **explain** the purpose of the EEK
- **obtain** signed victim consent before taking samples
- **follow** the instructions
- **collect** the mouth swab/rinse yourself
- **have** the subject take the other swabs
- **record** the lot number, expiry date and time each swab/rinse was taken
- **take** a second urine sample within one hour after the first if the forensic medical examination is delayed and if the incident occurred within the last 24 hours.

Safeguarding

The victim's safety and support is paramount. Ensure that any safeguarding required to protect the victim from harm is implemented before leaving the victim. With consent, they will be referred to a local independent sexual violence adviser service or equivalent rape and sexual offences support service.

Record all reports of rape immediately as a confirmed crime or N100 record on the force crime system.

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