NPIA
National Policing Improvement Agency
PROFESSIONAL PRACTICE

Briefing Note on First Response to Rape

Your role

As first response officer, your role is central to making the victim feel safe and starting the investigative process. In most rape cases the victim will be able to name the suspect, and in these circumstances efforts should be coordinated to trace the suspect and make an early arrest.

In responding to a report of a rape you should:

- Obtain the initial disclosure verbatim, if possible (eg, from a 999 call);
- Take an early evidence kit (EEK) with you;
- Establish contact with an investigating officer (IO) who is able to provide real-time advice and supervision.

Fast-track actions on arrival at the scene

Each case will present different priorities. You will need to make an early assessment of the case to determine the action to take:

- Ensure the victim's welfare and medical needs are met;
- Take a first account from the victim;
- Assess the scenes (including the victim, location(s) and suspect);
- Preserve forensic evidence from the victim using an EEK;
- Identify any witnesses or methods of tracing witnesses, eg, CCTV coverage of scenes or area including exit or access routes;
- Keep accurate records of anyone whom the victim has told about the offence, any vehicles used to transport the victim, words spoken and the demeanor of the victim.

Victim welfare and forensic medical examination

At the scene you will be faced by the conflicting demands of meeting the needs of the victim and taking steps to preserve evidence. Your main concern is to ensure that urgent medical and welfare requirements of the victim are addressed.

Unless the victim requires urgent medical attention, a forensic medical examination should be arranged by a Specially Trained Officer (STO) or force control room. If you have to arrange the examination, do so as soon as possible and minimise moving the victim prior to this.

If the victim wishes to be accompanied by a friend or supporter during the examination, consider any risks of cross-contamination, including evidential risks, eg, whether the supporter is also a witness. Use seat covers when transporting the victim by car.

If the victim has been taken to an A&E department, explain to medical staff that you require evidence to be preserved, eg, removing and bagging clothes and effects separately. Seek advice from an STO.

If the victim refuses a forensic medical examination, you should provide them with referral information, and advise them to seek medical care as soon as possible, eg, to reduce risks of contracting sexually transmitted infections. Referral information should include:

- Location and availability of services such as Sexual Assault Referral Centres (SARCs), which often provide forensic medical examinations, medical aftercare, victim support and counselling;
- Availability of specialist sexual violence services (eg, Rape Crisis Centres) and Independent Sexual Violence Advisors (ISVAs), who take referrals from the police (and other agencies) and provide support to the victim during ongoing contact with agencies.

Taking a first account

The first account may contain important information which is lost or forgotten later. For these reasons, it may be admissible in court as hearsay evidence of the truth of the content of the victim's account to show consistency or inconsistency. Your record should be as accurate as possible. Give the victim as much privacy as you can to provide the first account and make an assessment of whether the victim is likely to require special measures and other further assistance.

Taking a first account from the victim should be limited to asking about these issues:

- Need for medical assistance;
- Identity, location and description of the suspect (if known);
- Time of the offence in order to prioritise action;
- Location of the crime scene(s);
- Exact nature of the offence(s) to identify forensic opportunities for using EEKs and informing the forensic physician;
- Activities since the offence took place which may affect forensic opportunities, eg, washing, drinking;
- Identity and contact details of any other person(s) informed of the offence by the victim;
- Identity and existence of any witness(es) to the offence or to events immediately prior to or after the offence.

Recording evidence of early complaint

Evidence of early complaint might be the original telephone call to the police or somebody the victim has confided in. If they are at the scene obtain and record:

- The circumstances in which the disclosure took place (including location and method, eg, in person, by telephone or text);
- Victim's exact words to the witness;
- Other witnesses to the early complaint;
- The victim's demeanour at the time of the disclosure.

Preserving forensic evidence

Victims of rape may give little information about the nature of the offence(s) and might be embarrassed, ashamed or unable to articulate exact details. This can make it difficult for you to assess which parts of the EEK to use and advise the victim. Alternatively, the victim may ask you for advice because they want to wash, change clothes, use the toilet etc.

- Try to establish some basic information about the offence(s) without asking leading questions.
- Give them an estimate of how long it will be before the forensic medical examination.
- If in doubt, use all modules of the EEK.
- Give advice which balances the victim's needs and wishes with the requirement to preserve evidential opportunities.

Actions and advice for victims to preserve forensic evidence

Nature of complaint	Actions to preserve evidence
The victim was given alcohol or drugs or was voluntarily intoxicated.	Urine samples should be obtained. The victim should be provided with a urine collection vessel from the EEK or another clean receptacle such as a cup if an EEK is not available. In these circumstances the sample should be put into the correct container as soon as possible, the time recorded and the action logged. You should not witness urination. If there is a delay before the medical examination, request a second urine sample approximately one hour after the first and record the time it was taken.
Oral intercourse occurred.	The victim should not drink, eat, clean their teeth or smoke and a mouth swab or rinse should be taken. This could be taken by you using an EEK. If an EEK is not available a toothbrush can be used and retained and water can be used as a rinse (this should be retained in a clean cup).
Penetrative intercourse (vaginal and/or anal) or external ejaculation occurred close to the genitalia.	Using the toilet should be delayed (except in cases where the victim has had alcohol or drugs). In all other circumstances if the toilet is used to urinate or defecate, tissue paper used should be retained, as should any sanitary dressings. If anal rape is suspected, any stool sample should be retained in a clean receptacle. The victim should not wash or bathe, wherever possible.
The victim was kissed, licked and/or bitten on a skin surface or held/gripped in a particular area (skin or clothing).	The victim should not wash, bath, brush their hair, remove jewellery or change clothing so as to preserve the area. Any clothing removed prior to officer contact should be recovered. If clothing is removed post officer contact, the victim should stand on an appropriately sized piece of paper and the paper recovered and packaged accordingly. The area should be examined by a forensic practitioner in relation to recovering cellular material, and for any injuries.
The victim was forced to masturbate the offender.	Hand or jewellery swabs should be taken by you and any jewellery, such as rings and bracelets, should be recovered, if possible.
Items were discarded at the scene, eg, tissues used to wipe body, changed clothing, items relating to offender, eg, brought to scene and/or used at scene.	Such items should be recovered and appropriately packaged. Lost items should also be recorded as they could have been lost at the scene or be with a potential offender.

FORENSIC SCIENCE SERVICE

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Protecting the crime scene

Identify, secure and protect all scenes, including the victim, location(s) and suspect (if known/present). Consider:

- Any access and exit routes used by the victim and suspect(s) including victim release sites;
- Any possible hiding places, dumping sites and vehicles used for transporting the victim or leaving the scene;
- Avoiding cross-contamination of evidence. If the suspect is known/present or a further scene(s) is identified, a different officer will be deployed to deal with this.

Arresting the suspect

Often the victim will know and identify the suspect. Where you have sufficient evidence to arrest a suspect, and the suspect is present, you should do so as soon as possible. Usually different officers should be deployed to the suspect and the victim to prevent cross-contamination of evidence. This is particularly important in recently committed offences where forensic evidence and an early account can be obtained from the suspect and checked against other material such as CCTV images, financial transactions etc.

Building the investigation log

You should start an investigation log. It will be progressed by the STO and the IO and is a record of:

- Initial account of the victim and witnesses;
- Offender details and/or description;
- Sketch plan of scene;
- Action you have taken;
- Log of use of EEK and other measures taken to protect the scene;
- Witnesses and details of witnesses of early complaint;
- List of exhibits.

Providing a single point of contact

You should remain as the first point of contact until an STO and an ISVA (or similar support service) is appointed to the case. The STO will then become the police single point of contact for the victim and witnesses.

Notification to specialist teams/departments

Ensure that the correct departments have been informed by command and control of any report of rape. This will usually mean informing the duty officer and/or a specialist investigator, according to your local arrangements. The IO will appoint an STO to the case and should also make a referral to an ISVA (or similar local equivalent service).

Crime recording

A victim-centred approach to crime recording should be adopted when crime recording rape. Delays in crime recording, beyond the initial investigation, should be an exception rather than the rule.

This document is linked to *ACPO/CPS (2009) Guidance on Investigating and Prosecuting Rape*, *ACPO (2009) Briefing Note on Initial Contact in Rape Cases* and *ACPO (2009) National Sources of Operational Support and Intelligence for Rape Investigations.*

For more information, please contact:

Specialist Operations Centre
National Policing Improvement Agency
Wyboston Lakes
Great North Road
Wyboston
Bedfordshire
MK44 3BY

T +44 (0)845 000 5463

E soc@npia.pnn.police.uk

www.npia.police.uk

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