Information Governance Unit
Information Management Branch

XXXX

20th September 2010

Dear XXXX

FREEDOM OF INFORMATION REQUEST REFERENCE NO: XXXX

I write in connection with your request for information dated 28th July 2010, which was received by Greater Manchester Police on 20/05/2010**.** I note you seek access to the following information:

1 - I request detailed information of the GMP procedure for the investigation of allegations of rape.

2 - I request the arrest procedure, that is, any procedural investigations which must be carried out before an arrest is made.

3 - I request details of any training courses which officers engaged in investigating rape allegations have to attend.

Following receipt of your request searches were conducted within Greater Manchester Police to locate information relevant to your request. I can confirm that the information you have requested is held by Greater Manchester Police.

Please find attached a copy of the Talon Policy in relation to the effective investigation of rape and serious sexual assault.

Section 17 of the Freedom of Information Act 2000 requires that Greater Manchester Police, when refusing to provide such information (because the information is exempt) to provide you, the applicant, with a notice which: (a) states that fact, (b) specifies the exemption in question and (c) states (if that would not otherwise be apparent) why the exemption applies.

Where information has been redacted the exemptions applicable to the information are:

Section 31(1), which is a prejudiced based and qualified exemption and relates to Law Enforcement.
Section 40(2), which is a qualified absolute exemption and relates to Personal Information.

Information Governance Unit, Information Management Branch, Police Headquarters,
Chester House, Boyer Street, Manchester M16 0RE
Tel: 0161 856 2529/2668, Fax: 0161 856 2535, Minicom: 0161 872 6633,
Email: freedomofinformation@gmp.police.uk

Section 40(2)
This is a classed based and absolute exemption and relates to Personal Information that is likely to identify a third party and therefore any disclosure of the data under the Freedom of Information Act, is likely to breach principle 1 of the Data Protection Act 1998.

In so far as section 31(1) apply, I am satisfied that the balance of public interest lies in non disclosure of the information.

Harm in Disclosure
Protecting the safety of the public is of paramount importance to Greater Manchester Police and to disclose the information that shows the procedures and law enforcement tactics used by GMP to prevent and detect crime and apprehend offenders would potential put victims of crime relating to rape and serious sexual assault at risk. Furthermore disclosure could assist individual's (offenders) intent on criminal activity and this would ultimately hinder Greater Manchester Police in the ability to prevent and detect crime.

Section 31
Factors in favour of disclosure
To disclose the information would provide the public with better awareness of how GMP deals with reports of rape and serious sexual assault and may lead to more information being provide to Greater Manchester Police from members of the public or victims who have been subject to rape or serious sexual assault, coming forward and reporting those crimes to the police.

Factors in maintaining the exemption
To disclose the information would comprise law enforcement tactics and could ultimately hinder Greater Manchester Police in the ability to prevent and detect crime as disclosure of the information could assist individual's (offender) to commit crimes and prevent those crimes from being detected. Furthermore disclosure of the information may potential put victims of those crimes at risk.

Balance Test
When balancing the public interest test Greater Manchester Police has to consider whether the information should be released into the public domain. Arguments need to be weighed against each other. The most persuasive reason for disclosing the information would be the public having better awareness and potentially leading to more information being provided to Greater Manchester Police. This needs to be weighed against the strongest reason for non-disclosure, which, in this case is that law enforcement tactics may be compromised. Greater Manchester Police will not disclose information that could hinder our ability to prevent and detect crime.

Complaint Rights
Your attention is drawn to the attached sheet, which details your right of complaint.

Should you have any further inquiries concerning this matter, please write or contact me, on telephone number 0161 856 2529 quoting the reference number above.

Yours sincerely,

Information Access Officer

Information Governance Unit, Information Management Branch, Police Headquarters,
Chester House, Boyer Street, Manchester M16 0RE
Tel: 0161 856 2529/2668, Fax: 0161 856 2535, Minicom: 0161 872 6633,
Email: freedomofinformation@gmp.police.uk

COMPLAINT RIGHTS

Are you unhappy with how your request has been handled or do you think the decision is incorrect?

You have the right to require Greater Manchester Police to review their decision.

Prior to lodging a formal complaint you are welcome and encouraged to discuss the decision with the case officer that dealt with your request.

Ask to have the decision looked at again –
The quickest and easiest way to have the decision looked at again is to telephone the case officer that is nominated at the end of your decision letter.

That person will be able to discuss the decision, explain any issues and assist with any problems.

Complaint
If you are dissatisfied with the handling procedures or the decision of Greater Manchester Police made under the Freedom of Information Act 2000 regarding access to information, you can lodge a complaint with Greater Manchester Police to have the decision reviewed.

Complaints should be made in writing and addressed to:

Information Governance Manager
Greater Manchester Police
Police Headquarters
Chester House
Boyer Street
Manchester
M16 0RE

The Information Commissioner
After lodging a complaint with Greater Manchester Police if you are still dissatisfied with the decision you can make an application to the Information Commissioner for a decision on whether the request for information has been dealt with in accordance with the requirements of the Act.

For information on how to make an application to the Information Commissioner please visit their website at www.informationcommissioner.gov.uk. Alternatively, phone or write to:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Phone: 01625 545 700

TALON POLICY

The effective investigation of rape and serious sexual assault

Date: February 2010
Author: DS Liz Hopkinson
Version: One

GREATER MANCHESTER
POLICE

Foreword

"Greater Manchester Police is committed to providing a consistently high level of service to victims of rape and serious sexual assault and to rigorously investigate these crimes to hold offenders accountable through the criminal justice system.

GMP aim to work cohesively with, and draw on the expertise of, Greater Manchester Crown Prosecution Service and other partner agencies to deliver an improved service, which will give members of the public the confidence to report such incidents and the strength to support a prosecution.

The Talon Policy has been produced to provide a framework for GMP officers to achieve these high standards. It is therefore incumbent on all those involved to ensure that every victim is left assured, regardless of the outcome, that everything possible was done to bring the case to a successful conclusion."

ACC Serious Crime & Intelligence

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1 Introduction

This policy reflects the 2009 'Guidance on Investigating and Prosecuting Rape' produced on behalf of ACPO and CPS by the National Policing Improvement Agency (NPIA). All staff involved in the investigation of rape and serious sexual assault should refer to this guidance. It is available as a direct link from police pnn computer systems only:

[redacted]

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The Talon policy replaces GMP's 'Project Nightingale – The Standard for the Investigation of Rape and Serious Sexual Assault'. It has been produced to reinforce GMP's commitment to providing victims of rape and serious sexual assault a level of service that gives them the confidence to report these crimes. It provides a pathway to achieving consistently high levels of investigation across the force by advocating a 'supervised investigative team approach' and seeking early consultation with CPS in every case. Furthermore, the Talon policy dictates a requirement to monitor case files to ensure the policy is adhered to and the standard of investigation is consistently achieved.

The Talon policy defines the roles and responsibilities of all parties involved in the conduct and management of rape and serious sexual assault investigations, from first contact with an employee of GMP, to the investigating officers and their supervisors, through to post trial evaluation.

GMP understands victims of rape or serious sexual assault may be male or female of any age. Throughout the investigation the individual needs of the each victim should be addressed with particular sensitivity to their age, gender, sexual orientation, disability, race, religion, ethnicity or cultural background.

The policy should be read in conjunction with existing guidance in respect of child abuse investigation, domestic abuse and safeguarding vulnerable adults.

2 Offences

Talon policy focuses on the offence of rape (section 1 Sexual Offences Act 2003) and assault by penetration (section 2 Sexual Offences Act 2003), including attempts to commit these offences. However, it may be adopted for the effective investigation of other sexual offences with aggravating features where the Investigating Officer deems it appropriate.

2.1 RAPE: SECTION 1 SEXUAL OFFENCES ACT 2003

A person commits rape if he intentionally penetrates the vagina, anus or mouth of another person with his penis, without their consent.

2.2 ASSAULT BY PENETRATION: SECTION 2 SEXUAL OFFENCES ACT 2003

Assault by penetration – a person commits assault by penetration if they intentionally penetrate the vagina or anus of another person with a part of the body or anything else, without their consent.

For offences committed prior to 1 May 2004, the previous legislation (principally the Sexual Offences Act 1956) still applies.

2.3 CATEGORIES OF RAPE

Talon Policy has been developed to provide officers with a framework for the investigation of rape and serious sexual assault.

As detailed in the 2009 NPIA publication 'Guidance on Investigating and Prosecuting Rape' the Talon Policy acknowledges 'terms of offending' which assists officers to identify vulnerabilities relating to the circumstances of the victim or risks relating to the behaviour or the circumstances of the suspect. For example, it highlights a requirement to conduct a risk assessment when dealing with a suspect of domestic or relationship rape or serious sexual assault. Similarly, it should prompt the IO to ensure all reasonable steps are taken to safeguard victims of domestic or relationship rape or serious sexual assault before they leave police care.

Additionally, by identifying the 'terms of offending' the guidance offers specific investigative opportunities for each type of offence. These opportunities or 'possible lines of enquiry' are

detailed in section 14 of this policy document.

The different types of offending are explained as follows:

2.4 ACQUAINTANCE RAPE

In these cases the victim is able to identify the suspect as somebody who is known to them. This could be somebody with whom they are friends, a neighbour, co-worker or someone they know through other social circles. It may also include cases where a victim has recently 'dated' an offender where no previous sexual relationship existed.

(See Section 14.3 Possible Lines of Enquiry for Investigating Acquaintance Rape or Serious Sexual Assault)

2.5 DRUG-ASSISTED RAPE

This is where alcohol or drugs are intentionally administered to the victim before committing rape. It includes when a suspect knows or believes that a person has ingested sufficient quantities of alcohol, or a type of drug, which will impair their ability to consent, and therefore the suspect does not reasonably believe that the person consented to a sexual act. The most common form of drug-assisted rape is facilitated through alcohol.

The effects of having being given alcohol or drugs, and the victim's recollection of what has happened to them, will vary from victim to victim dependent on the type of drug administered, the time elapsed since administering the drug and the dosage.

(See Section 14.4 Possible Lines of Enquiry for Investigating Drug-Assisted Rape and Serious Sexual Assault, and Section 8.5 Use of Early Evidence Kit).

2.6 DOMESTIC OR RELATIONSHIP RAPE

This is an offence that is committed by people who are, or have been, intimate partners or family members of the victim. This will include parents, siblings and grandparents, whether directly related or related through marriage or non-marriage partnerships. These offences are more prevalent than acquaintance or stranger rapes. Officers should be mindful that escalation of the levels of abuse can increase rapidly and, given the fact that the offender is known, a very real risk is posed to the victim.

(See Section 3.2 MARAC; and 14.5 Possible Lines of Enquiry for Investigating Domestic or Relationship Rape or Serious Sexual Assault)

2.7 STRANGER RAPE

Rape by a stranger is relatively rare. This is where the victim has no previous knowledge of the perpetrator and has not knowingly met them before the offence. It includes cases in which there may have been a brief encounter with the victim but they would not describe them as an acquaintance.

(See Section 14.6 Possible Lines of Enquiry for Investigating Stranger Rape or Serious Sexual Assault)

2.8 MULTIPLE OFFENDER RAPE

This includes any offence of rape or serious sexual assault committed against a victim by two or more offenders, or where it is suspected that more than one offender is involved.

(See Section 14.7 Possible line of Enquiry for Investigation Stranger Rape or Serious Sexual Assault)

Some offences may fall into more than one category, for example where the victim and suspect have been dating for a short period of time and the offence occurred while the victim was intoxicated. An investigator will need to consider the offence as both a domestic and drug-assisted rape.

3 Victim Care and Considerations

3.1 VULNERABLE VICTIMS AND VICTIMS IN VULNERABLE SITUATIONS

Those who are particularly vulnerable may be victimised a number of times on separate occasions and possibly by different offenders. Officers should not doubt such reports on the basis that the victim has made previous reports as there is evidence that sexual offenders target certain types of victims whom they regard as vulnerable.

Vulnerability is not reserved for those who are generally described as being in a 'vulnerable group', for example a child. The circumstances surrounding a person may place them in the category of 'vulnerable' at that particular time, for example following the consumption of alcohol.

The NPIA Guidance on Investigating and Prosecuting Rape (pages 21 – 26) identify specific risk factors concerned with suspects and victims and assist the investigator to understand why repeat offending often occurs. A link to this document can be found in Section 1 Introduction of this policy.

3.2 MULTI AGENCY RISK ASSESSMENT CONFERENCE (MARAC)

MARAC focuses on domestic abuse. The objective of MARAC is to identify high risk victims, and in some cases their family members, in order to implement a multi agency risk management plan to safeguard them. MARAC are held at least once a month. The police are often represented by the Detective Inspector from the Public Protection and Investigation Unit and the Detective Sergeant from the Domestic Abuse Team. MARAC are attended by partner agencies from Probation, Heath, Housing, Children's Services, Vulnerable Adult Departments and the Independent Domestic Abuse Advisor (IDDA) (formally known as Independent Domestic Violence Advisor).

Each case is discussed, information is shared and a robust action plan is formulated to protect the victim and their family. [redacted]

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Each division may have it's own protocol for referring cases to MARAC but there will usually be a simple one page document to complete including a risk assessment. Officers dealing with cases or domestic or relationship rape should contact their location domestic abuse units for advice.

3.3 SEX WORKERS

By nature of their work, their locations and the possible involvement of alcohol or drugs, sex workers are at particular risk of rape and serious sexual assault. Sex workers have previously failed to report such crimes possibly because they had little confidence in the level of support they might receive from the police.

Local outreach teams collate information when sex workers report suspicious behaviour and could provide valuable information to aid the investigation into these crimes. Within the GMP area, there are two action groups supporting sex workers:

- Manchester Action for Street Health (MASH) encourage sex workers to report rape and provide a valuable link between the victim and the police. The MASH team has premises in the city centre and a mobile facility, which they use to provide access for sex workers at all hours. They are trained to use early evidence kits EEKs and will provide advice and support to the victim and facilitate a police investigation. Use the MASH link for more information and contact details: http://www.mash.org.uk/

- The 'Reachout' project supports sex workers in the Bolton area. They have premises situated in the working area therefore sex workers can engage with staff 24 hours a day. They encourage sex workers to report rape and actively assist the police, providing communication links with the victims of crime. See Appendix C for contact details of Bolton's Reachout project.

3.4 LESBIAN, GAY & BISEXUAL VICTIMS

Additional care and caution needs to be given when dealing with victims from this section of the community. The service requires additional sensitivity where victims, who are not heterosexual, haven't revealed this to friends or members of their family. The decision whether to 'come out' or not can be an every day reality of being gay. This dilemma is intensified when a victim is raped and faced with the potential need to inform medical staff and the police, thereby creating a fear that it might become public should a case go to court.

However, section 46 of the Youth Justice and Criminal Evidence Act 1999 provides for applications to be made to a court to protect witnesses who may be in fear of or distressed at giving evidence in Court. Therefore it may be that some of these fears could be allayed which would provide them with reassurance that the police will positively investigate their case, and assist them to provide their evidence without fear of personal trauma. For more information see link to PNLD:
http://pnld.westyorkshire.pnn.police.uk/docmanager/content/D7865.htm

3.5 VICTIMS FROM THE TRANSGENDER COMMUNITY

GMP has developed a better understanding of the trauma suffered by victims of rape and the dilemmas they face regarding the reporting of these crimes to the police or medical services. These concerns are multiplied for transgender people who often experience misunderstanding by professionals under general circumstances.

People from transgender communities fear discrimination and inaction by police officers and are concerned about exposure of their status due to lack of confidentiality. It is therefore imperative for officers to respond professionally and provide appropriate reassurance to gain their confidence. Again, as in Section 3.4 above, explain the provisions available, which can be applied for, to allay fears and protect witnesses who provide evidence in Court.

For a greater understanding of transgender see link:
http://66.102.9.132/search?q=cache:3yKCAdUsztUJ:www.oboler.com/diverse/articles/transgender%2520the%2520issues.doc+transgender+rape+manchester&cd=17&hl=en&ct=clnk&gl=uk

4 Roles and Responsibilities

4.1 ASSISTANT CHIEF CONSTABLE (ACC)

Serious Crime & Intelligence will be the Chief Officer lead for 'Operation Talon', Rape and Serious Sexual Assault. The ACC will provide strategic direction to the Force and Serious Crime Division in relation to Rape and Serious Sexual Assault.

4.2 SERIOUS CRIME DIVISION

The Detective Superintendent of Operation Talon, Serious Crime Division, will maintain ownership of this policy and has responsibility for the strategic direction of Rape and Serious Sexual Assault.

They have the responsibility to:

- Advise Chief Officers
- Provide strategic leadership and direction to the force
- Provide a specialist source of advice and guidance to divisions
- Review force performance
- Share good practice throughout the force
- Continually engage with communities at a strategic level via support groups and partnerships
- Maintain and review force policy
- Promote the reporting of rape and serious sexual assault
- Develop and promote rape awareness campaigns
- Carry out periodic rape file reviews across the force to ensure a consistently high level of investigation is achieved
- Work collaboratively with other regional forces to share good practice

4.3 DIVISIONAL COMMANDER

Divisional Commanders have responsibility for ensuring:

- There are sufficient Specially Trained Officers (STOs) throughout their division
- STOs are deployed to address the needs of the victim in every case of rape or serious sexual assault
- The effective supervision of all cases of rape and serious sexual assault

- Their staff are familiar with Talon Policy
- Officers and staff have relevant training in dealing with incidents
- Crimes are recognised as 'critical incidents' where appropriate
- Division is represented at monthly Tactical Talon Meetings

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[redacted]

4.5 DIVISIONAL DCI

It is the responsibility of the Divisional DCI to:

- Ensure their staff are familiar with Talon Policy
- Ensure Talon Policy is adhered to, to a consistently high standard
- Ensure officers and staff have relevant training in dealing with incidents
- Carry out periodic rape file reviews
- Provide a representative for monthly Tactical Talon Meetings
- Conduct a major crime review of undetected cases after 90 days
- Recognise some crimes may be regarded as 'critical incidents' and ensure an appropriate response

5 Call Taker / Enquiry Counter Officer

It is the responsibility of the Call Taker / Enquiry Counter Officer to take steps to ensure the immediate safety of the victim, provide reassurance, respond to medical needs and protect evidence pending the police first response.

Where a complaint is received on a division which differs to the location of the offence, the division the victim is reporting to will respond to the victim's needs by providing a STO, escort to St Mary's Centre and assistance with victim interview, where appropriate. This should all be done in communication with the Investigating Officer (IO) in the Crime Operations Department of the division that will preside over the investigation. Contact here is imperative to maintain appropriate victim care and continuity of the investigative approach.

5.1 CALL TAKER: CONSIDERATIONS

- Ensure that it is safe to speak to the caller
- Clarify information provided by the caller
- Ask non-leading questions where possible so that evidence of early complaint is not compromised
- Questions should be relevant to assessing the immediate safety of the victim, and to enable officers deployed to the incident to be briefed
- Record information as accurately as possible. It is one of the few occasions where 'hearsay evidence' may be accepted by a court as evidence of first complaint
- Ensure an accurate description of the suspect is recorded on the FWIN
- Call Takers and Radio Operators should not use language which is open to interpretation and may provide an inaccurate impression

5.2 CALL TAKER: QUESTIONS TO ASK

Obtain and record the following information:

- Identity the location of the person making the report
- Whether they are the victim, third party or witness
- The exact time and location of the incident
- Nature of the incident
- Whether medical assistance is required and the severity of any injuries
- Location and identity of the victim
- Whether there are any special needs considerations, eg disability, language and whether an interpreter is required

- Location and identity of the suspect
- First description of the suspect
- Location of any other parties (witnesses, supporters) and their contact details
- Whether any person appears to be drunk or has taken drugs
- If the suspect is known to the victim, whether there is a history of violence or sexual offences
- Whether steps have been taken to preserve evidence
- Details of the demeanour of the victim or caller
- A first account of what the caller says has occurred (verbatim or recorded for transcription)
- Preferred contact point if not at the scene
- If the caller wishes to remain anonymous, the reasons for this
- Establish whether the victim would prefer to speak to an officer of a particular gender

When all details from the caller have been obtained endorse the FWIN with the A – J (officer update guidance).

5.3 CALL TAKER: MOST APPROPRIATE RESPONSE

Early police contact is essential. If urgent medical assistance is required, call an ambulance and ensure an immediate police response.

A report of rape or serious sexual offence should receive an 'immediate response' if the victim is still at risk, if they are injured, in a vulnerable location or if the suspect is nearby. In these circumstances an immediate response in addition to a Specially Trained Officer (STO) is imperative.

When a report is received where the victim is in a safe location allocating an STO in the first instance would be the 'most appropriate response'. Advise the caller that a specially trained officer will attend as soon as possible, and provide a realistic time-frame. Although it is not served by an immediate response this incident remains a top priority and there should be no unnecessary delays in attendance.

5.4 CALL TAKER: ADVICE ON VICTIM SAFETY

Suspect still at scene or close by:

- Keep the caller on the line to record any background noise

Suspect left the scene:

- Advise the caller to lock and secure the premises and return to the telephone. Obtain description of the suspect, any vehicle used and direction of travel and/or possible destination

Victim is in a vulnerable outside environment or is unsure of their exact location:

- Keep the caller on the line so their location can be traced and/or their safety monitored. If the victim is unable to identify their exact location, they should be advised to remain at the scene, if it is safe to do so.
- If remaining at the scene compromises their safety, the victim should be asked to leave an object or a non-valuable personal item to mark the exact location of the crime scene. Provide them, where possible, with directions and suggestions of possible safe premises in the vicinity.

5.5 CALL TAKER: ADVICE ON PRESERVATION OF FORENSIC EVIDENCE

In GMP, there should be no unnecessary delay for an STO to attend the scene and provide appropriate advice. However, if at the time of the call, advice is sought and the incident relates to a rape or serious sexual assault that has occurred within the preceding seven days:

- Advise the victim not to drink, eat anything, discard clothing worn at the time of the incident or subsequent to it, clean their teeth, use the toilet or discard underwear or sanitary products, wash or shower, smoke or disturb the scene
- Reiterate that a specially trained officer will be with them as soon as possible and will be able to assist further

Record any advice given on the FWIN.

For further information and guidance on the initial contact in rape cases, including the preservation of evidence use the link to the ACPO 2009 Briefing Note - Initial Contact in Rape Cases. London: NPIA:
http://library.npia.police.uk/docs/npia/Briefing-Note-Initial-Contact-Rape-2009.pdf

5.6 ENQUIRY COUNTER OFFICERS (ECO)

When a victim reports an offence of rape or serious sexual assault at the front enquiry counter the ECO should restrict their questioning to avoid duplication. Obtain only their personal

details including their name, date of birth, address and telephone number. Ensure the victim is safe (ie that the suspect is not in the vicinity) and establish when the crime occurred (as this will impact on the forensic response).

Show the complainant to a private room and contact uniform supervision immediately. Create a FWIN ensuring all information obtained is accurately transferred to the log and request a Specially Trained Officer (STO) as a matter of priority.

If urgent medical treatment is needed, call an ambulance and ensure that the victim is accompanied to the hospital by a police officer.

Forward any documentation to the Investigating Officer as it will form part of the investigative plan and be ultimately retained in evidence or unused material (to comply with Criminal Procedure and Investigations Act 1996).

Do not:

- Provide the victim with food and drink
- Allow the victim to smoke
- Allow the victim to remove or add clothing

Advise the victim why this is the case and reiterate that a specially trained officer will be attending as soon as possible. For further information and guidance on the initial contact in rape cases use the link to the ACPO 2009 Briefing Note - Initial Contact in Rape Cases. London NPIA:
http://library.npia.police.uk/docs/npia/Briefing-Note-Initial-Contact-Rape-2009.pdf

6 Communications

Early police contact is essential - a report of rape or serious sexual offence should receive an 'immediate response' if the victim is still at risk, if they are injured, in a vulnerable location or if the suspect is nearby. In these circumstances an immediate response in addition to a Specially Trained Officer (STO) is imperative.

When a report is received where the victim is in a safe location allocating an STO in the first instance would be the 'most appropriate response'. Advise the caller that a specially trained officer will attend as soon as possible, and provide a realistic time-frame. Although it is not served by an immediate response this incident remains a top priority and there should be no unnecessary delays in attendance.

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[redacted]

[redacted]

7 Response

The effective investigation of rape and other serious sexual assaults relies upon teamwork to satisfy the needs of the victim and secure best evidence.

7.1 RESPONSE SERGEANT

The response sergeant is responsible for ensuring that the initial uniform response to the incident is effective.

In most cases of rape or serious sexual assault the victim will be able to name the suspect, and in these circumstances efforts should be co-ordinated to trace the suspect and make an early arrest (see arrest strategies 9.2 Planned Arrest; 9.3 Expedient Arrest).

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[redacted]

7.2 ARRESTING OFFICER

It is crucial to accurately record any comments (or indeed silences) made by a suspect arrested for rape. When documented, this evidence will be used by interviewing officers and could be a vital part of the prosecution case.

As such it is important that any arrest is made with the knowledge and support of the

Investigating Officer (see arrest strategies: Section 9.2 Planned Arrest; 9.3 Expedient Arrest) but as a guide the arresting officer should: -

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[redacted]

7.3 RESPONSE INSPECTOR

The Response Inspector is responsible for the supervision and management of the initial response to a report of rape or serious sexual assault.

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[redacted]

8 Specially Trained Officer (Formerly Nightingale Officer)

The term Specially Trained Officer (STO) is widely recognised and well documented in policies across the country. This is also reflected in the 'NPIA Guidance on Investigating and Prosecuting Rape, 2009' which makes continued reference to attending officers as Specially Trained Officers. GMP has therefore adopted this title accordingly.

The role of the STO cannot be overstated. To be met by body language or a tone denoting scepticism will destroy any confidence the victim searched for to report the incident in the first place. The communication skills and empathy the STO displays will have a lasting impact on the victim; it will affect their personal confidence and their decision making with regards to supporting a prosecution.

GMP's Talon policy promotes a professional response and advocates the specially trained approach as provided on the 'Initial Action Rape Course'. Only officers who have completed this course should attend to the needs of a victim of rape or serious sexual assault.

8.1 STO: CONSIDERATIONS

As a specially trained first response officer your role is central to making the victim feel safe and starting the investigative process. In responding to a report of rape or serious sexual assault you should:

- Obtain the initial disclosure from the FWIN
- Liaise with the IO who will provide guidance and supervision
- Take an Early Evidence Kit (EEK) with you

8.2 STO: ON ARRIVAL

Consider victim and officer safety, are there any immediate risks? Who is present?
Report back to OCR for re-assessment of resources.

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 medical needs are met

- Consider the victim's welfare needs (age, health, cultural, language, special needs, childcare, mental or physical disabilities)
- Identify whether the victim is at risk of further attack by the suspect or associates and be prepared to relay this information to OCR
- If the victim is alone and requests the support of a family member or friend, you may have to facilitate this, but establish the person they are requesting is not involved in the offence; they are not a witness or witness of first complaint; that the victim will be comfortable to tell you every aspect of the offence without fear of embarrassment or self blame

As soon as it is established that an appointment at St Mary's Sexual Assault Referral Centre is likely to be required report this for the attention of the FDO. Initial contact is necessary to ensure St. Mary's Centre Staff are alerted to the potential of a case.

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All information obtained should be accurately recorded in the STO's log. RECORD THE ACTUAL WORDS SPOKEN BY THE VICTIM as opposed to police terminology or police interpretation of what the victim is trying to say. Make a detailed note of the demeanour and physical condition of the victim.

The STO's log remains with each victim or case, not with the recording officer. The log will

form part of the investigative plan and ultimately retained in evidence or unused material (to comply with Criminal Procedure and Investigations Act 1996).

8.4 STO: NEXT STEPS

- Relay the details of the account to the IO for early crime scene consideration
- Explain to the victim police procedures for dealing with reports of rape and serious sexual assault
- Explain the procedures regarding St Mary's Centre including the support services available, the examination by a Forensic Physician and the length of time it is likely to take. (The Forensic Physician will inform their patient regarding the details of the pending examination, officers should confine their advice to a 'top to toe' examination for evidential purposes)
- Ensure the victim is able to make a true decision about a forensic examination, ie not too drunk, or unable to fully understand the objective of the examination. Where there is any doubt about a victim's capacity speak to the IO and St Mary's Centre for advice. The doctor on call should always be involved in the discussion - an appointment may be in the victim's best interest and a decision not to attend should not be taken lightly
- Explain there are (currently) only female Forensic Physicians available at St Mary's Centre, where appropriate
- If an appointment at St Mary's Centre is required contact the FDO via the OCR as soon as possible (liaise with IO to factor in any requirement for scene identification by the victim or any child care issues they may have to ensure appointment time can be met)
- The FDO will need to know if the victim is pre-pubertal for an appropriate appointment to be made. St Mary's Centre has Forensic Physicians who are qualified to examine children
- If the victim is identified with mental health problems or learning difficulties engage specialist services. This might include the use of intermediaries or other groups that can represent / support the victim
- Inform the victim of the shower facilities available at St Mary's Centre post examination and ensure they take clean clothing
- Where appropriate, explain to the victim that the police will seek to retain their original clothing for possible forensic examination
- When a forensic examination is not required at St Mary's Centre the victim should still be encouraged to utilise the additional services available there and advised how to make an appointment. GMP has a responsibility to inform all victims of the need to seek medical attention, which may potentially prevent the contract of life threatening infections. (See

Appendix A for the services provided at St Mary's Centre and how to make contact)

8.5 STO: EARLY EVIDENCE KITS

The STO should use the Early Evidence Kit (EEK) regardless of any pending appointments at St Mary's Centre and they should explain to the victim the reasons for using the kit.

EEKs routinely consist of two modules: a mouth rinse and a urine sample. They are intended to ensure the effective recovery of non-intimate samples.

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Urine Sample

GMP advocates the use of a urine sample when incidents of rape or serious sexual assault are reported, therefore, they are not reserved for use in cases of suspected drug-assisted incidents. Alcohol is a factor in two thirds of all reported cases therefore the amount of alcohol in the body may be a contributory factor to the victim's capacity to consent. Similarly, a lack of alcohol could be a factor depending upon a suspect's account; this is likely to be a version of events not yet obtained and should not be assumed.

If the EEK urine sample is to be used or the victim wishes to use the lavatory establish if the victim is menstruating and ask what sanitary wear is being used. Advise the victim as follows:

- If a tampon is already in place it should not normally be removed
- If the removal is necessary then provide a small paper bag or similar and outer plastic bag for it's retention (freezer), along with any toilet paper used by the victim
- If a tampon is not already in use advise them not to use one but use a sanitary towel if necessary and advise them to keep it in situ to retain seepage

Where anal rape has taken place and the victim requires the lavatory faeces can be provided in a bag and placed in additional packaging prior to freezing (See Appendix B Storage and Packaging of Exhibits)

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8.6 STO: VICTIM EXAMINATION

- The victim should be escorted to St Mary's Centre by an STO, ideally one already involved with the victim's support
- The STO must have sufficient knowledge of the case to be able to brief the Forensic Physician upon arrival at St Mary's Centre and to provide appropriate support to the victim
- Where possible, an unmarked police vehicle should be used to transport the victim. Endorse the FWIN with the registration number of this vehicle
- Continue to record any statements the victim makes about the incident. It is not always obvious how significant small details may be and the victim might not repeat this information again
- On arrival at the centre a Crisis Worker will be in attendance to support the victim. At this time the Forensic Physician will take a third hand report from the STO
- The Forensic Physician will then speak with the victim to gain an understanding of the nature of the assault to establish an examination procedure and to secure the victim's agreement to it
- Contact the FDO via OCR should the Forensic Physician require a CSI to photograph marks or injuries. Update the IO in respect of this as it may impact on the crime scene examination
- Post examination, the Forensic Physician will update the STO, reading through their report. A copy of the report and any exhibits obtained by the Forensic Physician will be handed over to the STO with instructions for their retention (fridge/freezer etc)
- It is most appropriate for the STO to escort the victim home and ensure they have details of any appointments pending, for example a video interview. They must be made aware of who the IO is and how and when they can expect next contact to be made
- Book all exhibits into the KIM property system. Liaise directly with the IO and brief them about the events, handing over all documentation and exhibits, where appropriate

Prepare your witness statement. Describe the condition of the scene. Make reference to the STO's log, details of the EEK used and property you seized including the KIM reference

number. Include any visual injuries to the victim or discomfort complained of. Take particular care describing the condition and demeanour of the victim. Be as objective as possible here, take care not to interpret a persons actions, for example, if somebody is shaking you shouldn't say why they were shaking, but if the victim says something in relation to the shaking, it would be fair for you to record what was said. An STO should make themselves familiar with the effects of Rape Related – Post Traumatic Stress Disorder (RR-PTSD):
http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=32366

It is the role of the Independent Sexual Violence Advisor (ISVA) attached to St Mary's Centre to access the most appropriate healthcare and counselling service for the victim's needs. The ISVA's role extends to supporting the victim through the criminal justice system and can assist Investigating Officers by facilitating victim attendance for interviews and provide support where necessary. For full details of St Mary's Centre, Greater Manchester's Sexual Assault Referral Centre (SARC) and the roles within see Appendix A.

It is GMP's responsibility, as far as possible, to ensure the victim is safeguarded from further violence either at the hands of the suspect or a third party. The STO should provide the victim with crime prevention advice and ensure they have access to a telephone so they can request assistance in an emergency or consider a home link alarm, as temporary measure. Inform the IO with any concerns arising. In certain circumstances it may be appropriate to directly refer the victim to other support agencies (see Appendix C for available support).

8.7 STO: FWIN UPDATE & CRIME RECORDING

- Liaise with the IO with regards to the update of the FWIN following the A – J format. The IO will decide who is in the most appropriate position to update this log given the circumstances of each case.

- SUBMIT A CRIME REPORT. When the details of a crime of rape or serious sexual assault are reported to the police the crime must be recorded as early as possible. This is not just to comply with NCRS, but to reinforce GMP's commitment to the victims of these serious crimes and to encourage fair and rigorous investigations. The crime should be submitted by the STO taking the initial details, but it is advised they consult with the IO in respect of crime recording to ensure accuracy. If the victim is to attend St Mary's Centre there is provision for the STO to telephone the crime through to CIU from the centre.

A delay is permissible when the location of the crime is unknown and in the near future the actual location can be established (ie: by the victim pointing out an address).

Where the location cannot be ascertained and it is not likely to be identified in the near future a crime report must be submitted. The location will default to a street name or an area but contact CIU for advice.

A delay in crime recording, without proper justification, is not acceptable and may question the integrity of the investigation. Officers should, therefore, be extremely cautious in delaying the submission of a crime.

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8.8 STO: VICTIM REFUSES FORENSIC EXAMINATION

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 to reduce the risks of contracting sexually transmitted infections. Referral information should include:

- Location and availability of St Mary's Sexual Assault Referral Centre, which provides forensic medial examinations, contraceptive treatment and medical advice in respect of sexually transmitted infections. There is access to Independent Sexual Violence Advisors (ISVAs) who can provide ongoing support to victims and access to counselling services (see Appendix A for additional details of St Mary's Centre)

- Alternative ways to seek medical advice and attention in respect of sexually transmitted infections and contraceptive treatment, for example via their GP

In these cases it is important for STOs to ensure victims receive this advice. It is GMP's responsibility to provide information to safeguard victims of crime. Complete the necessary GMP form in respect of the advice given and ask the victim to sign the form. Liaise with the IO regarding progress of the investigation.

9 Initial Investigative Procedures

When a rape or serious sexual assault is reported to Greater Manchester Police it is the responsibility of the Crime Operations Department to investigate. The investigators may form part of the CID or Sexual Offences Unit and, in cases of familial abuse, the PPIU.

The actions taken by the Investigating Officer in the first 48 hours of the investigation are crucial. The initial Investigative Officer allocated responsibility for recently reported incidents will hold the rank of Detective Sergeant and be PIP level 2 trained.

This officer is expected to assume proactive control of the whole investigation. They are responsible for the actions of the Specially Trained Officer (STO) and Detective Officers and must manage the staff and oversee their actions to ensure high standards of investigation are achieved. Similarly, close liaison with Response and CSI supervision should facilitate the 'supervised investigative team approach' advocated. Section 9.9 details the necessity for the IO to update the crime report with the actions to date and formulate an investigative plan. This may pave the way for the IO to allocate the case to a member of their team to continue with enquiries and file-build thereafter.

9.1 INVESTIGATING OFFICER (IO): ACTIONS

The IO is absolutely key and will manage and take responsibility for a thorough and coordinated investigative approach to the incident.

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9.6 SENIOR INVESTIGATING OFFICER (SIO)

A Detective Inspector (DI) will closely supervise every report of rape or serious sexual assault and will assume the role of the SIO, with a Detective Sergeant as a named Investigative Officer (IO).

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9.7 IO: CRIME SCENE LOCATIONS / SUSPECT'S ADDRESS

The Detective Constable initially deployed to the scene should have preserved any crime scene locations, including vehicles. As more information about the incident is gathered consideration for scene examination can be given. For multiple crime scenes and / or outdoor crime scenes consult a Crime Scene Manager who will establish a sound forensic strategy in conjunction with the IO and SIO.

Occasionally the need for a Forensic Scientist to attend the scene may apply.

Particularly large or difficult scenes (refuse tip) may require the advice of a Police Search Adviser and specially trained search teams may be utilised.

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9.8 IO: HOUSE TO HOUSE ENQUIRIES

Witnesses do not always come forward. Some simply don't appreciate what they have seen may be of assistance to an investigation. To this end house to house enquiries should always be undertaken where there is a possibility a member of the community may have seen or heard something of value. As it is not always possible to use trained detective officers to undertake this role it is worth directing the task by creating a questionnaire tailored to the investigation.

As previously touched upon, defining boundaries will have to be recorded along with any constraints impacting upon this.

Liaise with the Supervision of the officers carrying out the house to house enquiries. Establish the number of staff and discuss the best approach. When briefing these officers provide maps and give clear instructions with regards to their approach and what is expected of them in cases of a 'no answer'. Arrange to debrief the house to house team before end of duty and ensure the officers know when and where to meet.

9.9 IO: CRIME UPDATING

Unless there is valid reason to the contrary, the STO should submit a crime report for rape or serious sexual assault as soon as practicable in order to satisfy National Crime Recording Standards (NCRS). This provides the IO with an electronic database on which to record actions taken and outline further investigative opportunities.

It provides access for other divisional departments, for example the PPIU who may require the information to update their databases. It is also a vital link with the Force Intelligence Branch (FIB) for crimes which meet the Serious Crime Analysis Section (SCAS) criteria. SCAS rely on the accurate recording of the modus operandi in order to identify any similarities between offences and offenders. This includes any words spoken by the offender and the IO should consider any case being potentially series linked.

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In order to demonstrate professionalism and continuity throughout GMP the IO should update

the crime report within 48 hours of the case coming to police notice. The IO should fully record all actions taken and detail further investigative opportunities for detective officers to carry out and for SIOs to monitor. When this is complete the IO may allocate the case to a member of their team for continued investigation and file-build.

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9.10 FALSE REPORTS

All staff dealing with reports of rape or serious sexual assault must be extremely cautious about making an early assessment of the credibility of the victim. There are a number of factors that may influences a victim's judgement or state of mind: RR-PTSD, alcohol / drugs, cultural background and so forth. Furthermore, it is known that some victims may withhold the whole circumstances if they think that they are less likely to be believed.

All reports will, in the first instance be treated as truthful. The skills of the STO, IO and interview team may encourage or facilitate a victim to disclose all facts when making disclosures to the police, regardless of their impact on the case.

A report of rape or serious sexual assault will only be regarded as falling short after a full and thorough investigation. The divisional DCI will then review the case and consider whether a 'no crime' status should apply. The case will then be reviewed by another DCI from another division for ratification.

10 Investigative Interviewing - Victim

The IO should, where appropriate, consider the benefits of consulting a Specialist Interview Advisor (SIA) at the outset of an investigation. The SIA will provide support and advice on the capture of victim and witness testimony in addition to managing the suspect interview phase. The IO is responsible for developing a strategy for interviewing victims and witnesses. They must consider the needs and entitlement of each witness (in respect of Section 16 and 17 of the Youth and Criminal Evidence Act 1999) and record any decisions made together with supporting rationale. See link below for Achieving Best Evidence in Criminal Proceedings:
http://www.cps.gov.uk/Publications/docs/Achieving_Best_Evidence_FINAL.pdf

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[redacted] In the meantime, the IO is required to provide specific instructions to specialist Tier 3 witness interviewers, especially those who are not part of the investigative team. These instructions are addressed at Section 10.3.

Also identified was the need to provide sufficiently trained officers to conduct professional and thorough interviews, and to provide continuity of interviewer or co-interviewer at all stages, as there would be a loss of information if victim and suspect interviews were conducted totally independent of each other.

10.1 VICTIM INTERVIEW CONSIDERATIONS

When planning to conduct a victim interview the IO should consider the possibility of the victim experiencing symptoms, which may affect recall. Some victims may suffer Post–Traumatic Stress Disorder (PTSD), which is often referred to as Rape Trauma Syndrome. See link below for more information on Rape Related PTSD:
http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=32366

PTSD can affect the victim's memory of events, which may provide an explanation for varying accounts. The IO should be prepared to conduct further interviews and must provide a victim the opportunity to address any anomalies before a case comes to trial.

The IO should discuss with the victim the appropriate time for the interview and balance their wishes with the needs of the ongoing investigation and responsibilities under PACE. In most cases it is not suitable to undertake the victim interview immediately following attendance at St Mary's given the time this process takes and the trauma experienced prior to that. The victim should be afforded the opportunity to get some rest and refreshments.

Section 17(4) of the Youth Justice and Criminal Evidence Act 1999 provides that a victim of sexual offence will be deemed as an intimidated witness and will therefore be eligible to special measures at court, if they chose to use them. Where the investigation commenced on or after 1st September 2007 there is a presumption that victims of sexual offences are automatically eligible for the special measure of evidence-in-chief in crown court cases, however an application to the court still has to be made.

It should be explained to the victim that an application for special measures can be made to a court but they should not be guaranteed. It is important the IO ensures the victim is provided with choices in relation to special measures and the advantages and disadvantages of which are fully explained. For the purposes of accuracy and transparency, it is advisable to record a victim interview where a victim chooses to supply a written statement of evidence.

Special measures, which may be applied for include:

- Screens from which the victim can be shielded from the defendant
- A live link
- Evidence given in private
- Removal of wigs and gowns
- Video recorded evidence-in-chief
- Video recorded cross examination
- Examination of a witness through an intermediary (available to vulnerable witnesses)
- Aids to communication (available to vulnerable witnesses)

For more detailed information regarding special measures available to victims and witnesses use the link to Achieving Best Evidence in Criminal Proceedings:
http://www.cps.gov.uk/Publications/docs/Achieving_Best_Evidence_FINAL.pdf

The use of intermediaries is uncommon though some vulnerable witnesses may require the

use of an intermediary to provide their evidence in court. More procedural guidance in respect of the use of intermediaries can be viewed via this link:
http://lcjb.cjsonline.gov.uk/area15/library/Intermediaries/Intermediary_Procedural_Guidance_Manual.pdf

10.2 USE OF INTERPRETERS FOR VICTIMS

When dealing with victims of rape and serious sexual assault the use of 'Language Line' should be restricted to:

- Establish the exact language and dialect for purposes of obtaining an interpreter *
- Explaining an interpreter will be provided to assist the victim
- Ensure there are no immediate medical or risk concerns
- Provide reassurance, tell them you are a special trained officer and you are there to help (STO)

A victim should not be asked to detail events of sexual assault via Language Line.

* Officers should take into consideration the vulnerability of the victim when identifying a suitable interpreter. Using an interpreter from the same local community may impact on the victim's ability to provide intimate details of events. Similarly using interpreters of a different generation, cultural heritage, religion, gender and social standing as the victim may cause the victim to give a poor account of their experience.

In exceptional circumstances family members can be used to act as an interpreter at the scene: this should be for the purpose of securing the immediate safety of the victim (and others). The details of the person used to act as an interpreter must be recorded for disclosure.

10.3 VICTIM INTERVIEW

Where video evidence-in-chief is preferred the interviewing officer should be a specialist Tier 3 witness interviewer. This officer should preferably be part of the investigative team with knowledge of the incident from the outset. If this is not possible, a member of the investigative team must co-interview here and be deployed to the suspect interview team to provide continuity.

The interviewing officers must be fully briefed by the IO. As part of the planning and preparation the interviewing officer must be in possession of, and take full account of, any prior interview notes (STO's log etc) and deal with them during the evidential interview.

Under no circumstances should adult victims be asked questions to determine whether they understand the difference between 'truth and lies'. The interview must remain professional and appropriate to the age, level and understanding of the interviewee. Interviewers should encourage victims to reveal all aspects of the offence and the circumstances surrounding it, including any issues that they feel may reflect negatively upon them. The victim should be informed that a strong prosecution case can only be established if the police are in possession of all the facts.

Where a case may rest on the question of 'consent' and / or the victim's 'capacity to consent' these topics will require enhanced emphasis and probing. Detailed information established here may facilitate the IO to identify corroborative evidence, for example CCTV, witness statements, toxicology testing of urine from EEK.

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10.5 ADDRESSING INCONSISTENCIES

There are occasions when inconsistencies become apparent between what the victim has said during their evidential interview and the other material gathered as part of the investigation. Sometimes the content of their account is not recorded accurately and the possibility of this should be explored in the first instance.

Investigations of rape and serious sexual assault can produce a number of victim interviews conducted by different interviewers. If this is considered along with the possibility of the victim suffering from PTSD, the affects of alcohol or drug intake and the confusion and intrusion of the investigative process it's little wonder that different accounts may contain varying information.

Explanations should only be sought when it is important to the investigation, for instance where inconsistencies may impact on the prosecution case.

Interviewers should be aware that the aim is not to put pressure on the interviewee to alter their account but to aid the investigation by pursuing the truth. The interviewer should take

account of the extent to which the victim may be vulnerable to suggestion and their approach should be carefully planned, tactfully phrased and presented in a non-confrontational manner.

10.6 PREVIOUS SEXUAL HISTORY

Section 41 of the Youth Justice and Criminal Evidence Act 1999 now places limitations on examining the previous sexual history of victims at trial. It is important to stress that the victim should only be asked questions relating to their previous sexual history where it is directly relevant to the specific allegation in question and likely to be addressed at the trial. This should not preclude the investigative interviewer from speaking with the witness about previous sexual history in the investigative interview, where it is likely to be an issue at trial and justifiable. This in some cases may be a necessary line of enquiry and directly impacts on the evidence of the case. Each case requires judging on its own merits.

10.7 VICTIM PERSONAL STATEMENT

The Victim Personal Statement (VPS) provides victims with the opportunity to express their legitimate interests and convey how a crime has affected them physically, emotionally, psychologically, financially or in other ways that may affect their quality of life.

The IO will ensure that the victim in every case has the opportunity to provide a VPS, the purpose of which is to assist the court by enabling the victim to describe the effect the offence has had and to express an opinion on bail and other issues.

The content of the victim statement must be left to the victim. The statement should be linked to the case papers. The IO should ensure that any appropriate follow-up action is carried out.

VPS should be recorded in the same format as the investigative interview. Where the witness will present their evidence verbally to the court as evidence-in-chief the VPS should then be video recorded, the court will consider affording special measures as appropriate to the VPS.

The statement should take the form of an additional section at the end of the standard statement form or at the end of the video taped or audio taped interview. A caption should be inserted so that this additional statement can be clearly identified as the victim personal statement. In addition to the stage one VPS, which is taken at the conclusion of the victim interview, a stage two VPS will also be taken either pre-trial or pre-sentencing.

Stage One Victim Personal Statement

A VPS Statement:

"I have been given the victim personal statement (VPS) leaflet and the VPS scheme has been explained to me. What follows is what I wish to say in connection with this matter. I understand that what I say may be used in various ways and that it may be disclosed to the defence."

Stage Two Victim Personal Statement

A second VPS should be taken at a later stage, prior to the appearance of a defendant in court, when the full impact of the incident on the victim's life and personal circumstances has been assessed. Corroboration particularly in relation to medical matters may be required. The following issues should be covered within the stage 2 VPS:

- Any medical treatment being undertaken or anticipated or has been taken with regards to the incident
- Any psychiatric and / or emotional disturbance
- Effects on the victim's life
- Effects on the victim's family
- Any other factors as a result of the incident
- How the victim feels in relation to the defendant being granted bail

The victim should be given a copy of the VPS leaflet. These are available from the following link, including versions in different languages:
http://www.cjsonline.gov.uk/victim/coming_forward/victim_personal_statement/

The victim must be informed that the VPS is disclosable to the defence if the suspect is charged.

11 Investigative Interviewing - Suspect

It is the responsibility of the IO to ensure that the lead suspect interviewer is competent and trained to at least 'serious and complex crime' (Tier 2) standard. Should the IO determine that the case warrants the advice of a SIA, this advice should be sought from the outset of the investigation (to formulate a strategy for the victim and witness interviews) and not solely for the suspect investigative interview. It is strongly advocated that at least one of the suspect interview team has co-interviewed or monitored the victim interview to provide investigative continuity.

Investigators interviewing suspects for rape or serious sexual assault will be trained in 'PEACE' investigative interviewing techniques and fully comply with the requirements of the Codes of Practice, PACE 1984. In planning and preparing interviews the interviewing officers will comprehensively research and understand the legal requirements, points to prove, and potential defences for the particular offence(s) they are investigating. The role of investigative interviewing is to obtain an accurate and reliable account to discover the truth about matters under police investigation.

Interviewing officers will need access to all material associated with the case to enable them to compile an effective interview plan. Section 11.2 'Suspect Interview Checklist' which may be used as a non-exhaustive checklist to assist the IO and interviewing officers.

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11.6 SUSPECT RELEASE ON POLICE BAIL

When there is insufficient evidence to charge a suspect consideration should be given to releasing them under section 47/3 of PACE to enable further enquiries to be completed.

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The Criminal Justice Act 2003 allows for bail conditions to be imposed where a suspect is bailed to return to a police station while pre-charge advice is sought. In cases of rape, and in particular when the suspect knows the victim or can gain access to them, the following bail

conditions should be considered to afford maximum protection to the victim:

- Not to contact the victim either directly or indirectly
- Reside at a named address
- Report to a specific police station at specified times
- Obey any curfews

When considering bail for domestic abuse cases, see:
http://www.talk2someone.org.uk/professional/documents-and-strategies/national-documents-strategies/acpo-guidance-on-investigating-domestic-violence

Prior to releasing the suspect from the police station, the IO should ensure:

- The victim is informed of the suspect's impending release on bail and record this information. Where possible use the STO in the case to convey this message and ensure the victim has a crime ref number and contact details of the IO should they need further police assistance
- Ensure all intelligence systems are updated in relation to the suspect and include details of any bail conditions

12 Investigative Opportunities

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12.2 MEDIA STRATEGY

Investigations into rape and serious sexual assault often attract media attention within the first 24 hours. There should be liaison between the IO, SIO and Press Office regarding a media strategy, as this can provide potential investigative opportunities. The on-call press officer can be contacted 24/7 via the Duty Inspector or on ext 62230.

The IO should consider from the outset whether the use of the media is appropriate in achieving one or both of the following objectives:

- To assist the investigation e.g. locating witnesses
- To provide public safety information and reassurance to the community

All decisions by the SIO must be recorded together with the rationale within the SIO's policy book.

Before media coverage is sought the IO must seek the informed consent of the victim to the proposed media coverage (Consent may not be required where publicity is in the public's interest. However, the victim must be informed, in advance where possible, where media coverage is sought against their wishes).

GMP's Press Office should be informed if a press release is required. Following consultation with the IO the Press Office will put together a press release and issue to the media once the IO has approved.

A CPS rape specialist prosecutor allocated to the case should be consulted to agree details of the case that can be revealed. This is to protect sensitive information, which might later be used as part of the investigation or prosecution.

Following guidance from the IO and SIO the Press Office will formulate a media strategy. The IO should then document the following;

- The objectives of the media release
- Methods of achieving them
- Victim welfare considerations
- Withheld information
- Suspect description (the IO will need to be mindful that the description may not be an accurate visual description)

- Any crime prevention advice should avoid messages that might increase levels of fear, or unwittingly cause alarm to the public during the investigation
- Throughout the investigation the IO must inform the Press Office of any developments in the case, particularly when a suspect has been arrested and / or charged and prior to the start or conclusion of a trial
- Retain all original press releases and copies of media-generated material for disclosure in any subsequent identification procedures and to comply with rules of disclosure under the Criminal Procedure and Investigations Act 1996
- Continued victim welfare, including the use of an ISVA who can provide appropriate support in the days following media screening and / or publication

Where the victim identifies the suspect as being part of a distinctive group, association or minority group, the IO should consider using specialist or minority group media as well as mainstream media in order to maximise the potential for witnesses to come forward.

Information that threatens the anonymity of the victim or which is sensitive to them should be withheld from the media unless the victim has given permission for its disclosure, or this disclosure is necessary for the case.

Officers are reminded that the Sexual Offences (Amendments) Act 1976 and 1992, as amended by Schedule 6 Sexual Offences Act 2003, introduced two levels of anonymity:

- From the outset of the report, the publication or broadcast of the victim's name, address or likeness is prohibited in England and Wales during that person's lifetime
- From the time a person is charged with the offence, the publication or broadcast of any material likely to identify the victim is prohibited. This protection lasts for the lifetime of the victim even if the proceedings are abandoned. A court can remove the protections

Victims, if they choose, can waive their right to anonymity. This should be recorded in a written statement and advice taken from the Press Office and Legal Services.

12.3 RECONSTRUCTIONS, WITNESS APPEALS & CRIME APPEAL PROGRAMMES

Reconstructions are used to develop or renew public interest - the Press Office should be consulted prior to any reconstruction and this should form part of the wider media strategy. They can be used to test whether witness accounts are consistent and / or identify the existence of other witnesses who have not yet been traced.

Witness appeals can also be productive in stimulating interest and / or locating witnesses. They rely on people being in the same place at approximately the same time of the week, for example, traveling to work, going to a place of worship or walking the dog. Witness appeals take place at the location of the incident or other relevant locations on the anniversary of the incident (a week, month, year later). Witness appeals can be through a number of media channels, such as road signs or posters.

Rape and serious sexual assaults are perceived as interesting subject matter for engaging the public in crime appeal programmes. Any request by a programme maker should go via the Press Office who will liaise with the IO and SIO. Before agreeing to any request made by programme makers, the IO must ensure that there are clear objectives for the inclusion of any material and that the GMP have available resources to manage public response.

In all cases the victim should be consulted. Where they object, the IO must take this into account before making a final decision. The IO must record their decision together with the rationale within their investigative case book.

[redacted]

[redacted]

[redacted]

Sec.31 - Law Enforcement

Sec.31 - Law Enforcement

[redacted]

13.4 DISCLOSURE

The IO or disclosure officer and rape specialist will handle unused material in accordance with the Criminal Procedure and Investigations Act 1996 as amended, the relevant Code of Practice, the Attorney General's guidelines on disclosure and the Disclosure Manual.

The police will ensure that the IO or disclosure officer is adequately trained on CPIA procedure.

The IO or disclosure officer and rape specialist will be proactive in identifying relevant third party material at the pre-charge stage. Access to third party material will be sought prior to the decision to charge wherever possible. The rape specialist will make application to the Court for a witness summons in respect of third party material where appropriate.

Sec.31 - Law Enforcement

[redacted]

Further information on pre-trial witness interviews is available:

http://www.cps.gov.uk/victims_witnesses/resources/interviews.html

When a victim asks the Police not to proceed or withdraws the complaint the Police will take a written statement that will:

- Explain the reasons for withdrawing support
- Say whether the original complaint was true
- Say whether the complainant has been pressurised to withdraw by any person

In addition the Police will provide a report that will:

- Say what they think about the case, in particular the reasons for the withdrawal and its impact on the case
- Say if the victim is supported by any specialist support service or an ISVA
- Assess the risks to the victim and any other person's safety
- Assess how the victim might react if required to attend court

If it is suspected that the victim has been pressurised or is frightened the Police will investigate further and assess any support that has been offered and whether the intervention of a local specialist support service or an ISVA could make a difference. The CPS will, if appropriate, ask the court to delay any hearing to enable this to be done.

If the victim confirms that the complaint is true but still wants to withdraw the Police and CPS will consider the feasibility of continuing without the victim's evidence and whether to do so against the wishes of the victim.

A decision to proceed and call the victim to give evidence against his or her wishes will only be taken by a rape specialist after consultation with the Police.

Where the rape specialist proposes to discontinue the case or substantially reduce the charge the rape specialist will consult with the Police to ensure that there is no further action that can be taken. The decision must be confirmed by a second opinion, as previous.

13.6 VICTIM AND WITNESS CARE

The IO is responsible for providing victim care by updating them of the progress of the case at regular intervals. The victim must be informed of any arrests, charging or bail decisions.

It is advised that good communication links are maintained with St Mary's Centre in respect of

victim care. Some victim's of rape and serious sexual assault receive ongoing care via the centre and it may be more appropriate to involve their specialist help when delivering news. The victim should be given a choice to have updates of their case communicated by the IO or via the ISVA, or perhaps a combination of both. There is a need, therefore, for the IO to discuss this level of care with St Mary's Centre to ensure that the victim receives appropriate updates. These links will also ensure that there is no unnecessary duplication, as this may imply a lack of communication between the services being provided (see appendix A to fully understand the role of the ISVA and the service they provide).

The police will comply with their responsibilities as outline in the victim's code of practice. This code highlights a need for vulnerable and intimidated victims to receive an enhanced service. For further information regarding the code of practice for victims see: http://www.homeoffice.gov.uk/documents/victims-code-of-practice.html

13.7 CRIME FILING

To comply with force policy and national guidance for the effective investigation of rape, GMP's Operation Talon will conduct rape file reviews across the force. Where a crime of rape or serious sexual assault is filed without detection it is the responsibility of the IO to ensure all case material is filed. This must include any documentation considered by officers or CPS making a decision not to pursue the case further. This includes: **Sec.31 - Law Enforcement**

[redacted]

Sec.31 - Law Enforcement

[redacted]

As previous, this is important for rape file reviews but any file may become subject of a live investigation at a later time, for example where a suspect is arrested for a similar crime. It therefore follows that all documents associated with this crime are filed within. Undetected crime files should be retained on division to comply with current retention policies.

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Appendix A

St Mary's Sexual Assault Referral Centre

The St Mary's Centre was the first Sexual Assault Referral Centre to be established in the UK and is a unique collaborative venture between Central Manchester and Manchester Children's University Hospitals NHS Foundation Trust, Greater Manchester Police and Greater Manchester Police Authority.

The Centre provides a comprehensive and co-ordinated forensic, counselling and aftercare service to adults and children living in Greater Manchester who have experienced rape or sexual assault (whether recently or in the past).

St Mary's is nationally recognised as a model of good practice in providing immediate, 24 hour, one-stop services to women, men and child victims of rape and or sexual assault. It currently provides a service to approximately 1,000 victims a year, 400 of whom are children. Victims can be referred to St Mary's Centre by the Police but can also self refer by appointment only (Tel 0161 276 6515), as St Mary's are regrettably unable to operate a walk in service. Forensically acute cases must be booked via the Force Duty Officer.

Whilst primarily the focus may be on collecting evidential material to support the investigation it should be noted that a referral to St. Mary's SARC may be required for support or advice. This can be offered at any stage regardless of if they have attended a forensic medical examination. The support provided can assist the investigation team in keeping the victim informed and supported until the case concludes and where required continue post conclusion.

In ALL cases where an examination is delayed or where the victim does not wish to access SARC services, the victim must be advised to seek medical advice in relation to sexually transmitted infections (including medical treatment that may be appropriate in reducing the risk of HIV and Hepatitis B as a result of the sexual assault) and emergency contraception.

Victims are offered a range of services. These include:

- Immediate crisis support
- Forensic medical examination

- Emergency contraception and pregnancy testing
- HIV and Hep B post exposure prophylaxis (PEP)
- Information in relation to sexually transmitted infections
- Support through the criminal justice process
- One-to-one counselling
- 24 telephone advice and information line

The Team

Delivering these services are a dedicated team led by a Centre Manager and Clinical Director that comprise:

Forensic Physicians

A forensic medical examination is offered to victims reporting a recent sexual assault to Greater Manchester Police. All doctors are female, professional, experienced and highly trained. The forensic team are available for advice where it is unclear that a forensic medical examination would be of value, for example contraception, Post Exposure Prophylaxis (PEP) and treatment of minor injuries. Other injuries may require assessment in A & E.

The forensic examination is a top-to-toe physical examination that will look for injuries, take samples that may be used in evidence should there be a subsequent prosecution. It is during this examination that health needs will be assessed and discussed with the victim.

This service is also offered to those that self-refer and do not wish any police involvement.

Consultant Paediatrician

The St Mary's Consultant Paediatrician has responsibility for overseeing the child protection and paediatric services to all children and young people that attend the SARC. She also has overall responsibility to ensure the SARC links to other Children's Services within the Trust and other services within Greater Manchester.

The Consultant Paediatrician and forensic physicians trained to assess children can offer advice to police and social care when a investigation/social care strategy is being discussed

Crisis support

The Crisis Worker provides emotional support at the point of initial contact with St Mary's

Centre. They will explain the services available and can be reached via the 24 hour telephone and information line. They will meet the victim at the Centre and liaise with the Doctor and attending Police officers. The Crisis Worker will outline the procedure whilst the victim is at St Mary's, allowing them to make informed choices about what happens next.

Independent Sexual Violence Advisor (ISVA)

All adult victims attending for a forensic medical examination are offered the support of an Independent Sexual Violence Advisor (ISVA). Clients are asked for relevant contact details when they attend for a forensic medical examination. All victims are contacted by telephone, unless stated otherwise, within five working days following initial attendance at the SARC. The purpose of the call is to undertake a support needs assessment. A support care plan will be drawn up based on this assessment. This will utilise services within the SARC and where relevant external agencies / services.

Referrals to the ISVA service can be made directly by other criminal, social care and health care professionals where the victim has not accessed previous SARC services.

One of St Mary's ISVAs works specifically with adolescents.

Child Advocate

The Child Advocate works specifically with children and families to ensure they understand the procedures undertaken at St. Mary's and have access to relevant services following the examination.

They will provide telephone support to the child and their families. They work closely with the hospital Child Protection Team to reduce risk of further harm and ensure any child protection issues are addressed. They will also support the victim through any criminal or civil justice proceedings and they will work closely with other agencies to ensure the child's needs are recognised and addressed through relevant services.

Counsellors

Counselling can be offered in conjunction with other support services. The terms on which counselling is provided is discussed at the initial session. The counselling service offers one to one appointments to victims and is also available to significant others.

Referrals to the service can be made through other external agencies including GPs, healthcare professionals and those working in the criminal justice field.

Further Information

St Mary's centre works together with other agencies including Victim and Witness Support, Manchester Rape Crisis and Survivors Manchester.

[redacted]

[redacted]

[redacted]

Appendix C

Support Agency Contact Numbers

Alcoholics Anonymous **0161 236 6569**

www.aa-gb.org.uk

Tel: 0845 769 7555

Broken Rainbow **0845 604 460**

www.broken-rainbow.org.uk

Tel: 0300 999 5428 [LGBT]

Support for lesbian, gay, bisexual and transgender (LGBT) people experiencing domestic violence.

Brook Advisory Manchester **0161 237 3001**

www.brook.org.uk

C.A.L.M (Campaign Against Living Miserably) **0800 585 858**

www.thecalmzone.net

Website and helpline for men suffering from depression or feeling suicidal.

Central Manchester Woman's Aid **0161 273 4366**

www.womensaid.org.uk

Outreach: 0161 273 4366

Refuge: 0161 248 8849

Central Youth Stockport **0161 426 9696**

www.centralyouth.org.uk

Advice, information, counselling and sexual health services for young people aged 11 to 25. Central Youth has counsellors, doctors, nurses and youth workers.

Childline **0800 1111**

www.childline.org.uk

ChildLine is the free confidential helpline for children and young people in the UK.

Family Contact Line **0161 941 4522**

www.fcl.ismysite.co.uk

Counselling Appointments: 0161 941 7754

A confidential counselling service to individuals, amongst other issues they see clients who have suffered childhood sexual abuse.

Kidscape **020 7730 3300**

www.kidscape.org.uk

Helpline: 08451 205 204

Kidscape is committed to keeping children safe from abuse. Advice and helpline for children and parents

Mind **0161 272 8204**

www.mind-in-manchester.org.uk

Tel: Information - 0161 272 8205

Helpline and advice for individuals and carers of people suffering from mental health problems.

Manchester Domestic Violence Helpline **0161 636 7525**

www.wdvh.org.uk

Community Helpline Language Service Languages available: Urdu and Punjabi. Monday & Tuesday 10am - 1pm, Wednesday 1pm - 4pm

An organisation run by women, for women who are experiencing or have experienced domestic abuse or whose children are being abused. Offer advice, information, telephone counselling and support to any woman that is being abused or has been abused by someone they are having a relationship with, or have formerly had a relationship with. This includes partners, ex-partners and family members and women in same sex relationship.

MASH – Manchester Action for Street Health **0161 202 2022**

http://www.mash.org.uk/

MASH is a support group for sex workers in and around the city centre.

NSPCC helpline **0800 808 5000**

www.nspcc.org.uk

NSPCC Manchester Child Protection Team **0161 282 3366**

http://www.nspcc.org.uk/whatwedo/aboutChildLine/ChildLine%20around%20the%20UK/childline_manchester_wda57167.html

Off The Record **0161 355 3553**

www.offtherecord.demon.co.uk

Is a free, & confidential counselling service for young people 13-28 living in Tameside, Glossop, Oldham and surrounding areas.

Rape Crisis **0161 273 4591**

www.rapecrisis.org.uk & www.manchesterrapecrisis.co.uk

Helpline: 0161 273 4500

BME Line: 0161 273 4514

Rape Crisis Centres provide a range of specialist services for women and girls that have been raped or experienced another form of sexual violence - whether as adults or as children.

Reachout Project **01204 385848**

Reachout Project supports sex workers who work in the Bolton area. They are part of Bolton's Urban Outreach.

Safe In The City **0161 274 0180**

www.childrenssociety.org.uk

Work with children and young people who runaway or go missing from their homes in Manchester and Salford.

Saheli Asian Women's Aid **0161 945 4187**

www.womensaid.org.uk

A specialist service for south Asian women and children.

Sojourners House Women's Aid **0161 882 0632**

www.womensaid.org.uk

Supports women and children, helping rebuild their lives after Domestic Abuse. Refuge and outreach support and project work for Afro-Caribbean, women and children and mixed race women and children. Cannot accept women who may have a history of arson, violence and/or serious substance misuse.

The Samaritans **08457 909090**

www.samaritans.org

Samaritans provides confidential non-judge mental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair, including those which could lead to suicide.

STOP (Trafficking UK) **0844 800 3314**

www.stop-uk.org

STOP (Trafficking UK) is a new charity working to support trafficked people and raise awareness of the urgent problem of modern day slavery in the UK.

St Mary's Sexual Assault Referral Centre **0161 276 6515**

http://www.cmft.nhs.uk/directorates/smc/contact.asp

The Survivors Trust **01788 550 554**

http://www.thesurvivorstrust.org/

The Survivors Trust is a national umbrella agency for 130 specialist voluntary sector agencies providing a range of counselling, therapeutic and support services working with women, men and children who are victims/survivors of rape, sexual violence and childhood sexual abuse.

Survivors Manchester **07919 246 267**

http://www.survivorsmanchester.org.uk/

Survivors Manchester is a survivor-led/survivor-run voluntary organisation that aims to create and facilitate a safe space for male survivors of sexual abuse and rape to work through personal and sometimes painful issues. Their work is concentrated on empowering men to make their own positive life choices and begin their own unique journey of healing. Being in contact with other survivors allows one to feel less isolated; feel connected and break the silence and legacy of abuse.

42nd Street **0161 832 0169**

www.fortysecondstreet.org.uk

Helpline: 0161 832 0170

42nd Street provides support services to young people experiencing stress and mental health problems.

Appendix D

Abbreviations and Acronyms

ACC	Assistant Chief Constable
ACPO	Association of Chief Police Officers
ANPR	Automatic Number Plate Recognition
CCTV	Closed-Circuit Television
CID	Criminal Investigation Department
CIU	Crime Input Unit
CMS	Case Management System
CPIA	Criminal Procedure and Investigations Act 1996
CPS	Crown Prosecution Service
DCI	Detective Chief Inspector
DI	Detective Inspector
DIA	Divisional Investigative Assessment
ECO	Enquiry Counter Officer
EEK	Early Evidence Kit
FIB	Force Intelligence Branch
FDO	Force Duty Officer
FWIN	Force-wide Incident Number
FP	Forensic Physician
IO	Investigating Officer
ISVA	Independent Sexual Violence Advisor
MASH	Manchester Action for Street Health
MARAC	Multi-Agency Risk Assessment Conference
MG	Manual of Guidance
MIT	Major Incident Team
NCRS	National Crime Recording Standard
NPIA	National Policing Improvement Agency
OCR	Operational Communications Room
PACE	Police and Criminal Evidence Act 1986
PIP	Performance Improvement Plan
PNC	Police National Computer

PPIU	Public Protection Investigation Unit
PTSD	Post Traumatic Stress Disorder
PR	Public Relations
RAFA	Rape and Family Abuse (specialist lawyer)
ROVI	Record of Video Interview
RR-PTSD	Rape Related Post Traumatic Stress Disorder
SARC	Sexual Assault Referral Centre
SIA	Specialist Interview Advisor
SIO	Senior Investigating Officer
STO	Specially Trained Officer
VPS	Victim Personal Statement

Appendix E

References & Acknowledgments

As previous, this policy was compiled to reflect the best practice stipulated in the NPIA 2009 publication "Guidance on Investigating and Prosecuting Rape". To ensure GMP's Talon policy is workable at a local level, advice was sought from those departments and divisions that it effects and from our partner agencies to ensure a consistently high standard of victim care is achieved. Those that have assisted are acknowledged below:

St Mary's Centre (Greater Manchester's SARC)

[redacted] Sec. 40 - Personal Information

MASH (Manchester's support network for sex workers)

[redacted] Sec. 40 - Personal Information

Reachout Project (Bolton's support network for sex workers)

[redacted] Sec. 40 - Personal Information

Greater Manchester Crown Prosecution Service

[redacted] Sec. 40 - Personal Information

ACPO Rape Support Unit

[redacted] Sec. 40 - Personal Information

Divisional Detective Officers

DCIs & DIs at Monthly Tactical Talon Meetings

DSs & DCs on Divisional Visits

Draft Document Sent to all Divisions for Consultation

Force Duty Officers

[redacted] Sec. 40 - Personal Information

Operational Communications Branch

Enquiry Counter Officers' duties

[redacted] c. 40 - Personal Information

Operational Communications Branch

Call Takers

[redacted] c. 40 - Personal Information

Operational Communications Branch

Sec. 40 - Personal Information

Forensic Services Branch

[redacted] 0 - Personal Information

Crime Training, Sedgley Park (GMP's Training School)

[redacted] nformation

Specialist Interview Advisors

[redacted] - Personal Information

Crime Input Unit

[redacted] . 40 - Personal Information

Information Management

Sec. 40 - Personal Information

Operation Talon

[redacted] c. 40 - Personal Information

[redacted] Consultant Psychotherapist, who shared her knowledge of the trauma suffered by male ~~and~~ female victims of rape. Her input has raised our understanding of victim reaction and behaviour when these crimes occur and prompted a higher level of determination to provide an improved service and bring offenders to justice.