



22 June 2020

Zane Collins

Email: "Zane Collins" fyi-request-12892-f7d618fe@requests.fyi.org.nz

Police Reference: IR-01-20-14293

Dear Mr Collins,

On 26 May 2020 Police received an email from you requesting information in relation to charging decisions around sexual violations. This request has been treated as a request under the Official Information Act 1992.

You request was as follows:

I request the chapter lists/manuals/guidelines that police officers follow when charging/prosecuting an alleged person with sexual violations and the evidence required to do so.

Please find attached a copy of the Police Adult Sexual Assault Investigation (ASAI) policy and procedures manual.

Police follow the Solicitor General's Prosecution Guidelines (2013) which can be found at crownlaw.govt.nz.

The crime of sexual violation can be found in the Crimes Act 1961 which can be obtained at the website legislation.govt.nz.

If you are not satisfied with response to your request, you have the right pursuant to section 28(3) of the Official Information Act 1982 to complain to the Ombudsman and seek a review of the Police decision.

Yours sincerely

David KIRBY
Detective Inspector
Manager Adult Sexual Assault and Child Protection.
National Criminal Investigation Group
Police National Headquarters

Police National Headquarters

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Adult sexual assault investigation (ASAI) policy and procedures

Table of Contents

Table of Contents	2
Executive summary	5
Overview	6
Purpose	6
Who does the policy and procedures apply to?	6
Exceptions	6
Actions when children are treated under adult procedures	6
Outcomes of ASAI policy and procedures	6
Related information	6
Key policies and principles	8
Respect and privacy for involved parties	8
Victims	8
Minority ethnic communities	8
Intimate partner abuse	8
A partnership approach to ASA investigations	8
Definitions	10
Key process points in the ASA investigation	12
Initial actions on contact	14
Key process point 1	14
Procedures	14
Case referral	16
Key process point 2	16
CIB responsibility for sexual assault investigations	16
Reasons for not appointing ASA investigators must be recorded	16
Referral procedure	16
Providing specialist support	17
Key process point 3	17
Specialist support improves outcomes	17
Sexual assault support service	17
Other support people	17
Arranging specialist sexual assault support	17
Local agreements with specialist sexual assault support services	18
Contact the National Coordinator: ASA:	19
Preliminary interview	20
Key process point 4	20
Purpose of preliminary interviews	20
Who should conduct preliminary interviews?	20
Procedures for conducting preliminary interviews	20
After the preliminary interview	21
Information feedback	23
Key process point 5	23
Statutory obligations to victims	23
Keep victims informed	23

Information to be provided to victims	23
Providing feedback to medical practitioners	25
Medical forensic examinations	26
Key process point 6	26
Primary objective of examination	26
Sexual Abuse Assessment and Treatment Service (SAATS)	26
Local level agreements	26
Examination venues	26
Medical examination kits (MEKs)	26
Costs of medical examination	26
Timing of medical forensic examinations	27
Before conducting medical forensic examinations	27
Examination procedure	28
Photographing injuries	29
Arranging follow up medical examinations	30
Formal interview	31
Key process point 7	31
Introduction	31
Conducting the interview	31
If a level 3 adult specialist interviewer is not available	32
Support person's role during interview	32
Further interview	32
Investigation and evidence assessment	33
Key process point 8	33
Background	33
Conflict of interest	33
ASA Case Investigation Plans (CIPs)	33
Crime scene examination	33
Exhibits	33
Returning exhibits to victims	33
Recent complaint or disclosure witnesses	34
Historic cases	34
Considering other enquiries	34
Dealing with suspects	34
Identifying and locating suspects	34
Approaching suspects	34
Interviewing suspects	35
Medical examination of suspects	35
Ongoing evidence assessment	35
Using Violent Crime Linkages Analysis System (ViCLAS)	35
Inconsistent and fabricated complaints	36
Inconsistencies in complaints	36
Vulnerable people	36
Further emerging details	36
Fabricated complaints	36
Dealing with inconsistencies or possible fabrications	36
Speaking to complainants regarding possible fabrication of complaint	36

Charging complainants for making fabricated complaints	36
Police statistics for fabricated claims	37
Resolving investigations	38
Key process point 9	38
Resolution options	38
If the victim does not make a formal complaint:	38
Who decides on which option to adopt?	38
Historical complaints	38
When victims do not wish to continue (Recanted complaints)	39
Statements from victims who do not wish to proceed	39
Explanation when matters do not proceed	39
Prosecution actions	40
Key process point 10	40
Who prosecutes sexual assault cases?	40
Referring sexual assault cases for prosecution	40
Matters to consider during prosecutions	40
Vulnerability of victims at prosecution stage	40
Exhibits in Court	40
Victim Impact Statement	41
Provide details for victim notification register	41
Further information	41
Final actions and record keeping	42
Key process point 11	42
Final victim related action	42
Record keeping	42
Prevention opportunities and responsibilities	43
Key process point 12	43
Continually improving Police response	43
Prevention opportunities	43
Responsibilities within the ASAI policy and procedures	43
District Adult Sexual Assault Coordinators	43
National Coordinator: ASA	44
Oversight and monitoring	45
SAS Reports	45
Monitoring framework	45
Training and staff support	46
Training for initial responders and employees conducting investigations	46
Tiered training	46
Completion of CIB Selection and Induction course prior to February 2011	47
Wellchecks for staff dealing with ASA	47
Health and safety duties	48
Maximising safety and minimising risk	48

Executive summary

Key points to note:

- Sexual assault is a serious criminal act and offenders should be held accountable.
- The victim's well-being and safety is paramount.
- Only brief details of an ASA incident should be obtained at initial contact to determine the nature of the incident and what immediate actions must be taken.
- ASA incidents must be referred to the CIB as soon as possible.
- All complaints must be investigated by specially trained ASA investigators and specialist adult witness interviewers unless there is a valid reason not to.
- Victims should be offered specialist sexual assault support and be encouraged to have specialist support throughout the investigation. To preserve their privacy, the victim's personal details should not be disclosed to support agencies without the victim's consent.
- ASA investigators should conduct the preliminary interview. For Sexual Violations a specialist adult witness interviewer should conduct and video record the formal interview. Only in exceptional circumstances, may another investigator be authorised to conduct the interview.
- Decisions about examination timing and type must be made in consultation with a medical forensic practitioner. Contact them as soon as possible in acute cases or a suspected drug facilitated sexual assault
- Victims must be given regular updates on the progress of the investigation, charges laid or the reasons for not laying charges and court proceedings. All these contacts must be recorded in the "victim contacts" field within NIA.
- You must obtain a supervisor's approval (D/S/Sgt with tier 4 ASA training and accreditation) before suggesting or informing a complainant that you believe their complaint is fabricated.
- The decision as to whether there is sufficient evidence to prosecute is for Police and not the victim (or their family). If victims decide to withdraw their complaint, investigators must explain the reasons for continuing to investigate or prosecute (a specialist support worker should ideally be present).
- The investigation of historical complaints should be approached in the same way as any other complaint. If the victim was a child at the time of the offending, consider contacting Ministry for Vulnerable Children (Oranga Tamariki) if there may still be children at risk.
- * ASA files can only be filed by Level 4 ASA qualified CIB Supervisors.

Overview

Purpose

The Adult Sexual Assault Investigation (ASAI) policy and procedures details:

- New Zealand Police's expectations and the corresponding responsibilities of all Police employees who respond to or are involved in the receipt and investigation of adult sexual assault complaints
- the policies and principles that underpin the investigation of all adult sexual assaults
- the key process points in ASA investigations and detailed guidance about each point.

The ASAI policy and procedures sets out the key process points in ASA investigations. Not all points will apply in every investigation and the order may vary depending on the circumstances. However, where the points are applicable, the ASAI policy, procedures and guidance in this document must be followed.

Who does the policy and procedures apply to?

The ASAI policy and procedures applies to all cases where the victim of the alleged offending (male or female) is 18 years of age or older at the time the complaint is made.

Follow the Child protection investigation policy and procedures if, at the time the complaint is made, the victim is under 18 years of age.

Exceptions

Many cases will have individual circumstances warranting different approaches to achieve the most favourable outcomes. Due to the wide variance in sexual offending, there may be situations where victims under 18 years of age will be dealt with according to the adult policy and procedures, depending on the nature and circumstances of the victim and the offending.

Investigators should only conduct the investigation of a child's complaint using adult sexual assault policy and procedures, or an adult's complaint using child protection policy and procedures when there is justifiable and rational reasoning for doing so. Such decisions should be:

- made in consultation with supervisors and where appropriate with specialist sexual assault support groups and/or medical forensic practitioners
- appropriately recorded on the file and available for review.

Actions when children are treated under adult procedures

When a child is treated under the adult policy and procedures, investigators must ensure that:

- Ministry for Vulnerable Children (Oranga Tamariki) are notified of any care and protection issues
- any actions necessary to protect the child or other children that may be at risk from the offender are taken.

(Follow the Child protection investigation policy and procedures).

Outcomes of ASAI policy and procedures

The desired outcomes of this ASAI policy and procedures are to:

- enhance the welfare and safety of sexual assault victims by providing quality service, timely investigations and referral/access to specialist support services.
- improve the investigation, resolution and management of adult sexual assault complaints.

Related information

Further information related to this policy and procedures can be found in these Police Manual chapters:

- Sexual offences
- Child protection investigation policy and procedures
- Victims (Police service to victims)

- [Investigative interviewing witness guide](#)
- [Investigative interviewing - witnesses requiring special consideration](#)
- [Crime scene examination](#)
- [Forensic evidence](#)
- [Forced and under age marriage](#)
- [Trauma Policy](#)
- [Wellcheck Support Policy](#)
- [Employee Assistance Programme](#)
- [Managing conflicts of interest](#)

Key policies and principles

Sexual assault is a serious criminal act and offenders should be held accountable.

Rape and sexual violation are among the most serious physically survivable offences. Police recognise that sexual assault can have destructive long-term consequences for victims. The psychological and emotional trauma can be extreme and/or permanent.

The Police response to a sexual assault complaint can have a major effect on how quickly and well a victim recovers. The response must therefore carefully balance the need to undertake the investigation as quickly as possible with the need to meet the victim's physical and emotional needs.

New Zealand Police is committed to delivering an effective and appropriately balanced investigation of all sexual assault complaints. Police must remain impartial and conduct thorough investigations.

All complaints will be investigated:

- by specially trained ASA investigators and specialist adult witness interviewers unless there is a valid and documented reason why this is not possible
- in a timely, fair and sensitive manner.

Respect and privacy for involved parties

All involved parties must be treated with respect. Their well-being and safety is paramount. As far as possible, Police will protect the privacy of all parties (victims, witnesses and accused parties) during investigations.

Victims

Victims must be offered specialist sexual assault support and be encouraged to have specialist support available to them throughout the investigation.

Under the Victims' Rights Act 2002, victims are entitled to receive certain information. Victims must be given regular updates on the progress of the investigation, charges laid or the reasons for not laying charges and court proceedings.

In sexual assault investigations, the victim is the crucial witness. How the victim is dealt with will directly affect the quality of their statement, and their testimony, should it be required.

Minority ethnic communities

Police should be aware of, and sensitive to, situations where people from minority ethnic communities (whether they are victims or complainants) report instances of sexual assault, and take steps to ensure that these people receive any additional support, as appropriate.

Police should also consider the possibility of forced marriages and contact the local MPES representative for advice where appropriate.

Intimate partner abuse

In the event of abuse by an intimate partner, police should consider the immediate and ongoing safety of the victim, as it is likely that the abuse will be/has been repeated. Victims in such situations may be less likely to continue with a complaint, however their added vulnerability may necessitate more care in decision making. (See 'When victims do not wish to continue (Recanted complaints)').

A partnership approach to ASA investigations

Police is the lead agency in any criminal investigation. However, in ASA investigations Police work cooperatively with other agencies in a tripartite approach to achieve better outcomes for the investigation and victims.

Good communication and consultation with the victim, specialist sexual assault support groups, and medical forensic practitioners during ASA investigations can ensure the victim's co-operation with the investigation and improve investigation outcomes.

This table outlines the key responsibilities of each tripartite partner. Other Police responsibilities are specified in more detail in related procedures.

Agency/group	Responsible for...
Police	<ul style="list-style-type: none"> • the criminal investigation and prosecution process by: • investigating reported complaints (with priority to acute and high risk complaints) and when evidence is available, prosecuting in accordance with the <u>Solicitor General's Prosecution Guidelines</u> • using ASA investigators and specialist adult witness interviewers during investigations unless there is a valid and documented reason why this is not possible • coordinating support for the victim and working cooperatively with: <ul style="list-style-type: none"> ◦ individuals and groups that support victims including Māori and other ethnic groups ◦ approved medical forensic practitioners • providing advice and feedback to victims and their families throughout investigations and prosecutions to help them understand, engage in the investigation and make informed choices.
Specialist sexual assault support groups or people (in areas where appropriate local level agreements (LLA) are in place)	<ul style="list-style-type: none"> • ensuring the victim receives support throughout the investigation process including the medical examination, investigative interviews and at court if the case goes to trial • offering/providing the victim ongoing support through counselling and therapy • providing information to the victim about the investigation process and their legal rights • providing a link between Police and victims as required • referring the victim onto another appropriate support group or agency where necessary and appropriate • in situations/ locations where no specialist sexual assault agency is available, referral should be made to Victim Support for acute attendance. Victim Support will then refer the victim to the appropriate specialist agency. <p>Note: Support may be extended to the victim's immediate family, whanau and/or other connected members.</p>
Specially trained sexual assault medical forensic practitioners, such as <u>Medical Sexual Assault Clinicians Aotearoa (MEDSAC)</u>	<ul style="list-style-type: none"> • providing primary medical care as well as the forensic and specific care required in sexual assault examinations • retrieving forensic medical evidence • referring victims for follow up medical care as appropriate ◦ providing examination reports to Police and criminal prosecutions when necessary ◦ providing unbiased expert evidence to assist courts to interpret examination findings.

Definitions

These definitions apply in these procedures.

Term	Meaning
ASA (I)	Adult Sexual Assault (Investigation)
Adult	A person aged 18 years or older at the time of reporting a sexual assault.
ASA investigator	An employee who has completed the specialist ASA investigator's course and/or has completed the CIB Selection and Induction training course post February 2011 or met the further training requirements for those who completed the course pre 2011.
Child	A person under 18 years of age at the time of reporting a sexual assault.
Complainant	A person who brings an offence to police attention thereby instigating a police response.
Complaint	Information brought to police attention thereby instigating a police response.
Fabricated complaint	A complaint deliberately made, which is intentionally fabricated and known by the maker to be false.
Formal complaint	Information brought to police that has been recorded by way of a formal statement.
Formal interview	Interview conducted on video, compliant with <u>Evidence Regulations 2007</u> , and/or in any form compliant with requirements of the <u>Criminal Procedure Act 2011</u> .
Formal statement	Statement made in compliance with section <u>82</u> of the Criminal Procedure Act 2011 and/or <u>Evidence Regulation 2007</u> .
Key process points	The <u>key points</u> within the investigative process for a typical adult sexual assault report to Police. Used by investigators, supervisors and process auditors, these points have been highlighted as rudimentary to a best practice Police response, but are dependent on individual case circumstances, which may warrant appropriate process adjustment.
Local level agreements (LLAs)	Agreements entered into by District Health Boards to ensure there are agreed and active processes and established lines of communication so clients receive coordinated assistance from the time they present through to their exit from sexual abuse services.
Medical forensic practitioner	Practitioners who have received training, are accredited or working towards accreditation from the recognised training group Medical Sexual Assault Clinicians Aotearoa Inc (<u>MEDSAC</u>).
MEDSAC	Medical Sexual Assault Clinicians Aotearoa – a national organisation of doctors and nurses formed to develop and maintain standards of best practice in the delivery of medical and forensic services in New Zealand in the area of sexual assault/abuse. (Formerly known as DSAC)
MEK	Medical Examination Kit.
Preliminary interview	The first interview of the victim, conducted by a trained <u>CIB</u> member or <u>ASA</u> investigator.

<p>Term SAATS</p>	<p>Meaning</p> <p>Sexual Abuse Assessment and Treatment Service. This service aims to:</p> <ul style="list-style-type: none"> • provide expert medical treatment • manage any immediate physical and emotional trauma • address the immediate safety of victims • ensure that forensic and medico-legal requirements are met. <p>SAATS clinicians are <u>MEDSAC</u> trained.</p>								
<p>Sexual assault</p>	<p>Sexual assault includes but is not limited to:</p> <ul style="list-style-type: none"> • sexual violation by rape or unlawful sexual connection • indecent assault • any form of unwanted or coercive touching or actions of a sexual nature or in circumstances of indecency • any sexual abuse or exploitation by way of coercion, deceit, power of authority or mistaken belief • incest. 								
<p>Specialist adult witness interviewer</p>	<p>A person who has successfully completed the investigative interviewing Level 3: Specialist adult witness training.</p>								
<p>Specialist sexual assault support</p>	<ul style="list-style-type: none"> • A specially trained person, group or agency, including Iwi and Maori groups, providing specialist sexual assault support or counselling services for sexual assault victims/survivors in the community, or • A trained sexual assault counsellor where there are no groups available locally which support victims. <p>A specialist sexual assault support person, group or agency is also seen as an independent advocate for the victim.</p> <p>Note that, in areas where a local level agreement (LLA) is in place, specialist support persons will usually be provided by the group specified in the LLA. This may include Victim Support in situations/ locations where no specialist sexual assault agency is available. Victim Support will refer the victim to appropriate specialist agency after acute attendance.</p>								
<p>Timing of complaint</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Complaint type</th> <th style="text-align: left;">Reported...</th> </tr> </thead> <tbody> <tr> <td>Acute</td> <td>within seven days of the sexual assault</td> </tr> <tr> <td>Non-acute</td> <td>at seven or more days after the sexual assault, but before six months</td> </tr> <tr> <td>Historic</td> <td>after six months of the sexual assault</td> </tr> </tbody> </table> <p>Note: this does not determine the level of risk or urgency in individual circumstances.</p>	Complaint type	Reported...	Acute	within seven days of the sexual assault	Non-acute	at seven or more days after the sexual assault, but before six months	Historic	after six months of the sexual assault
Complaint type	Reported...								
Acute	within seven days of the sexual assault								
Non-acute	at seven or more days after the sexual assault, but before six months								
Historic	after six months of the sexual assault								
<p>Victim</p>	<p>The person whom a sexual assault has been committed against. Also referred to as the survivor.</p>								

Key process points in the ASA investigation

This table outlines the twelve key process points to be followed when responding to and investigating complaints of adult sexual assault.

Order of key process points - Note that not all steps will apply in every case and the order may vary depending upon the circumstances of the matter and any local level agreement(s) in place. Victim updates and attention to prevention opportunities should occur throughout all process points.

	Key process point	Process	Description
Continual victim updates and prevention opportunities	1	Initial actions on contact	Brief details of the complaint are obtained to determine initial actions. Conduct these where necessary.
	2	<u>Case referral</u>	Incident is referred as soon as possible to the CIB and an ASA investigator. The investigator shall ensure that the complaint is entered into NIA as soon as practicable (see the National Recording Standard) and update case records as the investigation progresses.
	3	<u>Providing specialist support</u>	Where the victim consents, arrange for a specialist sexual assault response person to provide support.
	4	<u>Preliminary interview</u>	A CIB member or ASA investigator undertakes a preliminary interview of the victim.
	5	<u>Information feedback</u>	Whenever possible, and as soon as practicable, the victim is informed as to investigative findings and decisions.
	6	<u>Medical examination</u>	Organise a medical examination as soon as possible in appropriate cases. This is especially important in acute reports (reported within 7 days of the assault) or suspected drug facilitated sexual assault.
	7	<u>Formal interview</u>	Formally interview the victim.
	8	<u>Investigation and evidence assessment</u>	Complete case investigation plan (CIP) and keep it updated. Re-assess investigation and commence or continue investigation phases, such as scene examination, witness and suspect enquiries.
	9	<u>Resolution options</u>	Consider options for resolution including prosecution.
	10	<u>Prosecution</u>	Follow standard file preparation and prosecution procedures. Ensure support for the victim and keep them informed about prosecution-related matters, e.g. bail. Connected areas around prosecution matters.
	11	<u>Final actions and record keeping</u>	Final actions on case conclusion and ensuring accurate and detailed records and statistics of sexual assault offences are held by Police.
	12	<u>Prevention opportunities and responsibilities</u>	Prevention opportunities and responsibilities Consider what can be learnt from an investigation regarding prevention or educational opportunities or process enhancement.

Initial actions on contact

Key process point 1

Procedures

Depending on the nature of the victim's entry point to Police (e.g. Police public counter, communications centre, street approach or other) **the first Police employee involved in a potential ASA case must take these initial actions.**

(Note that cases should be referred to the CIB as soon as possible).

Step	Initial actions on contact
1	Privacy must be ensured. If the victim is reporting in a public environment (i.e. a public counter), escort them to a place that will provide safety, privacy, comfort and be evidentially neutral (never a suspect interview or holding room).
2	The safety of the victim is paramount at this stage. Using open-ended questions, obtain brief details of the complaint to: <ul style="list-style-type: none"> • ascertain if the matter is of a sexual nature • determine what immediate actions are required.
3	Details that must be gathered at this stage include: <ul style="list-style-type: none"> • victim's details and whereabouts (if not reporting in person) • brief circumstances of the alleged offence • scene location (if known) • offender's description, whereabouts and mode of any travel. Take care not to contaminate the victim's memory - they will be interviewed on a more substantive basis later.
4	Accurately record in your notebook details of all tasks undertaken including information provided by the victim and witnesses. Your notes, a completed formal statement, and completed job sheets may be required during any criminal proceedings.
5	Advise the victim that specialist sexual assault support is available and, with the victim's consent, contact that support. In addition, consult with your supervisor to determine what other actions can be taken to assist the victim. Where the victim declines the offer of support, the advice regarding availability of specialist support should be canvassed in any additional meetings with the victim after the initial contact.
6	Refer the incident as soon as possible to the CIB , which is responsible for <u>ASA</u> investigations and assigning an ASA investigator.
7	Pending transfer to the CIB and, where possible in consultation with them, take any necessary initial actions to: <ul style="list-style-type: none"> • ensure the victim's (and any others involved in the incident) safety and immediate health needs are met. If in doing so, clothing is to be removed, ensure that marks, tears and cuts in the clothing are preserved. • when handling any exhibits follow good practice to minimise the chances of contamination/loss of trace evidence (e.g DNA or fibres) • consider other immediate needs (e.g. child care) • secure witnesses • locate or identify suspected offender. Consider whether it is appropriate to speak to the suspect immediately and the need to prevent loss of forensic evidence from the suspect • preserve crime scenes and other relevant physical evidence • take other actions requested by the <u>CIB</u> member or detailed in a local action plan, policy, inter-agency agreement or desk file.

Step	Initial actions on contact
8	<p>In the instance of a very recent (acute) case, it is important that any trace evidence is preserved. You should explain this to the victim. Where possible, victims should refrain from the following until after they have had a medical examination:</p> <ul style="list-style-type: none"> • eating or drinking • going to the toilet (if necessary, use a toxicology kit to capture urine and ask victims not to wipe) • washing or showering • washing their hands or biting their fingernails • changing clothing • smoking • brushing or combing hair • brushing teeth or rinsing their mouth. <p>If the perpetrator is unknown, acute victims should be wrapped in a sterile sheet (located in the CIB office exhibit store) to prevent cross-contamination. The sterile sheet should remain in place until the medical/forensic examination.</p>
9	<p>Advise your supervisor of your actions. They will check all appropriate actions have been taken and that an <u>ASA</u> investigator is aware of all the circumstances.</p> <p>Note: Supervisors must give priority to responding to acutely reported cases of alleged sexual assault.</p>
10	<p>Throughout your response and while all initial actions are taken, explain the processes to victims and the reasons actions are necessary. This is important in ensuring victim cooperation, welfare and recovery.</p> <p>Note: During all initial actions, you must always consider issues relating to the victim's privacy (e.g. if schools or neighbours are spoken to everyone knows).</p>

Case referral

Key process point 2

CIB responsibility for sexual assault investigations

The CIB is responsible for ASA investigations and for assigning ASA investigators to plan and complete investigations unless there is a valid and documented reason why this is not possible.

Each ASA investigation held by the CIB must be under the direct supervision of Level 4 qualified Supervisor or Level 3 qualified Investigator relieving in that role.

If an ASA investigator is not available to deal with the complaint and it is necessary for initial actions or intervention to proceed urgently, care must be taken to select the most suitable Police officer, taking into account the officer's experience, expertise and personal attributes.

Reasons for not appointing ASA investigators must be recorded

The reasons for not appointing an ASA investigator to plan and complete an ASA investigation must be appropriately recorded in the NIA review Node (as a key decision).

The CIB still retains responsibility to ensure an appropriate investigation occurs, even though a case may be held outside of the CIB.

Referral procedure

Take these steps to refer ASA complaints to the CIB.

Step	Case referral action
1	Following your local procedures, contact the <u>CIB</u> as soon as possible with information about the complaint and actions already taken.
2	Complete any action requested by the <u>CIB</u> that may be necessary to begin or continue the investigation.
3	Any further questioning must be undertaken by an <u>ASA investigator</u> or a <u>specialist adult witness interviewer</u> unless: <ul style="list-style-type: none"> • that is not practical in the circumstances and has been agreed with your supervisor, or • you have been asked to undertake further enquiries in that particular case by a CIB supervisor (e.g. when they do not have the resources to attend immediately and information/evidence may be lost or contaminated).
4	Complete and handover to the <u>CIB</u> all relevant paper work, correctly packaged exhibits and any other material connected to the investigation.
5	The assigned investigator should consider whether or not they could be perceived to have a conflict of interest in managing the case - see ' <u>Managing conflicts of interest</u> '.

Providing specialist support

Key process point 3

Specialist support improves outcomes

Having a specialist sexual assault support worker available to the ASA victim during the investigation (particularly at the formal interview, medical examination stages and when advising of decisions not to file charges) and later in court when the matter proceeds to trial:

- greatly improves outcomes including the victim's ability to give clear evidence, to stay engaged with investigative and criminal justice processes, and to be seen as credible in court
- can have a major effect on how quickly and well the victim recovers
- will assist in the prevention of re-victimisation, and the prevention/minimisation of both short and long term adverse psychological responses.

It is also important that specialists are called as early as possible if the victim has a disability which requires disability-specific support.

Sexual assault support service

Appropriate sexual assault support for ASA victims is provided by:

- a specially trained group or agency, including Iwi and Maori groups, providing specialist sexual assault support or counselling services for sexual assault victims/survivors in the community, and/or
- where there are no such groups available locally, a trained sexual assault counsellor who supports victims and is able to respond appropriately to sexual abuse disclosures should be used (the use of a person familiar with Police and Oranga Tamariki reporting and investigation processes is preferred).

Note: the role of a specialist sexual assault support group or agency or trained sexual assault counsellor is to maximise the psychological and emotional well-being of the victim. To this end, they may also be an independent advocate for the victim


It is acknowledged that specialist sexual assault support groups provide the best level of support for victims. However, in situations/locations where no specialist support is available, it is critical that victims are provided with independent support through the use of other agencies, such as Victim Support.

Other support people

Victims may **also** be supported during the investigation by other people, for example, family, friends, whanau, iwi, hapu or a Maori group member.

Note: These people do not replace the need for specialist sexual assault support in ASA cases.

Arranging specialist sexual assault support

Step	Action
1	<p>Advise the victim as soon as possible after receiving a complaint of <u>ASA</u>:</p> <ul style="list-style-type: none"> • of their right to support during the investigation and that Police will arrange for a specialist sexual assault support worker to speak with them • that they can have input into decisions about who provides support and when • of their right to decline this support.
2	<p>Specialist sexual assault support services should be made available to all <u>ASA</u> victims.</p> <p>In acute cases, request that a specialist sexual assault support worker attend immediately to offer support. (To preserve the victim's privacy, the personal details of the victim should be withheld from the service until the victim has accepted support). In attending, the specialist sexual assault support worker can explain the support available, and the victim can make a fully informed decision about whether or not to accept specialist support.</p> <p>Encourage the victim to meet the sexual assault support worker alone. This allows the worker to provide information about their or their group's role and the ongoing support they can provide the victim and their family.</p> <p>In cases where the victim declines specialist support at this early stage, it should be offered again at subsequent meetings. Victims may need specialist support as the investigation progresses and it is important that contact with the appropriate agency is made as soon as possible.</p>
3	<p>If the victim is unwilling to accept specialist support and elects to have support from a family member or friend only, discuss with the victim the implications of this decision, including that:</p> <ul style="list-style-type: none"> • specialist support workers are experienced and that having specialist support does not mean the victim cannot also have other support people • family members and others close to the victim may also be traumatised by the event and may themselves need specialist support • family and others connected to the victim may become potential witnesses and may influence or exert pressure on the victim • the presence of intimate partners and parents can create issues around frank and open disclosure • friends and family may disclose to others.
4.	<p>Provide the victim with a copy of the 'Information for Victims of Sexual Assault Brochure'. Copies should be kept in your station:</p> <p> victims-sexual-assault-booklet.pdf 861.82 KB</p>

Local agreements with specialist sexual assault support services

District Commanders must ensure local level agreements are in place with appropriate specialist sexual assault support groups or counsellors to:

- provide ASA victims with assistance and support through the investigation process
- disseminate information about the services available to all sexual assault victims.

Police at both national and district levels will continue to work with groups providing specialist support for ASA victims to improve services provided.

Note: Personal information must not be released to support agencies without the consent of the victims as to do so may breach the Privacy Act 1993.

Contact the National Coordinator: ASA:

- for assistance preparing letters of agreement with local support agencies
- if you have difficulty identifying appropriate specialist sexual assault support groups/workers in your district
- if there are relationship difficulties with your local specialist sexual assault support group that you have not been able to resolve locally - these can be addressed by the national tripartite forum.

Preliminary interview

Key process point 4

Purpose of preliminary interviews

At this stage of the investigation process, an investigation should be underway and information obtained during initial contacts passed on to an ASA investigator.

The information gathered in the preliminary interview may be time critical. The interview should take place as soon as practicable, especially in acute cases.

In most sexual assault investigations, an appropriately recorded preliminary interview is necessary for investigators to gain a better understanding of what has occurred and to establish:

- brief outline of facts
- victim safety
- public safety
- urgent investigation needs, considering:
 - potential for loss of evidence
 - medical circumstances
 - suspects likely actions

Once those facts are established, investigative priorities can be determined.

Note: While a formal complaint is usually obtained at the formal interview, Police should act from the first receipt of information. If the victim gives the impression that they may avoid contact following the preliminary interview, it is important to gather as much information as possible so the investigation can continue, if appropriate.

Who should conduct preliminary interviews?

An ASA investigator should preferably conduct the preliminary interview. If an ASA investigator is not available, a supervisor must task the most suitable Police officer available to do the preliminary interview.

If the preliminary interview is done by someone who is not an ASA investigator, record the reasons for conducting a preliminary interview electronically in the NIA review Node (as a key decision) for subsequent audit purposes.

Procedures for conducting preliminary interviews

Follow these steps when conducting preliminary interviews of ASA victims.

Step	Preliminary interview action
1	<p>Ensure:</p> <ul style="list-style-type: none"> • the victim is safe • all necessary <u>initial contact actions</u> have been undertaken • the interview environment is comfortable and private • if conducted at a Police station it should be in a room not used by suspects/offenders.
2	<p>Ensure that <u>key process point 3</u> - arranging specialist sexual assault support - has been completed and that every effort is made to ensure that the victim is offered specialist sexual assault support.</p>
3	<p>Following <u>Investigative interviewing procedures for witnesses</u>, ask the witness 'TEDS' type questions (e.g. Tell me, Explain, Describe, Show) to establish:</p> <ul style="list-style-type: none"> • What has happened? • When did this take place? • Where did it take place? • Who is the offender? <p>Avoid asking "why" or "how". Take care not to contaminate the victim's recall of the events. They will be interviewed in more detail later. However, it is still necessary to fully document the preliminary interview for future reference.</p>
4	<p>All information obtained from the preliminary interview should be recorded by the interviewing officer in their notebook. Information need not be recorded in narrative form but should be clearly stated using bullet point format.</p>
5	<p>Do not conduct a formal interview unless you have been asked to do so by a CIB supervisor.</p>

After the preliminary interview

Step	Action
1	<p>Re-assess the investigation so far and consider what further <u>investigative procedures</u> are necessary including:</p> <ul style="list-style-type: none"> • public safety and the likelihood of similar or connected further offending • the need to secure and preserve fragile or diminishing evidence (e.g. using a toxicology kit to capture urine and asking victim not to wipe when urinating prior to a medical examination) • securing and containing the crime scene • identifying and locating witnesses • identification and/or apprehension of the suspect. Consider whether it is appropriate to approach the suspect at this point, without further investigation. A decision has to be made whether questioning the potential suspect will lead to prevention of further victims.
2	<p>Consider whether a recent photograph of the victim is necessary for evidential purposes (e.g. to compare with security camera footage during an investigation or with multiple victims) or for the management of the Police file (e.g. if there are changes to the O/C case). Use of the Police photographer is encouraged for this.</p>
3	<p>If Police require the victim's clothing for examination, ensure a suitable change of clothing (the victim's own or clothing provided by the support agency) is arranged and available at the medical examination centre.</p> <p>Consult with the victim and/or the specialist sexual assault support worker or group. If victims prefer to use their own clothes, arrange collection on the way to the medical examination centre.</p> <p>Note: If the victim's home or place where the clothes are situated is the scene of the crime, potential contamination of the scene must be considered before clothing is uplifted.</p>
4	<p>Regardless of whether further investigative actions are to be taken or a formal complaint made, ensure the victim is advised of the specialist services available to them, such as medical examination/care and intervention through specialist sexual assault support services.</p>

Information feedback

Key process point 5

Statutory obligations to victims

Police has an obligation under the [Victims' Rights Act 2002](#) to provide information to all victims about the services available to them, the investigation of the offence and related proceedings (ss 11 and 12).

Keep victims informed

Providing information to victims about the investigation process and explaining why actions are necessary is important in encouraging a victim's welfare and recovery. Information allows a victim to start making decisions and can assist in their long-term recovery.

During the early contact with the victim a discussion needs to occur around the preferred communication arrangements and expectations discussed. A note of the result of this discussion and agreement needs to be inserted in the victim contact node in [NIA](#).

The information feedback process commences early and must continue right through the Police investigation and judicial process.

Contacts to update the victim must be recorded in the 'victim contact' field within [NIA](#).

Information to be provided to victims

This table outlines the information Police should provide adult sexual assault victims or obtain from victims when relevant.

Step	Actions
1	<p>Give information to sexual assault victims as soon as possible about the sexual assault support services available to them and provide access to these services. (Specialist support services should be contacted by Police as soon as possible and victims must be given the earliest possible opportunity to meet and talk with them).</p> <p>Personal information must not be released to support agencies without the victim's consent as to do so may breach the Privacy Act 1993</p>
2	<p>Provide information about the Police investigation process and realistic expectations about the likely timing of each stage, including:</p> <ul style="list-style-type: none"> • initial actions, e.g. scene examinations • the medical/forensic examination • the formal interview and recording process • an explanation regarding exhibits that may have been taken, the purpose for this and likelihood of return • completion of investigation and notification of resolution decision. • subsequent court processes, including bail applications.

Step	Actions
3	<p>Clarify the victim's expectations in reporting. For example, do they wish to lay a <u>formal complaint</u> or are they seeking information from Police to enable them to make a decision about how they should proceed (specialist sexual assault support workers will assist in this process).</p> <p>Note: If the victim does not want to make a formal complaint but there is a need to disclose the complaint to the offender, you must talk to the victim about this. The victim has the right to provide their views but the final resolution decision is for Police.</p> <p>It may be appropriate for Police to speak to suspects against the victim's wishes, with the aim of reducing the likelihood of further offending. - This will be decided on the circumstances of individual cases. Police must consider the ongoing safety of victims and the impact this course of action may have on their safety.</p> <p>The victim should be encouraged to seek prosecution, and the consequences of not doing so should be discussed.</p>
4	<p>The victim should be given an opportunity to comment on their needs regarding the selection of the:</p> <ul style="list-style-type: none"> • <u>ASA investigator</u> • <u>specialist adult witness interviewer</u> • <u>medical/forensic doctor</u> • <u>support person(s)</u>. <p>The victim's views should be strongly considered and attempts made to address them. It is accepted that this aspect may prove difficult where resources are limited or not available. Explain this sensitively to the victim, discuss it with supervisors and record it on the Police file.</p>
5	<p>Provide investigation progress updates to the victim during the investigation. Record all these contacts in the "victim contacts" field within <u>NIA</u>.</p> <p>Note: When a medical examination has taken place, the medical practitioner will advise the victim of the findings from the examination (also that further medical support or care may be required).</p>
6	<p>Most <u>ASA</u> victims meet the criteria in section 29 of the Victims' Rights Act 2002. Ensure information about any proceedings commenced, charges laid and changes to charges laid, dates of the accused's first appearance in court and subsequent hearings and appeals is provided to the victim as soon as practicable. Victims must also be advised of an accused's release on bail.</p> <p>(Refer to the <u>Victims (Police service to victims)</u> chapter for detailed information about Police responsibilities to provide information about the progress of investigations and court proceedings).</p>
7	<p>Discuss with the victim whether the investigation and/or prosecution could or should continue if a complaint is withdrawn.</p> <p>Note: A victim's view should be considered, but is not determinative of whether prosecution action should be sought.</p>
8	<p>Explain and discuss decisions not to proceed with an investigation or prosecution and assist the victim to understand the reasons for this. This should be formally followed up with a letter outlining the decision and the reasons for that decision.</p> <p>Note: The receipt of critical information about the progress/resolution of a case may cause distress to the victim. Because of this, you must consider the need to arrange the presence of specialist sexual assault support for the victim before providing such information, e.g. giving forensic results or advising there is insufficient information for an investigation to continue. If the victim declines specialist sexual assault support, then an alternate support person should be arranged. A suitable location should also be considered; it may be appropriate that all meetings are held at the local Police station.</p>

Providing feedback to medical practitioners

When results of forensic tests are available, ASA investigators should provide feedback to medical practitioners who have conducted medical forensic examinations. This information may be relevant to the ongoing medical/emotional care of the victim.

Medical forensic examinations

Key process point 6

Primary objective of examination

The ASA victim's well-being and safety is paramount. Therefore, the primary objective of a medical forensic examination is the victim's physical, sexual and mental health and safety. Of secondary importance is the opportunity to collect trace evidence to support the Police investigation.

Investigators should ensure the medical forensic examination is promoted to victims in this way.

Sexual Abuse Assessment and Treatment Service (SAATS)

The SAATS model is a medical forensic service for all victims of sexual violence in New Zealand (female or male, child, adolescent or adult) regardless of whether or not they report to Police.

SAATS has its own funding structure with Police, Ministry of Health and ACC responsible for funding.

SAATS employ medical forensic practitioners (doctors and nurses) trained and/or accredited by the Medical Sexual Assault Clinicians Aotearoa (MEDSAC). SAATS are supported financially to provide facilities, staffing, equipment and examinations for both acute and historic presentations, including a limited number of follow-up examinations.

Local level agreements

District Commanders must ensure that local level agreements are in place within SAATS for medical forensic practitioners to undertake standard medical and forensic examinations of sexual assault victims in adequately equipped medical facilities.

Examination venues

Examination rooms must be comfortable, non-threatening for the victim, secure, private and safe. They should also be available 24 hours a day.

Medical forensic examinations of victims should not be carried out in rooms where suspects are likely to be examined or treated. If this is unavoidable, investigators must ensure appropriate measures are taken to reduce the chance of contamination and to preserve the integrity of any evidence. Under the terms of SAATS contracts, appropriate cleaning of examination rooms (by the SAATS providers) must take place between examinations to ensure "forensic capability" is maintained. A record of the times and dates of the cleaning of a venue should be kept for the purposes of assurance.

Medical examination kits (MEKs)

Medical examination kits are available for use by SAATS medical forensic practitioners, Police Medical Examiners and (on other occasions) other medical practitioners responsible for examining or obtaining samples from any person including:

- sexual assault victims
- suspects and offenders.

The kits must be used during medical examinations for all sexual assault complaints reported to Police.

MEKs must also be made available to SAATS medical practitioners to use in cases that are **not reported** to Police but where the victim has given their consent for a forensic examination. In these cases, and where possible, the completed MEKs are securely held by the SAATS vendor for up to 26 weeks in case the victim changes their mind and decides (post-examination) to make a complaint to Police.

Note: Retention of MEKs in cases where the victim does not report to Police is only available in areas with an existing SAATS vendor.

Costs of medical examination

SAATS has its own funding structure and a proportion of the fees will be met by Police at a national level. Payments for

medical examination kits, the preparation of formal statements and other aspects will be outlined in the National Pricing Schedule.

District procedures should be followed when requesting formal statements from medical forensic practitioners.

Timing of medical forensic examinations

ASA investigators should always make decisions about examination timing and type in consultation with a medical forensic practitioner.

Type of case	Actions
Acute or a suspected drug facilitated sexual assault (reported within 1-7 days)	<p>A medical forensic practitioner must be contacted as soon as possible. The timing of the forensic examination is particularly important in the first seven days after an assault.</p> <p>Ideally an examination should be conducted within 24 hours and before the evidence is lost (see step 6 of the Initial actions on contact) and before a formal interview is completed.</p> <p>If three or four days have passed since the assault, the examination may not be as urgent, however, it should still be considered, primarily for the well-being of the victim and for possible trace evidence capture. This is a recommended course of action that should be taken in discussion with the victim and the medical forensic practitioner.</p>
Non-acute (reported 7 days - 6 months after the incident)	<p>Always refer the victim for SAATS medical care, even in cases when a forensic examination is unlikely to generate trace evidence because of the time lapse since the assault.</p> <p>Remember that useful forensic evidence can still be captured in the early days of non-acute reported cases. For example, bruising or genital symptoms may still be evident at 10 or more days after a serious assault.</p> <p>There may also be benefits in having the medical practitioner go to court in subsequent proceedings, particularly to present counter-intuitive evidence.</p>
Historic (reported more than 6 months after the incident)	<p>Refer the victim to SAATS to determine whether they may benefit from a medical examination and/or medical care.</p> <p>(Never assume that just because a case is historic there will be no benefit to the victim in undergoing a medical examination, either for their well-being or the investigation).</p>

Before conducting medical forensic examinations

Step	Action
1	<p>Explain to the victim:</p> <ul style="list-style-type: none"> • that the examination: <ul style="list-style-type: none"> ◦ will be conducted by a medical forensic practitioner specially trained in examining individuals who have been sexually assaulted ◦ has potential health benefits and can help Police obtain evidence to apprehend/prosecute the offender • the expected duration of the examination ("a couple of hours") and, if appropriate, possible outcomes of the examination. <p>Ask the victim if they have any concerns about the gender of the practitioner conducting the examination and advise that you will do your best to accommodate their wishes. (Research indicates that most <u>ASA</u> victims identify gender as an issue and prefer examination by a female practitioner).</p>
2	<p>Contact the medical forensic practitioner on call and:</p> <ul style="list-style-type: none"> • advise the age and gender of the victim as this may impact on the practitioner's suitability • advise when the sexual assault is believed to have occurred • give a very brief outline of the information known so far, including whether drugs may be involved and details of the victim's injuries, level of intoxication or other known health concerns • if relevant, discuss the victim's wishes about gender of the examining practitioner • when necessary, discuss <u>whether a child's sexual assault complaint should be investigated using the adult sexual assault procedures</u> (or vice versa). <p>Providing this information will allow the practitioner to assess:</p> <ul style="list-style-type: none"> • the best timing and approach for the examination • how to best meet the victim's wishes regarding the examining practitioner's gender (e.g. could the examination be delayed without compromising the evidence or the victim travel to another centre for examination by a practitioner of the preferred gender?)
3	<p>Arrange times for the medical forensic practitioner to be at the examination venue and provide access to the examination room when necessary.</p>
4	<p>Ensure the victim has had the opportunity to speak to a specialist sexual assault support worker (see step 3 of the <u>Initial actions on contact</u> and <u>Providing specialist support</u> in this chapter).</p> <p>Ensure any supporting person chosen has not been in contact with any suspects.</p>
5	<p>Use toxicology kits for early evidence capture in appropriate cases, pending the medical/forensic examination. There may be a delay of several hours during the working week, as most services rely on clinicians who have other daytime jobs.</p> <p>Remember: If the case is very recent (acute), remind the victim to refrain from the actions set out in step 6 of the <u>Initial actions on contact</u>.</p>
6	<p>Unless you are sure a change of clothing (including undergarments) will be available at the examination venue, arrange a change of clothing for the victim for after their examination.</p>
7	<p>If necessary take a medical examination kit for use at the examination venue, although this should be previously arranged via the SAATS local level agreement. In appropriate cases, a toxicology kit should also be taken for use at the examination venue.</p>
8	<p>Ensure the officer attending the examination has all relevant information so that the practitioner can be fully briefed (e.g. photocopies of any notes from preliminary interviews and other relevant notebook entries).</p>

Examination procedure

The attending Police officer and medical forensic practitioner should follow this procedure when conducting the victim's examination.

Step	Action
1	The attending officer should ensure the medical forensic practitioner has not been in contact with any suspects before the examination and that an un-expired medical examination kit (MEK) and toxicology kit (where relevant) is available. (Do not use any kit that has passed its expiry date or has a broken plastic seal.)
2	<p>The attending officer provides the practitioner with all relevant information available to Police at that time about the nature of the sexual assault (e.g. the victim's body position or where they said they were kissed or licked).</p> <p>Remember</p> <ul style="list-style-type: none"> • A considerable number of sexual assault victims do not fully or initially disclose the extent of their attack, particularly oral or anal contact. • Disclosures not made during a preliminary interview may be made during a medical forensic examination.
3	<p>After conducting the examination, the practitioner:</p> <ul style="list-style-type: none"> • seals and labels all samples with the victim's name, date and time they were taken and places them within the MEK • bags, seals and labels any items of clothing removed during the examination.
4	<p>Before the MEK is sealed, the attending officer debriefs with the practitioner asking them to:</p> <ul style="list-style-type: none"> • advise on any immediate needs of the victim • verbally summarise the exhibits and advise their possible significance in the investigation • advise whether any photographs have been taken as part of the examination • identify any forensic items that may need to be taken to ESR as soon as possible for analysis to minimise loss of evidential benefits • identify any injuries that should be <u>photographed</u> (i.e. non-intimate injuries) • identify any significant disclosures made by the victim during the examination which: <ul style="list-style-type: none"> ◦ may be useful in the Police investigation, or ◦ in the case of under 18 year olds being dealt with under these procedures, require notification to Oranga Tamariki. <p>All information from the debrief should be captured on the investigation officer's evidential statement and attached to the case file.</p>
5	<p>The practitioner seals the ESR in the officer's presence and hands over to Police the sealed MEK, toxicology kit (where relevant) and clothing removed during the examination for preservation of evidence and/or subsequent analysis.</p> <p>The practitioner keeps the original medical protocol form. (The duplicate is sent to ESR within the sealed MEK and Police retain the triplicate for the case file). Police should review the triplicate to clarify any comments with the practitioner.</p>
6	<p>Police secure the sealed kit in an appropriate refrigerator (not a freezer). Once it is established that analysis is required, follow local procedures for the delivery of specimens to the ESR as soon as practicable.</p> <p>Note: If the kit contains specimens identified by the practitioner as requiring urgent examination to minimise loss of evidence (e.g. tampons or toxicology) the kit must be sent to ESR without delay.</p>
7	<p>Police collect and preserve any clothing worn by the victim during the offence that has not already been bagged by the medical forensic practitioner. Appropriately package and label each item of clothing separately to avoid cross-contamination.</p>

Photographing injuries

Taking photographs of a victim's physical injuries can replicate aspects of the dynamics of a sexual assault in the general experience of objectification and the more specific experience of voyeurism. Therefore, police must take photographs of the victim's physical injuries with appropriate sensitivity and the victim's full consent. An appropriately trained Police photographer should be used. A specialist sexual assault support worker should be present to support the victim while photographs are being taken and afterwards.

Arranging follow up medical examinations

Bruises and other injuries may take a number of days to fully appear. Further assessment should be made at the follow-up medical appointment. Consult with the medical forensic practitioner as to when this should be arranged.

Formal interview

Key process point 7

Introduction

The "formal" interview records the complaint and detail of the sexual assault and forms the victim's statement. It is a critical part of the investigation process and successful prosecution of sexual offences often hinges on how well the interview is done.

The victim's formal statement must be recorded in a timely manner. The interview usually forms the basis for an investigation's direction. Prompt recording of the formal statement will result in a more accurate and complete account of the complaint, reducing the chance of memory degradation or contamination.

Consideration must be given to the victim's needs (i.e. recovery from incident, need for sleep) but delays should be minimised as much as possible, especially in acute cases.

The [Evidence Act 2006](#), sections 103 to 105, provides an opportunity for victim's/witness' evidence to be admitted by an alternative means (e.g. the electronically recorded interview is played to the court or evidence given orally but from a safe location via CCTV). It is important that the investigator explains to the victim/witness that the prosecution must apply to the court to use the 'alternative means' and it is the Judge's decision whether to allow this. Each application is considered on its merits and it is not guaranteed that the 'alternative means' will be authorised.

NOTE:

There is no expectation that all sexual assault victims be Level 3 interviewed. Each case should be assessed on a case by case basis. Indecent assault and other similar offence complaints may be taken by written statements.

Vulnerability of the victim is a key consideration for using Level3 interviewers for video recording victim interviews. Other considerations may include the nature of the offending, fear of intimidation, the investigative importance of the witness, relationship to any party involved in the investigation and potential of a section 103 Evidence Act 2006 application. (See [Investigative interviewing witness guide](#))

Sufficient level 3 adult witness interviewers should be available in Districts at all times.

The way you approach the interview is also crucial to the victim's well-being. The victim is being asked to discuss with a stranger possibly the most traumatic experience of their life and, in most cases of sexual assault, the victim is the only witness.

If necessary, consider call backs for interviewers not on duty e.g. weekends.

Conducting the interview

When formally interviewing [ASA](#) victims, consider the [Investigative interviewing - witnesses requiring special consideration](#) chapter in addition to the [main witness guide](#). This sets out additional procedures for witnesses requiring special consideration and witnesses who have suffered trauma. In some circumstances, other procedures for special categories of witnesses may also apply, e.g. if the witness fears intimidation, is intellectually impaired or requires an interpreter.

Key aspects of the interviewing procedures applying to [ASA](#) victims include:

- explaining to the victim the process and format of the interview
- interviewing the victim using the 'PEACE' interviewing framework as it applies to witnesses requiring special consideration.
- using a specialist adult witness interviewer where appropriate and recording the formal statement by video record
- having different interviewers interview the victim and the suspect where possible
- with the victim's consent, making a support person (preferably a specialist sexual assault support worker trained in supporting sexual assault victims) available to the victim during the formal interview
- electronically recording the interview with the potential for that interview to be a victim's evidence-in-chief at any later hearing.

If a level 3 adult specialist interviewer is not available

In exceptional circumstances, if a specialist interviewer is not available, a Level 4 ASA trained and accredited CIB supervisor can authorise a suitably qualified investigator to conduct the interview. To be suitably qualified, the interviewer must be level 2 interviewing accredited and have completed Level 3 ASA training. When this approach is undertaken, record the reasons in the NIA Review Node (as a key decision) for later audit purposes.

Consideration must be given to a variety of factors when making this decision (in no particular order):

- victim and interviewer profile
- potential for a s103 Evidence Act 2006 alternate modes of evidence application to play the DVD interview as evidence-in-chief being made
- known or unknown offender
- urgency for information from interview for investigation
- requirement for transcription.

Support person's role during interview

For information about the specialist sexual assault support worker's role during the interview and the procedures to be followed when support people are involved, see 'Support persons' in the Investigative interviewing witness guide.

Further interview

It is crucial throughout an investigation to constantly reassess all information. If any inconsistencies arise, the victim may be re-interviewed. Decisions on how this should be conducted are to be made on a case-by-case basis. Consider the following:

- necessity of re-interview
- whether a level 3 Adult Specialist Interviewer is available/required
- the best mode to record the interview (i.e. by video record, formal written statement or note book entry only.
- need for support person to be present

If a further interview is required due to suspicion that the original complaint was fabricated, a Level 4 trained supervisor's authority must be given prior to challenging the complainant with those suspicions (refer to: Inconsistent and fabricated complaints).

Investigation and evidence assessment

Key process point 8

Background

The investigation process for ASA complaints has many similarities with other criminal enquiries. However, the intrusive and violent nature of ASA crime means that the impact on the victim is likely to be greater. As well as increasing the likelihood of prosecution, a well-conducted ASA investigation will greatly improve long-term outcomes for the victim, their family and the community.

Investigators need specialist training when managing sexual assault cases and interacting with victims.

Conflict of interest

The assigned investigator should consider whether or not they could be perceived to have a conflict of interest in managing the case. If the investigator identifies that an actual, perceived or potential conflict of interest exists, they should notify their supervisor as soon as possible and complete the appropriate form declaring that conflict of interest.- see [Managing conflicts of interest](#).

ASA Case Investigation Plans (CIPs)

Every case must have a CIP prepared and endorsed by a supervisor. The CIP:

- ensures that all possible investigation angles are considered
- records the enquiries/considerations for the investigation and is updated as the investigation progresses. This may include re-interviewing witnesses (including the victim) following the assessment of exhibits and other information.

The template for the ASA Case Investigation Plan is found in Police Forms >Adult Sexual Assault.

Crime scene examination

Follow standard investigation procedures for:

- [crime scene examination](#)
- gathering and securing physical and [forensic evidence](#).

Consider aspects of premises or scene vulnerability - did it offer or raise the levels of vulnerability to the victim, protection or privacy to the offender or provide indications of planning around the pre-event activity, execution and/or escape?

Exhibits

Follow standard investigation procedures for:

- locating, recording and photographing exhibits in situ
- securing, labelling and packaging, handling and retention of exhibits - for instance, if clothing is to be secured, ensure the integrity of cuts, tears or marks by preserving these in their entirety during removal from the victim
- analysis, assessment and court presentation
- final action, i.e. appropriate return, disposal or destruction.

See the '[Exhibit and property management](#)' chapter.

Be aware of the potential vulnerability of exhibits for forensic assessment. Sound forensic processes must be carefully followed and adhered to.

Consider the increased sensitivity required in sexual abuse cases. Photographs, digitally recorded interviews and written statements, transcripts and other exhibits can have voyeuristic or other value to sexual offenders (or like-minded individuals) and accordingly should be treated with sensitivity, understanding and control.

Returning exhibits to victims

When returning exhibits to victims, be sensitive about the potential impact on the victim, and whether the exhibits should

be returned at all. Items of clothing may be damaged during trace evidence examination (e.g. for forensic analysis, segments might be cut from the crotch area of trousers) and this should be discussed with the victim and/or their support person before returning items. Consider having expensive clothing or bedding cleaned or appropriately dealt with before returning it. As the return of evidence can, in some cases, be a trigger for victims, this discussion might best be initiated by the specialist sexual assault support service. Avoid returning items in labelled Police exhibit bags - other bags or boxes may be more appropriate.

Recent complaint or disclosure witnesses

Obtain written or electronically recorded statements from all appropriate recent complaint witnesses (the person a victim first complains to) with sufficient depth and detail as the circumstances warrant. This can offer evidential value where a victim's account or aspects around disclosure become an issue. This evidence can therefore, on occasion, be an exception to the hearsay rule at judicial hearings. Witnesses in sexual assault cases may be able to have their evidence-in-chief presented to court by alternative means under section 105 of the Evidence Act 2006.

Ensure the details you get from a recent complaint witness include as accurately as possible:

- the circumstances in which the conversation has occurred
- what the victim said
- any questions the person asked the victim that might have elicited the complaint
- the victim's demeanour and physical appearance during the conversation
- their association/relationship with the victim e.g. how they know them, how long for etc.

Seek corroboration from these witnesses as to the reported circumstances.

Historic cases

When investigating and assessing a complaint relating to historical behaviour (i.e. an incident more than six months old), investigators should approach the investigation of the complaint in the same way as any other complaint. However, investigators should be mindful of the impact time can have on a victim's, witness' and accused's memory recall and the potential difficulty in establishing corroborating evidence due to the lapse in time between the incident and the complaint being made. (See 'Historical complaints' in the [Resolving investigations](#) section of this policy).

Where the complaint is one of historical child abuse, investigators should assess the risk the offender may currently present to other children.

Considering other enquiries

Consider other investigative opportunities, such as the area canvass, location of further witnesses, propensity (similar fact) evidence, Intelligence office input (e.g. prison releases, known sex offenders, similar crime, etc), media releases, contact with the Police Behavioural Science Unit and other relevant individual case circumstances.

Dealing with suspects

Identifying and locating suspects

Most sexual offences are committed by offenders known or connected to the victim. These individuals are often not difficult to locate and do not deny knowing or having an association with the victim.

In other cases identifying and then locating a suspect may take extensive and prolonged investigation which will be greatly assisted by thorough victim interviews, detailed statement taking and thorough scene examinations.

Accessing the skills and expertise of the Behavioural Science Unit and tools within their databases (such as [ViCLAS](#)) is encouraged.

Approaching suspects

Best results derive from a planned approach to suspect interviewing.

In incorporating an understanding of the crime type dynamics, fully assess all available information to determine the best approach that fits the situation, circumstances, and the suspect. When planning an initial approach to a suspect, consider:

- the time of day
- the location and situation (alone or in a family or work situation)
- investigator's style, manner and approach
- the possible perceptions of the suspect and what they may interpret is occurring, and follow-up options (e.g. medicals, photographs, further victim involvement, etc).
- intelligence holdings regarding previous interactions with police/interview.

Interviewing suspects

Follow the [Investigative interviewing suspect guide](#).

Follow additional procedures set out in the interviewing guide for suspects requiring 'special consideration' (e.g. because of age, disability, disorder or impairment, or where English is a second language).

Medical examination of suspects

Police Medical Officers (ideally a practitioner who has not examined the victim) medically and/or forensically examine suspects in sexual assault cases at the request of the O/C case or O/C suspects. They should use:

- medical examination kits, and/or
- a toxicology kit if the suspect is a known or suspected drug user.

When making arrangements for the examination, ask the practitioner to:

- take requisite samples such as buccal, blood, saliva, head hair, pubic and body hair, foreign hairs, and fingernail scrapings
- note any injuries such as scratches or bruises and how they may have originated
- give their opinion of the suspect's mental condition so that Police obtain a further psychiatric opinion where necessary
- record any comments or explanations made by the suspect about the cause of injuries or other relevant comments made.

Consider photographing injuries.

Note: All DNA suspect samples are covered by the [Criminal Investigations \(Bodily Samples\) Act 1995](#). Follow the procedures for taking suspect samples in the '[DNA sampling](#)' chapter.

Ongoing evidence assessment

Ongoing analysis and reassessment of the information and evidence available to the investigation team should be undertaken as part of usual practice. There may also need to be a formal assessment which could include seeking the opinion of Legal Section or the Crown Prosecutor. Assessment of inconsistencies in information gathered and gaps in evidence should be made with background knowledge of the known dynamics of sexual violence.

It is crucial to remain impartial throughout the investigation, and all information should be stringently and constantly reassessed to ensure the appropriate outcome is reached.

Also consider [resolution options](#).

Using Violent Crime Linkages Analysis System (ViCLAS)

ViCLAS is recognised as an effective and useable automated violent crime linkage system. It is designed for the collection of information for serial offences. For further information on ViCLAS refer to the [Behavioural Science Unit \(BSU\)](#) Police intranet site.

Investigators must submit completed documents from relevant files to the Behavioural Science Unit for entering into ViCLAS.

Inconsistent and fabricated complaints

Inconsistencies in complaints

Investigators must keep open minds and avoid drawing conclusions from any inconsistencies in complaints until the completion of an investigation.

In some sexual abuse investigations the information and details obtained may indicate ambiguities, errors, falsehoods or seem to make little sense. Problems can include: no workable description, late reporting hindering trace evidence capture, minimal corroborating evidence, or perhaps no corroboration when indications are that, logically, corroboration should be available.

It is not uncommon for there to be elements of inaccuracies and/or inconsistencies in genuine complaints, especially in regards to a traumatic incident. Alone, they do not indicate fabrication of a complaint or intentional misleading by a victim. Inaccuracies and inconsistencies can also arise from the victim's attempt to conceal some information, such as drug use, in the fear of being judged. The victim may also feel embarrassment when discussing matters of sexual nature, particularly with a stranger, and may attempt to retain some form of privacy.

Vulnerable people

Extra care may be required when dealing with vulnerable people, such as those with intellectual disabilities or mental health issues, who may have been targeted because of their vulnerability. These victims may also find it more difficult to talk, or make themselves understood, about incidents of a sexual nature due to their sensibility and embarrassment. Disabilities and mental illness do not invalidate complaints and should not disadvantage victims. All complaints must be fully investigated.

Further emerging details

As it may not be easy for victims to provide full details of a sexual assault to investigators, it will be common for further details about the same incident to emerge in subsequent contact with the victim. The victim may remember further details after the formal interview has been conducted, and the interview may need to be continued at a later date.

Fabricated complaints

A fabricated complaint is deliberately made and the complainant knows it to be untrue. The complainant will either admit to this, or independent information will show that the complaint is fabricated.

Dealing with inconsistencies or possible fabrications

Officers must remain objective and professional at all times, irrespective of apparent inconsistencies or fabrications. If they do not, the truthfulness of the allegation may never be known and helpful outcomes may not be achieved (e.g. referral to a health service).

Speaking to complainants regarding possible fabrication of complaint

You **must** obtain a supervisor's approval (Detective Senior Sergeant with [tier 4 ASA training and accreditation](#)) **before** suggesting or informing a complainant that you believe their complaint is fabricated. Once authorised by a qualified supervisor:

- the reasons for the suspicion of fabrication must be recorded both on the file and in the NIA Review in NIA case management (as a key decision) for auditing purposes
- the possibility of a fabricated complaint should be discussed with the complainant's support person prior to approaching the complainant.

When discussing suspicions of fabrication with a complainant, ensure that their support person is present to provide ongoing emotional support.

Charging complainants for making fabricated complaints

When deciding whether to charge a complainant over a fabricated complaint, consider every case on its own merits and all

options for resolving the investigation. Follow the Solicitor General's Prosecution Guidelines before charging. Consult with local Crown Prosecutors when appropriate.

If there are clear mental health issues, Police should ensure the person is referred to an appropriate health service.

Police statistics for fabricated claims

Follow these steps to record fabricated complaints for statistical purposes (as per the National Recording Standard).

Step	Action
1	Record all complaints using the appropriate offence code from the details of the allegation. If, as a result of the investigation, you have credible evidence that no offence occurred, do not change the offence code, but give it a result code of "no offence disclosed" (K3).
2	If it is discovered that a fabricated complaint is made, record an offence of 'Making a false complaint', whether or not Police decide to take any action against the person making the false complaint. This offence should only be recorded where there is an admission of fabrication or strong independent evidence that proves fabrication.
3	Give a result code on this offence (Making a false complaint) related to the action taken by police on the fabricated complaint, as follows: <ul style="list-style-type: none"> • "arrested" (K9) • "cautioned" (K4) • "not arrested nor cautioned, but proceeded against by some other means" (K6).
4	Information should be placed into NIA as an outline of the nature of the fabricated complaint and the way the matter was resolved. This should not be done in the form of an alert. The NIA entry can only be undertaken with authority of a Detective Senior Sergeant (tier 4 ASA trained and accredited), or higher, who must also approve the content.

Resolving investigations

Key process point 9

Resolution options

These options for resolution are available in respect of any alleged sexual assault investigation (whether acute, non-acute or historic):

- fully investigate and prosecute the offender (K9)
- fully investigate and give a warning to the offender (K4)
- fully investigate and if there is insufficient evidence to take the matter further at that time, inactivate as unsolved (K6)
- fully investigate and establish that no offence had occurred (K3). There must be credible evidence that no offence occurred.
- record the complaint, and:
 - talk to the offender, and/or
 - refer the victim and/or offender for counselling, or both victim and offender for restorative justice (where appropriate), and/or
 - take no other Police action (K6).

When deciding on the resolution of an investigation consideration should always be given to the Solicitor-General's Prosecution Guidelines.

If the victim does not make a formal complaint:

- record details for intelligence purposes
- Police should fully investigate the initial complaint before deciding whether to take further action
- consider the potential to prevent further victims
- consider whether to disclose the source of the information
- talk to the offender for the purposes of a risk assessment (e.g. consider attaining their DNA profile); any interview with the offender should also be considered for propensity evidence
- consider options with the offender as might be appropriate (such as advising the public by way of the community disclosure of offender information process)
- unless there is credible evidence of a fabricated complaint, the matter should be resolved as a K6.

Who decides on which option to adopt?

The O/C investigation should work closely with their supervisor/s when considering what resolution option is appropriate in each case. The views, situation and circumstances of victims should always inform considerations, but should not determine the resolution of the case.

Further consultation may be undertaken with the District ASA Coordinator, Crown Prosecutor, Legal Section or other relevant parties.

Final decisions on what resolution option to pursue in sexual assault complaints must always be reviewed and approved by a Level 4 Trained Supervisor. This key decision and who approved it must be recorded in the Review Node in NIA.

Historical complaints

Sexual assault reports may be made to Police some years after the incident. Investigators should consider these factors when deciding on the Police response:

- the likelihood of further, continued or connected offending (past, present or future)
- the victim's ability to clearly recall events
- whether corroboration is available
- the availability of other evidence and witnesses
- the victim's current circumstances and well-being

- legal precedents (consult Legal Section or the Crown Prosecutor where relevant)
- the offender's current situation (e.g. still alive, infirmed or overseas).

In cases where the victim was a child at the time of the offending, consider whether Oranga Tamariki should be contacted to ascertain if there may have been other victims or people still at risk.

The victim must be fully informed of their options in making a formal complaint or commencing other actions.

When victims do not wish to continue (Recanted complaints)

The decision as to whether there is sufficient evidence to prosecute is for Police and not the victim (or their family). In making this decision, Police should:

- consider the victim's views, especially if they are not supportive of a prosecution
- offer all available assistance when that decision is considered. This may be by working with the specialist sexual assault support worker, medical forensic practitioner, family, community members, crown prosecutor or others.

Police should also advise the victim that the investigation and prosecution may continue, depending on the circumstances. This could be, for example, due to the seriousness of the incident and danger that the offender presents to the community or other evidence or complaints that are connected to the matter.

If Police wish to continue the investigation or prosecution after the victim decides to withdraw their complaint, the investigator must inform the victim of this and the reasons for doing so. A specialist sexual assault support worker should ideally be present with the victim in these instances.

Statements from victims who do not wish to proceed

A written statement should be taken from a victim detailing their reasons for not continuing with a complaint. The potential consequences must be explained and discussed with the victim, especially with respect to prevention of further victims.

This discussion should also be recorded in the statement. It's preferable that a support person be present when this statement is obtained to ensure that the victim fully understands the consequences of their decision.

Should the victim decline to make or sign the statement, the details stated above still need to be documented.

Explanation when matters do not proceed

If an investigation is filed without prosecution or a prosecution does not proceed, or, the O/C investigation or the O/C victim or appropriate supervisor must clearly, carefully and fully explain the reasoning to the victim so they understand why this is occurring. This should be done in person and be followed up with a letter outlining the decision and the reasons for that decision.

In these situations, always consider the victim's well-being. Consideration must be given to having a support person present when giving such information.

If a support person is not present the reason for this should be recorded in the NIA case record.

Prosecution actions

Key process point 10

Who prosecutes sexual assault cases?

All sexual assault cases are Category 3 offences under the Criminal Procedure Act 2011 (punishable by two or more years imprisonment, where the defendant has the right to elect trial by jury).

In accordance with [Crown Prosecution Regulations 2013](#), the Crown will prosecute:

- all Category 3 cases with a maximum penalty of 14 years imprisonment or more, from the point of entry of a plea
- all Category 3 cases specified in Crown Prosecution Regulations to always be tried by the Crown, from the point of the adjournment following the entry of a plea
- all other Category 3 cases where trial by jury is elected, from the adjournment to trial callover.

Engagement of the Crown Prosecutor (at Police's expense) may be authorised by the Police Prosecution Service Regional Manager for Category 3 cases not captured above when appropriate, for example in a matter which is complex or overly sensitive, at any appropriate stage.

Referring sexual assault cases for prosecution

The O/C case must provide all relevant information to the prosecutor about the victim and witnesses, including:

- a fully detailed POL 258 report which provides clear detail of the alleged incident, investigation and issues that may have arisen or are foreseen
- if applicable, the information necessary to make an application under section 103 of the Evidence Act 2006 for giving evidence by an alternative way (e.g. because of the trauma to the witness or the nature of the evidence to be given)
- details of any preferred support person for any witness required to give evidence (section 79(1) Evidence Act 2006).

Matters being referred to the Crown Solicitor for prosecution must be submitted through a Detective Senior Sergeant (or a level 4 trained Detective Sergeant relieving in that role). This may be the O/C Area CIB, ASA District Coordinator in accordance with agreed local practice.

Matters to consider during prosecutions

Refer to the [Solicitor General's Prosecution Guidelines](#) and follow [standard file preparation](#) and prosecution procedures for:

- preparation of documents, formal statements and testimony
- preparation of appropriately handled, packaged and presented exhibits
- preparation, handling and presentation of electronically recorded evidence and testimony.

Vulnerability of victims at prosecution stage

The court phase can be extremely stressful for victims and their families, especially vulnerable persons. This stress can also impact unfavourably on court outcomes. For these reasons, victim access to specialist support is highly recommended.

Victim/witness anxiety about the court premises and procedures should be addressed. A meeting with the prosecutor and a familiarisation visit to the court room with the victim, prior to the trial date may alleviate this anxiety

Remember that Police have a continuing obligation to provide information to victims under the Victims' Rights Act 2002.

The victim views must be considered when offender bail or release conditions are drafted. (s30 Victim's Rights Act 2002)
The decision whether to oppose the offender's bail, and/or the appropriate bail conditions should also form an important part of the prosecution process. Investigators should have regard to the relevant criteria in section 8 of the Bail Act 2000, particularly if there is a risk the defendant may interfere with evidence and/or attempt to contact witnesses or the victim (as per s8(1)(a)(ii)). (See the 'Bail' chapter for more information).

Exhibits in Court

In sexual abuse cases, photographs, DVD/video and written statements, transcripts and other exhibits will potentially be of great interest to the media and public. Ensure Police retain control over access to such exhibits.

Victim Impact Statement

Be sensitive when creating and presenting a victim impact statement. Follow the statement guidelines but consider specialist and other support for the victim in writing these. Widen your consideration of impact to include that on family, friends, work and other aspects of a person's life, plus that of the wider community. It is important for the victim to feel that the crime's impact on them has been accurately portrayed, and the appropriate sentence imposed. Statements must be suitable, clear and concise (see Victim Impact Statement obligations below).

 [obligations-regarding-victim-impact-statement-content.pdf](#)

78.93 KB

Provide details for victim notification register

Ensure that you provide (using [POL 1065](#) in Police Forms> Victims) the victim's details to Ministry of Justice for placement on the victim notification register to ensure the victim is advised of bail conditions, and release dates post-conviction (see 'Notification: rights for victims of serious offences' (under [s29 VRA](#)) in the '[Victims \(Police service to victims\)](#)' chapter..

Further information

For further information about victims at the prosecution stage of the [ASA](#) investigation, see the '[Victims \(Police service to victims\)](#)' chapter.

Final actions and record keeping

Key process point 11

Final victim related action

At the conclusion of the investigation and/or prosecution action, regardless of the outcome, the O/C investigation, O/C victim, or the district ASA co-ordinator must clearly, carefully and fully explain the outcome or court finding to the victim so that they understand what has occurred.

In these situations, always consider the victim's well-being and arrange ongoing specialist support for them through your local specialist sexual assault support agency. If the information being relayed is likely to cause distress to the victim, then the investigator must ensure that a support person is present. Ideally that support person would be a specialist sexual assault support worker, unless the victim has been working with an alternate support person.

You may also conduct a formal or informal debrief of the investigation and prosecution process with the victim, their family, support persons (including specialist sexual assault support services and other support persons) and other connected parties. This can assist victims, and their families, with the outcomes (favourable or not) and provide a tangible conclusion to their Police involvement.

Where appropriate and without breaching privacy principles, Police should also advise those case connected tripartite partners of outcomes. This can be done via the regular tripartite meetings in keeping with the local level agreement.

Record keeping

To ensure Police are well-placed to deal with the volume and seriousness of adult sexual assault offences, accurate and up-to-date information about the victim, offender and incident is required. This assists to determine trends and develop systems to enhance investigation practices and procedures.

Take these record keeping actions.

Step	Action
1	If the offence is a family violence related offence, complete the Family Violence Report, POL 1311, and Intimate Partner Violence Risk Assessment (ODARA), POL 1315.
2	Ensure you complete the Sex Offender/Suspect Notification, found under the 'notifications' on the Bulletin Board for subsequent review by the Behavioural Science Unit, OCEANZ and the Police MO section who complete offender dossiers and NIA offender alerts.
3	Promptly enter complaints in NIA when received and manage them from receipt to resolution according to procedures detailed in the 'Records management' chapters.
4	ASA files should be only be filed by <u>Level 4 trained and accredited ASA supervisors</u> , who have a clear understanding of the nature and intricacies of this crime-type. (Level 1, 2 or 3 trained ASA staff have no authority to file ASA files). The filing officer is to ensure that the resolution decision is appropriate and supported by the evidence gathered.

Prevention opportunities and responsibilities

Key process point 12

Continually improving Police response

Police's response to ASA complaints is an evolving and developing practice that will be enhanced and improved by assessment, monitoring and appropriate evaluation and feedback.

As part of an ongoing investigation process, Police want structured, proactive preventative action, which will consider investigation procedures and approaches for individual cases and wider sector improvement. Input into this, and prevention opportunities, can be undertaken by all those involved in ASA investigations, from the first recipient of a complaint, the investigator, tripartite partners (via Police channels), supervisors, managers and filing officers.

Prevention opportunities

As part of the ongoing case process and at case closure, each investigation should be assessed with these considerations (this is not an exhaustive list):

- What further investigative work can be undertaken that could link this offence to unsolved or other cases? (e.g. use of ViCLAS and Behavioural Science Unit, DNA databank or other Intelligence Office initiatives).
- What prevention opportunities arise? (e.g. addressing liquor outlets around drink spiking or street lighting in remote or isolated areas (environmental scanning)).
- What opportunities or interventions to prevent sexual re-victimisation have been considered? (A substantial proportion of sexual violence victims experience repeated sexual victimisation, often beginning in childhood or adolescence and continuing through life. Sexual re-victimisation is often linked to other forms of violence).
- What sensitive and appropriate information sharing can enhance our understanding and approach to investigating sexual violence? (e.g. approaches used by drug facilitated sexual assailants or on-line sexual groomers).
- What educational opportunities or messages can be gained or promoted either locally or more widely? (e.g. appropriate use of case studies in Police training forums - the respective victim's understanding and buy-in is paramount in these situations).
- What part of the process at a case level, local level or national level can be improved or enhanced?

Responsibilities within the ASAI policy and procedures

District Commanders (in connection to ASA)

To improve compliance and outcomes around this policy and procedures, District Commanders must ensure:

- the appointment of appropriate District Adult Sexual Assault Coordinators
- local level agreements are in place outlining the relationships between local tripartite partners
- local Police have access to appropriate venues and equipment for:
 - receiving complaints in a safe and secure environment (e.g. victim sensitive interview rooms)
 - medical forensic examinations of sexual abuse victims
- the formal interview and victim interface
- there are sufficient trained and qualified Police staff in their locality to satisfy local demands for specialist investigators and related specialist interviewers
- training is carried out in line with national directives, e.g. ASA initial complaint action.

District Adult Sexual Assault Coordinators

To improve compliance and outcomes around this policy and procedures, District Adult Sexual Assault Coordinators must:

- regularly liaise with all connected tripartite partners, namely specialist sexual assault support services, SAATS medical forensic practitioners and where relevant, Police medical officers
- ensure local training is carried out in line with national directives
- monitor staff performance to ensure they are conducting sexual assault investigations to high quality and employ the staff Trauma policy when necessary
- monitor complaints to ensure this policy and procedures are being adhered to and the appropriate level of service is

being provided to victims

- ensure compliance with record keeping and statistical capture requirements
- respond to requests for statistics and data connected to ASA investigations from PNHQ in accordance with the QAIF framework
- encourage appropriate information sharing and assessment of preventative and educational opportunities is undertaken at a local level, and suggest national level opportunities via the National Coordinator: ASA
- report annually to the National Coordinator: ASA to:
 - identify any problems complying with these procedures and connected training
 - suggest any initiatives, preventative measures, endeavours and developments that have proved successful in the investigation and area of ASA
 - provide a copy of the local level agreement.

National Coordinator: ASA

To improve compliance and outcomes around these procedures, the PNHQ-based National Coordinator of ASA must:

- liaise regularly at a national level with all connected tripartite partners, namely specialist sexual assault support agencies and MEDSAC (National Tripartite Forum)
- liaise regularly at a national level with other connected agencies, such as ESR, Crown Law, Ministry of Justice, ACC and Ministry of Health etc
- liaise with District Commanders and/or District ASA Coordinators about ASA matters such as local issues, collation and assessment of local level agreements and locally developed enhancements of ASA investigations
- disseminate appropriate connected information to Police employees via District ASA Coordinators or by other means (such as via District Commanders and/or Crime Managers)
- be connected and involved with the RNZPC around the ASA Investigators course, other related training courses, material and delivery
- monitor and assess international law enforcement (and connected) best practice and the application of this within New Zealand
- annually review ASA investigation files in accordance with the QAIF framework
- respond to connected media requests, ministerial queries and other connected bodies of work as an ASA subject matter expert
- be a conduit for the National Manager: Criminal Investigations, and therefore the Police Executive, around the ASA policy and procedures in their promotion, enhancement and ongoing development.

Oversight and monitoring

It is critical that Police achieve satisfactory outcomes for Adult Sexual Assault (ASA) victims and their families.

SAS Reports

Each week a report is prepared and available to all Police staff. The data contained in the report provides information on all active ASA cases nationally and highlights identified organisational risk across Districts, Areas, Individual Workgroups and QID.

The report is accessible via the [NCIG Intranet Page](#)

Examples of data available are:

- Number of active ASA cases
- Number of ASA cases in Case assessment for more than 5 days
- Number of ASA Cases Awaiting Member Assignment for more than 30 days
- Number ASA Cases more than 30 days old and 90+ days passed since last recorded victim contact
- Average number of days cases have been in differing sub-statuses
- Number of staff holding more than 5 active ASA investigations
- Number of staff holding sexual violation cases but have not received specialist training.

Monitoring framework

Police have adopted a national integrated Quality Assurance and Improvement Framework (QAIF) for adult sexual assault investigations to improve:

- service delivery to victims and their families
- the quality of investigations
- the visibility of reports of ASA across all management levels.

The monitoring framework consists of:

- CIB supervisors reviewing a selection of ASA cases three times a year. (April, August and December)
- ASA District Coordinators and /or Field Crime Managers reviewing a selection of adult sexual assault investigation cases three times a year. (February, June and October)
- Annual District Reviews by National Criminal Investigations Group at PNHQ.

The framework clearly defines responsibilities and must be adhered to if the best national response to investigations is to be achieved. If employees with review responsibilities are unavailable, through leave or other reasons, their designated duties must be delegated to an appropriate person to ensure the review and reporting is completed within the stipulated time frames.

Review results are reported at district, national and executive levels and feedback from the reviews should be provided back to teams and individual investigators.

Training and staff support

Training for initial responders and employees conducting investigations

All Police employees who could potentially undertake initial actions in ASA cases should undertake the ASA initial complaint action frontline staff training.

Tiered training

Tiered training was introduced to improve ongoing training for Police investigators, specialist evidential interviewers and supervisors for both Child Protection (CP) and ASA. Tiered training ensures that victims(s) and their families receive the appropriate standard of service and have any complaint made investigated and resolved in a timely manner.

The Four Training Tiers:

- Level 1 – Recruit training (all officers)
- Level 2 – CIB Selection and Induction Course
- Level 3 – Detective Qualified
- Level 4 – CIB Supervisor

Level	Criteria
<p>Level One – Recruit Training</p>	<p>Current training includes:</p> <ul style="list-style-type: none"> • Initial action, ASAI policy & guidelines, sex offences & dealing with victims • ASA Initial Action online training (Success Factors) • COI / IPCA recommendations (History, culture & moving forward) <p>Level One trained staff:</p> <ul style="list-style-type: none"> • May deal with Initial action for ASA incidents. All ASA incidents should be referred to CIB • May hold 'low level' ASA investigations (with maximum penalty of 7 years imprisonment) where agreed after CIB referral • Must be recorded in NIA review node by the authorising CIB supervisor the reasons why a Level One trained member is holding an ASA investigation file. • Must not hold any sexual violation files • Must not file any ASA files.
<p>Level Two – CIB Selection and Induction Course – (Post February 2011)</p> <p>(See below for pre 2011 completion)</p>	<p>Current training includes:</p> <ul style="list-style-type: none"> • CIB Selection and Induction Course - Policy, practice, legislation and case law <p>Level Two trained staff:</p> <ul style="list-style-type: none"> • May be O/C of any ASA file or undertake any significant role in an ASA investigation • Must be under direction or supervision of a level 3 or 4 qualified ASA supervisor or a level 3 qualified investigator relieving as an ASA supervisor • Must not file any ASA files

<p>Level Three – Detective Qualified</p>	<p>Current training includes:</p> <ul style="list-style-type: none"> • Completed all detective trainee requirements including CIB modules, workplace assessments, mandated time as CIB trainee and pre-requisite examination • CIB Qualifying Course which includes session updating most recent developments in ASA • Obtained Detective qualification <p>Level Three trained staff:</p> <ul style="list-style-type: none"> • May be O/C of any ASA file or undertake significant role in ASA investigations • Level 3 qualified investigator can relieve as an ASA supervisor • Level 3 qualified supervisor may have oversight of ASA investigations • Must not file any ASA files
<p>Level Four – CIB Supervisors</p>	<p>Level Four Trained staff:</p> <ul style="list-style-type: none"> • Must be either a Detective Sergeant or Detective Senior Sergeant in a substantive position • Must have completed an Advanced ASA Course • Must have operational 'sign off' to Level 4 by District Crime Manager as suitably qualified (through training, experience and supervisory capability) to oversee, manage and review ASA investigations <p>Filing ASA files:</p> <ul style="list-style-type: none"> • A level 4 substantive Detective Sergeant may only file ASA files that have been through the prosecution process • A level 4 substantive Detective Sergeant relieving as a Detective Senior Sergeant may file any ASA files • A level 4 substantive Detective Senior Sergeant may file any ASA files

Completion of CIB Selection and Induction course prior to February 2011

Staff that completed their CIB Selection and Induction course prior to February 2011, were required to complete either the ASA Investigators Course (CSP005) or a two day ASA Transition Course in order to meet ASA training requirements.

As these courses are no longer available, any CIB staff currently working in ASA that completed their induction course prior to 2011 and have not completed the ASA Investigators Course or ASA Transition Course need to complete the Advanced ASA Course in order to meet the ASA Tiered Training requirements.

At the completion of the Advanced ASA Course Detectives that fall into the above category will be qualified to Level 3. Upon promotion to a substantive Detective Sergeant role they will be Level 4 qualified pending operational sign off from their local Crime Manager.

At the completion of the Advanced ASA Course, Detective Sergeants and Detective Senior Sergeants that fall into the above category will be qualified to Level 3 until they have had operational sign off from the their local Crime Manager at which point they will be level 4 qualified.

Refer to the Adult Sexual Assault – Model for Tiered Training and Accreditation process chart below.

 [Adult Sexual Assault – Model for Tiered Training and Accreditation \(2017\).pdf](#)

230.48 KB

Wellchecks for staff dealing with ASA

Specially trained [ASA investigators](#) and [specialist adult witness interviewers](#) (regardless of the nature of the interview) must attend regular wellchecks in accordance with the '[Wellcheck Support Policy](#)'.

Health and safety duties

Maximising safety and minimising risk

Maximising safety and eliminating or minimising risk at work is the responsibility of all Police employees and persons engaged by Police to provide a service including contractors and their employees, trainees, interns and volunteers. It is delivered through meeting the obligations under the Health and Safety at Work Act 2015 and Police safety policies.

A key enabler is the application of the TENR-Operational threat assessment in the workplace.

The expectation of the Commissioner and the Act is that persons in the workplace will take reasonable care to ensure that their acts or omissions do not adversely affect the health and safety of other persons, comply as far as they are reasonably able to with any reasonable instruction that is given in order to comply with the Health and Safety at Work Act 2015 or regulations under that Act. They will co-operate with any reasonable policy or procedure relating to health or safety at the workplace that has been notified to them and take immediate action to stop any perceived or potential breach of the act or if impractical, immediately report the matter to a supervisor.

Health and safety should be an everyday conversation.

See 'Health, safety, and wellbeing' in the Police Manual for more information.

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