

Investigative checklist:

1. Does the victim require immediate medical attention? Is there any evidence that the victim was strangled or choked?
 - If so, address medical issues first.
 - Is there an opportunity to collect medical or forensic evidence (SAEK)? If so, is authorization necessary?
2. Is there a scene or evidence to preserve?
 - Is a Section 487 required?
3. Have you **properly** secured any evidence?
 - Clothing worn during offence or relevant items such as condoms. Is a penile swab necessary or an option?
 - Drink containers used/handled by suspect.
 - Digital evidence such as cell phone/text communications, social-media profile info, CCTV footage or evidence from a taxi/ride sharing service.
 - Have you identified witnesses and taken statements?

Investigative checklist (cont):

4. After initial response, best practice is to schedule a follow up interview 2 to 3 days later, when recall is best.
 - Has the member in charge arranged for an in-depth interview?
 - Should you consult with a specialized unit or utilize a safe room?
5. Are the victim and suspect known to each other? Is the offence connected to Family Violence? If so, has a FVIR been completed?
6. Are you satisfied that the suspect is no longer a threat to the victim or public?
 - Are there grounds for arrest or charges?

Victims support and safety

- Has the victim been connected with relevant supports, such as a VSU, counselling or other sexual assault supports?

Sexual violence investigation card

Sexual assault investigations are uniquely challenging for both police and victims. This card can be used as a tool to support police during a sexual assault investigation for **individuals 18 and older**.

This card was developed by members of the Sexual Violence Police Advisory Committee, with input from Police, Victim Services and other relevant subject matter experts.

Before you start, remember:

- It's estimated 94% of sexual assaults are **not reported**. One reason is societal attitudes toward sexual violence, which often cause victims to feel shame and humiliation and lack faith that they will be heard and believed.
- **Your attitude** is key to gaining the victim's trust. If you are perceived to be impatient or biased, the victim may not cooperate.
- Your victim may be traumatized, affecting their ability to recall facts and provide evidence. Be patient and understanding.
- Your victim may not want to cooperate initially, but your attitude and approach may help them come forward in the future.

What is consent?

Consent is defined in the *Criminal Code* as "the voluntary agreement of the complainant to engage in the sexual activity in question." Further, an individual must be legally able to provide consent, such as being of sufficient age.

Remember, consent must be:

- Freely given;
- Continuous (it can be revoked at any time);
- Given for the particular sexual act in question (consent to one type of sexual activity is not consent to all sexual activity);
- **CANNOT** be given in advance.

Consent must be **affirmatively communicated** by words or actions. Only yes means yes.

Trauma informed interviews

- First - build trust. Trauma may affect a victim's ability to respond to questions, including:
 - Difficulty providing chronological or detailed statements; and
 - Recollection of the incident may be triggered over time, requiring follow-up and patience.
- Take detailed notes and let the victim tell their story without interruption:
 - Clarify but do not confront or interrogate;
 - Do not suggest feelings or responses; and
 - Address inconsistencies respectfully.
- Do not seek information from a victim that is irrelevant to the allegations (past sexual experience, psychiatric history or counseling).
- Provide context for sensitive questions to avoid perceptions of blame, such as evidence that speaks to intoxication, description of clothing/appearance or victim behavior.