

Best Practice Guide for Law Enforcement Investigations into Sexual Violence

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BEST PRACTICE GUIDE FOR LAW ENFORCEMENT INVESTIGATIONS INTO SEXUAL VIOLENCE

The purpose of this Best Practice Guide is to provide assistance to police services in developing policy and procedure relating to the investigation of adult sexual violence. It is important for police services to consider the best practices outlined in this document. The *Best Practices for Investigating and Prosecuting Sexual Assault Handbook* is also available for further information.

There are other offences within the *Criminal Code of Canada* which may involve sexual abuse such as child pornography, historical child abuse, sex trade offences, and human trafficking; however, these offences are beyond the scope of this Best Practice Guide.

PREFACE

Sexual assault remains a significant crime in Alberta and throughout the rest of Canada. Statistics Canada ([Police-reported crime statistics in Canada, 2016](#)) indicates there were 21,000 sexual assaults reported to police in Canada, of which 2,698 occurred in Alberta. It is important to note that the number of sexual assaults reported to police is likely a considerably small fraction of the number of such offences that actually occurred. According to self-reported victimization data from the [General Social Survey](#), only 5 per cent of sexual assaults were brought to the attention of the police in 2014. The reporting of sexual assault is complicated by its severe emotional effect on victims as well as the private nature of these offences.

The term victim is used throughout this report to refer to the individual who has been sexually assaulted but is not intended to convey a lack of agency on the part of the person victimized or to imply guilt with respect to an accused person.

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WHY IS SEXUAL ASSAULT A UNIQUE CRIME?

- Sexual assault is gendered crime. 87 per cent of survivors are women and girls, and 94 per cent of offenders are men.¹
- The offence of sexual assault covers a wide range of behaviours from unwanted kisses and grabbing to rape with life threatening injuries. Therefore, the possible range of penalties is similarly broad.
- Offenders are proficient at identifying potential victims; choosing victims based on a pre-existing relationship, being in a position of trust, power or authority over them or perceived victim vulnerabilities. Some sexual offences however, are crimes of opportunity. Based on the latest national statistics from the [GSS](#), a number of groups have been identified as being most vulnerable to sexual assault. These groups may have traditionally experienced distant relationships with police and are most likely to benefit from the consistent investigative response suggested in these sexual assault investigation best practices. Some of these groups include, but are not limited to, LGBTQ2S victims, sex trade workers, Indigenous populations, visible minorities, victims with disabilities (mental or physical), those experiencing poverty or homelessness, those with mental health or addictions issues and those who have experienced child abuse in their past.
- More than any other crime, victims of sexual violence often feel shame, self-blame and humiliation as a result of their victimization.
- These complex emotions, combined with societal attitudes, myths and stereotypes around sexual violence make it more difficult for victims to disclose the crime to others.
- Myths and misconceptions about how victims and perpetrators should act (for example, timing of the reporting or the emotional reaction to the event) continue to influence how a victim's credibility is assessed. [See appendix A: Myths and Stereotypes](#)

Impact of Myths

From the making of the initial complaint to the determination of the issue at trial, stereotypes and mythology are at work, making it difficult for victims to report, influencing police decisions to pursue the investigation, and possibly distorting the issues and results at trial.

¹ Self-reported sexual assault in Canada, 2014. Retrieved from: <http://www.statcan.gc.ca/pub/85-002-x/2017001/article/14842-eng.htm>

- Often victims and perpetrators are known to each other and may have ongoing relationships and social connections; therefore credibility is further challenged under these circumstances. The victim may not want to risk the relationship or cause problems for the perpetrator and themselves by reporting, or may fear further consequences as a result of reporting.
- The victim and the accused are often the only witnesses to the crime and in many cases, there is little other evidence.
- No other crime involves such a detailed assessment of the perceptions and actions of both the victim and accused.

WHAT IS SEXUAL ASSAULT?

- Sexual assault is **non-consensual** touching of a sexual nature. It can include a range of behaviours - forced or unwanted touching, kissing, groping, oral sex, or penetration.
- Sexual assault is not defined in the *Criminal Code*; it is a type of assault that occurs in a sexual context. Therefore the definition of assault in the *Code* (s. 265) applies to all sexual assaults.

How do you determine if an assault is a sexual assault?

- The sexual integrity of the victim was violated or was threatened to be violated;
- The sexual nature of the assault would be visible to a reasonable observer who was aware of all the circumstances. The part of the body touched, the nature of the contact, the situation in which it occurred, the words and gestures accompanying the act and all other surrounding circumstances will be relevant²; and
- The intent of the accused may be a factor in considering whether the assault was sexual, but it is not a requirement that the assault be for sexual gratification. For example, an accused who was “just joking” by grabbing another’s genitals was still convicted of sexual assault.³ A father who injured his son’s penis by grabbing it for “discipline” was also convicted of sexual assault.⁴
- There are three categories of sexual assault in the *Code* which reflect the severity of the risk and injury to the victim, with potential penalties increasing accordingly:
 - s. 271 – sexual assault;
 - s. 272 – sexual assault with a weapon or causing bodily harm; and
 - s. 273 – aggravated sexual assault.

² [R. v. Chase 1987 CanLII 23 \(SCC\)](#)

³ [R. c. Bernier 1997 CanLII 9937 \(QC CA\)](#), aff’d SCC

⁴ [R. v. V.\(K.B.\) 1993 CanLII 109 \(SCC\)](#)

- Other charges are possible in certain circumstances, such as incest when the accused and victim are closely related.⁵
- With complex cases, including historical offences, police are encouraged to consult with a Crown prosecutor during the course of the investigation. In some cases, it may be appropriate to request a written opinion as to whether the evidence meets the prosecution standard (each police service has a Pre-charge Consultation Protocol with the Crown).

CONSENT

- Sexual activity between adults is criminal when the victim does not consent to the activity. Lack of consent is therefore an essential element of the offence.
- Consent is defined in the *Criminal Code* as “the voluntary agreement of the complainant to engage in the sexual activity in question” (s. 273.1).

Consent is determined *solely* by the victim’s state of mind towards the touching, at the time it occurred.⁶

- Consent requires a conscious, operating mind, capable of granting, revoking or withholding consent to each and every sexual act. Therefore, consent cannot be given in advance to sexual activity that occurs when the victim is unconscious.⁷ Consent is an ongoing state of mind and a consenting partner must be capable of asking their sexual partner to cease sexual activity at any time.
- Consent must be obtained not only to the touching, but to its sexual nature⁸ and with a particular partner.⁹
- Consent must be communicated by words or actions of the victim. Silence, passivity or ambiguous conduct does not indicate consent. The victim is under no obligation to indicate by resisting, that they are not consenting.¹⁰

⁵ The offences that specifically relate to underage victims will not be addressed here in this Guide.

⁶ [R. v. Ewanchuk, 1999 CanLII 711 \(SCC\)](#)

⁷ [R. v. J.A., 2011 SCC 28](#)

⁸ For example, consenting to a medical exam by a doctor is not consent to sexual touching by that doctor.

⁹ [R. v. Hutchinson, 2014 SCC 19](#)

¹⁰ *Ewanchuk*, see note 8, [R. v. Dippel 2011 ABCA 129 \(CanLII\)](#).

- Consent must always be freely given¹¹. If a victim consents because of fear of the application of force to themselves or someone else, or has been coerced because of the accused having a position of authority over them, the consent is not valid. If the victim has been misled about the nature of the sexual activity, that fraud can also make the consent invalid.¹²
- The issue of consent is part of both the act (*actus reus*) and mental element (*mens rea*) of sexual assault. Both aspects must be proven beyond a reasonable doubt.
- The act (*actus reus*) involves:
 - Touching;
 - Sexual nature; and
 - Absence of consent.
- The mental element (*mens rea*) has two components:
 - The intention to touch; and
 - Knowledge of a lack of consent, or recklessness or willful blindness towards a lack of consent.

Defence of honest but mistaken belief in consent

- To raise the defence of honest but mistaken belief in consent, the accused must show that they believed the victim **affirmatively communicated**, by words or actions, consent to engage in the specific sexual activity.
- An accused who claims this defence is essentially denying the *mens rea* (guilty mind) for the offence. In addition to the sections of the *Code* describing the situations where apparent consent is invalid (ss. 265(3) and 273.1 described earlier), section 273.2 further states that an accused cannot raise the defence if:
 - Their belief arose from a self-induced intoxication, recklessness or wilful blindness; or
 - The accused did not take reasonable steps in the circumstances known to them at the time, to make certain that the victim was consenting.

¹¹ The *Code* lists circumstances where consent is not valid in both s. 265(3) and s. 273.1.

¹² Cases where consent vitiated by fraud involving non-disclosure of HIV status: [R. v. Cuerrier, 1998 CanLIII 796 \(SCC\)](#); [R. v. Mabior, 2012 SCC 47 \(CanLII\)](#). Case involving the accused surreptitiously poking holes in condoms to make the victim pregnant: *R. v. Hutchinson* – see note

- This defence may only be put forward if there is some plausible evidence that gives it an “air of reality.” The evidence may consist of a combination of the victim’s evidence, the accused’s evidence, and evidence of the circumstances surrounding the commission of the offence.

TRAUMA INFORMED

Responding with a Trauma-Informed Approach

- Best practice is to have policy makers and investigators who have extensive knowledge of the trauma-informed approach address the development of sexual violence related policies and training, particularly with respect to interviewing victims.
- A trauma-informed approach includes an understanding of, and responsiveness to the impact of trauma. It emphasizes the physical, psychological and emotional safety of the victim and creates opportunities for victims to gain a sense of control. For more information on the neurobiology and impact of trauma, please see [appendix B: Trauma Informed Resources](#).
- Many behaviors and responses expressed by victims are directly related to traumatic experiences.
- What might appear to be an inconsistency in the way a victim reacts or how they recount the incident can actually be a typical, predictable and normal way of responding to and coping with a traumatic event.
 - Individuals respond to trauma in a variety of ways. Victims may display a range of demeanour and emotions from crying and distress, to extremely calm and/or seemingly cheerful.
 - Trauma can affect a victim’s ability to give a detailed or chronological statement. A person experiencing trauma will often recall and/or disclose information over a period of time as memories are triggered and as trust is established with the investigator.
- Be aware of personal bias or opinions and common misconceptions and myths around sexual violence:
 - These myths can influence a victim’s feelings of shame, guilt, and embarrassment, in particular their behaviour after the assault;

In this video, [the impact of trauma on the brain](#) is explained; particularly in relation to understanding victims response to trauma.

- These myths may include perceptions such as:
 - All victims fight their attacker;
 - Real victims can recount every detail of an assault in a chronological manner;
 - Only strangers get raped; and
 - Real victims report to the police as soon as they can.

- They can also unconsciously influence an investigator's assessment of a victim's credibility or reliability. Please see [appendix A: Myths & Stereotypes](#) for sexual assault myths/stereotypes.

- Recantation by a victim, inaccuracies or inconsistencies in victim's statements or the lack of corroborating evidence does not necessarily equate to a false report. A [study](#), looking at previous studies of false reporting of sexual assault while also doing an analysis of new data, cites a prevalence of false reporting rates between 2 and 10 per cent.

- Ensure that the complainant is aware they can provide more information as they recall the details. Most victims of sexual assault postpone reporting the incident to police or anyone else. The reasons are distinct for each individual and may include the victim's feelings of shame, embarrassment, shock, denial, self-blame, uncertainty, and fear.

COLLABORATIVE VICTIM SUPPORT

- Sexual violence has serious and lasting consequences for victims, families and communities. Victims of sexual violence may experience severe trauma, particularly when the abuse has continued for an extended period of time. According to the [GSS](#), victims of violent crime may delay reporting or fail to report the crime because they feel it is a personal matter, they do not want to get the offender in trouble, or they fear revenge. Some sexual assault victims also indicate that they do not want to bring shame or dishonour to their family. Other reasons for not reporting include perceptions that the incident is not serious enough to report, the offender will not be adequately punished, or that by doing so will involve them in a complex court process. Victims who are reluctant and not prepared to participate in the investigative or court process should be referred to support programs (Health Services, [Victims Services](#), [Sexual Assault Centres](#), etc.) and be provided with information on personal safety.

- Victims should also be provided with information related to their ability to report the incident in the future, if and when they feel ready. The Third Option provides victims of sexual assault with a reporting choice that allows collected forensic evidence to be stored for a period of up to one year, allowing a victim time to make the reporting decision that is best for them without pressure. Should Third Option be available in your location, provide a brief outline of the process and refer the victim to Alberta Health Services for follow up. For detailed information on the process, please see [appendix C: Third Option](#) (please note that the Third Option is not available in all areas and processes will vary depending on location).

- When responding to a victim of sexual violence and assisting them through the investigation and criminal justice process, police have specific responsibilities that are outlined in the *Victims of Crime Protocol Roles and Responsibilities*, the *Canadian Victims Bill of Rights* and the [Best Practices for Investigating and Prosecuting Sexual Assault Handbook](#). For more information on the *Victims of Crime Protocol*, please see: <https://open.alberta.ca/publications/3969471>
- Please see [appendix D: Victim Notification Chart](#) or page 72 of the *Victims of Crime Protocol Roles and Responsibilities* for a detailed chart outlining when police and/or victim services are responsible for assisting victims with notifications about the investigation and criminal justice process.
- To request copies of the *Victims of Crime Protocol Roles and Responsibilities* document, contact the Victims Programs Office at 780-427-3460.

Police are responsible for:

- Providing 24 hour crisis response, as well as providing information about victim services, the criminal justice process, practical emotional support and referrals to community agencies based on need (i.e. sexual assault centre, shelter, counseling). For more information on available resources, please see [appendix E: Resource Cards](#).
- Providing, on request, the victim with information about the status of the investigation and when charges are laid;
- Advising the victim of what options are available to protect their safety, if there are any safety concerns; including:
 - Status of the accused (in custody or not); and
 - Accused release conditions.
- Providing a *Victims of Crime Protocol* booklet and information about how to prepare and submit:
 - Financial benefits applications;
 - Victim impact statements; and
 - Restitution requests.

Police may delegate to Victim Service Units (VSU's) their responsibility to provide victims of crime with more detailed information about support and referrals.

- Offering immediate contact with victim services who may be able to assist with the following:
 - Addressing any special needs of the victim (i.e. dealing with communication barriers);
 - Providing localized information on sexual violence resources to assist victims;
 - If charges are laid, providing updates regarding the criminal justice process to the victim; and
 - Providing court information, support and orientation as well as accompaniment to court.
- Effective collaboration between police and community agencies is essential to a victim centered approach that supports the victim through the criminal justice process. This will allow for victims to fully participate in the criminal justice process while supporting their long term wellbeing. As such, every police service is encouraged to work in partnership with and consider referrals to community service providers, systems and agencies. For more information on providing referrals please see page 15.

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Police Services are required to develop and maintain procedures for undertaking and managing investigations into sexual violence occurrences. Best practice is outlined in each of the areas of investigation below:

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1. Communications and Dispatch

Best practice includes the following:

- That individuals who provide communications functions have an understanding of the impact of trauma on victims of violence and are aware of the need to remain objective and refrain from expressing personal opinion. Please refer to “Be Mindful” considerations on this page.
- That communications personnel establish initial information and provide this information to responding officers:
 - Location;
 - Nature of emergency;
 - Identity of caller;
 - Caller safety;
 - Victims’ need for medical assistance;
 - Suspect information; and
 - Weapons.
- Police do not conclude the complaint without meeting and speaking with the victim, ensuring they have no medical concerns and are safe.

2. Initial Response Procedures

- The nature of the police response to the initial complaint will directly impact three critical components:
 - The victim’s ability to work towards healing and recovery;
 - The overall investigation; and
 - Any court proceedings that result from the investigation.

Best practice includes the following:

- Upon arrival:
 - Assist the complainant in obtaining medical assistance;
 - Preserve evidence by ensuring continuity is maintained and scene containment is in place; and

Be Mindful:

- First contact after a sexual assault is crucial to a victim’s recovery and healing and cooperation with the criminal justice process going forward.
- Sexual assault victims may bond with the first responding officer or may be resistant if the officer is the same gender as the offender. Explaining the roles of individuals with whom the victim may interact may ease the transition between them.
- Remain objective and non-judgmental. Do not express surprise, disgust or other emotional reactions.
- As part of a community coordinated response, work with local victims agencies to develop information and resources that can be shared with victims of sexual assault. A helpful resource may be the Sexual Violence Resource Cards developed by the Sexual Violence Police Advisory Committee. See [appendix E: Resource Cards](#).
- Limit the preliminary interview to questions that will establish only the basic facts of the incident that occurred.

- Make detailed notes, including the actions, utterances and injuries of all parties involved. The quality of notes taken is important not only for the court process, but helps future partners (ie. probation authorities, treatment providers) adequately assess the level of risk the offender poses and the intensity of supervision should they be released into the community.

DO: Describe the incident as “the crime, the offence, the sexual assault, or the reported assault”, rather than the “alleged assault”.

DO: Include specific observations: “the victim was tearful and trembling” rather than just “upset”.

DO: Use active language: “the suspect put their forearm across the victim’s chest to hold the victim down” rather than passive language “the victim was held down”.

3. Conducting a Comprehensive Investigation

a) Interview Procedures

- Best practice is to have an interviewer trained in sexual assault investigations address the interviewing of the victim(s), suspect, and witnesses, including:
 - Person(s) who reported the occurrence to police communications;
 - Emergency personnel; and
 - Any other person who observed or heard the incident or may have been present before or after the actual incident occurred.

Interviewing Victims

- In sexual assault investigations, the attitude and conduct of the responding officer is key to gaining the victim’s trust and participation. If the responding officer is perceived to be impatient, unsympathetic, unbelieving or hostile, the victim may decide that it is not worth participating or cooperating further.
- The neurobiology of trauma on the brain tells us that the brain continues to be effected by hormones several hours after a traumatic event. To allow the victim to recover from the initial assault and for memory to begin to consolidate after the trauma, it is best practice to include both a preliminary victim interview in the response phase and a subsequent in depth interview in the investigative phase.
- The preliminary interview (response phase) has two purposes:
 - To establish the basic elements of the crime, including the identity of the offender, location and type of physical evidence to be obtained (particularly evidence that may degrade); and

- To establish the level of threat the offender currently poses to the victim and to public safety.
- Due to the impact trauma may have on a victim's ability to recall and describe the assault, consideration should be given to delaying the detailed interview (investigative phase) until at least two days after the assault occurred.
- A thorough and detailed statement is often the most important part of a sexual violence investigation and is best conducted by an investigator with knowledge of the impact of trauma on victims of sexual violence.
- The detailed interview (investigative phase) should be video recorded and conducted in a soft room if possible.
 - Only the victim and the interviewer should be present in the room. If the victim is unable to participate without having a support person in the room, consideration should be given to having a victim services support person present. The support person must be independent (not a friend or family member) and cannot have any knowledge of the offence and be unlikely to be called as a witness.
 - The victim may not be able to describe the events in a linear fashion and a trauma informed approach may result in obtaining a better description of the event. Questions starting with sensory fragments and building out from there may be effective:
 - *What do you remember about the place where this happened?*
 - *What are you able to tell me about (5 senses: smelled, heard)?*
 - *What was happening when you first thought something was wrong?*
 - *What were you feeling when this was happening?*
- Take information at face value and record the statement accordingly; do not press the victim if they are unable to provide answers to all questions.
- Begin with open-ended questions and allow for free narrative to follow.
- Let the victim tell their story without interruption and take detailed notes in relation to the verbal statement:
 - Clarify but do not confront or interrogate;
 - Do not suggest feelings or responses;
 - Avoid asking questions of quantity; and
 - Address inconsistencies respectfully.
- Do not seek information from a victim that is irrelevant to the charges being alleged. In particular, past sexual experience, psychiatric history or counseling in most cases is not relevant to a sexual violence allegation.
- Conduct a Family Violence Investigation Report (FVIR) if appropriate in cases of Intimate Partner Violence.

- Should the victim indicate a child was present at the time of the assault, ensure the child is provided with appropriate support/assistance in compliance with the *Child, Youth and Family Enhancement Act*.

Interviewing Offenders

The interview with the suspect is a vital piece of evidence in any investigation, but particularly in sexual violence investigations. In some cases, it may be the best evidence if the victim was unconscious or incapacitated.

- For further information, please refer to your agency's policy and practice.

b) Evidence Collection

- Evidence is vital to investigators in objectively determining what occurred in the circumstances being investigated and **must** be analyzed objectively.
- For further information, please refer to your agency's policy and practice on the collection of evidence.

c) 911/Emergency Operational Communication Centre recording (OCC)

- Evidence from the 911 call can be important. In every case, the 911 recording should be requested.

d) Firearms/Weapons

- Seize weapons/firearms in the interest of public safety and for evidentiary purposes. Consider whether grounds exist to apply for a prohibition pursuant to s.111.

e) Referrals

- Victims of sexual violence are entitled to outreach services and/or proactive referrals; however, due to the serious and violent nature of the offence they are not always in a position to provide consent for referral at the time of the incident. Professionals within the criminal justice system, including police and victim services, can take the initiative to provide services to victims of serious and violent crime, *even if the victim has not requested it or the decision is made not to pursue a criminal complaint.*
- Police based Victim Service Units are resourced to provide services to victims who have made the decision to report the assault to the police. For victims who are unsure, unwilling or change their mind about reporting, refer them to community based victim services.

- Referrals for medical and emotional services should be made and/or recommended:
 - [Victim Service Units](#);
 - Sexual Assault Response Teams (SART);
 - [Association of Alberta Sexual Assault Services \(AASAS\)](#);
 - [Sexual Assault Centres](#);
 - [Women's Emergency Shelter](#); and
 - Sexually Transmitted Infection Clinics. See [appendix F: Alberta STI Resources](#).
- As a result of trauma, the nature of the sexual violence and/or the victim's state, (unconsciousness, alcohol or drug involvement etc.) a victim's limited personal information should be provided to a Victim Services Unit for follow up support.

f) Canadian Police Information Centre (C.P.I.C)

- If the suspect is known but not located, and there are reasonable grounds to believe that an offence has been committed, the police should obtain a warrant and place the accused's name on CPIC and more localized computerized data sources. If public safety is an immediate concern, a media release should be prepared as soon as possible.
- All reasonable efforts to locate the accused should be undertaken.
- Consider utilizing additional computerized data sources including ViCLAS and SORCA.

4. Charge Policy

- In determining whether there are reasonable grounds for charges to be laid, the investigator should objectively consider all the evidence gathered in the investigation.
- Pre-charge consultations between police and a Crown prosecutor are advantageous and beneficial. All police services have Memorandums of Understanding with the Alberta Crown Prosecution Service with respect to pre-charge consultations.
- Crown prosecutors can provide legal advice regarding investigative techniques during the course of the investigation. Consultations can also assist in determining additional evidential requirements as well as appropriate charges. Ultimately, a Crown prosecutor can provide an opinion as to whether the evidence meets the prosecution standard: reasonable likelihood of conviction and in the public interest to proceed.

5. File Conclusion

In order for police services to determine how to accurately code an incident, please consider your agency's best practice as well as the following guidelines as outlined within the *Uniform Crime Reporting Survey's* (UCR) national data requirements standards. Changes to the UCR Survey were made effective January 1, 2018 and police services will be able to make use of the new codes as their records management systems are updated to allow them to do so.

a) UCR Survey Categories:

- Founded.
 - Cleared by charge or charges recommended;
 - Not cleared; and
 - Cleared otherwise.
- Unfounded.

Founded

- An incident is “founded” if, after police investigation it has been determined that the reported offence did occur or was attempted even if the charged/suspect chargeable (CSC) is unknown or there is **no** credible evidence to confirm that the reported incident **did not** take place. This includes third party reports that fit these criteria.
- In the UCR, the clearance status of an incident that is founded must be coded as one of the following:
 - Cleared by Charge or Charges Recommended – CSC is charged or charges are recommended but declined by Crown.
 - Not Cleared – Police believe a *Criminal Code* or other federal statute incident took place but the investigation is not yet solved, there is insufficient or conflicting evidence to substantiate laying a charge or recommending a charge to the Crown prosecutor or where the CSC cannot be or has not yet been identified by police, either because the victim or other witnesses do not want to identify a CSC or they do not want to actively participate in the investigation. This category also includes situations where there is no credible evidence to confirm that the reported incident did not take place.
 - Cleared Otherwise – A CSC has been identified and there was sufficient evidence to lay a charge, but for specific reasons listed within the UCR survey, the individual was not charged and processed by other means. This includes situations where a CSC has been identified but the Victim/Complainant requests that no further action is taken.

Unfounded

- An incident is “unfounded” if it has been determined through police investigation that the offence reported did not occur, nor was it attempted.

APPENDICES:

Appendix A: Myths and Stereotypes

Appendix B: Trauma Informed Resources

Appendix C: Third Option

Appendix D: Victim Notification Chart

Appendix E: Resource Cards

Appendix F: Alberta STI Resources

ADDITIONAL RESOURCES:

Association of Alberta Sexual Assault Services: Sexual Assault Response Teams

- Forensic Evidence Collection, including Enhanced Emergency Sexual Assault Services Online Training; Legislation and Reporting; Working Effectively with Survivors; and How Communities Respond.

<https://aasas.ca/initiatives/sart/>

E-mail mailbox@aasas.ca to access the password for this site.

APPENDIX A- Myths and Stereotypes:

Sexual violence is a traumatic experience that can cause victims to display a variety of emotional and behavioural responses ranging from crying and anger to laughter, calmness or unresponsiveness. There is no one typical reaction. Sexual violence is a unique crime and unlike other violent crimes, it is for the most part unreported. Victims may not report for many reasons including their perceptions that the crime is minor and not worth reporting, that the incident was a private matter and handled informally or that no one was harmed in the incident. Additionally, they may feel that police will not consider the assault important or that police will not deal with the matter effectively and the offender will not be punished appropriately (GSS). Stereotypes and myths surrounding the issue of sexual violence may also impact the quality of the response victims encounter. Examples of these include:

Why didn't they call out for help or fight back?

- × Myth engaged: Real victims of sexual assault fight the attacker, have injuries, scream and cry. Victims should demonstrate a lack of consent to prove they are “real” victims.
- ✓ Response: **The law does not require victims to fight back – the accused must show that the victim was freely consenting to the activity. Some victims may freeze or dissociate during the attack (neurobiology). Everyone reacts to traumatic events in a different way.**

Why can't they give important details about what happened or recount the incident chronologically?

- × Myth engaged: Real victims can recount every minuscule detail of an assault in a chronological fashion ~ it is burned into their memory. Lack of detail and an incomplete/inaccurate timeline means they lack credibility and/or reliability.
- ✓ Response: **These traumatic memories encode differently in the brain. A victim may not be able to provide detail or a chronological account due to an experience of trauma.**

Why did they go out with the offender again?

- × Myth engaged: Only strangers get raped. Real victims hate their attacker and do everything they can to stay away from that person. A true victim would do everything to avoid their abuser in the future.
- ✓ Response: **In most cases of sexual violence, the victim and suspect are known to each other. The victim may have complicated/conflicted feelings about what happened, they may have other reasons for wanting to continue the relationship, or they are trying to rationalize what happened to reduce the trauma.**

Why didn't they immediately report the sexual assault?

- × Myth engaged: Real victims run to the police as soon as they can. A victim would be so upset that they would report the incident.
- ✓ Response: **There are many reasons a victim may delay reporting a sexual assault. They may fear retaliation or have feelings of self-blame and fear further victimization by the justice system. They may have conflicted feelings regarding the assault or the offender and they may not recognize the act as a violation of their sexual integrity.**

If a victim engages in questionable behaviour, they have consented to sexual activity.

- × Myth engaged: If you are drunk, homeless, poor, or provocatively dressed, you are asking for it.
- ✓ Response: **Whether or not someone has had multiple partners, uses drugs/alcohol or is on welfare, their rights to consent do not change. Consent is required every time a person becomes sexually active with another person.**

APPENDIX B- Trauma Informed Resources:

The Neurobiology of Trauma – Dr. David Lisak (34:30 minutes)

<https://www.youtube.com/watch?v=py0mVt2Z7nc>

This video goes into detail on the neurobiology of trauma. It provides some useful information regarding possible inconsistencies in victim accounts of the event and the impact that childhood abuse can have on how the brain processes and encodes the current assault. It also addresses some myths around 'false' accusations.

APPENDIX C- Third Option:

Third Option allows “[a]ny client who is unsure about reporting sexual assault to the police [to] have forensic evidence collected and securely stored for a period of up to one year.”

When the client reports to an Alberta Health Services (AHS) facility, they are advised of the specialized sexual assault response team and asked if they would like to be seen by the team. If the client consents, the AHS facility notifies the appropriate members of the team. A member of the team then communicates reporting and treatment options to the client and obtains written consent. The consent form outlines all of the options for reporting and treatment, and highlights the implications associated with each option.

When a client chooses the Third Option, the sexual assault examiner conducts a medical-forensic exam, taking samples that are then processed and stored according to standard operating procedures. The sexual assault examiner also completes a medical-legal report which is stored with the evidence.

The client is informed that the evidence will be stored for a period of up to one year, until they decide to release it to the police or until the evidence is destroyed.

If the victim chooses to turn the evidence over to police, they contact the team. Once written consent is obtained from the client, representatives from the team meet with police to release the evidence. If the client does not notify the team to release the evidence, the evidence is destroyed after one year.

In cases where the victim has given consent to be notified, a member of the team contacts the client after ten months to remind them of the date on which the evidence is slated for destruction.

APPENDIX D- Victim Notification Chart:

1. Whatever sector is “holder” of the information is responsible for ensuring that victims are informed.
2. The sector that is primarily responsible may ask other sectors to assist in notifying the victim.

“**Upon request**” means that, if the victim requests the information, it is provided as soon as reasonably possible.
 “**Outreach service**” means the sector with primary responsibility takes the initiative to see that the victim is informed of the information, whether or not the victim requests the information, unless the victim asks not to be informed.

Criminal justice phase and notification topic	Which victims are to be notified		Notified by whom? Primary responsibility	Those with primary responsibility may request help to notify victim from:				
	All victims	Serious crime		Police Service	Victim Services	Crown Office	Court Services	Correctional Services
AT THE TIME OF THE CRIME								
Availability of Victim Services	Always	Always	Police		✓			
Opportunity to prepare victim impact statement	Always	Always	Police		✓			
DURING INVESTIGATION AND CHARGE								
Status of investigation	Upon request	Outreach service	Police		✓			
Outcome of the investigation	Upon request	Outreach service	Police		✓			
When charges are laid, and what the charges are	Upon request	Outreach service	Police		✓			
Status of the accused (in custody or not)	Upon request	Outreach service	Police		✓			
Name of the accused	Upon request	Outreach service	Police		✓			
Accused released (bail hearing) when victim has safety concerns about the accused	All victims with a safety concern	All victims with a safety concern	Police if present (notify victim and Crown) OR Crown if present (ask police to notify victim)	✓	✓			
Stopping or changing charges substantially	Upon request	Outreach service	Crown	✓	✓			
COURT PROCEEDINGS								
Dates and times of hearings: Subpoenaed witness	From subpoena	From subpoena	Crown	✓	✓			
Dates and times of hearings: Victim who is not a witness	Upon request	Upon request	VSU (seek info, from Crown, Court)			✓	✓	
Change to court dates for witness	If possible	If possible	Crown	✓	✓			
Changes to court dates for victim who is not a witness	Upon request	Upon request	VSU (seek info, from Crown, Court)			✓	✓	
VERDICT/SENTENCING								
Outcome of trial if victim is not present in court	Upon request	Outreach (if crime with death)	Crown (if death) VSU (if not death)	✓	✓	✓		
Timing of sentencing hearing if victim not present in court	Upon request	Outreach (if crime with death)	Crown (if death) VSU (seek info from Crown)			✓		
Sentence if victim not present in court	Upon request	Outreach (if crime with death)	Crown (if death) VSU (if not death)	✓	✓	✓		

APPEALS								
An appeal has been started	Upon request	Outreach (if crime with death)	Crown	✓	✓			
Dates of appeal hearings	Upon request	Outreach (if crime with death)	Crown	✓	✓			
Outcome of appeals	Upon request	Outreach (if crime with death)	Crown	✓	✓			
CUSTODY OR SUPERVISION								
Offender name	Upon request	Upon request	Corrections		✓			
Charge offender was convicted of	Upon request	Upon request	Corrections		✓			
Disposition of sentence	Upon request	Upon request	Corrections		✓			
Offender is being considered for release from custody	Victim's requests for this information are considered on a case by case basis		Corrections		✓			
Date of release from custody			Corrections	✓	✓			
Offender's geographic location			Corrections	✓	✓			

APPENDIX E- Resource Card:

Sexual violence police resource cards are available to all police agencies and are to be provided to victims.

For free, confidential support and information visit www.aasas.ca/gethelp to locate a sexual assault service near you.

SUPPORT SERVICES

Sexual Assault Helpline (North).....780-423-4121

Sexual Assault Helpline (South).....403-237-5888 (toll free 1-877-237-5888)

Victim Services (Victim Support and Court Preparation)

Access through your local police agency or visit www.victims.alberta.ca

For more information call:.....780-427-3460 (toll free 310-0000)

MEDICAL CONCERNS

Alberta Health Link- 811 or <https://myhealth.alberta.ca>

SHELTERS

Alberta Council of Women's Shelters.....1-866-331-3933

<https://www.acws.ca/contact-us>

DISTRESS AND CRISIS LINE

Family Violence Info Line Toll Free 24/7.....310-1818

or chat anonymously online between noon and 8:00pm at <http://familyviolence.alberta.ca>

- 24-Hour Distress Line780-342-7777
- Crisis Line (Mental Health and Addictions).....1-866-332-2322
- Mental Health Hotline.....1-877-303-2642 (toll free in Alberta)

You are not alone. Police are here to help you and collect evidence for the Investigation.

Even if you don't feel you are physically injured, consider accessing medical care as you can be treated for sexually transmitted infections and possible unwanted pregnancy and important evidence can be gathered.

You have the right for your needs and wishes to be considered at each stage of the criminal justice process. Ask to be referred to Victim Services. They can help you understand and exercise these rights.

Remember every reaction to sexual assault is different; your feelings are normal.

Being a victim of a crime is never your fault.

Investigator

File No.

APPENDIX F- Alberta STI Resources:

EDMONTON ZONE

Boyle McCauley Health Centre Services Provided by: Alberta Health Services - Edmonton Zone
Boyle McCauley Health Centre 10628 96 Street NW, Edmonton, Alberta, T5H 2J2
780.422.7333, 780.422.7343,

Sexually Transmitted Infections Clinic Provided by: Alberta Health Services - Edmonton Zone
East Edmonton Health Centre, 7910 112 Avenue, Edmonton, Alberta, T5B 0C2
780.342.4733

Edmonton 11745 Jasper Avenue
Bath house; Entrance in back alley downstairs. Outreach Office in the Steamworks Building,
11745 Jasper Avenue, Edmonton, Alberta, T5K 0N5

Edmonton General Continuing Care Centre
Main Clinic Room 3B20, 11111 Jasper Avenue, Edmonton, Alberta, T5K 0L4
780.342.2300

Westmount Centre Mall
111 Avenue and Groat Road, Edmonton, Alberta, T5M 4B7
780.342.2300

CALGARY ZONE

Sheldon M Chumir Health Centre
5th floor, 1213 4 Street SW, Calgary, Alberta, T2R 0X7
403.955.6700

Calgary Urban Project Society, Primary Care Clinic, 1001 10 Avenue SW, Calgary, Alberta, T2R
0B7
403.221.8785, 403.221.8797

CUPS Women's Health Clinic and Kids Clinic Provided by: Calgary Urban Project Society
Calgary Urban Project Society, 1001 10 Avenue SW, Calgary, Alberta, T2R 0B7
403.221.8790, 403.221.8785

CUPS - Health Clinics - Primary Care Provided by: Calgary Urban Project Society
Calgary 1116 Centre Street NE, T2E 2R2
403.520.6270, 403.520.6276

Sexual and Reproductive Health - Clinical Services Provided by: Alberta Health Services -
Calgary Zone
East Calgary Health Centre, 4715 8 Avenue SE, Calgary, Alberta T2A 3N4
403.955.1431

Sexual and Reproductive Health - Clinical Services Provided by: Alberta Health Services - Calgary Zone

South Calgary Health Centre, 31 Sunpark Plaza SE, Calgary, Alberta T2X 3W5
403.943.9510, 403.943.9519

Sexual and Reproductive Health - Clinical Services Provided by: Alberta Health Services - Calgary Zone

Sunridge Professional Building, 2675 36 Street NE, Calgary, Alberta T1Y 6H6
403.944.7666, 403.250.8061

Sexual and Reproductive Health - Clinical Services Provided by: Alberta Health Services - Calgary Zone

High River Charles Clark Medical Centre, 303 9 Avenue, SW, High River, Alberta Health Services
403.652.1654

Sexual and Reproductive Health - Clinical Services Provided by: Alberta Health Services - Calgary Zone

Okotoks Health and Wellness Centre, 11 Cimarron Common, Okotoks, Alberta, T1S 2E9
403.995.2670, 403.995.2671

NORTH ZONE

Sexually Transmitted Infections (STI) Program Provided by: Alberta Health Services - North Zone
Fort McMurray Community Health Services, 113 Thickwood Boulevard, Fort McMurray, Alberta,
T9H 5E5

780.791.6182

Sexually Transmitted Infections (STI) Program Provided by: Alberta Health Services - North Zone
Fort Vermilion Community Health Centre, 4804 50 Street, Fort Vermilion, Alberta, T0H 1N0

780.927.3391

Sexually Transmitted Infection and Birth Control Clinic Provided by: Alberta Health Services - North Zone

Grande Prairie College and Community Health Centre, 10620 104 Avenue, Grande Prairie,
Alberta, T8V 8J8

780.814.5800

Sexually Transmitted Infections (STI) Program Provided by: Alberta Health Services - North Zone
Grande Prairie Provincial Building, 10320 99 Street, Grande Prairie, Alberta, T8V 6J4

780.513.7500

Sexually Transmitted Infections (STI) Program Provided by: Alberta Health Services - North Zone
Northwest Health Centre, 11202 100 Avenue High Level, Alberta T0H 1Z0

780.841.3200

Northwest Health Centre

11202 100 Avenue, High Level, Alberta, T0H 1Z0

780.841.3200

CENTRAL ZONE

Sexual Health Clinic Provided by: Alberta Health Services - Central Zone
Red Deer 49th Street Community Health Centre, 4755 49 Street Red Deer, Alberta T4N 1T6
403.346.8336

Women's Program Provided by: Turning Point Society of Central Alberta
Turning Point, 4611 50 Avenue, Red Deer, Alberta T4N 3Z9
403.346.8858, 403.346.2352

FIRST NATIONS COMMUNITY HEALTH CENTRES

First Nations Community Health Centres Provided by: Health Canada – Alberta:

Aakom Kiyii Health Services Centre
403.965.3809

Alexander Health Centre Morinville, Alberta, T8R 1S3
780.939.4787

Alexis Health Centre, Glenevis, Alberta T0E 0X0
780.967.1091

Atimakeg Health Centre, Atikameg, Alberta T0G 0C0
780.767.3941

Beaver First Nation Health Centre, Bag 2700, High Level, Alberta, T0H 1Z0
780.927.3500

Beaver Lake Health Station, Lac La Biche, Alberta, T0A 2C0
780.623.4276

Bighorn Health Station - Community Health Nursing, Rocky Mountain House, Alberta, T4T 1B2
403.845.3660

Bighorn Health Station, Nordegg, Alberta, T0M 2H0
403.721.2264

Bigstone Health Centre, Wabasca, T0G 2K0
780.891.2000

Boyer River Nursing Station, High Level, Alberta, T0H 1Z0
780.927.4059

Calling Lake Community Health Services, Calling Lake, Alberta, T0G 0K0
780.331.3760

Cold Lake First Nations Health Centre, Cold Lake, Alberta, T9M 1N1
780.594.2473

Duncan's Band Health Centre Berwyn, Alberta, T0H 0L0
780.597.3730

Enoch Health Centre, Enoch, Alberta, T7X 3Y3
780.470.5440

Fort Chipewyan Nursing Station, Fort Chipewyan, Alberta T0P 1B0
780.697.3091

Fort McKay Health Centre, Fort McKay, Alberta, T0P 1C0
780.828.4229

Fox Lake Nursing Station, Fox Lake, Alberta, T0H 1R0
780.659.3730

Frog Lake Health Centre, Frog Lake, Alberta, T0A 1M0
780.943.3777

Garden River Health Station, Garden River, Alberta, T0H 4G0
780.659.3636

Goodfish Lake Health Centre, Goodfish Lake, Alberta, T0A 1R0
780.636.3638

Gregoire Lake Health Centre, Fort McMurray, Alberta, T9H 3G4
780.334.2443

Hay Lake Assumption Nursing Station, Chateh, Alberta, T0H 0X0
780.321.3971

Heart Lake Health Station, Lac La Biche, Alberta, T0A 2C0
780.623.7477

Horse Lake Health Station, Beaverlodge, Alberta, T0H 3C0
780.356.3013

Janvier Health Centre, Chard, Alberta, T0P 1G0
780.559.2375

Jean D'or Health Centre, High Level, Alberta, T0H 1Z0
780.759.3872

Kapawe'no Health Centre, Grouard, Alberta, T0G 1C0
780.751.2284

Kehewin Health Centre, Bonnyville, Alberta, T9N 2H8
780.826.2913

Loon River Health Centre, Red Earth Creek, Alberta, T0G 1X0
780.649.3490

Louis Bull Community Health Centre, Maskwacis, Alberta, T0C 1N0
780.585.4030

Lubicon Lake Health Services, Calahesen Road, Little Buffalo, Alberta,
780.629.3760, 780.629.3824

Maggie Willier Wellness Centre, Driftpile, Alberta, T0G 0V0
780.355.3931

Maskwacis Health Services, Maskwacis, Alberta, T0C 1N0
780.585.3830

Meander Health Centre, High Level, Alberta, T0H 1Z0
780.535.6624

O'Chiese Health Centre, Rocky Mountain House, Alberta, T4T 1B7
403.989.3900

Paul Band Health Centre, Duffield, Alberta, T0E 0N0
780.892.2096

Saddle Lake Health Centre, Saddle Lake, Alberta, T0A 3T0
780.726.3930

Siksika Health and Wellness Centre, Siksika, Alberta, T0J 3W0
403.734.5663

Stand Off Health Centre, Stand Off, Alberta, T0L 1Y0
403.737.3933

Stoney Health Centre, Morley, Alberta, T0L 1N0
403.881.2702

Stoney Trail Wellness Centre, Eden Valley, Alberta, T0L 2R0
403.558.3656

Sturgeon Lake Health Centre, Valleyview, Alberta, T0H 3N0
780.524.3717

Sucker Creek Health Centre, Enilda, Alberta, T0G 0W0
780.523.4390

Sunchild Health Centre, Rocky Mountain House, Alberta, T4T 1A7
403.989.3962

Swan River Health Station, Kinuso, Alberta, T0G 1K0
780.775.3544

Tall Cree South Health Centre, Fort Vermilion, Alberta, T0H 1N0
780.927.3956

Trout / Peerless Lake Health Centre, Peerless Lake, Alberta, T0G 2W0
780.869.2362, 780.869.2053

Tsuu T'ina 72 Bullhead Road SW, Calgary, Alberta, T2W 3C4
403.251.7575