Interviewing the Victim

Conduct the in-depth interview only after the victim's immediate medical and emotional needs have been met. Goals of the in-depth interview should be to:

- Determine how the crime occurred.
- Maintain the victim's cooperation and emotional well-being.

The interviewer should:

- Be prepared for all types of emotional reactions, including calmness. Don't interpret composure as evidence that an assault did not occur.
- Introduce himself/herself by name and title.
- Ask how the victim would like to be addressed.
- Explain why and how the interview will be conducted.
- Conduct the interview in a private, secure place.
- Offer to contact a family member or friend of the victim.
- Be aware of his/her own body language and reactions. Demonstrate concern by placing himself/herself at or below the victim's level rather than standing over victims who are seated.
- Keep an open stance, maintain eye contact, and speak calmly and quietly. Do not patronize the victim.
- Use short sentences and pauses.
- Avoid clinical terminology. Use simple terms.
- Use the victim's own terminology to ask clarifying questions.
- Ask open-ended questions.
- Avoid interrupting as the victim tells the story and allow the victim to express her/his emotions.
- ► Be aware of the victim's body language (tone of voice, gestures, eye contact).

- Offer breaks if necessary.
- Allow the victim to temporarily skip questions that are too upsetting to answer. Return to them later in the interview.
- Avoid mentioning prosecution until after the interview is completed.
- Ask the victim to write out a statement of exactly what happened and collect it at the next interview.

Concluding the Interview

- Explain the role of the investigative officer and what will happen next (filing of the report, investigation, subsequent interviews).
- Avoid making promises or predictions about the outcome. Inform the victim that the decision to arrest and prosecute is complex and will be made by the police and the prosecuting attorney.
- Reassure the victim of law enforcement's role in the investigation.
- Provide the victim with written information on how to contact the investigating officer.
- Ask if the victim has any questions.
- Encourage the victim to contact the investigating officer for questions or further help.



Someone is waiting to listen and to help.

For more information contact the center in your area.

CONTACT Huntington Rape Crisis Counseling

Huntington 304-399-1111

Family Refuge Center

Lewisburg 304-645-6334

REACH

Family Service of Kanawha Valley

Charleston 304-340-3676

Hope, Inc.

Fairmont 304-367-1100

Rape and Domestic Violence Information Center

Morgantown 304-292-5100

Sexual Assault Help Center

Wheeling 304-234-8519

Shenandoah Women's Center

Martinsburg 304-263-8292

Women's Aid In Crisis

Elkins 1-800-339-1185

Women's Resource Center

Beckley 1-888-825-7836

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The National Sexual Assault Hotline 1-800-656-HOPE



West Virginia Foundation for Rape Information and Services, Inc.

112 Braddock Street, Fairmont, WV 26554 304-366-9500 FAX 304-366-9501

First Response to Sexual Assault

Role of the Dispatcher

Role of the Responding Officer

Investigation

Evidence Collection

Interviewing



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First Responder

and life-threatening. Victims
may experience a wide
variety of responses such
as anger, fear, shame,
or confusion. Some
may be unable to
clearly recall all
details of the assault
during the initial
interview. Injuries are not
always immediately apparent.

Once the assault is over and the victim has survived, the struggle to recover and to take back control begins. It is of the utmost importance that acceptance and support be given to the victim, regardless of her/his emotional response.

The first responder's actions and attitudes may be critical to the way in which the victim copes with the trauma and to the length of time it may take to recover. In order to gain the victim's trust and cooperation and to enable the victim to provide accurate, complete information about the crime, the first responder must make every effort to suspend judgment and to treat the victim with respect and unconditional support.

Role of the Dispatcher

- Determine if the victim is in a safe place.
- ► Tell the victim you will get help to her/him.
- Dobtain and document the following information:
 - —Victim's name
 - -Location of the call
 - -Location, date and time of the assault
 - -Name and /or description of offender(s)
- Dispatch ambulance for injuries requiring medical attention.
- Caution the victim not to wash, brush teeth, urinate, douche, change clothes, gargle, clean up or touch anything from which evidence might be collected.
- If the victim is not willing to give a name, encourage the victim to seek medical attention. Offer to connect her/him to the local rape crisis center.
- Keep the victim on the line until police arrive.
- Dispatch assistance immediately.

Role of the Responding Officer

- Identify yourself by name and badge.
- Ensure the immediate safety and security of the victim.
- Assess the victim's well being and express concern and assurance.
- Confirm or establish the following information:
 - -Victim's name
 - -Location, date, and time of assault
 - -Name and/or description of offender
 - —Direction and means of offender's flight
 - -If a weapon was used
 - —Brief description of the assault
- ► Relay information regarding the offender to the dispatcher.
- Preserve evidence on the victim. Do not allow the victim to drink, brush teeth, bathe or remove clothing.
- Secure the crime scene.
- Contact the local rape crisis center.
- Transport the victim to a designated medical facility for examination and treatment.

Investigation

When the Offender is Unknown

A primary issue of the investigation is identification.

- Physical description (facial features, identifying marks, appearance, clothing, odors, etc.)
- When and where the assault occurred
- How the victim was approached
- Any use of force or weapon
- Any threats made by the offender
- Any objects used during the assault
- Amount and type of restraint used
- Type and sequence of acts
- Verbal exchanges between the offender and the victim
- Any possible witnesses before, during or after the assault

When the Offender is Known

Key investigative issues in these cases are consent and use of force. (Force may be defined as forcible compulsion or physical helplessness.)

- Identify the nature, duration and intensity of the relationship
- Document visible physical injuries and observations about the victim's emotional state
- Document details concerning the assault

Evidence Collection

Evidence Collection

- Encourage the victim to have a forensic medical examination immediately. A physician, SANE or other appropriate personnel should collect this evidence.
- Explain that medical personnel will check for injuries and discuss STDs and pregnancy prophylaxis.
- Evidence collected during the exam may be useful for DNA identification of the offender.
- Notify the hospital if the victim chooses to go.
- Explain to the victim that her/his clothing may be taken as evidence and suggest bringing along extra clothing.
- Ensure the evidence at the scene is collected. Pay particular attention to evidence that tends to show force, any items used to clean up after the assault, and paraphernalia that may indicate drug facilitated sexual assault.
- Transport the victim to the hospital.

Some Facts about Drug Facilitated Sexual Assault

Sexual assaults can be facilitated by the use of drugs, both "street" and legal. While alcohol is often a factor in sexual assaults, illegal drugs (also called "club drugs") can also be a factor. Some victims are drugged without their knowledge when the drugs are slipped into their drink.

These drugs can produce an anesthesia-like effect, rendering the victim unconscious or unable to give consent.

Watch for symptoms that may indicate drug facilitated sexual assault.

- Victim thinks she/he may have been assaulted, but is not sure (unexplained soreness or injuries, woke up in a different place, etc.).
- Victim's recollection of the assault is patchy and confused; she/he may remember only parts of the assault, or none at all.
- Victim remembers the assault, but was unable to move or speak. Experience may seem detached ("It was like I was watching the whole thing. I tried to scream, but no words came out....").
- Victim felt her/his intoxication level did not correlate with the amount of alcohol consumed.

Whenever drug facilitated sexual assault is suspected, arrange for the collection of blood and/or urine specimens as soon as possible. It is important to determine whether ingestion of the drug occurred within the last 72 hours (3 days).