



# INVESTIGATING SEXUAL ASSAULT

<i>Original Date of Issue</i> <b>November 5, 2019</b>	<i>General Order Number</i> <b>18-02</b>
<i>Effective Date of Reissue</i> <b>December 29, 2020</b>	<i>Section Code</i>
<i>Reevaluation Date</i> <b>December 2021</b>	<i>Amends</i>
<i>C.A.L.E.A.</i>	<i>Reference</i>

## I. PURPOSE

The purpose of this general order is to provide officers with guidelines for responding to reports of sexual assault. Officers are expected to respond to victim/survivors in a compassionate manner, with an understanding of the impacts of emotional trauma upon the victim/survivor. All interactions in the course of a sexual assault investigation shall include efforts to instill trust, provide education, facilitate decision making, and empower victim/survivors and their families or support persons.

### POLICY

It is the policy of the Iowa City Police Department to provide a professional, trauma-informed, victim-centered approach to sexual assault investigations. Officers shall proactively investigate these crimes in a manner that helps restore the victim's dignity and sense of control, while decreasing the victim's anxiety and increasing understanding of the criminal justice system processes.

## II. DEFINITIONS

- A. *Sexual Abuse: (Also Sexual Assault)* As used in this policy, all felony crimes of sexual violence.

### IOWA CODE CHAPTER 709 – SEXUAL ABUSE

Any sex act between persons is sexual abuse by either of the persons when the act is performed with the other person in any of the following circumstances:

1. The act is done by force or against the will of the other. If the consent or acquiescence of the other is procured by threats of violence toward any person or if the act is done while the other is under the influence of a drug inducing sleep or is otherwise in a state of unconsciousness, the act is done against the will of the other.
2. Such other person is suffering from a mental defect or incapacity which precludes giving consent, or lacks the mental capacity to know the right and wrong of conduct in sexual matters.
3. Such other person is a child.

- B. *Sex Act:*

### IOWA CODE CHAPTER 702.17 – SEX ACT

The term “sex act” or “sexual activity” means any sexual contact between two or more persons by any of the following:

1. Penetration of the penis into the vagina or anus.
2. Contact between the mouth and genitalia or by contact between the genitalia of one person and the genitalia or anus of another person.
3. Contact between the finger or hand of one person and the genitalia or anus of another person, except in the course of examination or treatment by a person licensed pursuant to chapter 148, 148C, 151, or 152.
4. Ejaculation onto the person of another.
5. By use of artificial sexual organs or substitutes therefor in contact with the genitalia or anus.

- C. *Consent:* Words or overt actions by a person who is legally and functionally competent to give informed approval, indicating a freely given agreement to engage in sexual acts. Consent may be withdrawn at any time. *Lack of consent* must also be considered in sexual assault investigations. Persons may be incapable of giving consent, including but not limited to those under the influence of intoxicants to the extent that they are unable to understand the nature and consequences of engaging in a sex act, who are asleep, who are affected by emotional trauma, or who are otherwise unable to provide consent.

Pursuant to Iowa Code chapter 709, a person who is suffering from a mental defect or incapacity (see definition below, II.C.1) which precludes giving consent cannot consent to a sex act. A person under the age of fourteen cannot consent to any sex act. A person who is fourteen or fifteen may consent to a sex act unless the other person is a family member or related by blood or affinity to the fourth degree, the other person is in a position of authority over the person and uses that authority to coerce the person to submit, or the other person is more than four years older. A person who is sixteen may consent to a sex act, other than acts deemed unlawful.

#### 1. IOWA CODE CHAPTER 709.1A - INCAPACITATION

As used in this chapter, “incapacitated” means a person is disabled or deprived of ability, as follows:

- a. “Mentally incapacitated” means that a person is temporarily incapable of apprising or controlling the person’s own conduct due to the influence of a narcotic, anesthetic, or intoxicating substance.
- b. “Physically helpless” means that a person is unable to communicate an unwillingness to act because the person is unconscious, asleep, or is otherwise physically limited.
- c. “Physically incapacitated” means that a person has a bodily impairment or handicap that substantially limits the person’s ability to resist or flee.

D. *Sexual Assault Medical Forensic Examination*: An examination of a sexual assault patient by a health care provider, ideally one who has specialized education and clinical experience in the collection of forensic evidence and treatment of these patients.

E. *Sexual Assault Nurse Examiner (SANE)*: A Registered Nurse who has received specialized training to provide comprehensive care in the form of a medical-forensic exam to sexual assault victims. SANEs are always available on call in Johnson County. SANEs provide timely compassionate, culturally sensitive health care, and collect forensic evidence as directed by the patient.

F. *Victim counselor*: A person who is engaged in a crime victim center, is certified as a counselor by the crime victim center, and is under the control of a direct services supervisor of a crime victim center, whose primary purpose is the rendering of advice, counseling, and assistance to the victims of crime. To qualify as a “victim counselor” under this section, the person must also have completed at least twenty hours of training provided by the center in which the person is engaged, by the Iowa organization of victim assistance, by the Iowa coalition against sexual assault, or by the Iowa coalition against domestic violence, which shall include but not be limited to, the dynamics of victimization, substantive laws relating to violent crime, sexual assault, and domestic violence, crisis intervention techniques, communication skills, working with

diverse populations, an overview of the state criminal justice system, information regarding pertinent hospital procedures, and information regarding state and community resources for victims of crime.

Locally, victim counselor is referred to as *Victim Advocate*. This person can be a service provider, rape crisis counselor, or social worker who is trained to assess and address the needs of the victim as well as to provide counseling, advocacy, resources, information and support. A Victim Advocate can be a confidential and privileged resource for victims and cannot disclose information to officers unless the victim provides them with a written, signed release.

- G. *Trauma-Informed*: Attending to victims' emotional and physical safety; strengthening victims' capacity to recover from the traumatic effects of abuse and violence by providing information, resources, services and support; understanding the physical, social, and emotional impact of trauma on the individual, and educating victims about the impact of trauma on their health and well-being.

### **III. PROCEDURES**

Procedures for the following qualifying factors are included in this protocol:

- A. Initial Officer Response
- B. Role of the Supervisor
- C. Evidence Collection
- D. Sexual Assault Medical Forensic Examinations
- E. Forensic Examination for the Collection of Evidence from the Suspect
- F. Victim Interviews
- G. Contacting and Interviewing Suspects
- H. Protecting Victim Rights
- I. Report Writing
- J. Minors, Dependent Adults, and Victims with Special Needs
- K. Sexual Assault Exam Kits
- L. False Reports
- M. Prosecutorial Review
- N. Sexual Assault Detective
- O. Training

#### **A. INITIAL OFFICER RESPONSE**

When responding to a scene involving a sexual assault, officers shall follow standard incident response procedures. In addition, when interacting with victims, officers shall do the following:

1. Recognize that the victim experienced a traumatic incident and may not be

- willing or able to immediately assist with the criminal investigation.
2. Clearly explain the reporting process including the roles of the first responder, investigator, and anyone else with whom the victim will likely interact.
  3. Offer to contact local support or advocacy agencies for the victim, including contact with a victim advocate. The Rape Victim Advocacy Program (RVAP) is available 24/7 at 319-335-6000, in addition to other local, regional, or national programs, including culturally specific services. It is important to understand that victims from culturally specific populations may need culturally specific resources. If an advocate response is declined, provide ICPD's Sexual Assault Victim Rights Sheet and discuss information regarding agencies that provide sexual assault support and possibly a referral to the sexual assault detective.
  4. Consider the language or communication needs of the victim. In cases where the victim is deaf, has limited hearing, is non-English speaking, or prefers to speak in a non-English language, reasonable steps shall be made to ensure meaningful communication is established. Refer to ICPD Standard Operating Guideline 18-08, *Communication with Limited English Proficiency, Deaf, and Hard of Hearing Persons*.
  5. Make reasonable efforts to allow the victim to determine the location, time and date where the initial report is made. Preference should be given to 'soft' interview spaces, including the University of Iowa Police Department's soft interview room, the offices of the Rape Victim Advocacy Program, or other spaces held by community advocacy partners when available.
  6. If asked about filing charges at a later date or declining to report, offer to explain the statute of limitations for criminal charges, if applicable, to victims and that a victim can contact the agency within that time to reopen the investigation.
  7. Collaborate with victims during the investigative process and respect a victim's right to decline future participation in the investigation.
  8. If it is determined that the assault occurred in a jurisdiction other than Iowa City, the officer shall notify that jurisdiction as soon as practical and relay information to assist them in securing the scene and preserving evidence.
  9. Limit the initial interview, conducted by the responding officer, to questions that will establish only the basic facts of the assault and provide the information necessary for the immediate needs of the investigation and safety of the victim, such as the suspect identity and elements of the crime, when reasonable and practical. Questions should be tailored to the victim's emotional and physical state. Where resources are available, inform the victim that a second interview might occur at a later time and be conducted by a trained investigator.
  10. Record via video and audio the initial statement and all subsequent interviews, when reasonable and practical. Notify the victim and family members or support persons that they are being recorded. If the victim indicates that they do not wish to be recorded, this should be noted in the officer's report and the recording should stop. Refer to ICPD General Order 99-08, *Body Worn Cameras and In-Car Recorders*.
  11. Ask about and document signs and symptoms of injury, to include

strangulation. It is possible that injuries may not be apparent or visible upon initial observation.

12. Ask if anything is missing or was removed from the victim and the crime scene.
13. Arrange for transportation to Mercy Hospital or the University of Iowa Hospital if a forensic medical exam is needed and the victim consents. Explain that a medical forensic exam is free of cost. Consider the victim's body a crime scene; ensure the chain of custody remains intact during transportation.
14. Identify and interview any witnesses or anyone the victim told about the sexual assault.
15. Understand that recantation of any or all aspects of the initial disclosure is not necessarily indicative of a false report. Victims who recant or decline participation in the investigation should not be asked to sign a non-prosecution statement. In addition, the facts of the case, as provided by the victim may change over time. Officers should understand that this does not indicate deception.
16. A victim shall not be expected or encouraged to make decisions regarding the investigation or charges related to the offense as part of the initial response.

## B. ROLE OF THE SUPERVISOR

Supervisors shall do the following:

1. Respond to assist officers investigating incidents of sexual assault when possible or if requested by an officer.
2. Exhibit sensitivity to victims and ensure that victim interactions are handled appropriately by clarifying their expectations of patrol officers.
3. Review all sexual assault reports for accuracy and consistency and conduct after action reviews and sexual assault case audits.
4. Encourage officers to look for cooccurring and interconnected crimes when responding to sexual assault.
5. Ensure officers and investigators understand case coding and appropriately code sexual assault cases. An audit of sexual assault calls for service shall be performed monthly at the direction of the Sexual Assault Detective.
6. Provide notification to the Captain of Operations, the Detectives Division Commander, and the on-call detective, per the *Mandatory Call List*. If a department employee, sworn or civilian, is involved or suspected to be involved, notification will also include the Chief and the Captain of Support Services. Refer to ICPD Standard Operating Guideline 17-07, *Notification to the Chief of Police and Mandatory Call Matrix*.
7. Recognize officers for rendering effective victim services.

## C. EVIDENCE COLLECTION

1. Officers shall follow the ICPD's Standard Operating Guideline 01-20, *Evidence Collection*. In addition, officers shall do the following:

- a. In addition to any clothing or other evidence collected by the SANE, collect any clothing worn at the time of the assault and immediately afterward, especially the clothing worn closest to the genitals, including undergarments, pants, and shorts. Each item of clothing must be packaged separately in a paper bag.
- b. Follow standard protocols for the collection of DNA evidence.
- c. If the victim has declined or a medical forensic exam will not be conducted, take photographs of visible physical injuries, including any healing or old injuries.
  - i. Ideally photos should be taken 24, 48, and 72 hours later, in the event the injuries become more visible and pronounced.
  - ii. Descriptive and specific documentation of the injuries should accompany the photos.
  - iii. Officers should be sensitive to the victim's need for privacy, which can include the use drapes or other techniques or summoning an officer of the same sex as the victim.
  - iv. Photographs of the victim's genitals should be obtained as part of the forensic examination and should never be taken by officers.
  - v. Strict control and confidentiality shall be maintained of any photographs. Such photos shall be viewed only by personnel directly involved in the investigative process.
- d. Collect evidence regarding the environment in which the assault took place, including indications of isolation and soundproofing.
- e. Recognize that evidence can be collected directly from items like wheelchairs or assistive devices. Officers should collect samples directly from these devices, but should not remove them.
- f. Document any evidence of threats made by the suspect, to include those made to individuals other than the victim.
- g. In situations where it is suspected that drugs or alcohol may have facilitated the assault, officers should assess the scene for evidence such as drinking glasses, alcohol bottles or cans, or other related items.

## 2. Response to Suspect Claims of Consent

In situations where suspects do not deny that sexual intercourse occurred, but rather assert that it was voluntary and with the consent of the victim, officers shall do the following:

- a. Collect evidence of
  - i. Indications of past assaults or abuse, coercion, threats, or stalking between the suspect and victim.
  - ii. The suspect's course of conduct, including selection and grooming processes and pre- and post-assault behaviors, including any communication.

- iii. Coercive behavior displayed by the suspect.
  - b. Identify events that transpired prior to and after the assault in an effort to locate additional witnesses and physical locations that might lead to additional evidence.
  - c. Document when and how the suspect asked for consent, or what words acts/inaction by the victim lead to the suspect's belief that the victim consented.
3. For sexual assaults involving strangers, officers should focus investigative efforts on the collection and analysis of DNA and other trace evidence used to identify the perpetrator.

#### D. SEXUAL ASSAULT MEDICAL FORENSIC EXAMINATIONS

1. Prior to the sexual assault medical forensic examination, the investigating officer shall do the following:
  - a. If not already completed, and with the victim's consent, notify a victim advocate.
  - b. Make contact with the Johnson County SANE Coordinator, or contact RVAP (319-335-6000), to determine whether an exam is possible. RVAP can also assist in connecting officers to SANEs.
  - c. Explain to the victim the purpose of the exam and its importance to their general health and wellness, and to the investigation.
  - d. Provide the victim with general information about the procedure, and encourage them to seek further detail and guidance from the forensic examiner. Officers and investigators cannot deny a victim the opportunity to have an exam.
  - e. Inform the victim that they have the right to decline any or all parts of the exam.
  - f. If not previously collected, advise the victim that the forensic examiner might collect all clothing that was worn during or immediately after the sexual assault. Assist in arranging for clothing the victim may need after the exam.
  - g. Inform the victim that the exam is free of cost; however, charges may apply for medical treatment required beyond the exam. Should the victim receive an invoice for the exam, they should not provide payment, but instead discuss payment options with a victim counselor and/or the assigned detective.
  - h. Encourage a victim who is unwilling to undergo an exam to consider seeking medical attention, including testing for pregnancy and sexually transmitted infections. This testing should be completed as soon as possible after the assault, as well as later, as positive results for pregnancy and some infections might not appear until later.
  - i. Ask the victim whether there is anyone who should be called to accompany them to the exam site and facilitate contact.
  - j. Address any special needs of the victim, such as communication or mobility.



- k. If possible, transport or arrange transportation for the victim to the designated medical facility.
  - l. A medical records release form will be signed as part of the examination. This is handled by the SANE, and will be included with the kit when turned over to the police department. The release form provides the investigating agency access to medical records from the exam and should not include information about mental health, substance abuse treatment, or any information outside the purpose of the medical forensic examination.
  - m. Brief the forensic examiner about the details of the sexual assault, as they are known at that time.
2. Officers should not be present during any part of the exam, including during the medical history.
  3. Upon conclusion of the exam, the officer should request copies of any findings that may assist with the investigation.
  4. The police report shall contain a copy of the exam report and a summary of the findings that note significant information or details of injury; these are not for public release based on medical privacy concerns.
  5. After the exam, evidence collected during the exam shall be turned over to law enforcement. It is critical to ensure that the evidence has been properly collected, sealed, and labeled.
  6. If the assault occurred within 120 hours, and there is a suspicion of drug or alcohol-facilitated sexual assault, a urine sample may be collected from the victim, with their consent. If it is less than 24 hours since the assault, then a blood sample may also be collected with the victim's consent. Toxicological testing should be performed to determine if the event was a drug or alcohol-facilitated sexual assault. Routine toxicological testing of victims of sexual assault is not recommended. If possible, discuss any concerns of urine or blood collection with the Sexual Assault Nurse Examiner.
  7. Because of the delay in reporting most sexual assaults, the agency should work with laboratories capable of identifying in blood and urine very low levels of drugs commonly used in sexual assault.
  8. Illegal substance abuse by victims, including underage drinking, shall never be used to discredit or discourage the victim from reporting the assault. The agency's priority is to thoroughly investigate sexual assault, not prosecute victims for drug or alcohol violations.
  9. The exam evidence shall be submitted to evidence in accordance with this agency's evidence policy and sent to the appropriate laboratory in a timely manner, but ideally no later than seven business days from the collection of the kit, for processing.
  10. Proceeding with or conducting a thorough investigation shall not be contingent upon laboratory findings. To the extent possible, investigations should be ongoing while awaiting laboratory results.

E. FORENSIC EXAMINATION FOR THE COLLECTION OF EVIDENCE FROM THE SUSPECT

1. Prior to or immediately after the preliminary suspect interview, investigators

- should photograph any injuries.
2. The investigating officer shall determine whether a sexual assault medical forensic examination should be conducted.
  3. A search warrant, with specific details about what evidence will be collected, should be obtained in advance of a suspect exam. The intent of the exam should be to collect evidence from their body, clothing and/ or mobile devices, if applicable, as soon as possible after the assault. Officers should take measures to minimize opportunities for the suspect to destroy or alter evidence which might be obtained by the forensic exam.
  4. Suspect sexual assault medical forensic examinations shall be conducted by a Sexual Assault Nurse Examiner (SANE).
  5. During the suspect's sexual assault medical forensic examination, the SANE should do the following:
    - a. When supported by facts, strongly consider genital swabbing, pubic hair combings, and collection of other potential DNA evidence.
    - b. Collect biological and trace evidence from the suspect's body
    - c. Document information about the suspect's clothing, appearance, scars, tattoos, piercings, and other identifiable marks
    - d. Seize all clothing worn by the suspect during the assault, particularly any clothing touching the genital area
    - e. Document the suspect's medical history and any injuries
  6. Whenever possible, the suspect's examination should not take place in the same location or by the same examiner as the victim's forensic examination.
  7. Secure the evidence obtained separately from any evidence obtained from the victim in accordance with ICPD's Standard Operating Guideline 01-20, *Evidence Collection*.

#### F. VICTIM INTERVIEWS

To every reasonable extent, victims should be allowed to determine the location of the interview when possible. Consider trauma-informed spaces such as RVAP or DVIP's available rooms or the University of Iowa Police Department's soft interview room. Officers should be aware of the effects of trauma upon victims and questions should be asked in an open-ended, non-interrogative manner. During victim interviews, officers shall note the following information:

1. If the suspect was known by the victim, determine the following facts:
  - a. How long the victim knew the suspect;
  - b. The circumstances of their meeting;
  - c. The extent of their previous or current relationship; and
  - d. Any behavioral changes that led the situation from one based on consent to one of submission, coercion, fear, or force.
2. The location where the assault took place, including any isolation strategies used by the suspect.

3. Actions, threats (real, perceived, or implied), gestures, coercion, and other behaviors used by the suspect to cause the victim to submit.
4. Ways in which the victim resisted or indicated non-consent, both verbally and nonverbally, understanding that victims may not use the word “no”. Reassure victims that the assault is not their fault.
5. The victim’s actions and responses before, during, and after the sexual assault including indications of their state of mind during the assault.
6. The victim’s thoughts and feelings during the assault.
7. Sensory evidence and peripheral details of the victim’s experience.
8. The victim’s behavior and thoughts since or after the assault, including changes in routine, depression, mood instability, sleep and diet disturbances, flashbacks, nightmares, and stress.
9. Circumstances that may indicate the use of drugs and/or alcohol to facilitate the sexual assault, including memory loss, disorientation, severe illness, or hallucinations. Explain how drug and/or alcohol use and related information will be used in the investigation.
10. If any prescription drugs were taken.
11. Any pre- or post-assault contact, monitoring, stalking, or other behaviors of the suspect.

#### G. CONTACTING AND INTERVIEWING SUSPECTS

Prior to contacting the suspect, officers should do the following:

1. Conduct a background and criminal history check specifically looking for accusations, criminal charges, and convictions for interconnected crimes, especially crimes involving violence.
2. Understand common tactics used by offenders, including but not limited to:
  - a. Choice of victim based on a perceived lack of credibility or vulnerability such as age, status, alcohol or drug consumption, or other circumstances that can cause others to doubt the victim’s report of the assault.
  - b. Testing victim’s boundaries for vulnerability and ease of access
  - c. Using manipulation, cunning, and/or threats to accomplish the assault while using only enough force of violence to frighten or intimidate into compliance.
  - d. Using drugs or alcohol purposefully to make victims more vulnerable and lower inhibitions
  - e. Isolating the victim.
  - f. Common defense strategies, such as claims of consent, mistaken identity, and denial.
3. Consider conducting a pretext or confrontational call or messaging.
  - a. The purpose of a pretext phone call is to solicit and record potentially incriminating statements from the suspect.
  - b. A pretext phone call shall be conducted prior to engaging the suspect in

- a non-custodial or custodial interview or interrogation. if the suspect has invoked their Fifth Amendment rights.
- c. When involving the victim in a pretext phone call to the suspect, carefully consider the victim's emotional and physical state. A pretext phone call can result in additional trauma to the victim.
  - d. Under no circumstances should a victim be required to participate in a pretext phone call.
  - e. The investigator/officer should discuss potential outcomes for the call with the victim, emphasizing that it is not their fault if the call does not go well or as planned.
  - f. A victim advocate should be present whenever possible to offer support.
4. Decide on an appropriate time and place to interview the suspect with consideration for the following:
    - a. Suspect's relationship with and access to the victim.
    - b. Whether the suspect is a flight risk.
    - c. Possible destruction or loss of evidence.
  5. Record via video and audio the initial statement and all subsequent interviews. Refer to ICPD General Order 99-08, *Body Worn Cameras and In-Car Recorders*.
  6. Always attempt to interview the suspect, even if the officer believes the suspect will deny the allegations, claim consent, or will decline to be interviewed. The suspect may corroborate small details of the victim's account which may have a significant impact on charging and prosecution decisions.
  7. Officers may consider the use of a polygraph to further the investigation. The polygraph examination is an investigative aid used in conjunction with, not as a substitute for, a thorough investigation. The polygraph may be used to verify, corroborate or refute statements, obtain additional investigative leads, and narrow or focus the investigation. Refer to ICPD General Order 17-01 *Polygraph* for further information.
  8. Officers should be aware that they may identify additional victims of sexual assault in the course of their interview/investigation. In the event additional potential victims are identified, officers should consider reaching out to those persons for purposes of connecting them to support and advocacy, as well as offering to involve the criminal justice system.
  9. Officers should be aware of current case law dictating rules of seizure surrounding the interview of the suspect.

#### H. PROTECTING VICTIM RIGHTS

Officers shall explain to victims the limitations of confidentiality, as well as the agency's dedication to protecting the confidentiality of the victim's information to the maximum extent possible by law and policy. Victims should also be provided information regarding the following:

1. Protections afforded to crime victims by the State of Iowa in accordance with Iowa Code section 709.22.
2. The possibility of media coverage and information regarding sexual assault crimes available to the media. If applicable, officers should provide victims with information regarding local media agreements or policies preventing them from disclosing the names of sexual assault victims.
3. What to do in the event that the victim, witnesses, or third parties are harassed or intimidated by the suspect or others.
4. The crime report number, as well as contact information for the reporting officer and lead investigator or person handling the follow-up.
5. Arrest decisions, victim compensation, emergency protective orders, court dates, and parole or release dates.
6. For victims who are initially undecided as to whether to continue with an investigation, information regarding who to contact in the event they change their mind.
7. Victims often fear discovery of the incident by family, friends, coworkers, etc. Discuss who may be informed of investigative information and what should be shared.
8. Victims shall not be asked or required to take a polygraph examination (ref. Iowa Code 915.44).
9. Communications made to a certified victim counselor shall be considered confidential (ref. Iowa Code 915.20A).

#### I. REPORT WRITING

All officers assigned to, or who assisted with, an incident of sexual assault shall complete and submit a detailed incident report before the end of their watch. The Records Division shall forward the incident report to the Sexual Assault Detective and the Detectives Division Commander. Officers shall not reclassify a dispatch call for service involving a sexual assault.

When documenting sexual assault cases, officers should take the following actions:

1. Complete a Sexual Assault Supplemental Report Form to augment the narrative report.
2. Detail the specific sex act being reported.
3. Capture details necessary to establish any of the following:
  - a. Premeditation or grooming behavior by the perpetrator;
  - b. Coercion, threats, and force used;
  - c. Attempts by the perpetrator to intimidate or discourage the victim from reporting the assault;
  - d. Presence of injuries;
  - e. Use of drugs or alcohol and the effects on the victim and suspect; and
  - f. Victim's capacity to consent and state of consciousness.
4. Document details regarding the victim's reaction during and after the

incident (e.g., victim demeanor, emotional response, changes in routines or habits).

5. Fully document fear by recording all reactions by the victim such as fight, flight, freeze, or tonic immobility expressed or exhibited before, during, and after the assault.
6. Create a timeline to show the effects of the traumatic event on post-assault behavior and actions of the victim as compared to previous behavior (e.g., in a case where the suspect is known to the victim, the victim no longer goes to the gym that the suspect belongs to, will not be in the same room as the suspect, or the victim drops out of school)
7. Unless they are direct quotes (in which case, place them in quotation marks) avoid using terms that indicate consensual behavior (such as participated or engaged in) when describing the specific actions of the suspect.
8. Avoid using the term “alleged” when referring to the crime or victim, and consider instead using the term “reported” for documentation.
9. If a consensual encounter turned nonconsensual, clearly document the details of how and when the suspect’s behavior changed and how the victim expressed or demonstrated non-consent to the continued acts. Consider that acts of non-consent or lack of consent may also include tonic immobility or disassociation from the event.
10. In cases where consensual sexual activity occurred in the past, document the ways in which this incident was different.

#### J. MINORS, DEPENDENT ADULTS, AND VICTIMS WITH SPECIAL NEEDS

1. Prior to receiving calls for service involving the sexual assault of minors, dependent adults, or victims with special needs, this agency shall identify the appropriate agency or organization with the necessary knowledge and resources to help respond to these situations. This entity shall be notified as soon as reasonably possible when reports of potential sexual assaults involving this population are received. The following are local resources:
  - a. Department of Human Services (319-356-6050)
  - b. Rape Victim Advocacy Program (319-335-6001)
  - c. Unity Point Health Child Protection Center (319-369-7908)
  - d. Elder Services (319-338-0515)
  - e. CommUnity Crisis Services (319-351-2726)

In cases where the listed resources don’t directly meet the needs of the victim, consider them as a resource for referral to other local and national resources which may better serve the needs of the victim and/or the investigation.

2. Officers responding to reports of sexual assaults involving these sensitive population groups shall limit their actions to the following:
  - a. Ensure that the scene is safe;
  - b. Address the immediate medical needs of individuals at the scene;

- c. Safeguard evidence where appropriate; and
  - d. Collect any information necessary to identify the suspect.
3. Consideration should be given to utilizing individuals with specialized training and experience whenever reasonably possible for victims in these situations.

K. SEXUAL ASSAULT EXAM KITS

Officers may be dispatched to retrieve a sexual assault exam kit from a SANE or other medical professional. When an officer is assigned to pick up an exam kit, they shall draw an incident number and complete a written report including victim and suspect information (if known) before the end of their duty day. If the kit is related to an open investigation or incident, the disposition should be "previous incident".

These kits may be related to an Iowa City case, or a case from another jurisdiction. For Iowa City cases, the officer shall, submit the kit into evidence per appropriate procedure (see *Evidence and Property Handling Procedures* GO 00-10). If the kit contains urine or blood it must be refrigerated or frozen.

For outside jurisdictions, the officer shall submit the kit into evidence, complete a report including victim and suspect information (if known), and the specific location of the incident which records can use to communicate information to the correct jurisdiction.

L. FALSE REPORTS

False reports of sexual assault occur very infrequently. Inconsistencies in a victim's statement or recollection of an incident of sexual assault or lack of evidence alone do not per se indicate a false report. In the event evidence demonstrates the victim filed a deliberate, obvious false report, and a crime was not committed or attempted, the officer shall notify the Commander of the Detectives Division. All charging decisions shall be referred to the Johnson County Attorney and shall include notification and/or approval of the Chief and the Captain of Operations.

M. PROSECUTORIAL REVIEW

All sexual assault investigations shall be formally submitted for prosecutorial review to the Johnson County Attorney's Office and should include supporting investigative documents, such as the medical exam paperwork, results from laboratory analysis of evidence, interviews and statements from witnesses, and the final written investigative report. Victims should be informed of this process when possible.

## N. SEXUAL ASSAULT DETECTIVE

All sexual assault reports, including sexual assault exam kit reports, shall be forwarded to the Sexual Assault Detective (SAD) by the Records Division. From those reports, the SAD shall conduct case review and collect and maintain designated data related to victim and suspect information and charging/prosecution decisions.

The SAD will maintain a workload primarily consisting of sexual assault cases, and will serve as a resource to other officers and detectives in regard to sexual assault investigations. The SAD will seek out training opportunities and work with community partners to establish education needs and priorities for the department.

The SAD will provide meaningful participation as a member of community organizations or teams whose primary efforts are to prevent and/or respond to crimes of sexual abuse. Those groups include, but are not limited to, the Sexual Assault Investigation Team (SAIT) and the Johnson County Sexual Assault Response Team (JCSART).

The SAD will work with the Rape Victim Advocacy Program (RVAP) and other victim services organizations in the community to provide service, support, safety, and advocacy to victims of sexual abuse.

## O. TRAINING

Biannual training shall be provided to all personnel, to include ICPD victim advocates or victim services coordinators, who have contact with sexual assault victims. This training, coordinated through the Sexual Assault Detective and the sergeant of training and accreditation, should specifically address the provisions of this policy, as well as the realities, dynamics, and investigations of these crimes and legal or scientific developments pertaining to sexual assault.

Training can include education on experiential trauma, including the neurobiological effects of trauma, trauma-informed interviewing, and recognition of trauma, best practices related to responding to and investigating sexual assault, Iowa Code and case law updates, and sexual assault victim services, etc. Victim services providers (RVAP, DVIP, LGBTQ+ services, etc.) and prosecutors shall be included when identifying training items for the department. Training may occur in the form of roll call training, electronic or web-based training, attendance at local or national conferences or training events, or regular in-person training events such as MATS. In addition to a requirement for training, the ICPD should consider evaluating the effectiveness of training. This can include analyzing data, review of officer evaluations, incident debriefs, internal and external surveys, etc., in addition to other means of assessment.



---

Denise Brotherton, Interim Chief of Police

**WARNING**

This directive is for departmental use only and does not apply in any criminal or civil proceeding. The department policy should not be construed as a creation of higher legal standard of safety or care in an evidentiary sense with respect to third-party claims. Violations of this directive will only form the basis for departmental administrative sanctions.