

Further investigation

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When an allegation of child abuse comes to the attention of the police, the presumption should always be to investigate. Where the police and children's social care decide in a strategy discussion that it is in the best interests of the child to carry out a criminal investigation, the police are responsible for carrying out that investigation. For information on specialist training for child abuse investigations, see [training and development](#).

Children's social care has lead responsibility for the welfare of a child under the [Children Act 1989](#).

There may be less serious cases where it is agreed that the best interests of the child are served through an assessment led by children's social care, and not a criminal investigation. The vulnerability of a child as a potential witness also means that in some cases it may not always be in the child's best interests to proceed to prosecution. See also the forthcoming authorised professional practice (APP) on working with partners.

Managing a child abuse investigation

The investigation remains the exclusive responsibility of the police. However, partnership working is a key aspect of managing the further investigation process. Forces should agree the approach through manager-to-manager (police to social services) strategy discussions at an early stage of the investigation. Supervising officers should take an active role in ensuring that forces carry out a thorough investigation and that it is built on a shared ethos of joint working.

Where appropriate a social worker can accompany a police officer during aspects of the investigation, such as during visits or evidential interviews. They may also conduct or actively participate in the interview, where appropriately trained. Forces should decide whether to conduct a joint interview and/or joint visit on the basis of what is in the best interests of the child.

Enquiries should minimise distress to the child and ensure that families are treated sympathetically and with respect. This can be achieved by, for example, limiting the number of occasions that the child has to relate an account of what has happened to them, or by reducing the frequency of agency visits to the child's home.

Investigating officers should consult [**HM Government \(2015\) Working Together to Safeguard Children**](#) and [**Welsh Assembly Government \(n.d.\) Safeguarding Children: Working Together Under the Children Act 2004**](#) for information on the conduct of enquiries into children suffering or likely to suffer significant harm (under [**the Children Act 1989 s 47**](#)).

Media management

The investigating officer should be aware of the dangers of uncontrolled or inappropriate media reporting on future criminal proceedings. There is also the potential for comment from the victim and their family and/or the accused and their family leading to contempt of court.

Some cases that have attracted media attention have led the defence to suggest that the defendant is unable to have a fair trial because of the level and nature of media reporting. There are many legal restrictions governing what might be said to the media during the course of criminal and/or care proceedings, and there may be injunctions in force. The Crown Prosecution Service (CPS) can provide advice on these issues.

Advice should be sought from the force press office (or local equivalent) and a media strategy agreed whenever it is apparent that a particular case has attracted media interest.

All other agencies concerned in the investigation, particularly children's social care, should participate in the strategy. It should ensure that agreed, consistent statements are issued by designated spokespersons and that staff in each agency have a clear line of referral.

Victims and their families should be protected from the potential trauma of media interest. Press releases must not identify victims to ensure that they are shielded from media attention.

For further information see:

- the forthcoming APP on managing major investigations
- [**College of Policing \(2013\) Guidance on Relationships with the Media**](#)

- International Federation of Journalists (2002) Child Rights and the Media: Putting Children in the Right

Responding to the press

Officers should be guided by the following principles.

- The welfare of the child, including protecting the child's identity and that of any other children.
- Avoidance of further harm to children.
- Consideration for the child victim(s) and their families.
- Respect for the professional status of each agency involved.
- Need for the content to be accurate and informative.
- Lawfulness.
- Potential for harm to future criminal proceedings.
- Need for the media to receive consistent messages from all agencies involved, including the message that child abuse is taken seriously.
- Details of the support provided to victims who come forward.
- Consideration for the alleged offender(s) and their families.

Lines of enquiry in child abuse investigations

Investigating officers should explore the background and history of the offender when concern about the welfare of a child has been expressed. This helps to determine whether there is a pattern of abuse against one child or several children, or whether evidence suggests it is a single incident against one child.

Investigations should relate not only to the child about whom concern has been expressed but any other children in the family. Information obtained should be used in any multi-agency child protection responses and police action, including producing prosecution files. See the forthcoming APP on working with partners. Officers should consider the lines of enquiry in child abuse investigations and cases of neglect, and develop them further against gaps in the evidence, using them to prove or disprove critical factors in the case.

Potential lines of enquiry in child abuse investigations checklist

Officers should follow these potential lines of enquiry, some of which may also be indicators of risk.

- Suspect identity checks, including names used and previous addresses.
- History of previous reports.
- Integrated Children's System.
- Police intelligence systems.
- Records relating to the child or the suspect held by children's social care and other agencies.
- Child contact arrangements and disputes, including any court orders.
- Involvement of children's social care with the family.
- History of the family, for example, information relating to children who have left home.
- Any circumstances in which a child has lived away from home.
- Structure of the family, including step-family relationships, previous and current partners of the parents or carers, any other children related to the suspect.
- Details of individuals who have significant contact with the child, particularly unsupervised contact (for example, babysitter, parent or carer's partner, lodger).
- History of domestic abuse.
- Existence of civil injunctions or other legal proceedings (for example divorce).
- Medical information that may constitute evidence, such as failure to attend medical appointments or developmental checks.
- Evidence of repeated presentation of children with unexplained injuries, obtainable from GPs, health visitors, midwives, hospital emergency care department, dentist and hospital records (including photographs taken).
- Child developmental issues such as emotional and behavioural difficulties.
- Evidence of sexual activity by a child, including use of contraception, abortion, pregnancy, sexually transmitted diseases, abuse through prostitution or sexual exploitation.
- Evidence of grooming by a suspect, including contact with children through working with or applying for jobs with children, paying children for casual work, frequenting places where children congregate, contacting a child by mobile phone, internet chat rooms and taking photographs of children.
- Evidence of travel by the suspect for the purposes of abusing children.
- Evidence of the suspect's access to computers at work and home and use of the internet to abuse children.
- Evidence of previous conduct by a suspect which could provide similar fact evidence.
- Evidence of animal abuse by the suspect (for example, from the RSPCA).

- Parenting style, including neglect, failure to seek medical care, physical chastisement and verbal, psychological and emotional abuse.
- Evidence of alcohol or substance misuse, or mental ill health of the parent or carer.
- Records held by any agency or police force about requests from the suspect for information for example, Police National Computer (PNC) records or requests under the [Data Protection Act 1998](#) or the [Freedom of Information Act 2000](#).
- Significant events in a family, including accidents, illness, death of a family member.
- Poor presentation and self-care skills within the family.
- The family's social integration and access to community resources, including social support of relatives, neighbours and friends, and more formal networks such as the support of particular agencies.
- Evidence held by other agencies such as healthcare professionals, children's social care, probation service, prison service, housing services and youth workers.
- School records, including teachers' notes and any matters coming to the attention of the school nurse, school health service or education welfare officer.
- Any circumstances in which an extra-familial suspect has gained the confidence of the child and/or parents or carers (this may include electronic communications).
- Friends and associates in whom the victim may have confided or who may have witnessed an offence or significant event, or who themselves may have been groomed or subjected to abuse by the same suspect.
- Witnesses to uncharacteristic behaviour by the victim which is linked to abuse (for example, withdrawal, violence or explicit sexual behaviour).
- Potential witnesses to abuse, including neighbours, friends or family.

Cases of child neglect

In cases of neglect it may, initially, be unclear whether any offence has been committed. A search of relevant premises, medical examinations and interviews with suspects, children and witnesses should all be considered to determine the circumstances in which a child is cared for and whether any neglect was wilful.

Where there are two carers, consideration should be given to arresting both of them. This allows each one to be interviewed separately, mitigating the possibility of collusion. If it is not possible to prove which carer is responsible for the neglect, it may be that the carers were acting together, for example, one inflicted harm and the other failed to prevent it or failed to seek medical assistance.

Potential lines of enquiry in cases of neglect checklist

In addition to [**Potential lines of enquiry in child abuse investigations**](#), officers should follow these potential lines of enquiry, as appropriate.

- A house search should focus on evidence of:
 - hazards such as bare electric wires, unguarded heating appliances, broken windows
 - damaged or unguarded stairs, needles, broken toilets, animal or human faeces, all of which may render lodging inadequate
 - hazards in the garden or nearby
 - kitchens revealing inadequate or unhygienic facilities, lack of food or water
 - bathrooms revealing inadequate or unhygienic provision for sewage and cleaning
 - bedrooms revealing inadequate or unhygienic sleeping arrangements
 - concealed food
 - locks on the outside of doors
 - inappropriate electrical appliances and quality of heating
 - weapons or implements that may match marks found on children
 - inadequate storage of, or inappropriate accessibility to, medicines or poisons, dangerous drugs, drugs paraphernalia, pornography or sex aids
 - general observations of the home circumstances, dependent on the particular age and needs of the child or children in question, including inadequate play materials or toys
- Reactions of children when spoken to and the interaction between children and parents or carers.
- Financial means of the suspect, which may assist in proving that neglect was wilful and as potential rebuttal evidence should finance be advanced as part of the defence or in mitigation.
- Medical examination and expert evidence on the health, condition, physical and mental development of the child (for example, dental examination to prove the condition of a child's teeth and oral hygiene).
- Statements from neighbours, school teachers and staff from other agencies, which may demonstrate the persistence of neglect such as inadequate clothing, hunger and falling asleep at school.
- Any appeals made by the child to a carer for respite or treatment and their responses to the child.
- Position and relationship of the carer to the child, including their respective ages.
- Whether the carers have been responsible for other children and their experience of caring for children (for example, feeding, nappy changing, sleeping habits and behaviour).

- Where relevant, any difficulties at birth or immediately after birth for the mother, father, other carer or baby.
- Carer's understanding of any medical condition of the child.
- Any advice or instructions given by medical staff at birth or after.
- Carer's observations of the other parent's or carer's handling of the child.
- What impact the arrival of the child had on the carer's circumstances and relationship.
- What support was available and was received.
- Particular circumstances of the discovery of the problem, including:
 - any medical condition or agency intervention
 - where the child was located
 - description of the setting
 - last time the child was seen
 - condition of the child
 - details of when the child last presented as expected
 - actions and behaviours of the suspect and partner before, during and after events
- Details of who had care of the child at any relevant times.
- Details of individuals who have significant contact with the child, particularly unsupervised contact (for example, babysitter, parent's partner).
- Whether the carer can identify any hazards or inadequate care arrangements (for example, lack of food, hygiene or accessible hazards such as open fires or medicines in the home) and is aware of why these present a risk of harm to the child.

Lines of enquiry in cases involving indecent images of child abuse

Sometimes an investigation begins with the allocation of an intelligence package generated by Child Exploitation and Online Protection Command (CEOP) or the force hi-tech crime unit. The level of detail in each package will vary but is likely to include the following information, if available and relevant:

- The suspect's personal details (for example, name, date of birth, address, marital status, parental status, employment status).
- Summary of the circumstances in which the indecent images were discovered.

- Summary of the suspect's online behaviour leading to the suspicion of a criminal offence.
- Internet provider address and internet service provider.
- Screen names and nicknames attributed to the suspect.
- Payment provider, credit card, online payment provider and bank details.
- Times and dates of specific incidents.
- Contact details of the officer initiating the intelligence package.

Intelligence packages are likely to identify individuals who have accessed child abuse images over the internet (for example, using peer-to-peer technology which connects computers to each other). The initial evidence recovery stage of the investigation is intended to secure evidence of possession of such images, and to identify, locate and safeguard any of the identifiable victims. It also assists in disclosing the role played by suspects in producing, possessing and distributing indecent images of children. In most cases, this involves a search of the premises associated with the suspect to recover the computer used to download the images, and any storage media on which images may have been kept.

Officers should assess new material generated by the investigation to ascertain if it indicates that the child, the suspect or the location can be identified.

Risk assessment

The intelligence package may contain a risk assessment. This can include an assessment of the suspect's likelihood of having committed, or potential to commit, a contact offence. Someone who has regular, unsupervised contact with a child is a high risk, and where a child can be identified urgent action should be taken. Not all intelligence packages are accompanied by a risk assessment as the relevant information is not always available. See also [risk identification](#).

CEOP does not generally have access to the kind of information which enables a risk assessment to be made (for example, whether or not a child is present at the suspect's address). Local force systems should be in place to ensure that risk assessments of suspects are carried out and recorded.

Where police forces are confronted with a number of intelligence packages to be investigated, or if there is likely to be a delay in actioning a package for any reason, a risk assessment of the suspect's access to children should be carried out. An intelligence package should be actioned

immediately and assistance sought from the child abuse investigation unit if it is thought likely that a suspect has access to children. A supervisor should oversee the risk-assessment process and use this to prioritise tasking. The risk assessment should record the rationale for a particular decision, or the decision on where to place the case within the priority listing. Where a risk assessment indicates a high risk which cannot be resourced, the matter should be referred immediately to a senior officer.

For further information see:

- [**Indecent images of children**](#)
- the forthcoming APP on managing major investigations

Forensic medical examinations

Children presenting with an immediate or recent assault (described as acute) should have a forensic medical examination. Local and national guidance should be followed where a forensic medical examination of a child is required. Officers should ensure that all evidential opportunities presented by forensic medical examinations are pursued.

Officers should be prepared to question the views of doctors and professionals in other agencies in any child abuse case. For example, they might ask why marks, injuries or behaviour could be caused by, or attributed to, something other than neglect or abuse. One of the key aspects of effective multi-agency working is for agencies and professionals to challenge one another. See also the forthcoming APP on working with partners.

Strategy discussion

There should be a strategy discussion with the medical examiner and children's social care for the majority of children who disclose assault (and for all those who disclose sexual assault that took place sometimes weeks, months or even years earlier). Late examinations may offer important forensic and clinical information as well as the opportunity to start the therapeutic process.

For further information see:

- the forthcoming [**APP on rape and sexual offences**](#)
- [**CPS \(2013\) Guidelines on Prosecuting Cases of Child Sexual Abuse**](#)

Consent

Consent must be obtained for examination, forensic sampling and photographic documentation – failure to obtain consent may constitute assault. A forensic medical examination may be carried out only with the consent of the child, if the child has the capacity to give consent, or with consent from the parent, carer or person with parental responsibility. Parental consent is assumed to be a proxy for the best interests of the child. However, if the parents are not acting in the child's best interests, this may need the intervention of the court.

A child below the age of 16 years can give consent if they have 'sufficient understanding and intelligence to enable him or her to understand fully what is proposed' (**Gillick v West Norfolk and Wisbech Area Health Authority [1986] 1 AC 112**). In deciding whether a child is able to consent, the question is whether they can understand the nature, purpose and possible consequences of the examination. This includes considering if they can:

- understand the information relevant to the decision
- retain that information
- use and weigh up the information as part of the process of making the decision
- communicate their decision by talking, using sign language or any other means

In deciding whether a child has the capacity to consent, all information needs to be considered. This decision depends more on the child's ability to understand and weigh up options than on age. See also the forthcoming APP on working with vulnerable people.

If there is no one with parental responsibility available or the parent or carer refuses consent, the local authority may apply for an emergency protection order (which gives parental responsibility to the local authority) or a child assessment order.

Emergency protection orders

An emergency protection order (EPO) may be granted to allow a medical examination of a child to take place (**Children Act 1989 s 44(6)(b)**). It does not require the consent of the child or parent. While an EPO is in force, it also grants the applicant parental responsibility (**Children Act 1989 s 44(4)(c)**). See also **The Emergency Protection Order (Transfer of Responsibilities) Regulations 1991**.

Child assessment orders

Under the [Children Act 1989 s 43](#), a child assessment order (CAO) is available to local authorities (or an authorised person) when leading an investigation into the welfare, health and development of a child. It is the first step when considering whether to issue a section 8 court order, for example, a residence order, contact order, specific issue order or supervision order.

A CAO will not be granted if the court is satisfied that there are reasonable grounds for making an emergency protection order (EPO) for the child in question, and that the latter is more appropriate. As such, an EPO must be the first consideration and a court may, in appropriate circumstances, treat an application for a CAO as an application for an EPO.

For further information see [Child Assessment Orders](#).

Court order

In any case in which a forensic medical examination is carried out under a court order, the officer arranging the examination should ask to see a copy of the order before the examination. The order can contain details regarding the place and time of an examination, the person(s) who will be present, the person(s) who will conduct the examination, and the person(s) or authorities to whom the results should be given.

The forensic physician (or medical care professional) is the person who needs to be satisfied that consent has been obtained. Officers should, however, consider the issue of consent to examination at an early stage of an investigation, particularly where the parent or carer is a suspect. In such circumstances a contingency plan for parental non-consent should be agreed with children's social care – this requires a prior order. Separate consent is needed for the examination and photographic documentation.

The investigating officer should ensure that a timed record is maintained of all decisions and procedures undertaken in securing consent to examine a child. This should be included as part of a formal record of the examination.

Role of the examining doctor

The Royal College of Paediatrics and Child Health and the Faculty of Forensic and Legal Medicine have published **Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse**. These guidelines, from 2009, state that for the purposes of examinations in relation to alleged child sexual abuse, a child is someone under the age of 16. Those aged 16 to 18 years can be routinely examined without the involvement of a paediatrician. For young people aged 16 and over who have complex disabilities and learning difficulties, a discussion with a paediatrician is helpful.

Paediatric expertise

In cases of sexual abuse, the examination of a child under 16 should be conducted by a paediatrician trained in forensic skills or, failing this, by a paediatrician accompanied by a forensic physician. When a child is admitted to hospital with a suspected non-accidental injury, any member of the paediatric staff may carry out the examination to ensure immediate treatment. There should be early consultation with the police to avoid delays in evidence collection. A trained paediatrician is also able to offer advice on the management of post-coital contraception and the screening and diagnosis of sexually transmitted diseases and other infections to which the child may be at risk. In cases of physical assault or child neglect, it is good practice to have a medical examination conducted by a paediatrician.

There may be rare occasions, however, where an examination can be conducted by a forensic physician alone, for example, where the injury amounts to a welt, cut, bruise or other uncomplicated trauma, especially where the victim is over 16. This is a matter of judgement in the particular circumstances of a case. Such decisions should include the wider and continuing responsibilities of paediatricians that may arise in respect of the child's welfare. Decisions should not be influenced by the availability or non-availability of particular expertise, and every effort should be made to ensure that examinations are conducted by a physician qualified in the required field.

The initial assessment or examination of a child may indicate that further examination by a specialist is necessary, for example, an orthopaedic specialist if bones are broken. The requirement for specific paediatric expertise should be considered when planning an examination.

Location

Consideration should be given to the most appropriate location for the examination to take place. Child sexual assault referral centres or similar facilities should be used.

For further information see the forthcoming [**APP on rape and sexual offences**](#).

Timing

Forensic medical examinations should be undertaken at the earliest opportunity and the child should be accompanied by an officer from the child abuse investigation unit, where possible. The timing of an examination should be determined by the circumstances of the case. If a child needs medical treatment without delay, the procedures to gather and preserve evidence may be carried out at the same time.

Timing may also be affected by the deterioration of potential evidence (for example, body fluids) or by healing processes. It is possible for body fluids such as semen to be recovered up to seven days after an assault, and this may also prompt the need for an early examination if the abuse is disclosed near to this time limit. See the forthcoming [**APP on rape and sexual offences**](#).

Consideration should be given to timing and effective use of resources. An examination conducted while the child is affected by drugs or alcohol, is tired or otherwise unsettled may not provide the most useful outcomes in terms of forensic recovery or satisfactory disclosure of information. Similarly, the ideal conditions in which the forensic physician or paediatrician may be able to conduct an examination are likely to be during normal working hours.

Victim interview

The investigating officer should discuss with the forensic physician or paediatrician whether to conduct the victim interview prior to the forensic medical examination. The advantage of this is that it may suggest additional opportunities for evidence collection and avoid the need for a further examination to substantiate any disclosures made during the interview. Carrying out the interview first should avoid the need for the child to repeat the disclosure to the examining doctor. This, in turn, assists the doctor to assess the medical needs of the child, and provides information about the forensic samples that need to be collected. Any such decision should be balanced against the potential risks of the loss or cross-contamination of forensic material.

When it is decided that the examination should take place before the interview, the examining physician or paediatrician needs to speak to the child so that the required samples can be collected and the scope of the examination determined. Sometimes a child will talk about the offence during this exchange. Officers should avoid curbing such conversation on the grounds that it might damage the integrity of any later interview with the child. Such an approach could inhibit the child and may not be in their best interests. It could also prevent the forensic medical examination being conducted thoroughly. The benefit of successful recovery of forensic evidence relating to the offender (for example, DNA) is likely to outweigh any potential claim that a subsequent evidential interview was compromised by a conversation between doctor and patient during the examination. It is in the interests of the child to ensure that further examinations are not necessary, if possible.

The conversation should be recorded by the examining physician or paediatrician in their witness statement. Cases of abuse where the victim does not require urgent medical attention allow for careful planning of the medical examination. The purpose of any forensic medical examination in such cases is to assess the medical needs of the child and record any evidence relevant to the case. This may include examining scar tissue and other traumas which can be interpreted to support an allegation of assault, indecency or neglect. It may be possible for photographs to be taken at the same time as a forensic medical examination.

Planning and recording

The initial strategy discussion should include planning the forensic medical examination. It may also be appropriate for children's social care to help with these arrangements as this can assist them in assessing the child's needs. The investigating officer should meet the paediatrician or forensic physician prior to an examination to discuss the purpose of the examination. As the forensic medical examination is part of the criminal investigation, the investigating officer (or an officer acting in support of the investigating officer) should be present or near to the place where it is being undertaken.

The investigating officer should provide the forensic physician with the account that the victim has given to the police. This will help with the examination and avoid distressing the victim further by requiring them to repeat information already given. All of the information provided to the forensic physician should be recorded for future reference.

Documenting information

Information gathered during a forensic medical examination should be considered when making welfare arrangements for the child. Whenever a forensic medical examination is conducted, the investigating officer should document the following information.

- Location of the medical examination and who was present.
- Location where any samples for analysis have been stored and the reference numbers.
- Outcomes of any strategy discussion prior to, or arising from, the forensic medical examination.
- If and where any sensitive or other images have been recorded.
- Notes made by the paediatrician or forensic physician (possibly recorded as sensitive material in prosecution files).

The forensic physician or paediatrician should provide a written statement after any forensic medical examination outlining the findings of the examination (for example, using body maps) and expressing their opinion. Contemporaneous notes of any spontaneous comments made by the child concerning the circumstances leading to the examination should be made available to the CPS. Where it is considered that such notes should be treated as sensitive material, the reasons should be included in the prosecution file.

In cases where bite marks may be relevant, advice should be sought from a forensic odontologist regarding the interpretation and appropriate photography of such marks.

Physical evidence

Access to the victim

In most incidents of child abuse the suspect is likely to, at some point, have had legitimate access to the victim or their home. The suspect may also be living with, or have lived with, the victim as a parent or carer, relative or visitor. This presents different issues from circumstances where the suspect is unidentified or has no legitimate access to the scene.

Where the suspect has had legitimate access, it will not usually be sufficient to identify them as being present at the scene. The forensic investigation should consider the sequence of events as explained by each party, and look at the scene in that context. This means testing whether the information from the scene corroborates the sequence of events supplied by the suspect, the victims and witnesses. This principle may also apply to scenes of previous incidents.

Photographic and visually recorded evidence

Photographic and visually recorded evidence should be gathered in child abuse investigations, wherever possible. Expert photography can be of great value to the investigation and in court proceedings. Photographs can also be used in suspect interviews. In neglect cases, for example, visually recorded evidence can provide proof of inadequate food, clothing or home conditions and this can be used throughout the child protection process and in a prosecution.

Officers should be aware that photographic evidence identifying individuals, including that attached to case files, is subject to the **Data Protection Act 1998** and should be shared with other agencies only when necessary and in accordance with the law and local information-sharing protocols. See also the forthcoming APP on working with partners.

Use of photographic evidence checklist

Officers using photographic evidence techniques should:

- be aware that photographing a child may cause distress to them, particularly in cases where photographing and visual recording have been part of the abuse (the reaction of the child to being photographed may itself form part of the evidence and should be recorded)
- ensure that a suitably trained forensic physician or paediatrician documents and records injuries, rather than relying exclusively on photographic evidence
- photograph all injuries at a 90-degree angle with a rigid scale and accompanied by body maps – bite mark injuries should be photographed as soon as possible
- photograph or visually record all damage and disruption at the scene (including signs of neglect, damaged clothing and toys) and any other details that will assist in corroborating the victim or witness accounts, or proving the offence(s)
- use crime scene investigation photographs whenever possible in child abuse cases, irrespective of whether Polaroid or digital photographs have been taken
- record visual footage of crime scenes when appropriate
- make arrangements for the victim to be re-photographed at a later stage when injuries may be more apparent
- take particular care when photographing darker skin tones as bruising can be more difficult to see
- use alternative light sources (for example, ultraviolet, infrared) to show non-visible historic bruising or if the injuries are not apparent in white light
- use photographs proactively to assist in the investigative interview

- provide custody officers with photographs to assist them with decision making, particularly in respect of police bail
- attach any photographs to the file of evidence for the CPS and present original images as referenced exhibits

Visually recorded evidence gathering checklist

Officers using visually recorded evidence should:

- make arrangements for the scene to be filmed as soon as possible with the minimum of disturbance
- use a trained evidence gatherer
- leave each room in situ and film in accordance with a predetermined route
- clearly identify and film particular hazards
- provide adequate lighting
- provide a verbal factual commentary to assist the court, without expressing any opinion
- refer to visual recordings in statements made by the filming officer and ensure that they are exhibited

Search strategies for indecent images of child abuse

Searches can identify electronic sources of evidence and more general items of interest to the investigation (for example, children's toys, sex toys, drugs such as Viagra). It is likely that suspects in such investigations will take steps to conceal their activities from others living or working in the same premises. They may also adopt strategies to conceal material in the event of a police search.

Investigators undertaking searches should be aware of the various media on which images can be saved and the ways in which storage media may be concealed. For example, a CD of indecent images of children can be disguised as a music CD within a collection. It is also possible that a concealed computer with a wireless internet connection is used to distribute or access images.

Where images are subsequently recovered from seized material, CEOP investigators or the force hi-tech crime unit will try to establish the identity of victims, offenders and locations featured in them.

Use of X-ray and similar techniques

Identifying fractures and bone injuries in infants and babies is particularly difficult. X-ray and similar techniques should, therefore, be used to determine such injuries. A paediatric radiologist should interpret children's X-rays and provide a written statement of their opinion in the case. Where the consequences are likely to result in the removal of a child from a parent or carer, or in an arrest, a consultant paediatric radiologist at a specialist centre should be asked to interpret the X-rays.

The consent of the victim (if the child has the capacity to give consent), parent, carer or person with parental responsibility should be obtained before any photographs are taken. This should be recorded on pre-prepared forms in an officer's pocket book or in a victim's statement. Investigating officers should ensure that victims are able to decide on the location that they would like the photographs to be taken, if a choice is available. The victim and parent or carer must be informed that photographic evidence obtained could be used as evidence in any subsequent child protection, criminal or civil proceedings (for example, relating to child contact). See also checklists on [use of photographic evidence](#) and [visually recorded evidence gathering](#).

For further information see:

- [The Royal College of Radiologists and Royal College of Paediatrics and Child Health \(2008\) Standards for Radiological Investigations of Suspected Non-accidental Injury](#)
- [Association of Chief Police Officers \(ACPO\) \(2007\) Practice Advice on Police Use of Digital Images](#)

Using recordings of calls to the police

Verbatim recordings of emergency and other calls to the police (including first accounts) can provide a useful source of evidence to support the prosecution of child abuse cases and to build a subsequent chronology. Recordings can be used in suspect interviews and to assist when briefing forensic medical examiners.

Investigating officers should examine recordings to identify:

- callers, if they have remained anonymous
- the demeanour of callers

- background noise, including unsolicited comments from a witness, suspect and victim
- any first account of the incident as provided by a witness or victim

The initial part of any emergency call is received by the telephone subscriber's operating company (for example, British Telecom). Officers should obtain any audio recording of the words spoken during the call and follow local guidelines for storing and retaining recordings of emergency and other calls. These recordings should also be included as part of the prosecution file sent to the CPS, where relevant.

Legislation such as the **Police and Criminal Evidence Act 1984 (PACE)** directs how such evidence must be presented to be admissible in the judicial process. Police forces should ensure that any guidance given to call takers on operating procedures in child abuse cases is also made available to the judicial process.

Victim and witness evidence

The **Ministry of Justice (2015) Code of Practice for Victims of Crime (the Victims' Code)** places a statutory obligation on criminal justice agencies (including the police service) to provide a minimum standard of service to victims of criminal conduct in England and Wales.

The investigating officer is also responsible for deciding whether the circumstances of the case require an early special measures discussion with the CPS. The special measures provisions need to be explained to the child and the parent or carer. Officers should ensure that they do not give children guarantees or raise their expectations as the special measure(s) requested may not be allowed.

An interview with a child should take place after the strategy discussion with children's social care. The interviewing team may, therefore, have access to detailed information about the child which can be used when planning and conducting the interview. This information can also assist any registered intermediary used. The interview should not, however, be delayed solely for the purposes of a strategy discussion if it is not in the best interests of the child to do so.

Officers should ensure that information gained from victim and witness interviews is included in the risk assessment and safety planning processes. They should also ensure that any confidential details (for example, the address of a place of safety) are not disclosed in a recorded interview. If

they are disclosed, the CPS should be informed of this so that these details can be removed during the editing process.

For further information see:

- [**National Autistic Society \(2011\) Autism: a guide for criminal justice professionals**](#)
- [**Office for Criminal Justice Reform \(2009\) Early special measures discussions between the police and the Crown Prosecution Service**](#)
- [**Ministry of Justice \(2015\) Code of Practice for Victims of Crime**](#)
- [**National Police Chiefs' Council \(NPCC\) \(2015\) Advice on the Structure of Visually Recorded Witness Interviews \(Third Edition\)**](#)
- the forthcoming APP on working with vulnerable people

Achieving best evidence in criminal proceedings interviews with children and special measures

Everyone involved in interviewing child victims should be trained to apply the procedures set out in [**Ministry of Justice \(2022\) Achieving Best Evidence: Guidance on Interviewing Victims and Witnesses, and Guidance on Using Special Measures**](#). They should also be trained to communicate with children, if possible. In some cases professionals from other agencies (for example, children's social care) may be involved in the interview process, if this is in the best interests of the child.

For further information see [**Victim and witness interview strategies in CSEA cases**](#) (this link is available to [**authorised users**](#) who are logged on to College Learn).

Consent to an ABE interview with a child

Before conducting achieving best evidence in criminal proceedings (ABE) interviews with children, consent is required except in the following circumstances.

- If the child can understand the implications of what they are being asked to consent to and is able to consent in their own right, consent of someone with parental responsibility is not necessary. However, the force should inform a parent or carer before the interview takes place, unless there are exceptional reasons for not doing so, including:

- the possibility exists that a child would be threatened or otherwise coerced into silence
- there is a strong likelihood that important evidence would be destroyed
- the child in question does not wish the parent to be involved at that stage, and is competent to make that decision

- If the child does not have the capacity to consent in their own right and cannot understand the implications of what they are being asked to consent to, consent of someone with parental responsibility is necessary. However, if consent cannot be secured, the force can consider obtaining an emergency protection order under **the Children Act 1989 s 44** with the necessary directions on it if the child is at risk of significant harm.

Where the force decides not to inform a parent or carer for the exceptional circumstances above, they should carefully document this decision.

For further information, see Paragraph 2.40 of **Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures.**

Identification procedures and facial composition with child victims

Where a child is required to identify a suspect or collaborate with police artists or facial composite operators, that process should be visually recorded as part of the evidence. It may also be useful to include facial composite operators in the planning process for the victim interview. See also **Ministry of Justice (2022) Achieving Best Evidence: Guidance on Interviewing Victims and Witnesses, and Guidance on Using Special Measures.**

Victim account

There are a number of reasons why a victim's testimony may be challenged in court. There may be perceptions or assumptions made about the victim based on, for example, a history of offending or a chaotic lifestyle. In all cases the focus of the investigation should be on the allegation and the credibility of the suspect account(s).

For further information see:

- APP on Child sexual exploitation
- the forthcoming APP on working with vulnerable people
- Suspect interviews
- CPS (2013) Guidelines on Prosecuting Cases of Child Sexual Abuse

Victim personal statements

See Ministry of Justice (2015) The Code of Practice for Victims of Crime and CPS Guidance on Victim Personal Statements.

Withdrawal and retraction statements

A child abuse investigation unit officer will need to take any withdrawal statement from a child victim. This should be carried out using the same means as the original statement. A carefully taken withdrawal statement may still be used, together with the original statement, as evidence in current or future criminal proceedings or the child protection process. It may also be used within the family court system (for example, in a child contact dispute).

Where there is suspicion that a child is being pressured or coerced to make a withdrawal statement, efforts must be made to speak to the child separately from the person(s) suspected of coercion. Coercion to withdraw a statement can be grounds to remove a child to a place of safety. Officers should also consider investigating relevant connected offences (for example, intimidating a witness or harassment).

Reasons for withdrawing a statement, such as fear of making a court appearance or intimidation by the suspect, should be discussed with the CPS so that the options available to protect vulnerable witnesses (including special measures) can be explored. Withdrawal statements should be forwarded to the CPS and accompanied by a report from the officer who took the statement. The report should detail the officer's observations about the reasons for the victim's withdrawal of their statement and their views about whether the case should proceed nonetheless.

Victim and witness welfare

It is important to consider support for victims who have disclosed abuse. Depending on the circumstances, appropriate support may be provided or sourced through children's social care or another agency such as the National Society for the Prevention of Cruelty to Children (NSPCC)

. It is of paramount importance that welfare and support for the victim continues throughout the court process and beyond. Personnel from children's social care and other relevant agencies should attend court to facilitate any identified welfare needs.

Pre-trial therapy and counselling

The best interests of the victim or witness are paramount when making decisions about therapy. There is no bar to a victim seeking pre-trial therapy or counselling and neither the police nor the CPS should prevent it from taking place. The types of support available vary according to the services provided locally (for example, local authority, health or voluntary sector organisations). Officers need to know what is available in their area.

Prior to going to court, victims and witnesses should also be informed of the support available through independent sexual violence advisors.

Where investigators know the victim is seeing a therapist or counsellor, they should brief the therapist or counsellor at an early stage to inform them about the court process and their disclosure obligations.

For further information see:

- [**CPS \(2013\) Guidelines on Prosecuting Cases of Child Sexual Abuse**](#)
- [**Ministry of Justice \(2015\) Code of Practice for Victims of Crime**](#)
- the forthcoming APP on working with partners
- the forthcoming APP on working with vulnerable people
- the forthcoming [**APP on rape and sexual offences**](#)

Family liaison officer

Deploying a family liaison officer (FLO) or dedicated victim/witness liaison officer should be considered. Their role is investigative and clear objectives are set by the senior investigating officer (SIO). The FLO is not a substitute for independent sexual violence advisors or other victim/witness support services.

Preparing for a child to give evidence at court

Vulnerable and intimidated victim/witness services

Many victims and witnesses in child abuse investigations fall within the definition of vulnerable or intimidated and may be eligible for special measures and the use of registered intermediaries.

Victim Support and the Witness Service

Victim Support and the Witness Service should be engaged, independently of the investigation, to prepare a child to give evidence at court. Some local areas have a specialist Young Witness Service.

The NSPCC and ChildLine have also produced a DVD entitled 'Giving Evidence – What's it Really Like?' This is designed for children and young people aged between 10 and 17 years to view in the presence of a suitably trained adult.

The CPS has produced two booklets, which are designed to be used interactively between the child and an adult.

- Millie the Witness – for children aged 5 to 9 years.
- Jerome: A Witness in Court – for children aged 10 to 14 years.

Officers assisting a child to give evidence in court should be familiar with the Ministry of Justice (2015) Code of Practice for Victims of Crime.

Officers should organise with the Witness Service for child victims and witnesses to visit the court prior to the trial so that they are familiar with the court and court processes. Any fears they may have can also be allayed. This is particularly useful where the child is to give evidence from a different room, via a live link.

Where the child's statement has been visually recorded, officers are also responsible for ensuring that the child witness is given an opportunity to refresh their memory before court proceedings. Ideally, this should be during the week before the trial, rather than on the day of the trial, so that the witness does not have to watch the recording twice in one day.

For further information see:

- pre-trial therapy and counselling
- Ministry of Justice (2015) Code of Practice for Victims of Crime

- the forthcoming APP on working with vulnerable people

Attendance at court

The vulnerability of a victim means that the process of their attendance at court needs to be managed carefully. **Witness care units** are staffed by witness care officers who act as the single point of contact (SPOC) for victims and witnesses. Witness care officers can provide support, or other similar local services may be available such as the NSPCC child witness project. The SIO should discuss the arrangements with the CPS to ensure that victims and witnesses have specific days and times to attend court, and that their attendance is not prolonged.

Although a costly practice, it can be useful for members of the inquiry team to collect the victim or witness personally and accompany them to court. To preserve the integrity of the evidence that the victim or witness gives, and to avoid suggestions of coaching during journeys to or from court, any conversations should be recorded.

Linking or separating cases

The SIO should consider the implications for a victim or witness who may have to give evidence against more than one offender. Depending on the needs of the victim, the CPS will be able to advise on the possibility of linking or separating cases (relating to offenders and offences), which may help to reduce potential stress on the victim.

Where the victim or witness has to give evidence on more than one occasion, more than one signed original copy of a victim or witness statement should be obtained at an early stage. This will alleviate the problem of retrieving original documents from the crown court following earlier conviction or acquittal.

Sustained victim/witness contact

Most investigations benefit from maintaining victim/witness contact prior to and throughout the judicial process. This approach enables the inquiry team to keep track of potential victims and witnesses and facilitates court warnings. Police personnel may be involved in this process, but multi-agency partners can undertake victim/witness liaison and this has been well received by the courts. Victim/witness liaison can be maintained by:

- civilian employees
- an independent agency (for example, the NSPCC)
- children's social care
- witness care units and witness care officers

When the police contact victims and witnesses, they should identify any apparent or potential welfare issues. Officers should refer to force policies for guidance on preventing self-harm and suicide.

Victim/witness contact records

A dedicated record of all contact with each victim or witness should be maintained throughout an inquiry. Records should include sufficient detail and be kept in accordance with local force policy. It may be appropriate for entries to be kept in duplicate, retaining one copy in the record and registering the second copy centrally within the investigation. This provides an audit trail and a single point of reference if required by the liaison officer during court proceedings.

Discussion points

The SIO should set parameters regarding matters that should or should not be discussed with a victim or witness.

For further information see [**Investigators responding to victims enquiring about criminal injuries compensation.**](#)

Victim/witness visits

The allegations being made may necessitate a number of visits to a victim or witness. In accordance with the [**Criminal Procedure and Investigations Act 1996**](#) notes of such visits must be disclosed. Notes should be made in bound booklets not loose leaf unless there is an unavoidable reason, which must be documented.

Additional sources of evidence

A number of specialist police departments, multi-agency teams or officers may hold evidence about actual abuse and/or its impact on a child.

Debriefing the first officer at the scene

The first officer at the scene is a witness and the investigating officer should take a statement from that officer. Supervisors should ensure that the welfare of such officers is considered during the debriefing, as elements of the investigation are likely to be distressing.

Debriefing should cover the officer's initial appraisal of:

- the victim's injuries and reactions, and those of any other children in the house
- their observations of the scene
- risk factors relating to the victim, suspect or others
- unsolicited comments made by the suspect
- any first description of the incident as provided by a witness or victim
- significant statements made by the suspect
- actions taken by the officer at the scene and afterwards, and the reasons for those actions (for example, any exercise of police protection powers or referral to children's social care or any other agency)

Any of these issues should be included in the officer's evidence and recorded in their statement.

House-to-house enquiries and enquiries with other potential witnesses

Careful questioning in house-to-house enquiries may uncover information about the child (for example, things said or avoidance behaviour). It may also elicit observations about things heard and seen, and the behaviour of the suspect towards the child. While some of the evidence may be inadmissible, it can help rebut the suspect's account and assist the investigation by confirming suspicions. Such evidence may also be important in child protection proceedings and family or civil proceedings, including child contact disputes or applications for civil injunctions. It can also be used to help frame civil orders and bail conditions correctly.

House-to-house enquiries may require slightly different planning in a child abuse investigation because the defined area for the operation may only include the immediate neighbours of the victim. Alternatively, it may include residents close to schools, parks or other places where related incidents have, or are believed to have, occurred. Officers should consider whether:

- the sensitive nature of an enquiry requires particular questioning techniques to establish what the neighbour saw or heard, without disclosing the exact nature of the alleged offence or incident
- it is appropriate to use a standard questionnaire to elicit information
- questionnaires should use open-ended questions to allow interviewees to describe previous incidents and provide further evidence
- the questions asked should be constructed to relate to general issues about the family and/or other children who may be at risk through contact with the suspect (for example, parenting style and use of discipline)

Covert methods

These methods should be considered in child abuse investigations, for example, where there is an allegation of rape of a child and it is not possible to prevent contact between the victim and suspect, but it is suspected that the abuse is continuing. Covert surveillance may be used to prove that a child is visiting, or being visited by, the suspect in cases where this is denied. The priority should always be to protect a child from abuse. While monitoring the activity recorded by covert methods (for example, surveillance) officers should employ a child protection strategy that includes effective intervention measures to prevent harm to the child. If covert methods identify further abuse, the authorising officer needs to have a documented plan detailing methods of intervention and their use.

Officers considering the use of covert methods in child abuse cases should seek advice from the appropriate force covert operations advisers or department (or local equivalent).

Intelligence originating from police-registered covert human intelligence sources or other sensitive or covert sources cannot usually be shared with other agencies. If this information is relevant for the protection of the child, the authority of a senior officer must be sought before disclosure, in accordance with force procedures.

Information and services from other agencies

Records held by other agencies (particularly children's social care or the NSPCC) may reveal previous reports or incidents, evidence of the existence of abuse or evidence of the impact of abuse that will assist the investigation. This can include information from agencies involved before or after the investigation.

Such third-party material may also provide **corroborative evidence** to support or disprove an allegation. See corroborative evidence.

For further information see the forthcoming APP on working with partners.

Agency enquiries

Officers should approach agencies for the following information.

- Where the child lives and any previous addresses.
- Details about any other children with whom the suspect has had contact.
- Any other names used by the child or family.
- Details about a victim's childcare providers, schools and any youth services with which they may have had contact.

Where possible, contact should be made with the individual who leads on child protection matters in a particular establishment. The forthcoming APP on working with partners includes details about agencies and service providers who can advise and assist.

Suspect interviews

Supervisors should ensure that all officers conducting suspect interviews are appropriately trained and comply fully with the **Police and Criminal Evidence Act 1984**. Depending on the seriousness or complexity of the alleged offence(s), supervisors should consider appointing a trained interview coordinator to assist in the investigation.

Information from the suspect interview should be used to make decisions on police bail.

For further information see:

- **CPS (2013) Guidelines on Prosecuting Cases of Child Sexual Abuse**
- **APP on Investigative interviewing**

Planning lines of questioning

In addition to obtaining a first account from a child abuse suspect, the following areas should be considered when planning lines of questioning.

- Circumstances leading up to the alleged offence.
- Motive(s) when committing the alleged offence.
- Bad character of the suspect.
- General relationships with children and child contact arrangements, if applicable (for example, using an address where there are children or vulnerable adults).
- Relationship with other family members, family structure and functioning.
- Any circumstances in which children of the family have lived away from home.
- Contact with external support agencies.
- Parenting style, where applicable.
- Self-care and care of other family members, where applicable.
- Issues relating to grooming, such as membership of children's organisations and interest in children's websites.
- Any drug or alcohol misuse.

Specialist support and advice can be obtained from the **National Crime Agency (NCA) Major Crime Investigative Support** and CEOP's behavioural analysis unit.

Indecent images of child abuse and related offences

Early consultation with CEOP's behavioural analysis unit and cross-referencing any relevant identification data with their Child Exploitation Tracking System database should be considered. When interviewing suspects about child abuse images, investigators from the force hi-tech crime unit and the child abuse investigation unit should, where possible, form part of the interview team. Any technical issues can then be dealt with as they arise during the interview, and the number of interviews required may be reduced.

Interviewing a suspect prior to the digital examination of seized storage media provides an opportunity to establish specific information such as the ownership of the computer and who has access to it. Investigators need to establish:

- who was operating the computer at the time that the images in question were downloaded
- the suspect's access to other computers, storage devices or (wireless) networks
- the type of virus protection or firewall use
- the length of time any security protection has been in place

Interviewers should request passwords from suspects to help them examine the material.

Under the **Regulation of Investigatory Powers Act 2000 Part III**, suspects can be required to disclose encryption keys or passwords if there is no alternative or other reasonable method of gaining access to a computer which has been lawfully acquired by the police.

For further information see **Managing the risk of suicide for persons under investigation for online child sexual abuse and exploitation (June 2019)**.

Interview questions

The following matters should also be covered in the interview.

- Length of time a suspect has owned or possessed the computer, when anyone last used it, and whether there has ever been any suggestion of a virus or fraud or similar, and what was done about it.
- Who has access to the machine (including their contact details) and when and why another person has used the machine.
- Method used to download images.
- Suspect's level of experience in using the internet.
- How the suspect stores images (this can help establish whether the suspect intended to store images away from the computer or distribute them to others via disk – the meticulous cataloguing and recording of images may also help establish intent).
- Name of the internet service provider – this is required to enable further enquiries with the internet service provider and obtain evidence from their servers.
- How the suspect connects to the internet (for example, via television or telephone lines) – this allows investigators to explore the connection between the suspect and the indecent images via the method of internet connection.
- The suspect's email addresses – it may be necessary to apply to the internet service provider to suspend the suspect's email account(s) so that potential evidence is not lost.
- Type of activity the suspect normally undertakes on the internet – a comparison can then be made between their stated use of the internet and the computer's record of their actual use, and this may confirm or deny the suspect's account.
- Passwords used for operating systems and files, name(s) of encryption programme(s) used, and password or pass phrases used in encryption programmes.

It is important that the information listed in interview questions is collected as soon as possible, and preferably on the date of seizure of the images. There is usually a long gap between seizure and detailed forensic results. If these questions are not asked until later in the criminal justice process (for example, during the trial), the suspect might say that they do not remember particular information.

Pre-charge advice, charging and the CPS

Officers should note that all child abuse cases fall within the pre-charge advice scheme, even when a guilty plea is likely. Pre-charge advice and charging decisions should be sought in accordance with local systems.

Early liaison

Early and ongoing liaison with the CPS is important as it helps the crown prosecutor to make decisions about a particular case, and supports a successful prosecution. It also helps to identify measures necessary for the protection of the victim(s), if applying for a remand in custody or prior to a sentencing decision. See also [CPS \(2013\) Guidelines on Prosecuting Cases of Child Sexual Abuse.](#)

The information in the [file preparation checklist](#) will not always be readily available, but it should be passed to the CPS as soon as possible. The CPS must be updated of any change in circumstances.

Orders

When the CPS is in possession of all the appropriate information available, it enables the court to make a range of orders including:

- [foreign travel orders](#)
- [sexual offences prevention orders](#)
- [risk of sexual harm orders](#)

For further information see:

- [APP on managing sexual offenders and violent offenders](#)
- the forthcoming APP on working with vulnerable people

File preparation checklist

The CPS will require the following information.

- All relevant victim statements (including withdrawal statements, medical statements and transcripts of victim interviews, victim personal statements and any statement made on behalf of the victim).
- All relevant witness statements (including from neighbours and other children).
- Case exhibits (including photographic evidence).
- Audio or visual recordings of victim, witness and suspect interviews.
- Any photographic or CCTV evidence.
- Relevant police records, for example, pocket notebook entries, risk assessments recorded on forms, incident logs, custody records and recordings of 999 calls.
- Crime reports and intelligence relating to previous allegations including those against other victims, which may indicate potential similar fact evidence or be relevant for a bad character evidence application.
- Any past, current or proposed civil or family proceedings.
- Any previous convictions.
- Details of the victim's injuries (from the medical report, photographs and police observations).
- Description of the scene with any photographic evidence or relevant statements, including those from the first officer at the scene.
- Whether the suspect used a weapon.
- Whether the suspect made any threats before the attack or has made any since.
- Whether the suspect planned the offence.
- Details of any other children having regular contact with the suspect.
- Details of any grooming activity by the suspect.
- Chances of the suspect reoffending.
- Measures taken to protect the victim from the suspect, such as exercise of police protection powers.
- Whether the suspect, victim or witness requires an interpreter or registered intermediary.
- Names of any interpreters or registered intermediaries used during police interviews.
- Any requests by the suspect, victim or witness for an interpreter of the same sex or of a particular ethnic group, political orientation or affiliation.
- Views of the officer, parent or carer and child (where appropriate) regarding special measures.
- Whether there is a need for an early special measures meeting with the CPS.

- Any witness needs in connection with going to court (for example, special measures or a registered intermediary) and, where applicable, information to support a special measures application.
- Evidence of the suspect or the suspect's relatives or associates contacting the victim or the victim's family since the incident or post charge.
- Any relevant records or statements from other agencies.
- Details of previous involvement of children's social care and any joint agency action taken.
- Details about the child's circumstances which will assist the CPS to make decisions about the effect that giving evidence may have psychologically or emotionally on the child.
- Details of any past, current or proposed therapeutic help provided, or intended to be provided, to the child or witness (see the forthcoming APP on working with vulnerable people).
- Details of any mental health issues, drugs and alcohol misuse relating to any party in the case.
- Details of the wishes and feelings of the victim and parent or carer about going to court.
- Details of any unused material in accordance with the **Criminal Procedure and Investigations Act 1996**.
- Details of other potential evidence or evidence currently being processed and, therefore, not available as part of the file, and details of when this will become available.

Remand, police bail and release of suspects

Risk posed by the suspect

When a decision has been made to release a suspect with or without charge, the risks the suspect poses to the victim, and the risks others pose to the suspect need to be considered.

The risk posed by the suspect is particularly relevant when the suspect is a member of the victim's household, a relative, friend or associate with routine access, or they have access to other children (for example, through their profession or hobbies). In these circumstances, it may be appropriate to involve other agencies in the risk management process.

Remand

Where a suspect is charged with an offence concerning child abuse, it may be appropriate to ask the CPS to apply for a remand in custody. Prior to a decision to allow bail, victims and their parents or carers and children's social care should be consulted where possible. All efforts should be made

to impose effective bail conditions that protect victims, children and witnesses from further intimidation and abuse. 'Children' in this context includes other children who may be placed at risk of harm.

Bail

If there is insufficient evidence to charge a suspect, releasing them under **PACE s47(3)** to enable further enquiries to be completed is an option. This allows time for other witnesses to come forward and for a more detailed investigation to be undertaken. The **Criminal Justice Act 2003** allows for bail conditions to be imposed where a suspect is bailed to return to a police station while pre-charge advice is being sought from the CPS.

Bail conditions

Custody officers should consider including the following restrictions when imposing police bail conditions so that children and other witnesses are given maximum protection.

- Not contacting the victim either directly or indirectly.
- Not going within a certain distance of the victim's home or school.
- Not going within a specified distance of any school or other places that the victim, the victim's siblings or other children frequent (for example, shopping areas, leisure and social facilities, homes of childminders, family or friends).
- To live at a specified address, which is not that of the victim or any other household containing children.
- To report to a named police station on specific days of the week at specific times.
- To obey the curfew as applied and to require suspects to present themselves to a police officer during the period of the curfew (for example, at school opening times).
- Not to use the internet or to refrain from visiting particular sites or engaging in communications via instant messenger.

Any conditions imposed should be justifiable and capable of being policed for compliance. The reasons for the conditions need to be recorded in accordance with local policy.

Keeping the victim and parent or carer informed

Once a decision on bail has been made and before the suspect has actually been released, the investigating officer should contact the victim and their parent or carer. The victim and parent or carer should be updated throughout the investigation and during the pre-trial period in accordance with [**Ministry of Justice \(2015\) The Code of Practice for Victims of Crime**](#). In particular, they should be informed of any decision to charge and/or bail the suspect, including details of any bail conditions. A description of the conditions that have been placed on the suspect should be given to the victim and carer, along with the action to be taken if the conditions are breached. Once a decision has been made to bail a suspect, the suspect's release should not be delayed by difficulties in contacting the victim or their representative.

Victim contact with the offender

Investigators should be aware that the victim may try to contact the suspect/witness(es), particularly as criminal proceedings approach. Such contact may be initiated because the victim is still under the influence of (or perceives that they are still in a relationship with) the suspect. The risk is higher in [**child sexual exploitation**](#) cases. Investigators should develop a policy to address this issue and, if necessary, instigate a tactical plan to obtain intelligence and evidence, and ensure that there is support in place for the victim.

Consideration should be given to the legal monitoring of the social media that victims and suspects use. Where the suspect is on bail, strict conditions should be imposed which state clearly that there should be no contact of any type with victims, witnesses or co-accused. The onus is on the suspect to notify their solicitor if they receive any contact from the victim.

Victims must also be informed that friends or relatives of the suspect may approach them, questioning their contact with the police and whether they have been offered compensation regarding the offences committed. Victims should be warned that the caller may record these conversations in an effort to cast doubt on the victim's account. Victims should be told to report any such contact to the police. The force should make the victim aware of the [**criminal injuries compensation scheme**](#).

Any such contact is likely to be of value to the defence, even if it is not used in evidence and disclosure should be managed through the [**Criminal Procedure and Investigations Act 1996**](#). If there is contact during the trial, such as occurred in Operation Chalice, the prosecution should be briefed as soon as possible so that the issues can be managed within the legal framework.

Informing the suspect of no further action

Where it is decided that no further action will be taken against a suspect, the person should be advised of that outcome in accordance with force policy. In particular, suspects should be advised to retain and preserve any documents or other evidence that supports their defence. This is necessary as the investigation could be resumed, for example, if any fresh evidence comes to light, or new or delayed reporting of child abuse allegations are made which are relevant to the earlier investigation.

Review panels

There is now an opportunity for decisions to be reviewed where the police or the CPS decides not to pursue a prosecution relating to child sexual abuse. See ACPO (2013) National Child Sexual Abuse Review Panel Guidelines for Police Forces & the Crown Prosecution Service (CPS) (available from College Learn, which is a RESTRICTED online tool available to authorised users who are logged on to College Learn) and Victim's Right to Review Scheme.

Multi-agency public protection arrangements and managing potentially dangerous persons

All child abuse investigations must consider the continuing risk of significant harm posed to a specific child or children by a suspect. It may not be possible in the course of an investigation to satisfactorily resolve all such concerns. This is particularly relevant where a conviction cannot be obtained. Where an investigation is concluded and concerns persist about risks presented by a suspect, they must be referred to systems for multi-agency public protection arrangements (MAPPA) offenders and potentially dangerous persons.

Staff need to be familiar with local arrangements for bringing concerns about children to the attention of the force child abuse investigation unit or equivalent. Where continuing concerns exist about the risks posed by a suspect, the officer in the case or the key social worker should ascertain whether the suspect has any convictions for sexual or violent offences that would bring them within the remit of MAPPA.

The unit supervisor should be informed of any existing convictions with a view to making a formal referral to MAPPA. When such a referral is made it must, as a minimum, be supported by a

summary of the recent investigation and the continuing concerns. Depending on the level and nature of risk posed by the offender, the officer in the case or key social worker may be invited to subsequent risk management meetings.

If the unit supervisor does not consider the matter suitable for referral to MAPPA, a record should be made of the reasons why.

Where concerns exist but it is ascertained that the suspect does not fall within MAPPA, the matter must be brought to the attention of the unit supervisor to determine the appropriate action to take. Such suspects may fall within the definition of a potentially dangerous person. See the forthcoming APP on managing sexual offenders and violent offenders.

Tags

Child abuse