Foreword

Sexual offences are some of the most serious and devastating crimes in our community and can have long lasting impacts on their victims.

Sexual offences affect all pockets of society and generally remain hidden from view. Sadly, many people who experience sexual crime know their perpetrator and face a complex set of barriers in reporting their experiences to police.

Victoria Police has come a long way in improving responses to sexual offences. We have transitioned to a specialist model of investigation, through our Sexual Offences and Child Abuse Investigation Teams (SOCITs), where specially selected and trained detectives are dedicated to investigating these crimes. We continue to improve our responses through world-class education and training and collaborative partnerships.

We are a key partner in Multi-Disciplinary Centres, where we work from a single location alongside staff from Centres Against Sexual Assault, DHHS-Child Protection and other partners to provide victims a coordinated and comprehensive response. Our response has been strengthened through organisation-wide commitments to improving service delivery including the Future Directions for Victim-Centric Policing and the Accessibility Action Plan. These commitments focus on improved experiences and outcomes for all victims and increased access to our services particularly for vulnerable members of our community including those with disabilities.

We understand the difficulties and the barriers faced by the diverse communities we serve, which may prevent victims telling us about their experience.

Regardless of whether their experience is recent or historical, victims are encouraged to speak with our specialist detectives who can help in many ways. Even if the person does not wish for an official police investigation to commence, we can provide information, options and support at any time.

The Code outlines the need to provide not only a criminal investigation but also to link victims with support services and to assist them to remain safe. Importantly, it recognises that we can not do this alone; our best chance to respond to and prevent these crimes is to work with our partner agencies.

I encourage all police members to familiarise themselves with the Code and remember that the way we respond to victims has a significant impact on their confidence to report their experience and continue to engage with us.

Although we have made significant strides in the right direction, there is still a way to go. Sexual offences are never acceptable and I am proud to lead an organisation that is committed to taking action on these most insidious crimes.

Graham Ashton AM
Chief Commissioner of Victoria Police
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<td>ACLO</td>
<td>Aboriginal Community Liaison Officer</td>
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<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CASA</td>
<td>Centres Against Sexual Assault</td>
</tr>
<tr>
<td>CCU</td>
<td>Crisis Care Unit</td>
</tr>
<tr>
<td>Child (or young person)</td>
<td>means a person who is under the age of 18 years</td>
</tr>
<tr>
<td>CIU</td>
<td>Crime Investigation Unit, Victoria Police</td>
</tr>
<tr>
<td>CWS</td>
<td>Child Witness Service</td>
</tr>
<tr>
<td>DAFSC</td>
<td>Drug and Alcohol Facilitated Sexual Crime</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health and Human Services, Victoria</td>
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<tr>
<td>EK</td>
<td>Early Evidence Kit</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
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<td>Family member</td>
<td>Defined in s 8 of the Family Violence Protection Act 2008 and in relation to a person means:</td>
</tr>
<tr>
<td></td>
<td>• A person who is, or has been, the spouse or domestic partner of that person</td>
</tr>
<tr>
<td></td>
<td>• A person who has, or has had, an intimate personal relationship with that person</td>
</tr>
<tr>
<td></td>
<td>• A person who is, or has been, a relative of that person. This includes brothers, sisters, aunts, uncles, cousins, nephews, nieces, and in-laws</td>
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<tr>
<td></td>
<td>• A child who normally or regularly resides with that person or has previously resided with that person on a normal or regular basis</td>
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<tr>
<td></td>
<td>• A child of whom that person is a guardian</td>
</tr>
<tr>
<td></td>
<td>• A child of a person who has, or has had, an intimate personal relationship with that person</td>
</tr>
<tr>
<td></td>
<td>• Any other person who the person regards as being like a family member having regard to the circumstances of the relationship as outlined in s 8(3) of the FVPA</td>
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<tr>
<td>FME</td>
<td>Forensic Medical Examiner</td>
</tr>
<tr>
<td>FMEK</td>
<td>Forensic Medical Examination Kit</td>
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<tr>
<td>FMO</td>
<td>Forensic Medical Officer</td>
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<tr>
<td>FNE</td>
<td>Forensic Nurse Examiner</td>
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<tr>
<td>FP</td>
<td>Forensic Paediatrician</td>
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<tr>
<td>FVA</td>
<td>Family Violence Advisor, Victoria Police</td>
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<td>FVLO</td>
<td>Family Violence Liaison Officer, Victoria Police</td>
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<tr>
<td>FVT</td>
<td>Family Violence Team, Victoria Police</td>
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<tr>
<td>IIMS</td>
<td>Interpose Investigation Management System</td>
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<tr>
<td>ITP</td>
<td>Independent Third Person</td>
</tr>
<tr>
<td>IP</td>
<td>Independent Person</td>
</tr>
<tr>
<td>LBGTI</td>
<td>Lesbian, Gay, Bisexual, Transgender and/or Intersex</td>
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<td>LEAP</td>
<td>Law Enforcement Assistance Program</td>
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<tr>
<td>MDC</td>
<td>Multi-Disciplinary Centre</td>
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<tr>
<td>OIC</td>
<td>Officer in Charge of a Police Station</td>
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<tr>
<td>OPA</td>
<td>Office of the Public Advocate</td>
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<td>PCC</td>
<td>Police Communications Centre</td>
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<td>SACL</td>
<td>After-Hours Sexual Assault Crisis Line</td>
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<td>SOCAT</td>
<td>Sexual Offences and Child Abuse Team, Victoria Police</td>
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<td>SOCIT</td>
<td>Sexual Offences and Child Abuse Investigation Team, Victoria Police</td>
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<td>Sexual Crimes Squad, Victoria Police</td>
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<td>VARE</td>
<td>Visual and Audio Recorded Evidence</td>
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<td>VCAT</td>
<td>Victorian Civil and Administrative Tribunal</td>
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<td>Victorian Institute of Forensic Medicine</td>
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<td>VFPMS</td>
<td>Victorian Forensic Paediatric Medical Service, Royal Children’s Hospital</td>
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<td>VOCAT</td>
<td>Victims of Crime Assistance Tribunal</td>
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<td>VPeR</td>
<td>Victoria Police eReferral</td>
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<td>VPFSC</td>
<td>Victoria Police Forensic Services Department</td>
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<td>VPM</td>
<td>Victoria Police Manual</td>
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<td>VPMG</td>
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<td>Victim Support Agency</td>
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<td>WAS</td>
<td>Witness Assistance Service</td>
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<td>YRIPP</td>
<td>Youth Referral and Independent Person Program</td>
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Introduction
1.1 ABOUT THIS DOCUMENT

The Victoria Police response to, and investigation of sexual crime, is governed by this Code of Practice for the Investigation of Sexual Crime, applicable legislation and the Victoria Police Manual (VPM). Police action will be consistent with the Victoria Police Code of Ethics and Code of Conduct.

Police members reading and using this document should do so with applicable legislation, Chief Commissioners Instructions and the VPM.

1.2 AIMS OF THE CODE OF PRACTICE

Victoria Police regards sexual offending as extremely serious criminal behaviour. There is often a continuing threat to the victim’s safety and well-being and to that of the community.

When police are responding to calls for assistance in sexual offence matters, they undertake to treat all victims with dignity and respect, in accordance with the Victims’ Charter Act 2006 and the Victim-Centric Service Delivery Strategic Approach 2015–2018.

The aims of this Code of Practice are to:

- Increase the confidence of sexual crime victims and the public in police management of sexual crime and minimise trauma experienced by sexual crime victims during the investigation
- Provide a coordinated approach to the handling of sexual crime cases by Victoria Police, Centres Against Sexual Assault (CASAs), forensic medical services and other victim support services
- Increase the apprehension of offenders
- Maximise successful prosecutions
- Achieve good practice through consistent, transparent and accountable response to, and investigation of, sexual offences.

1.3 OVERVIEW

1.3.1 Functions of Victoria Police

Victoria Police has four main functions in sexual offence cases:

- To support and protect victims
- To thoroughly investigate all reported incidents
- To establish if a crime has been committed and gather any evidence that may exist
- To identify, apprehend and prosecute the offender/s.

1.3.2 Caring for the victim

The first priority in sexual crime cases is the care of the victim. The welfare of the victim is maximised when police conduct the investigation in a supportive and non-judgemental manner.

Police sensitivity to victims will:

- Help the victim to recover from the crime
- Assist in gathering evidence to build a stronger prosecution case
- Encourage victim cooperation with investigations and their willing involvement in court proceedings.

Police are reminded of the need to ensure victim confidentiality according to the requirements of s 4 Judicial Proceedings Reports Act 1958.

1.3.3 Ensuring prompt medical attention

Police must always consider the victim’s immediate medical needs. Police should follow the T.H.I.N.K protocol (Timing and forensic issues, Hospital, Incident, Not able to consent and Know your victim) to assist in assessing whether a victim requires immediate medical attention. The T.H.I.N.K Checklist will allow police to obtain necessary information required by the Forensic Medical Examiner (FME) and allow them to make an informed decision about the victim’s immediate health. Refer section 11.1 – T.H.I.N.K protocol.

If a victim requires immediate medical attention for injuries, they should be conveyed immediately via ambulance to the nearest Emergency Department (ED).

Strangulation/neck compressions are not always visible or seen as ‘injuries’ but should a victim report being strangled or pressure applied to their neck during the offence, they should be conveyed to hospital for immediate medical attention.
If a victim is conveyed to an ED, the FME and CASA are to be notified and informed of the location and circumstances as soon as possible. It is the responsibility of the FME and CASA to work collaboratively to co-ordinate the medical and crisis care response in the hospital. If appropriate and in consultation, the FME will attend the hospital where the victim has been conveyed.

An adult victim should not be conveyed from the treating hospital to a Crisis Care Unit (CCU) hospital or a Multi-Disciplinary Centre (MDC) unless there has been prior discussion with the FME.

If a victim requires no immediate medical attention, is not experiencing a mental illness or intellectual disability and is not drug or alcohol affected, the FME may advise that the victim be taken to the nearest CCU or MDC as soon as possible. This is a priority in cases of recent sexual crime and should occur within 2 hours of the arrival of the first police member. The only exception to this guideline should be where the victim’s wishes, or in cases where the victim is a child, the wishes of the parent/guardian are contrary to the guideline.

Note: In cases of recent sexual offending, the FME should be contacted in the first instance to assess the victim’s medical welfare and to nominate the most suitable transfer location. CASA should then be contacted to discuss the best possible crisis care response for the victim.

Should the FME find that no immediate forensic medical response is required; police must still contact CASA or the After-Hours Sexual Assault Crisis Line (SACL) immediately who can assess the need for crisis care and advise on the appropriate CCU/MDC location.

The principles set out in this Code of Practice apply regardless of whether medical attention or a forensic medical examination is required.

1.4 OUTCOMES

To fulfil the aims of this Code of Practice, attending police and their supervisors must consider if the action they have taken has resulted in:

• Immediate medical attention and safety of the victim
• Sensitivity to our diverse communities
• A specialist approach to sexual crime investigation
• Perpetrator accountability through investigation and prosecution where appropriate
• Victim confidence in the Victoria Police service.

1.5 WHAT IS A SEXUAL CRIME?

Sexual crimes are serious crimes that can have a long lasting effect on victims, their families and the community. Any form of sexual crime regardless of age, gender, cultural background or disability is serious and everyone is entitled to protection under the law. It can happen to anybody anywhere. It can happen in relationships, in marriage, in families, to people of all ages, genders and backgrounds. Most perpetrators of sexual offences are men and most victims are women and children. They are usually known to each.

Sexual crimes are generally defined as a sexual activity that a person has not consented to, whether or not it involves physical or emotional force. It can refer to a broad range of sexual behaviours that make the victim feel uncomfortable, frightened or threatened and can include: touching, fondling, kissing, being made to look at or pose for pornographic photos, voyeurism, exhibitionism, sexual harassment, verbal harassment/innuendo, rape, incest, intrafamilial child sexual crime and/or stalking.
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1.6 POLICE PARTNERSHIPS WITH OTHER AGENCIES

Victoria Police’s focus is on delivering a safe, secure and orderly society, including through the building of partnerships with organisations and the community.

1.6.1 Centres Against Sexual Assault (CASA)

CASAs have been established throughout Victoria to provide a 24 hour crisis care response to victims of recent sexual crime and ongoing counselling and advocacy to recent and past victims of a sexual crime.

All victims of a sexual crime have the right of access to sexual crime support services. In all cases, whether recent or historical, police should provide victims with information regarding such centres and the services offered. CASA services include:

- Immediate crisis care, counselling and support
- Support, follow-up, longer term counselling and support
- Information regarding accessing medical services and follow-up medical treatment, including options and referral for assistance in the management of sexually transmitted diseases or pregnancy resulting from the incident
- Advocacy in relation to dealing with police, lawyers, courts, assessing victims assistance/compensation such as through Victims of Crime Assistance Tribunal (VOCAT) and writing VOCAT reports
- Assistance in the management of practical consequences such as emergency housing
- Information regarding options and rights in the legal system including support and referral for victims attending court
- Immediate crisis care, counselling and support
- Support and information for friends and family.

For more information on CASA, visit: www.casa.org.au

1.6.2 Victorian Institute of Forensic Medicine (VIFM)

The Victorian Institute of Forensic Medicine (VIFM) is available 24 hours on Tel. (03) 9684 4480 to provide Victoria Police:

- 24/7 access to forensic medical examinations and advice relating to adult (18+ years) victims in metropolitan Melbourne
- 24/7 access to support and advice relating to forensic medical examinations of adult (18+ years) victims in regional areas
- General medical care and subsequent specialist referral when required during the forensic medical examination.

Examinations should occur at the nearest and most appropriate facility. This may be a CCU/MDC, but may also occur in a hospital, nursing homes or psychiatric facility in certain circumstances. Priority should be given to the emergency needs of the victim.

Service provision (by all parties) will be driven by consideration of the best interests of the victim. Decisions about service delivery (when and where the forensic medical service is to be provided) will be based on a discussion with the attending police and the on-call Forensic Medical Officer (FMO) or Forensic Nurse Examiner (FNE). Such discussion should occur before decisions are made regarding the site and timing of the forensic medical service.

For more information on VIFM, visit: www.vifm.org

1.6.3 Victorian Forensic Paediatric Medical Service (VFPMS)

The Victorian Forensic Paediatric Medical Service (VFPMS) is a state-wide coordinated medical service providing assessment and care for abused, assaulted and neglected children and young people under 18 years.

The VFPMS works collaboratively with mainstream paediatric health services, CASAs, Mental Health Professionals, Victoria Police and Child Protection ensuring an integrated service response.

VFPMS offers 24/7 access to expert medical opinion regarding possible child abuse and neglect.

Early consultation is encouraged because this may minimise complications and reduce any anxiety experienced by children and young people.

The VFPMS services in Melbourne are provided 24/7 at the Royal Children’s Hospital and Monash Medical Centre. Appointments can be arranged by calling VFPMS on Tel. 1300 661 142

For more information on VFPMS, visit: www.rch.org.au/vfpms

1.6.4 Department of Health and Human Services (DHHS)

Victoria Police and the Department of Health and Human Services (DHHS)-Child Protection are committed to the continued development of high quality services to vulnerable children, young people and their families. Children and young people who have suffered and are suffering significant harm due to sexual abuse and sexual exploitation require a multidisciplinary response from both DHHS-Child Protection and Victoria Police.

The 2012 Protecting Children Protocol between DHHS-Child Protection and Victoria Police articulates the statutory and non-statutory responsibilities of both Child Protection and Victoria Police and how they will interact with each other. Victoria Police will notify DHHS-Child Protection when notified or becomes aware, either through a community member or in the course of their duties that a child is in need of protection. DHHS-Child Protection will notify Victoria Police regarding a child in need of protection due to sexual abuse, physical abuse or serious neglect.

In addition to the protocol, the 2014 Addendum Protocol-Preventing Sexual Exploitation of Children and Young People in Out-of-Home Care describes how DHHS-Child Protection and Victoria Police will work together to prevent and respond to the risk of sexual exploitation of children and young people in out-of-home care. It identifies the critical activities required to respond to a concern about sexual exploitation and the governance arrangements for the joint functions of DHHS-Child Protection and Victoria Police. This addendum protocol aims to ensure the best possible outcomes for children and young people identified as being sexually exploited or at risk of being sexually exploited.
When Victoria Police receive a report of concern for a child or young person in out-of-home care who might be at risk of sexual exploitation, the individual safety and criminal investigation requirements set out in the 2014 Addendum Protocol must be followed. Both agencies will persist with collaborative efforts to make children and young people safe even when they may not be ready to make sworn statements. The information must be reported to Victoria Police as soon as possible and Victoria Police must undertake further investigation, despite the lack of a formal statement by the child.

Within Victoria Police, the SOCIT’s have primary responsibility for conducting or co-ordinating investigations of allegations and concerns of child sexual abuse, physical abuse, serious neglect and/or exploitation.

For more information on DHHS-Child Protection, visit: www.dhs.vic.gov.au

1.6.6 Witness Assistance Service (WAS)

The Witness Assistance Service (WAS) supports victims of serious crime through the court process. The service is part of the Office of Public Prosecutions (OPP) Legal Practice and is located on the ground floor of the OPP building at 565 Lonsdale Street, Melbourne.

WAS have a number of experienced social workers who can provide information and ongoing support to victims and police regarding:

- The prosecution process
- Available support before, during and after a court case
- Understanding legal discussions
- Victim arrangements for attending court
- Victim referrals to other specialist support services.


1.6.7 Victim Support Agency (VSA)

The Victims Support Agency (VSA) is the principal referral agency for all victims of crime in Victoria. It refers victims of crime to appropriate support services and provides advice about legal options and compensation.

For more information on VSA, visit: www.victimsofcrime.vic.gov.au

1.6.8 Court Network

Court Network can offer assistance in the form of support and non-legal information to all people in contact with the courts. They are a bipartisan organisation and their service is free and available to all individuals, families and friends going to court.

Court Network services are available to all metropolitan Magistrate, Family and Children’s Courts as well as the County, Supreme and Coroner’s Courts and most regional Courts. Police should check with Court Network Information and Referral Service for availability.

Police can telephone the Court Network Advisory service a couple of days prior to the court date and Network staff can arrange for a worker to be present on the day. Court Network also offers pre-court tours, and information pamphlets explaining the court process. A pamphlet for children is also available.

For more information on Court Network, visit: www.courtnetwork.com.au

1.6.9 Victims of Crime Assistance Tribunal (VOCAT)

The Victims of Crime Assistance Tribunal (VOCAT) was established under the Victims of Crime Assistance Act 1996 and came into operation on 1 July 1997.

The purpose of the tribunal is to provide financial assistance to victims of crime. Its objectives are:

- To assist victims of crime in their recovery from the crime by providing financial assistance for expenses incurred, or reasonably likely to be incurred as a direct result of the crime
- To provide financial assistance (including special financial assistance) as a symbolic expression by the State of the community’s sympathy and condolence for, and recognition of, significant adverse effects experienced or suffered by them as victims of crime
- To allow victims of crime to have recourse to financial assistance where compensation for the injury cannot be obtained from the offender or other sources.

For more information on VOCAT, visit: www.vocat.vic.gov.au
2
Children and young people —
2.1 CHILD VICTIM

For children and young people, the Victorian Forensic Paediatric Medical Service (VFPMS) provides a health response to victims of sexual crime and physical abuse. The forensic medical component (including sample collection) is merely a small part of the entire medical response to the child’s health needs.

When responding to a sexual crime involving a child or young person (under 18 years), police are to contact VFPMS as soon as possible on the state-wide phone number 1300 661 142 and Gatehouse (Royal Children’s Hospital) or the relevant CASA who will advise police of the most appropriate location to convey the child victim for examination.

Police should convey the victim to the appropriate site as soon as possible and no later than 2 hours after the arrival of the first police member, unless the wishes of the parent/guardian dictate otherwise. VFPMS will ensure that a CASA clinician is present for the examination.

Where disclosure of the sexual crime is not of a recent nature, police must still seek advice from VFPMS, Gatehouse or the relevant CASA to ensure that appropriate action is taken and referrals are made to plan an immediate and ongoing health response for the child.

If it is found that the parent/guardian of the child has not or is not able to protect the child from abuse, police will contact and report the details to the DHHS-Child Protection.

2.2 MANDATORY REPORTING

Ss 181, 182 Children, Youth and Families Act 2005, legislates that all Victoria Police members are Protective Interveners and Mandatory Reporters. Other proclaimed Mandatory Reporters include Medical Practitioners, Nurses, Teachers and Principals. Mandatory reporters must make a report to DHHS-Child Protection, as soon as practicable after forming a belief on reasonable grounds that a child has suffered or is likely to suffer significant* harm as a result of physical injury and/or sexual abuse and the child’s parents have not protected, or are unlikely to protect the child from that type of harm. Reasonable grounds are further explained within ch 8 Protecting Children Protocol between DHHS – Child Protection and Victoria Police and the VPMG – Protecting Children.

Note: Failure by a mandatory reporter to report a reasonable belief that a child is in need of protection due to physical injury and/or sexual abuse, is an offence punishable under s 184(1) Children, Youth and Families Act 2005 and may lead to a conviction and a fine being imposed by a court.

Where DHHS becomes involved in a sexual crime investigation, these instructions must be read with the Protecting Children Protocol between DHHS-Child Protection and Victoria Police and the 2014 Addendum Protocol – Preventing Sexual Exploitation of Children and Young People in Out-of-Home Care.

* Justice O’BRIEN in the Supreme Court, Buckley vs CSV 1992, identified ‘significant’ as:
  • ‘More than just trivial or insignificant, but need not be as high as serious; and
  • (is) important or of consequence, to the child’s development’;
  • ‘It is irrelevant that the evidence may not prove some lasting permanent effect or that the condition could be treated’.

The significance must be demonstrated in a way that is specific to the case. For harm to be regarded as significant it must be ‘of consequence’ or be of ‘considerable amount, or effect, or importance’. 
3
Family violence related sexual crime
Family violence related sexual crime

3.1 WHAT IS FAMILY VIOLENCE RELATED SEXUAL CRIME?

Sexual offences committed within a current or ex-intimate partner relationship or family/family-like relationship is defined as ‘family violence’ under the Family Violence Protection Act 2008 (FVPA). The sexual offence within this setting is most likely to have occurred within a broader context of power, intimidation and control within the relationship, which is the nature of family violence. Other crime is likely to be identified during the sexual crime investigation.

If, when responding to a report of a sexual crime, or at any time during the investigation of a sexual crime, it becomes known that the victim and the perpetrator/s were involved in either a current or previous intimate or family/family-like relationship, police must assess the circumstances of that relationship in accordance with the definition within s 8(1) FVPA, which says:

- A person who is, or has been, the spouse or domestic partner of that person
- A person who has, or has had, an intimate personal relationship with that person
- A person who is, or has been, a relative of that person. This includes brothers, sisters, aunts, uncles, cousins, nephews, nieces, and in-laws
- A child who normally or regularly resides with that person or has previously resided with that person on a normal or regular basis
- A child of whom that person is a guardian
- A child of a person who has, or has had, an intimate personal relationship with that person
- Any other person who the person regards as being like a family member having regard to the circumstances of the relationship as outlined in s 8(3) FVPA.

If the nature of the victim and alleged perpetrator’s relationship falls within the definition, police are to ensure compliance with the Code of Practice for the Investigation of Family Violence and the VPMP – Family Violence.

Whether or not a victim makes a verbal complaint or written statement of family violence beyond the investigation of the sexual crime, police are obliged to respond and ensure compliance in accordance with the Code of Practice for the Investigation of Family Violence and seek protective orders on behalf of the victim, if applicable.

During sexual crime investigations involving family violence, investigators are encouraged to seek assistance from their Family Violence Liaison Officer (FVLO) or their divisionally based Family Violence Advisor (FVA).
4

Drug and alcohol facilitated sexual crime (DAFSC)
Drug and alcohol facilitated sexual crime (DAFSC)

4.1 WHAT IS DRUG AND ALCOHOL FACILITATED SEXUAL CRIME (DAFSC)?

The use of drugs and/or alcohol in the commission of a sexual crime is a serious concern. The reporting and investigation of Drug and Alcohol Facilitated Sexual Crimes (DAFSC) can be complex. It is common that victims of DAFSC are unable to recall the incident, however suspect that a sexual crime has occurred without their consent. Having no memory of the incident is one indicator that may suggest the involvement of drugs; it does not preclude the possibility that a crime has been committed.

In these instances, police must investigate the complaint and follow the procedures in this Code of Practice. When discussing the incident with the victim, police must be mindful of the risk of influencing the victim’s memory and refrain from asking leading questions.

In instances where the victim is under the effects of drugs or alcohol, they should have their immediate medical needs addressed. Police members should reassure the victim and advise them that seeking medical attention is a priority.

If there is a reasonable belief that the victim may have been administered drugs, police must consult the FME regarding collection of blood, hair or urine samples. Samples should be taken as soon as possible as delays may result in deterioration of evidence. If appropriate and the victim is deemed capable of consenting, the FME will obtain the relevant samples.

If there is a delay in the attendance of a FME, police should consider the use of an Early Evidence Kit (EEK). Refer section 7.3.4 – Early Evidence Kit.
5
Recent or historical sexual crime
—
Recent or historical sexual crime

5.1 RECENT SEXUAL CRIME
A recent sexual crime is normally described as a sexual crime that has occurred within the preceding 72 hours. Forensic evidence may still be collected hours or even days outside the 72 hour timeframe. Police should consult the FME to ascertain if a forensic examination is necessary in these cases. If the victim requires no immediate medical attention, is not experiencing a mental illness or intellectual disability and is not drug or alcohol affected, the FME may advise that the victim be taken to the nearest CCU/MDC. If so, this should occur within 2 hours of the arrival of the first police member unless the victim’s wishes, or in cases where the victim is a child, the wishes of the parent/guardian dictate otherwise.

Police must also consider the necessity of crisis support for victims of sexual crime, where the crime has occurred outside the 72 hour timeframe. Victims may require crisis support regardless of when the crime occurred. Adult victims, child victims and young people should be offered the opportunity and encouraged to speak to a CASA Counsellor/Advocate in all circumstances.

CASAs definition of a recent sexual crime is broader than that of Victoria Police. Any person who has been the victim of a sexual crime within the past 2 weeks is eligible for a crisis care response from the local CASA. The CASA crisis care response includes an immediate (within 30 minutes) response, accessible 24 hours a day at a hospital emergency department if required. This time frame may vary depending on geographical considerations.

5.2 HISTORICAL SEXUAL CRIME
It is not uncommon for victims of sexual crime to delay reporting it to police. It can be weeks, months and even years after the incident/s has/have occurred that it is reported to police. When responding to and/or investigating reports of historical sexual crime, police must assess the requirement of a forensic medical examination and crisis care for the victim. The assessment should be made based on the individual circumstances of the report, not specifically restricted to 72 hours. If there is any doubt regarding the need for a forensic medical examination or crisis care, police should contact the respective agency, i.e., VIFM/VFPMS or SACL/CASA, for advice.

The principles set out in this Code of Practice apply regardless of whether medical attention or a forensic medical examination is required.
6
Responding to diverse community needs
6.1 RESPONDING TO DIVERSE COMMUNITY NEEDS

Some individuals and groups within our community who are victims of sexual crime face additional barriers when seeking assistance from police and may require additional support and consideration. Such individuals/groups may include when they are Aboriginal, from culturally and linguistically diverse (CALD) communities, newly arrived or refugee communities, a person with a disability, an older person, or are Lesbian, Gay, Bisexual, Transgender and/or Intersex (LGBTI).

All Victorians are subject to the same laws and regulations and this Code of Practice is designed to apply equally to all. The following section outlines key issues for consideration in addressing some of the barriers faced by individuals within these groups in reporting to police.

6.1.1 Aboriginal communities

A complex set of barriers faced by victims within the Aboriginal community in reporting sexual offences contributes to a high level of underreporting. These barriers also contribute to a large percentage of reported sexual crimes not proceeding to court. A further contributing factor as to why matters do not progress to court is that victims disengage as a result of the police response not being sensitive to the victim’s specific needs.

Police must tailor their response to meet the needs of the victim by:

- Gaining trust and respect by showing fairness, patience and by listening to the victim
- Helping to facilitate an integrated approach with other service providers, which includes accessing both mainstream and local support services
- Taking time to explain why certain action is being undertaken
- Understanding and accepting that the victim may not want to access the support services in the local area where they live, which may comprise of members/associates of the offender’s family. The victim may feel more comfortable contacting services outside their local area
- Where available, involving the services of Victoria Police Aboriginal Community Liaison Officers (ACLO).

In consultation with the victim, police should contact CASA to support relevant referrals. Also consider involving the following agencies:

- The Aboriginal Family Violence Prevention & Legal Service Victoria. Tel. 1800 105 303
  For more information, visit: [www.fvpls.org](http://www.fvpls.org)
- Elizabeth Morgan House Aboriginal Women’s Family Violence Services. Tel. 1800 796 112
  For more information, visit: [www.emhaws.org.au](http://www.emhaws.org.au)

6.1.2 Culturally and Linguistically Diverse (CALD) communities

People from CALD communities and newly arrived and refugee communities who experience sexual crime face particular issues when reporting to police. Language is not the only barrier faced by these communities and police need to consider their specific needs, which may include discussions regarding Victorian Law and dispelling some myths and misconceptions about the Victoria Police service and the criminal justice system.

The police response to CALD victims needs to be sensitive to their diverse needs. Critical considerations for police include:

- Interpreters being used at the earliest opportunity and at every stage while providing assistance
- Clear and culturally sensitive communication with all parties
- Not making assumptions based on one’s own belief system or practices.
Responding to diverse community needs

In some CALD communities, police may be perceived as agents for persecution/corruption and/or lacking the skills or sensitivities to handle sexual related crimes. In these cases, police will need to spend extra time establishing rapport and gaining the victim’s trust and cooperation. Some issues that might be relevant include:

• Explaining that sexual crime is against Victorian and Australian Law
• Emphasising that women and child victims have access to financial and other support such as housing through the government
• Explaining to victims, prior to making a report, the role of DHHS-Child Protection if relevant, i.e., the aim of this agency is to strengthen and support families, not break them up
• Assisting women to gather important documents, such as residential status papers, temporary protection visa and/or passports
• Reassuring victims residing on valid temporary protection visas or spousal visas that reporting sexual crime to police should not affect their current residency status.

When taking statements from victims from non-English speaking backgrounds, police should not alter the victim’s words or phrases in an attempt to produce a grammatically correct statement. Their statement should be in the victim’s own words.

In cases where the victim does not speak English, or is not comfortable or proficient with English, an interpreter of the same sex (if appropriate) as the victim, should be arranged as soon as possible. An interpreter should be involved from the time of the initial report, throughout the taking of the statement and during the investigative process.

Unless exceptional circumstances apply, family members, including children, should not be used as interpreters.

An exceptional circumstance may be during the initial action phase of the investigation to ascertain what has occurred.

If an interpreter is required either on-site or over the telephone, police should use any of the interpreting services listed services in section 9.3 – Other contacts.

Some victims from CALD communities may be reluctant to speak to an interpreter because they fear their privacy may be compromised and the information they provide may be passed to their local community. Police may be able to alleviate this when using an interpreter by:

• Requesting an interpreter from another state (this request will be accommodated where possible); and/or
• Not disclosing the victim’s name to the interpreter.

When using the services of on-site interpreters, police should ensure that the interpreter is not associated with the victim or their immediate cultural community.

Police should ensure that CALD victims are given information about culturally specific support services available to them. This information can be located in section 9.3 – Other contacts or the multi-lingual Victoria Police Reporting Sexual Assault to Police booklet.

6.1.3 People with disabilities

People with disabilities, especially women and children, are a particularly vulnerable group to sexual crime and may also require additional support in reporting to police. Those who do report sexual crime are more likely to be disbelieved and the impact of the crime is more likely to be underestimated. It is important that police do not approach a person with a disability with negative stereotypes. Police should take the time to listen, acknowledge and respect the victim even if there is insufficient evidence to prosecute.

A person with a disability may have an intellectual, psychiatric, sensory or physical impairment or a combination of these. This includes those with a cognitive impairment, i.e., impairment because of mental illness, intellectual disability, and dementia or brain injury.

Police should be mindful of undiagnosed disabilities or a victim not accepting or wishing to disclose they have a disability. The effect of impairments on each individual will vary. For example, a physical disability may restrict the capacity to move freely and/or impair communication, and an intellectual disability or acquired brain injury may impede understanding and communication. However, caution should be exercised in making assumptions regarding such a person’s ability to remember information.

Investigating cases involving a person with a disability may take extra time. To ensure the victim’s needs are met, police should engage the services of a support person or independent third person (ITP) as soon as possible. Where possible, police should use a trained ITP or Guardian/Advocate from the Office of the Public Advocate (OPA) and allow people with a disability to communicate in their preferred way, e.g., using AUSSLAN, Braille, pictograms or by using a communication assistant.

When responding to victims who have a disability, police must be mindful that additional support may be required to facilitate communication and to access police stations and medical facilities.

Some considerations when dealing with physically impaired victims can be:

• Informing the FME that the victim has a physical disability so they can make appropriate arrangements
• Due to the frequency of associated medical issues, people with a physical impairment should be taken to hospital based CCUs for forensic medical examinations
• Use the services of an Auslan interpreter, preferably the same sex (if appropriate) as the victim. Auslan interpreters can be obtained via the Victorian Deaf Society on Tel. (03) 9473 1111. For further information visit: www.vicdeaf.com.au
When responding to victims with a cognitive impairment, it is important for police to remain impartial, objective and patient during the full course of the investigation. It is important not to make assumptions when assessing either the evidence or the credibility of parties involved. A victim with a cognitive impairment may agree to procedures without fully understanding what is involved and the consequences which may result. It is therefore important that police are aware of the manner of questioning and refrain from asking leading or suggestive questions. It is also important for police to be cautious of undue influence, power imbalances and/or possible manipulation by the alleged perpetrator. The alleged perpetrator may restrict movement, access to support and information, or try to create a perception of a lack of credibility or capacity.

In each of these occasions, police should ensure that CASA has been contacted and the victim has been offered a CASA Counsellor/Advocate or referral agency for support.

Where the victim has (or is suspected to have) a cognitive impairment, an ITP is not required to attend the forensic medical examination. The CASA Counsellor/Advocate is the most appropriate person to support the victim during this process. This is current procedure as established between the OPA and CASA. In the case of a child victim, the child has the right to a support person of their choosing.

During the police statement, an ITP must be present to help facilitate communications and provide support to the victim. If a trained ITP is not available, a friend or relative of the victim can be used but police are to ensure that they are not a witness or otherwise involved in the investigation. Police must also assess the potential effects of having a victim’s relative or friend present during the statement taking process, i.e., a victim may find it difficult to fully disclose sensitive events in front of a particular friend or relative.

Where it is suspected that a victim experiences mental illness or has a cognitive impairment, their statement should be obtained by way of a Visual and Audio Recorded Evidence (VARE) statement. Refer section 7.4.3 – Visual and Audio Recorded Evidence.

Even if the capacity of a person to participate in police and court processes appears limited, neither the deterrent effect of police intervention, nor the victim’s safety, should ever be underestimated or compromised. Police should discuss specific needs of the victim with the prosecutor to ensure the victim’s ability to give evidence in court is maximised.

Police should ensure that people with disabilities and/or their support person are given information about specific support services available to them. This information can be located in section 9.3 – Other contacts, or the Easy English version of the Victoria Police Reporting Sexual Assault to Police booklet.

6.1.4 People experiencing mental illness

Victims who experience mental illness may require a high level of support, depending on their wellbeing prior to the incident and the effect that the incident has had on them.

If it is known that the victim experiences mental illness or is linked with a mental health service, police should ask the victim if they wish for their case manager or support worker to be contacted. In after-hours cases, if the victim asks for mental health support, police can liaise with the local Crisis & Assessment Team (CAT). This support is in addition to the crisis support provided by CASA.

The victim’s mental health support needs should be attended to as a priority. This should be done in consultation with the FME and CASA.

Police should make a continual risk assessment of the victim’s mental health. In consultation with the FME and CASA, police should put in place procedures and contingency arrangements to ensure the safety and welfare of the victim, support workers, medical professionals and police.

6.1.5 Seniors

The increasing risk of sexual crime committed against older people is unfortunately a reality in our ageing society. Sexual crimes committed against older people are insidious and easily concealed. Perpetrators may target older women who are cognitively impaired, e.g., dementia sufferers, or those who cannot communicate, because they believe the victim will not be able to report the incident and because their accounts may be dismissed.

Sexual offending against older persons can occur in a range of relationships including intimate partners, other family members, strangers and even carers in either a paid or unpaid care relationship with the older person. It can also occur in a range of environments including full-time or respite supported accommodation and older people’s own homes.

Note: VIFM will attend nursing home/aged care facilities if a forensic medical examination is required. Victims should not be transferred to a CCU/MDC as this could be very physically and mentally disturbing.

Indicators of what might present as sexual crime committed against older people vary, and in some instances physical injuries may be perceived as being due to other causes, e.g., falls. However, police must take all reports of sexual crime against older people seriously and must investigate all matters regardless of who reports it, i.e., victim, witness, family member or care providers as defined under s 63–1AA Aged Care Act 1997 and even reports from anonymous sources.
Some older people with a cognitive impairment may need assistance in communicating what has happened to them. Police should make inquiries to determine if the victim has a communication assistant who can assist in facilitating communication, i.e., non-verbal communication techniques. Where limited evidence is apparent, police need to continue to search for other indicators to substantiate what has occurred. Behaviours being exhibited by an older person who has been sexually offended against may include continual withdrawal, depression and/or other hints of helplessness. It is emphasised that people with dementia or a neurological disease are particularly vulnerable.

According to s 8(3) Family Violence Protection Act (FVPA), a paid or unpaid carer may, on a case by case basis, be regarded as being like a family member. If this is the case, police must comply with their responsibilities outlined within the Code of Practice for the Investigation of Family Violence and the VPMP – Family Violence. It is also important for police to be aware that carers in elderly CALD communities are predominantly family members.

If the carer is also a guardian, either appointed through the Victorian Civil and Administrative Tribunal (VCAT) or by an enduring power of guardianship, police should ensure that a reassessment of the guardianship order is facilitated through VCAT in accordance with pt 6 Guardianship and Administration Act 1986. However, where the carer is providing domestic support and personal care on behalf of another person or organisation (whether government or not), a remedy may be available through respective organisational protocols and/or other legislation. In these cases, contact the carer’s organisation for assistance.

6.1.6 Lesbian, Gay, Bisexual, Transgender and/or Intersex communities (LGBTI)

Uncertainty of police reactions can impact the ability of LGBTI victims to fully utilise the services of Victoria Police. Thus, when responding to victims from LGBTI communities, it is important for police to be aware of the key barriers that may prevent a LGBTI sexual crime victim from disclosing and/or reporting a sexual crime.

Some of these barriers may be an embedded perception that the police and the justice system are homo/bi/transphobic (along with other prejudices). Historically, victims may have not reported or have not felt comfortable in reporting their experience to police based on the lack of sensitivity and/or support shown by police, or that they would not be taken seriously. Another barrier may be the victim’s unwillingness to disclose or formalise their sexuality knowing that it will be referred to throughout the police investigation and court process.

In cases of intimate partner sexual crime, the perpetrator may use the perceptions of homophobia, biphobia, transphobia and other prejudices as well as their acceptance within the LGBTI community as mechanisms to prevent the victim from reporting the crime such as:

• Telling a partner that they will not be believed because homosexuals do not rape or abuse their lovers
• Threatening to out or outing their partner to friends, family, police, church or others in the wider community
• Telling a partner they deserve it because they are homosexual
• Threatening a partner that they will no longer be accepted in the LGBTI community
• Threatening to have the victim charged with bigamy should the victim be in more than one consensual relationship.

Young people who may be exploring their sexuality or gender identity may come into conflict at home with parents, siblings or other family members. This can place them at greater risk of homelessness, self-harm, suicide and misuse of alcohol or other drugs as a coping mechanism. Older people may be more isolated and unwilling to report to authority.

Trans and gender diverse people may face threats by partners or other family members to expose their gender status. Those who are in the process of transitioning from one gender to the other may be threatened with withholding related medication, or withholding access to medical or support services.

Police should be mindful that questions relating to the bodies of trans, gender diverse and intersex people (both perpetrator and victim) are largely unnecessary. If it is considered an evidentiary necessity to ask, police should undertake this questioning with respect and dignity.
7 Guidelines
Guidelines

7.1 GUIDELINES FOR POLICE WHO RECEIVE THE INITIAL REPORT OF A SEXUAL CRIME

7.1.1 Listen carefully and be supportive

A person who has experienced recent sexual crime is likely to be distraught and/or reluctant to describe the event in detail and a disclosure by the victim can sometimes appear distorted. The victim should be made to feel supported and encouraged to tell you the necessary information to enable police to take further action.

Police will consider the victim’s physical circumstances, health and safety and ensure that medical intervention is provided. Refer section 11.1 – T.H.I.N.K protocol.

Where a person reports a historical sexual crime (outside 72 hours), police will still consider the victim’s immediate medical needs and safety. Police will consult VIFM for adult victims and VFPMS for child victims aged less than 18 years regarding medical assistance or other specialist referral as required. If the victim does not require medical care, consult the nearest CASA duty worker who can assess the victim’s need for crisis care. The only exception to this guideline should be where the victim’s wishes or, if the victim is a child, the wishes of the parent/guardian are contrary to the guidelines.

If the victim has attended at the police station to report a sexual crime, police should take them to a separate private office.

7.1.2 Obtain brief details about what has happened

Police will find out, if possible, and make notes of:

- If the victim is safe
- Have any injuries been sustained
- The victim’s name, current location and contact number
- A brief outline of the incident, including time and place
- The number of offenders
- The name/s (if known) and a description of offender/s
- The direction and means of the offender/s departure
- Any weapons used or threats made
- The victim’s residential address, residential and mobile telephone numbers.

Unless the victim wishes to do so, do not go into great detail about the incident.

7.1.3 Contact relevant police (SOCIT) and emergency units

Once police have obtained the necessary information, they will:

- Request an ambulance if medical attention is required. Refer section 11.1 – T.H.I.N.K protocol
- Notify the Police Communications Centre (PCC) who will dispatch the closest response unit
- Notify Patrol Supervisor
- Notify the SOCIT and/or Crime Investigation Unit (CIU) and request attendance.

7.1.4 Inform the victim about retaining forensic evidence

Police should advise the victim to be mindful of forensic evidence and that touching things, changing clothes and/or showering may result in the destruction of crucial evidence. The victim should be encouraged to wait for police attendance so that the evidence can be collected and assured that the utmost will be done to gather the evidence quickly. If the victim insists on showering, having a drink or going to the toilet, this must be allowed to occur.

The welfare of the victim is paramount. The psychological effect on a victim who is prevented from doing these things can be detrimental. If the victim does shower or change clothes, police should advise them on how to handle clothing, i.e., separate bag for each item of clothing, to minimise the loss of evidence.

It is important for the police member receiving the initial report to reassure the victim that a decision to be involved in future court proceedings does not have to be made immediately. If the victim has reported a sexual crime by telephone, he or she may want to retain someone on the line until help arrives. This is a critical time for support to be offered and the victim made to feel secure. Once sufficient information about the incident has been obtained, police should refrain from continual questioning and focus on comforting the victim. Just having an open phone line may provide the necessary feeling of security.
7.1.5 Victims who do not want further police involvement

Sometimes a victim may not want to become involved in a police investigation and may only notify the police to make them aware of the incident. If this is the case, and the victim is unwilling to speak directly with SOCIT, the police member receiving the notification should try to find out as much about the incident, in particular:

- The nature of the offence, i.e., body areas touched, vaginal, oral or anal penetration
- Any injuries
- Are they safe
- The name/s or a description of the offender/s, including identifying marks or traits
- Any relationship between the victim and offender/s
- The time and place of the incident
- Any weapons used or threats made
- Any other violence was involved
- Has any medical intervention been sought? If not, police are to encourage the victim to seek medical attention via their GP or Melbourne Sexual Health on Tel. (03) 9341 6200 to address any issues relating to sexually transmitted diseases and/or pregnancy.

Even if the victim does not want to disclose their name and/or location, police are to obtain as much information as possible by encouraging the victim to expand on the information they are willing to provide.

After obtaining as much information as possible, police will notify SOCIT immediately and comply with crime reporting obligations detailed within the VPMP – Crime Reporting and Investigation.

If the victim does not wish to become involved in a police investigation, it is the responsibility of lead investigating member/s to discuss this with the victim and ascertain their reasons. The investigating members should discuss the options available to the victim as per section 7.3.8 – Allow the victim as much control over their situation. If the victim is still wishing for no police involvement, investigators are to comply with the process detailed in section 7.5 – Procedures For No Further Police Action/Withdrawal Of Report.

7.2 GUIDELINES FOR POLICE WHO ARE FIRST ON SCENE

7.2.1 Protect and support the victim

The victim may be in shock or experiencing extreme trauma. Responding police should tell the victim their names and reassure the victim that they are safe. Victims can sometimes feel they are to blame so it is important for attending police to reassure the victim that they are not to blame themselves for the incident and demonstrate empathy and concern about the events.

The first police on scene should ensure that an ambulance is requested, if appropriate (refer section 11.1 – T.H.I.N.K protocol) and that SOCIT have been notified to attend.

7.2.2 Confirm or establish details to identify the offender

There may be a need for police to confirm or establish:

- The victim’s name
- The time and place of the incident
- The name/s and/or a description of offender/s
- The direction and means of the offenders/s departure.

Police should not attempt to go into great detail or obtain a lengthy statement from the victim as this should only be brief questioning. It should be done with tact and discretion and as far as practical, in private.

If information pertaining to the offender’s description and direction/means of departure is known, police will initiate a search for the offender by relaying the relevant information via PCC.

If a scene or multiple scenes relating to the incident is/are established, police will take steps to preserve the scene/s in accordance with the VPMP – Scene Management, and any physical evidence until an investigator can take charge.

The responding police unit is to ensure that only necessary assisting police units remain and not allow unnecessary police units to gather. The patrol supervisor will be able to assist with this.
Guidelines

When attending to the victim, police will direct another police member/s to preserve the crime scene/s. When the crime scene/s involves a dwelling, police will include the complete dwelling and its surrounds and entry to the scene will be restricted.

Attending police will stay with and continue to provide support to the victim until SOCIT investigators attend and take charge.

7.3 GUIDELINES FOR INVESTIGATORS

7.3.1 Make an initial assessment
When police investigators arrive, they will:

- Find out who is in charge, and note the name, rank and station.
- Find out what has been disclosed about the incident and to whom it has been disclosed and what action has been taken.
- Make sure the crime scene/s is/are identified and are adequately protected from contamination and guarded.
- If contamination has occurred during the course of the initial police response, ascertain what has been touched and/or moved and by whom. This includes the victim’s clothing and details of victim activity, i.e., washing, drinking, eating etc.
- Find out if any witnesses have been located and if details of their evidence have been recorded. Ensure witness details have been recorded, they are separated and are awaiting interview.
- Find out if any suspects have been apprehended. If so, ensure they have been separated, searched and secured and the requirements under s 464 Crimes Act 1958 have been met.
- Check who has been notified of the incident, i.e., supervisors, VI FM/VFPMS; SOCIT, SCS, CASA, SACL and/or DHHS-Child Protection if the victim is a child and the mandatory reporting criteria are met. Refer section 2.2 – Mandatory reporting.

7.3.2 Consider the victim
Investigators will introduce themselves to the victim and explain their role. Priority will be given to the victim’s physical and emotional welfare and a police member, preferably a SOCIT member should stay with the victim. Extensive questioning of the victim should be postponed until their immediate medical needs are assessed and treated.

People react differently to stressful and traumatic events. There is no right way or wrong way for a person to react after experiencing a sexual crime. A victim may appear very composed and be able to calmly discuss the incident. No inference should be drawn from the victim’s behaviour such as they are unaffected by the crime or that they are lying. The victim may be able to control their true feelings or may be suffering from physical exhaustion or shock. Alternatively, a victim may be very distressed and may be unable to disclose details of the incident in an accurate or chronological manner.

Where a victim is a resident of a nursing home/aged care facility and there is no immediate medical attention required, the FME will attend at the nursing home/aged care facility if a forensic medical examination is required. These victims should not be transferred to a CCU or MDC as this is likely to be very disturbing both physically and mentally for the victim.

In cases of recent sexual crime, once the FME has been consulted regarding the medical status of the victim, they should be conveyed to the nearest appropriate location, i.e., ED/CCU/MDC as soon as possible and no later than 2 hours after the arrival of the first police member. The only exception to this guideline should be where the victim’s wishes, or in cases where the victim is a child, the wishes of the parent/guardian are contrary to the guidelines.

The FME, in consultation with the victim, will decide on which medical/forensic procedures are to be carried out. Investigators are not to direct the FME regarding medical procedures but should ensure that the are aware of other sites where biological evidence may be located outside the normal sites for testing depending on time delay and/or victim activity. Investigators are not to direct the FME regarding medical procedures but should ensure that the are aware of other sites where biological evidence may be located outside the normal sites for testing depending on time delay and/or victim activity. Investigators are not to direct the FME regarding medical procedures but should ensure that the are aware of other sites where biological evidence may be located outside the normal sites for testing depending on time delay and/or victim activity.

7.3.3 Care for the victim following recent sexual crime
When responding to reports of sexual crime, specialist investigators are to respond in plain clothes, use an unmarked vehicle and are to:

- Attend to the victim’s immediate medical needs as a priority. Refer section 11.1 – T.H.I.N.K protocol.
- Be sensitive to the victim’s immediate physical and emotional needs.
- Provide information about the medical examination and other support services, i.e., CASA.
- Advise the victim that police will take them to the nearest ED/CCU/MDC.
- Consider the use of an Early Evidence Kit (EEK) depending on time delay and/or victim activity. Refer section 7.3.4 – Early Evidence Kit.
- Consider referring the victim to their local GP or Melbourne Sexual Health on Tel. (03) 9341 6200 if they do not wish to speak to the FME or CASA.

If the victim is a child and the mandatory reporting criteria is met, DHHS-Child Protection must be notified.

The investigator should explain to the victim that the FME may:

- Assess and treat any immediate medical needs.
- Address issues relating to sexually transmitted diseases and pregnancy.
- Collect evidence for use in the investigation and possible prosecution.
A CASA Counsellor/Advocate will be at the ED/CCU/MDC to provide support for the victim, including psychological and emotional support, risk and safety assessment and to provide information about medical and legal options and other support services.

If the victim is undecided about proceeding with a forensic medical examination, investigators should consult the FME. This can be done 24 hours a day on Tel. (03) 9684 4480 (VIFM-adult victims) or Tel. 1300 661 142 (VFPMS-child victims). In consultation with the victim, the FME will decide the need for a forensic medical examination.

If the victim clearly does not consent to a forensic medical examination, the FME will not conduct one. In these instances the victim should still be offered access to crisis care from CASA. If the victim is to be conveyed to a CASA, this should occur within 2 hours of the arrival of the first police member in order to minimise the impact of the trauma.

Police should not be present during any part of the examination. The victim may request a support person to be present during the examination. This support person can be a CASA Counsellor/Advocate, a nurse, a family member or friend but should not be a person who is involved in the investigation, e.g., a witness, including the witness of first or recent disclosure.

If a forensic medical examination is conducted, police, the CASA Counsellor/Advocate and the FME should not be present while the victim undresses, unless otherwise requested by the victim. The FME or a police member should advise the victim about how to handle their clothing and other items to ensure preservation and continuity of evidence. Clothing must be carefully handled, individually packaged and labelled.

Police and support people are there to help but importantly the victim is the one who makes the decisions about how to proceed.

### 7.3.4 Early Evidence Kit (EEK)

On occasions, a victim of recent sexual crime may want to engage in activity prior to a full medical examination being conducted that may result in the deterioration or loss of evidence, i.e., showering, drinking, eating, brushing teeth, urinating, defecating, etc. Police should allow the victim to do so if they request to do so but should advise the victim of the potential evidentiary loss that may result.

Should a victim want to engage in these activities prior to a full medical examination being conducted, investigating police should present the victim with the Early Evidence Kit (EEK) option.

An EEK is a forensic self-sampling kit that can be used by a victim of recent sexual crime. The EK contains three tests:

- A urine jar suitable for the victim to self-capture a urine sample should there be reason to suspect that the victim:
  - has been intentionally drugged by another person, i.e., spiked drink, or
  - believes they have been sexually offended against within the last 48 hours and were so affected by alcohol/drugs so as not to be able to consent, or
  - appears drug/alcohol affected, or
  - was provided drugs/alcohol for the purpose of facilitating sexual crime.

- A gauze/wipe suitable for the victim to self-wipe areas of the body that may have been penetrated or touched by the offender should they be insistent on urinating, defecating and/or washing prior to the arrival of the FME.

- A mouth swab suitable for the early collection of evidentiary fluids within the victim’s mouth should they be insistent on eating, drinking, washing or brushing their teeth prior to the arrival of the FME.

These tests can only be conducted by the victim and only if written consent has been given. For child victims (under 18 years old), the consent of their parent or guardian is also required. If investigating police use any of the sample capture options within the EK, they must inform the FME upon their arrival. The EK is not a substitute for a full forensic medical examination and must never be offered to victims as an alternative. Police must consult the FME if there are doubts as to whether an EK should be used.

### 7.3.5 Organise a change of clothing

Before the victim is conveyed to an examination location, police should assist the victim in obtaining a change of clothing and explain that the clothing worn at the time of the incident may contain forensic evidence, which will require analysis.

If it is not possible to obtain a change of clothing before the victim is conveyed, a range of clothing in different sizes (underwear, outerwear, shoes) may be available via the attending CASA.

### 7.3.6 Which ED/CCU/MDC is the nearest?

When deciding on which examination location to use on behalf of the victim, the best interests of the victim must be the primary consideration. Priority will always be given to the victim’s immediate medical requirements, which may dictate immediate transfer to a hospital ED, otherwise, the location decided upon should be the one that can provide continuity of care. Consideration should be given to the availability of disabled access and future access to counselling services. The decision should not be based on what is in the best interests of police, the FME or CASA.
In most instances the ED/CCLU/MDC nearest to where the victim is reporting a sexual crime will be the one to which the victim is taken. However, there may be instances where this is impractical or inappropriate. There may be a number of reasons for this including:

- The report of sexual crime occurred a great distance from the victim’s home.
- The victim specifically does not want to attend the nearest ED/CCLU/MDC, e.g., the victim works in the area and wishes to maintain their privacy.
- The victim is currently a patient at a medical facility, psychiatric facility or nursing home/aged care facility. In this instance investigators should liaise with the FME and CASA before any decision is made to move the victim and for the most appropriate response.

Investigators should contact the on-call FME in the first instance to discuss the suitable location for the victim to be conveyed. After the appropriate site is determined, CASA (or SACL if after hours) is to be contacted and advised of that location. CASA will confirm whether or not the chosen site is available for use.

**7.3.7 Conduct a preliminary interview**

Before the forensic medical examination begins, investigators will seek to find out from first responders what information has already been obtained from the victim. The victim will be asked for any other information about the incident that may assist the investigation and/or the forensic medical examination. Investigators should advise the victim that a more detailed statement will need to be taken at a later time.

**7.3.8 Allow the victim as much control as possible over their situation**

Investigators will explain to the victim the necessary procedures and why they need to occur. The victim should be reassured that they do not have to make an immediate decision about their involvement with a police investigation. It should be explained that a police investigation can still proceed without a forensic medical examination, but an examination could collect vital evidence should the victim wish to proceed further now or at a later time. The victim can discuss the forensic medical examination process or any medical concerns that they have with the FME over the telephone if this is needed prior to making their decision about proceeding with the exam.

Investigators will explain the steps that the investigation will likely follow. Detailed information will assist the victim to make informed decisions and will enable them to regain a sense of control. Victims are far more likely to agree to be involved in police investigations if they understand the process and are treated as a priority. Investigators should discuss the options available to the victim and the importance of them telling their story regardless of whether an investigation proceeds or not.

If, after the options are discussed, the victim is still unsure or reluctant to tell of their experience and/or be involved in a police investigation, investigators should provide the victim with the Reporting Sexual Assault to Police booklet (non-English speaking and Easy English versions also available) and the investigator’s contact details. This booklet contains information for the victim to consider during their decision making process such as their reporting options, the police investigation and court process as well as contact information for support services.

For further information about victim’s options, refer to section 11.2 - Options talk.

**7.3.9 Provide the victim with information about support services**

Investigators are to provide the victim with written information about the following support services for victims of sexual crime:

- Department of Justice and Regulation – Victims Support Agency (VSA)
- Victims of Crime Assistance Tribunal (VOCAT)
- Court Network
- Support Link
- Other relevant support agencies in the local area and those listed within the A Victim’s Guide to Support Services and the Criminal Justice System booklet and/or the Reporting Sexual Assault to Police booklet, should a victim wish to consider their options.

**7.3.9.1 Reporting**

Investigators will ensure that all evidence obtained has been secured, logged and the chain of evidence is preserved. This includes evidence from the crime scene, any forensic medical evidence and the victim’s clothing (if applicable). Investigators will make sure exhibits are properly labelled and taken, without delay, to the correct service provider for examination, i.e., Victoria Police Forensic Services Department (VPFSD) for fingerprints, DNA etc., or VIFM for blood and/or urine toxicological testing.

Investigators will make notes and sketches of the victim’s physical condition as well as environmental details within and around the crime scene/s. With the consent of the victim and if operational necessity dictates, photographs may be taken of any injuries sustained but it is preferable that photographs of the victim are taken by the FME.

Investigators will complete all necessary Law Enforcement Assistance Program (LEAP) forms in compliance with VPMP – Crime Reporting and Investigation, including, where applicable, a Risk Assessment and Risk Management Report (VP Form L17) in compliance with the Code of Practice for the Investigation of Family Violence. Investigators will also enter and maintain the case progress on the Interpose Investigation Management System (IIMS) in compliance with VPMG – Crime Reporting and Investigations.
7.4 GUIDELINES FOR POLICE INTERVIEWING A VICTIM OF SEXUAL CRIME

7.4.1 Conducting the interview

Investigators are to have consideration as to the most appropriate member to conduct the interview with the victim and take a full written statement. If the victim is a child (under 18 years) or has a cognitive impairment, the victim statement should be taken by way of a VARE statement. Refer section 7.4.3 – Visual and Audio Recorded Evidence.

Investigators are to provide the victim with a private and comfortable setting to conduct the interview and limit the number of people present. Every effort should be made by investigators to build rapport and gain the confidence of the victim. The interviewing process should be thoroughly explained including how and why the interview is to be conducted. Investigators should prepare the victim by explaining that some of the questions asked may be intrusive or embarrassing but it is important that everything they can remember is included in their statement and that they use their own words.

The physical and emotional state of the victim should be taken into account and they should be asked if they feel they are able to proceed. If the investigator has any doubt, the CASA Counsellor/Advocate and the attending FME must be consulted.

7.4.2 Take a detailed and accurate statement

During the statement taking process, the investigator is to:

- Allow the victim to disclose details of the incident/s in their own words without interruptions
- Phrase questions in a clear and sensitive manner and try to reduce the victim’s embarrassment, shame or self-blame by reminding the victim that it is the offender who has committed the crime
- Provide the victim with a copy of their statement as soon as possible after it has been completed. If the victim is concerned about the safe keeping of their statement discuss making alternative arrangements to ensure the victim’s privacy.
- If the victim/witness is a child, the child’s parent or guardian should be present during the interview. However, in circumstances where:
  - The parent/guardian cannot attend and does not nominate another person to attend for them, or
  - A parent/guardian cannot be located within a reasonable period of time, or
  - It is undesirable for a parent/guardian to be present, i.e., the parent/guardian is a witness to the crime, including a witness of recent disclosure or a possible suspect, then an Independent Person (IP) is to be obtained. Youth Referral and Independent Person Program (YRIPP) IPs are not to be used to perform this function. Police are to comply with their local protocol for arranging an IP.
  - If it is identified or suspected that a child victim/witness is subject to a guardianship order made by the Children’s Court, police will contact DHHS who will supply or verify details of the lawful guardianship.
  - If the victim, including a child victim, has a cognitive impairment, an independent third person (ITP) must be present during the interview. A cognitive impairment is a term used which covers a range of disabilities which adversely affects a person’s ability to understand and process information. Cognitive impairment includes impairment because of mental illness, intellectual disability, and dementia or brain injury. The ITP could be a relative or close friend who is not a witness in the matter or a trained ITP sourced from the OPA. In these circumstances, a VARE statement is the most appropriate means of recording the victim’s statement.

Prior to interviewing a victim with a cognitive impairment, investigators should seek to obtain as much information about the victim’s impairment by inquiring with the victim, their parents, friends, counsellors or any other person who can assist. Prior to arranging the attendance of the ITP, investigators should consider contacting the FME to discuss the victim’s impairment especially if the victim appears drug or alcohol affected or is in need of prescribed medication. The FME can provide advice as to the necessary steps to take prior to obtaining their statement, i.e., allow them to sleep for a period of time, obtain and have them administer their prescribed medication etc.

Prior to an interview where an ITP is to be present, investigators should discuss the interview (VARE) process with the ITP to ensure awareness of roles and any other matters that are pertinent to ensure that the victim is well supported and the integrity of the interview is not jeopardised.

CASA Counsellor/Advocates can be authorised under protocols with the OPA to act as trained ITPs in sexual crime cases. If interviewing an adult victim of sexual crime who requires an ITP, investigators should inquire with the OPA whether an ITP trained CASA Counsellor/Advocate is available in the first instance. If not, a trained ITP from the normal roster will be assigned.

VARE statements made by children or victims with a cognitive impairment are not to be copied or supplied to victims. They are to receive a copy of any transcript that is made.

7.4.3 Visual and Audio Recorded Evidence (VARE)

Visual and Audio Recorded Evidence (VARE) is the digital recording of a person’s evidence in chief. VARE statements can only be taken by a Prescribed Person, under reg S Criminal Procedure Regulations 2009. In all circumstances where the legislative criteria are met, police should first consider the use of VARE.
7.4.4 Criteria for conducting VARE statements

S 366 Criminal Procedure Act 2009 provides the criteria which allows for VARE interviews to be admitted into evidence.

The VARE offence criteria:

(1) This Division applies to a criminal proceeding (other than a committal proceeding) that relates (wholly or partly) to a charge for -

(a) a sexual offence; or

(b) an indictable offence which involves an assault on, or injury or a threat of injury to, a person; or

(c) an offence against ss 68 (Production of Child Pornography), 69 (Procurement etc. of Minor for Child Pornography), 70AAAB (Administering a Child Pornography Website), 70AAAC (Encouraging Use of a Website to Deal with Child Pornography), 70AAAD (Assisting a Person to Avoid Apprehension) or 70AC (Sexual Performance Involving Minor) of the Crimes Act 1958; or

(d) any offences against ss 23 (Common Assault) or 24 (Aggravated Assault) of the Summary Offences Act 1966 if those offences are related offences to an offence specified in paragraph (a), (b) or (c), despite any such related offences are withdrawn or dismissed before an offence against ss 23 or 24 of the Summary Offences Act 1966 is heard and determined.

The VARE witness criteria:

(2) This Division applies to witness in a criminal proceedings referred to in subsection (1) if the witness is -

(a) a person under the age of 18 years; or

(b) a person with a cognitive impairment.

7.4.5 Monitor the progress of the victim’s statement

If the statement is to be taken by way of a VARE statement and the police investigator is not conducting the interview, the investigator should be present and/or perform the role of Interview Monitor.

7.4.6 Keep the victim informed about the investigation

The investigating member will provide the victim with ongoing support throughout the investigation and prosecution process by:

- Engaging in regular communication with the victim, either by phone or in person, and ensuring that the victim is aware of available support/counselling services
- Advising and assisting, if necessary, with their right to apply for crimes compensation
- Adhering to the requirements of the Victims’ Charter Act 2006 and ensuring the victim understands what may be required of them at subsequent court hearings. Assistance can be obtained from Court Network
- Arranging transport for the victim to and from court hearings.

Regardless of the outcome, police must inform the victim if a suspect has been arrested and interviewed. Police must also obtain and consider the victim’s thoughts regarding the suspect’s release, either unconditionally or on bail. Following the outcome, police will notify the victim of the suspect’s disposition including any protective bail conditions imposed on the suspect and address any welfare concerns expressed by the victim.

It is the responsibility of the investigator to provide regular status updates to the victim so they are fully informed of the investigation and any key events, i.e., court dates, court outcomes, bail applications, appeals etc. Police are to maintain regular contact with the victim regardless of what investigation progress, if any, has been made.

If a decision is made by police not to charge a suspect with any offences or to discontinue an investigation, the victim will be immediately informed, verbally, of the basis for the decision. Police will also forward a letter to the victim explaining, in writing, the basis for the investigations discontinuance. Refer section 11.3 – Letter to victim.

If it is decided that there is insufficient evidence to charge a suspect, the non-authorising police member should co-sign the letter so the victim can contact both them and the investigator, should they require further information. The letter should specify that if at any time, further evidence or information is received it will be examined and could have the potential for the investigation to progress.
7.4.7 Victim Impact Statement (VIS)
A victim has the right to make a Victim Impact Statement (VIS) to the court sentencing the person found guilty of the crime. This VIS may be considered by the court in determining the sentence of the offender.

If the matter is determined in either the County Court or Supreme Court, the compilation of a VIS should occur following the offender pleading guilty or the court finding the offender guilty. This allows the Judge time to read and consider the VIS in lead up to the sentencing hearing date.

If the matter is determined in the Magistrates’ Court, the compilation of a VIS should occur following the offender entering his/her intention to plead guilty.

If the matter is being heard in the Magistrates’ Court, the hearing, plea and sentencing can happen quickly – sometimes on the same day. This can result in little time for the victim to compile a VIS. Should this occur, police should ask the court for time to allow the victim to compile a VIS and it be considered prior to the offender being sentenced.

For more information on Victim Impact Statements, visit www.victimsofcrime.vic.gov.au

7.5 PROCEDURE FOR NO FURTHER POLICE ACTION/WITHDRAWAL OF REPORT

7.5.1 Withdrawal of report
For a variety of reasons, victims of sexual crime may request that police not investigate their experience. This request may occur at various stages of the investigation process and the decision must be respected.

Ultimately, the decision for police to proceed with an investigation or not, must be made by a police member approved to authorise sexual offence briefs of evidence. This decision will be made after consultation with the primary investigator and/or their investigation manager and is based upon whether or not the investigation is required to be conducted in the public interest. Considerations to proceed or not will include:

- The seriousness and nature of the allegation
- If the crime is one of a series
- Solvability of the crime, particularly in view of the victim’s decision
- Priority to be accorded to the matter in the allocation of investigative resources.

7.5.2 At the time or subsequent to initial report
When a victim reports a sexual crime to police and at the time of first report or at any stage during a subsequent investigation, the victim asks to have their report withdrawn, investigators must:

- Speak to the victim about their options as per section 7.3.8 - Allow the victim as much control as possible over their situation.
- Record details of the offence on LEAP and IIMS and document as much information as possible
- Advise the victim that a statement requesting no further police action is required but cannot be taken within the first 48 hours of the initial report, giving the victim time to consider their decision
- After the first 48 hour period, a supervising Sergeant must contact and speak to the victim to discuss if they wish for police to proceed or not
- If not, a statement requesting the withdrawal of the victim’s report can be taken by any police member, but must be overseen by a supervising Sergeant.

The victim’s complaint withdrawal statement should not be in a pre-typed or pro-forma style. The statement is to include:

- The nature of the original allegation
- The reason for withdrawal of police involvement
- If the decision is of their own free will
- The impact on the victim/family if the investigation continues
- If the victim has been advised by any person, i.e., solicitor, family, perpetrator etc., to withdraw the report.

Between 2 to 4 weeks after taking the withdrawal statement, the victim is to be contacted by a supervising Sergeant (preferably the same supervising Sergeant who oversaw the taking of the statement) to confirm their desired course of action.

If a withdrawal statement is not able to be taken or unwilling to be made, then a notation of the circumstances are to be recorded on IIMS.
Police should be mindful that when a victim asks for no police intervention in the first instance, they may not be thinking clearly. They may be experiencing fatigue, stress and/or shock and are likely to be vulnerable and not able to comprehend what has just happened. It is not uncommon for victims of sexual crime to be hesitant or reluctant when it comes to initiating a police investigation. Police should reassure the victim that a decision does not need to be made immediately and that the first priority is the victim’s health and welfare.

Police should compile detailed notes of the conversations had with the victim and have the victim sign these notes if they agree. A cooling off period provides the victim with time and space to think about what they want to do and to engage with support services.

In some circumstances, it may not be possible for police to either contact the victim and/or take a withdrawal statement at a later stage. These circumstances may include (but are not limited to):

- Victim not responding to attempts to contact them
- Victim not wishing to have any further interaction with police
- Victim unable to be located.

In such circumstances and under the guidance of a supervising Sergeant, a letter to the victim outlining the situation and requesting they contact the relevant investigator and/or investigation manager should be sent by registered mail to the last known address of the victim. If no response is received from the victim within 14 days, resolution of the investigation should be managed as if the victim had provided a signed statement requesting the matter be withdrawn.

Under no circumstances should police encourage a victim to request no further police action or to sign a withdrawal statement. The victim should always be encouraged to attend a CCU/MDC for a forensic medical examination in the first instance. The victim should be informed that during the forensic medical examination, forensic evidence may be retained and could be used in a future police investigation should the victim change their mind about police involvement.

### 7.5.3 Responsibilities of investigating member

Where no suspect has been identified or interviewed by police, the investigating member will submit a report outlining the investigation and a copy of the victim’s withdrawal statement to the investigation manager. The report should include, but not limited to:

- Details of the offences alleged
- Witnesses identified and the substance of their evidence
- Any available evidence which may lead to the identity of the offender
- The legal basis which supports the probability of a successful or unsuccessful prosecution of the suspect in the absence of assistance from the victim.

When a suspect has been identified and interviewed, the investigating member will submit a brief of evidence, a report outlining the investigation and a copy of the victim’s withdrawal statement to the investigation manager for review. In this instance, the investigation manager deciding on whether to commence prosecution proceedings or not, must be a member who is qualified to authorise or non-authorise sexual offence briefs of evidence. Authorised members are listed in the VPMG – Sexual Offence Investigations.

### 7.5.4 Responsibilities of investigation manager/authorised member

Whether a suspect has been arrested and interviewed or not, the investigation manager or authorised member will review the investigation and decide if an investigation is to proceed or discontinue and endorse the file accordingly. The member may decide that it is desirable to proceed in the public interest, based on:

- The seriousness and nature of the crime
- If the crime is one of a series of crimes
- Solvability of the crime, particularly in view of the victim’s decision
- Priority to be accorded to the matter in the allocation of investigative resources.
7.5.5 Decision made to continue investigation
If a decision is made to proceed with the investigation, the investigation manager/authorised member will document the reasons for the continuance and return the case file to the investigating member for further action.

Upon receipt of the case file, the investigating member will advise the victim as soon as possible and provide the victim with the reasons for the continuance. The investigating member will also comply with any progress reporting directives set by the investigation manager/authorised member.

7.5.6 Decision made to cease investigation
If a decision is made to discontinue the investigation, the investigation manager/authorised member will compile a supplementary report outlining the basis for this decision and return the case file to the investigating member.

The investigating member will complete all supplementary completion reports and ensure LEAP and IIMS are updated to reflect the disposition of the investigation, i.e., Completed - Complaint Withdrawn.
8
Suspect welfare management
8.1 SUSPECTS OF SEXUAL CRIME INVOLVING CHILD VICTIMS

Suspects arrested, interviewed and/or charged for offences relating to allegations against children are at an increased risk of self-harm and/or suicide. The psychological and social implications of being interviewed or charged are significant. This is particularly so when the offences involve children and/or child pornography. Suspects can be subjected to significant loss of reputation, fear of prison life, rejection from family or community and in addition, the unfamiliarity of legal processes. This applies not only to adult suspects but also to children and adolescents who are suspected of committing these crimes.

The identified risk periods for suspects are:
- Disclosure – victim to authority
- Shortly before or after police interview
- Rejection from family/community
- First court appearance
- Immediately before sentence/trial.

8.2 POST INTERVIEW CONSIDERATIONS

Police must be aware of the likely psychological impact of being interviewed or charged and take action to minimise the potential for self-harm. It is acknowledged that police members do not have the level of training, expertise or qualifications to accurately diagnose a person at risk to themselves but an awareness of the situation coupled with a respectful approach could elicit an insight into the person’s state of mind or emotional stability.

When police intend to interview a person for an alleged offence involving a child victim, extra consideration is to be given to the suspect’s post interview welfare.

Regardless of whether the suspect is admitting to the allegations, members are to conduct a thorough assessment of the suspect by asking informal questions and respond to the outcome of that assessment. Informal questions regarding how the person is feeling, what personal supports they have in place, and an awareness of the potential impact this may have on the person’s life can assist the interviewer to make a more accurate risk assessment.

Where immediate risk or concerns are identified, police should follow the Medical Checklist contained within s 2.1 VPMG – Safe Management of Persons in Police Care or Custody; otherwise, speak to the suspect having regard to the following approach:
- **Acknowledge**: Provide an empathetic response to the suspect’s current situation. Empathetic responses are not colluding nor is it condoning of the suspect and their alleged offending
- **Asking**: Opens up lines of communication to ascertain if immediate response is required
- **Emphasise**: Reinforces importance of consideration for suspect’s current and ongoing welfare.

For further guidance on, and examples of informal questioning, police members can refer to the Suspect Welfare Management Practice Note, which can be found on the Family Violence Command Intranet website under Sexual Offences and Child Abuse Team/Resources>Suspect Welfare Management.

Prior to the suspect’s release, police are to ensure that the suspect and any support person accompanying the suspect are provided with the Information and Support Referral brochure, regardless of the outcome of the assessment. This brochure contains information relating to the police investigation, seeking legal advice and referrals to support services. Police members can access the brochure via the same Intranet website mentioned above.

8.3 SUPERVISOR RESPONSIBILITIES

Police supervisors play an important role in the post interview welfare of a suspect. Prior to the suspect being released, supervisors should ensure that:
- Any immediate risks or concerns conveyed by the suspect are addressed
- The Suspect Welfare Management Practice Note has been referred to
- The suspect and any support person present has been provided with the Information and Support Referral brochure and support referral via the Victoria Police eReferral (VPeR) system has been considered
- Police have offered to contact a nominated support person on behalf of the suspect
- In the case of child or adolescent suspects, ensure ongoing assessment and monitoring of the young person by a suitable person in a position of care, i.e., parent/guardian, is arranged prior to release. Provide advice to the child/adolescent’s carer (if appropriate) regarding the risks detailed in section 8.1
- The welfare assessment/s, responses and actions are documented in official diaries and in the Welfare Check and Disposal Interview fields in the Attendance module.
9

Resources —
## 9.1 CASA CONTACT NUMBERS

### STATE-WIDE

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victorian Sexual Assault Crisis Line (Police/emergency only)</td>
<td>(03) 8345 3494</td>
</tr>
<tr>
<td>Any CASA and the After House Sexual Assault Crisis Line (SACL)</td>
<td>1800 806 292</td>
</tr>
<tr>
<td><strong>METROPOLITAN</strong></td>
<td></td>
</tr>
<tr>
<td>CASA House</td>
<td></td>
</tr>
<tr>
<td>Melbourne, Yarra, Hume, Moreland and Moonee Valley</td>
<td>(03) 9635 3600</td>
</tr>
<tr>
<td>Gatehouse Centre – Royal Children’s Hospital (After hours)</td>
<td></td>
</tr>
<tr>
<td>(03) 9345 6391</td>
<td></td>
</tr>
<tr>
<td>(03) 9345 5522</td>
<td></td>
</tr>
<tr>
<td>Eastern CASA</td>
<td></td>
</tr>
<tr>
<td>Yarra Ranges, Manningham, Maroondah, Whitehorse and Knox</td>
<td>(03) 9870 7330</td>
</tr>
<tr>
<td>Northern CASA</td>
<td>(03) 9496 2240</td>
</tr>
<tr>
<td>Banyule, Nillimbuk, Whittlesea and Darebin</td>
<td></td>
</tr>
<tr>
<td>South Eastern CASA</td>
<td></td>
</tr>
<tr>
<td>Bayside, Casey, Cardinia, Greater Dandenong, Frankston City, Glen Eira, Kingston,</td>
<td>(03) 9594 2289</td>
</tr>
<tr>
<td>Part of Monash, Mornington Peninsula, Port Phillip and Stonnington</td>
<td></td>
</tr>
<tr>
<td>West CASA</td>
<td>(03) 9687 8637</td>
</tr>
<tr>
<td>Brimbank, Hobson’s Bay, Maribyrnong, Melton and Wyndham</td>
<td></td>
</tr>
</tbody>
</table>

### RURAL

If no answer, ring after hours service on Tel. 1800 806 292

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ballarat CASA</td>
<td>(03) 5320 3933</td>
</tr>
<tr>
<td>Ballarat, Hepburn Shire, Moorabool and Pyrenees</td>
<td></td>
</tr>
<tr>
<td>Barwon CASA – Geelong</td>
<td>(03) 5222 4318</td>
</tr>
<tr>
<td>Greater Geelong, Colac Otways, Queenscliff, Surfcoast and Southern Grampians</td>
<td></td>
</tr>
<tr>
<td>Barwon CASA – Wimmera</td>
<td>(03) 5381 1211</td>
</tr>
<tr>
<td>Horsham, West Wimmera, Hindmarsh, Yarriamback and Northern Grampians</td>
<td></td>
</tr>
<tr>
<td>Gippsland CASA</td>
<td>(03) 5134 3922</td>
</tr>
<tr>
<td>Bass Coast, Baw Baw, South Gippsland, Latrobe Valley, Wellington and East Gippsland</td>
<td></td>
</tr>
<tr>
<td>Goulburn Valley CASA</td>
<td>(03) 5831 2343</td>
</tr>
<tr>
<td>Greater Shepparton, Mitchell, Murrindindi, Moira and Strathbogie</td>
<td></td>
</tr>
<tr>
<td>Loddon Campaspe CASA</td>
<td>(03) 5441 0430</td>
</tr>
<tr>
<td>Bendigo, Buloke, Campaspe, Central Goldfields, Gannawarra, Loddon, Mount Alexandra</td>
<td></td>
</tr>
<tr>
<td>and Macedon Ranges.</td>
<td></td>
</tr>
<tr>
<td>Mallee Sexual Assault Unit</td>
<td>(03) 5025 5400</td>
</tr>
<tr>
<td>Mildura, Swan Hill, Buloke and Gunnawarra</td>
<td></td>
</tr>
<tr>
<td>South Western CASA</td>
<td>(03) 5564 4144</td>
</tr>
<tr>
<td>Corangamite, South Glenelg, Moyne and Warrnambool</td>
<td></td>
</tr>
<tr>
<td>Centre Against Violence (Ovens Murray District)</td>
<td>(03) 5722 2203</td>
</tr>
<tr>
<td>Wangaratta, Wodonga, Benalla, Myrtleford, Mansfield, Indigo, Alpine and Towong</td>
<td></td>
</tr>
</tbody>
</table>
## 9.2 SOCIT CONTACT NUMBERS

Contact your local Sexual Offences and Child Abuse Investigation Team (SOCIT)

Our Sexual Offences and Child Abuse Investigation Team (SOCIT) locations and phone numbers across Victoria are listed below. The locations are divided into regions to make it easier for you to find your nearest unit.

Remember, in an emergency dial Triple Zero (000).

### NORTH-WEST METROPOLITAN
- **Diamond Creek**  (03) 9438 8320
- **Epping**  (03) 9409 8174
- **Fawkner**  (03) 9355 6100
- **Footscray**  (03) 8398 9860
- **Brimbank**  (03) 9313 3460
- **Melbourne**  (03) 8690 4056

### SOUTHERN METROPOLITAN
- **Dandenong (MDC)***  (03) 8769 2200
- **Frankston (MDC)***  (03) 8770 1000
- **Moorabbin**  (03) 9556 6128

### WESTERN VICTORIA
- **Ballarat**  (03) 5336 6055
- **Central Victoria (Bendigo) (MDC)***  (03) 5444 6700
- **Colac**  (03) 5230 0044
- **Geelong (MDC)***  (03) 5223 7200
- **Horsham**  (03) 5382 9241
- **Ararat**  (03) 5355 1500
- **Mildura (MDC)***  (03) 5023 5980
- **Swan Hill**  (03) 5036 1600
- **Warrnambool**  (03) 5560 1333

### EASTERN VICTORIA
- **Bairnsdale**  (03) 5150 2677
- **Benalla**  (03) 5760 0200
- **Box Hill**  (03) 8892 3292
- **Knox**  (03) 9881 7939
- **Central Gippsland (Morwell) (MDC)***  (03) 5120 0300
- **Wonthaggi**  (03) 5671 4100
- **Sale**  (03) 5142 2200
- **Seymour**  (03) 5735 0208
- **Shepparton**  (03) 5820 5878
- **Wangaratta**  (03) 5723 0848
- **Wodonga**  (02) 6049 2673

* Multi-disciplinary Centre

## 9.3 OTHER CONTACTS

Aboriginal Family Violence Prevention & Legal Service Victoria
- **www.fvpls.org**
- **Toll free**  (03) 9244 3333
- **Metro**  1800 105 303
- **Barwon South**  (03) 5562 5755
- **Gippsland**  (03) 5153 2322
- **Mildura**  (03) 5021 3200

Department of Health and Human Services After Hours Child Protection – State-wide
- **www.dhs.vic.gov.au**
- **Safe Steps (Formerly Women’s Domestic Violence Crisis Service)**  (03) 9322 3555

Elizabeth Morgan House Aboriginal Women’s Services
- **www.emhaws.org.au**
- **Support Line**  1800 105 303
- **InTouch Multicultural Centre Against Family Violence**  (03) 9413 6500
- **www.intouch.asn.au**

Safe Steps (Formerly Women’s Domestic Violence Crisis Service)
- **www.safesteps.org.au**
- **Toll free**  1800 015 188

Safe Steps (Formerly Women’s Domestic Violence Crisis Service)
- **www.safesteps.org.au**
- **Toll free**  1800 015 188

Office of Public Advocate
- **www.publicadvocate.vic.gov.au**
- **Toll free**  1300 309 337

Disability Justice Advocacy, Inc
- **www.justadvocacy.com**
- **Toll free**  1800 808 126

Scope Victoria
- **www.scoopievic.org.au**
- **Central Office**  1300 472 673

Women with Disabilities Victoria
- **www.wdv.org.au**
- **Toll free**  1300 780 225

Victorian Deaf Society (vicdeaf)
- **www.vicdeaf.com.au**
- **Toll free**  1300 780 225

*Multi-disciplinary Centre*
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Translating and Interpreting Service (TIS)</td>
<td><a href="http://www.tisnational.gov.au">www.tisnational.gov.au</a></td>
</tr>
<tr>
<td>Metro</td>
<td>131 450</td>
</tr>
<tr>
<td>On-site</td>
<td>1300 655 082</td>
</tr>
<tr>
<td>VITS – Language Link</td>
<td><a href="http://www.vits.com.au">www.vits.com.au</a></td>
</tr>
<tr>
<td>Pin = 23456/Auth Code = Reg. no (without ‘VP’)</td>
<td>(03) 9679 1955</td>
</tr>
<tr>
<td>On-site/Telephone Booking</td>
<td></td>
</tr>
<tr>
<td>All Graduates Interpreter Service</td>
<td><a href="http://www.allgraduates.com.au">www.allgraduates.com.au</a></td>
</tr>
<tr>
<td>Metro</td>
<td>(03) 9605 3091</td>
</tr>
<tr>
<td>On Call Interpreting Service</td>
<td><a href="http://www.oncall.com.au">www.oncall.com.au</a></td>
</tr>
<tr>
<td>Metro</td>
<td>(03) 8807 2300</td>
</tr>
<tr>
<td>Resourcing Health and Education in the Sex Industry</td>
<td><a href="http://www.sexworker.org.au">www.sexworker.org.au</a></td>
</tr>
<tr>
<td>Toll free</td>
<td>1800 458 752</td>
</tr>
<tr>
<td>Melbourne Sexual Health Centre</td>
<td><a href="http://www.mshc.org.au">www.mshc.org.au</a></td>
</tr>
<tr>
<td>(03) 9341 6200</td>
<td></td>
</tr>
<tr>
<td>(03) 8690 2373</td>
<td></td>
</tr>
<tr>
<td>Sexual Offences and Child Abuse Team (Family Violence Command, Victoria Police)</td>
<td><a href="http://www.police.vic.gov.au">www.police.vic.gov.au</a></td>
</tr>
<tr>
<td>(03) 9247 5544</td>
<td></td>
</tr>
<tr>
<td>Office of Public Prosecutions</td>
<td><a href="http://www.opp.vic.gov.au">www.opp.vic.gov.au</a></td>
</tr>
<tr>
<td>(03) 9603 7666</td>
<td></td>
</tr>
<tr>
<td>Victims of Crime Assistance Tribunal (VOCAT)</td>
<td><a href="http://www.vocat.vic.gov.au">www.vocat.vic.gov.au</a></td>
</tr>
<tr>
<td>(03) 9628 7855</td>
<td></td>
</tr>
<tr>
<td>Toll free</td>
<td>1800 882 752</td>
</tr>
<tr>
<td>1800 819 817</td>
<td></td>
</tr>
<tr>
<td>Court Network</td>
<td><a href="http://www.magistratescourt.vic.gov.au">www.magistratescourt.vic.gov.au</a></td>
</tr>
<tr>
<td>(03) 9603 7433</td>
<td></td>
</tr>
<tr>
<td>Toll free</td>
<td>1800 681 614</td>
</tr>
<tr>
<td>Victorian Forensic Paediatric Medical Service (VFPMS)</td>
<td><a href="http://www.rch.org.au/vfpm">www.rch.org.au/vfpm</a></td>
</tr>
<tr>
<td>(03) 9684 4444</td>
<td></td>
</tr>
<tr>
<td>Victoria Institute of Forensic Medicine (VIFM)</td>
<td><a href="http://www.vifm.org">www.vifm.org</a></td>
</tr>
</tbody>
</table>
10
Monitoring adherence to the Code of Practice
10.1 MONITORING ADHERENCE TO THE CODE OF PRACTICE

If police or partner agencies have specific service delivery issues relating to breaches by individuals or agencies in accordance with the Code of Practice, those concerns should be directed to their immediate supervisor. In the first instance the matter should be dealt with at a local level. Should the issue be unresolved, it can be escalated to the relevant liaison group/committee.

10.2 FORENSIC SERVICE DELIVERY

The SOCIT/VIFM/VFPMS on-line Service Delivery Feedback Tool has been developed to provide the Sexual Assault Liaison Group (of which the Family Violence Command - Sexual Offences and Child Abuse Team (SOCAT), Crime Command, Sexual Crime Squad (SCS), VIFM and VFPMS, are members) with comprehensive, relevant and timely information about the service that VIFM and VFPMS provide to Victoria Police in the areas of sexual offences and child abuse. SOCIT and SCS members are requested to provide feedback each time they request service from either VIFM or VFPMS, regardless of whether service is actually provided or a FME attends.

If a matter relating to forensic service delivery cannot be resolved, it will be escalated to the Service Monitoring Group.

10.3 VICTORIA POLICE/CASA LIAISON COMMITTEES

In accordance with the aims of the Code of Practice, Victoria Police and CASA Liaison Committees are to be established with the following terms of reference:

Membership
- CASA Coordinator
- Investigation and Response (I and R) Inspector, or equivalent
- Officer in charge of SOCIT
- Co-opted person/s as required.

Each committee is to decide if it wishes to co-opt persons and if so, whether it will be for a particular meeting or for all meetings.

Objectives
Committes are to comply with the following objectives:
- To identify and resolve problems at a local level
- To implement proactive strategies preventing the recurrence of such problems
- To monitor, document and report the adherence to the Code by the parties involved to the Divisional I and R Inspector and the CASA Forum.

Committees represent the formal component of the coordinated approach to handling sexual crime and do not replace informal local level practices or discussion forums. Committees provide a catchment venue for policy matters and the development of work practice initiatives.

Meetings
Meetings are to be held quarterly as a minimum requirement.

Minutes
Meetings are to be formally recorded and shared between parties. They are to address all the issues arising from the preceding meeting. Incident sheets are to be tabled and noted by the committee regardless of whether or not local resolution has occurred.

A copy of the minutes is to be forwarded to the Divisional I and R Inspector (Victoria Police), VIFM and the CASA Forum.
11 Appendices
11.1 T.H.I.N.K PROTOCOL

Timing and Forensic issues
• How long ago did the alleged crime take place?
• Were there multiple crimes or offenders?

Hospital
• Does the victim report any head injuries or have visible marks on the head?
• Does the victim report neck compression (strangulation) or have visible marks on the neck?
• Is the victim in pain or bleeding from anywhere?

Incident
• What sites were penetrated?
• What body part or object penetrated these sites?

Not able to consent
• Who will provide consent? (minor/impaired adult)
• Is the victim willing to undergo a forensic examination?
• Is the victim willing to see a counsellor?

Know your victim
• Have you spoken directly to the victim and where are they now?

WHO TO CALL

ADULTS (>18 YEARS) Victorian Institute of Forensic Medicine (VIFM) (03) 9684 4480

CHILDREN (<18 YEARS) Victorian Forensic Paediatric Medical Service (VFPMS) 1300 66 11 42

NOTE:
• Victims who appear unwell or have evidence of injuries (in particular head, neck or genital injuries) may need to be assessed in hospital before a forensic examination is considered.
Call an ambulance or contact a VIFM/VFPMS doctor urgently to discuss the most appropriate plan.
• Victims who are in hospital should not be transferred without first discussing the case with the VIFM/VFPMS practitioner and the hospital doctor.

11.2 OPTIONS TALK

Options Talk – Guidelines for Investigators

The Options Talk is where a CASA worker or police member (independently or jointly) explains the reporting and investigative process to a victim of sexual crime.

In the past, police have been criticised for using the Options Talk to discourage victims from reporting sexual offences. It is important that the Options Talk is conducted in a way that instils confidence and trust in the police and our investigative processes.

These guidelines, together with the Reporting Sexual Assault to Police booklet, will ensure victims receive consistent information during the Options Talk. The booklet should be given to victims as part of the Options Talk.

Consideration should be given to liaising with a CASA Counsellor/Advocate prior to meeting the victim, to understand the issues and be able to deliver a collaborative and consistent message. It is advisable to deliver the Options Talk in the presence of a CASA Counsellor/Advocate.

Investigators must be aware that the victim is very vulnerable and highly attuned to disbelieving verbal or non-verbal cues. Investigators must not pressure victims to make a decision, there and then, as to whether or not they wish to proceed.

Key messages during the Options Talk
• Emphasise the importance of the victim telling you their story, even if they indicate a wish not to proceed any further.
• Explain that the decision as to whether or not to conduct a formal investigation will be discussed with the victim and the circumstances of their particular crime will always be taken into account.
• Depending on the circumstances, advise that police can conduct an investigation or only record the information and take no further action.
• Explain that the investigation will be handled by a primary investigator who has specialist experience and understanding of sexual crime.
• Provide a brief outline of the stages of the investigation (including recording of statement, medical examination, evidence collection, interviewing the offender and court process). It is important not to overwhelm the victim with too much information, or with discouraging information.
• Explain the importance of collecting available evidence as soon as possible, regardless of the victim’s decision whether or not to proceed.
• Empathise with the difficulty of making a decision and remind the victim that they will be supported throughout the process.
Appendices

11.3 LETTER TO VICTIM

(Police Station)  
(Address)  
Victoria, Australia  
DX (DX No)  

(Date)  
Telephone (Tel No)  

Facsimile (Fax No)  

www.police.vic.gov.au

(Victim’s Name)  
(Victim’s Address)  

Dear (Victim’s name),

We are writing to you about the crime you reported to police on (date of report).

Explain disposition of the investigation i.e. ‘your report has been fully investigated/a suspect has been interviewed’.

A decision has been made to (discontinue the investigation/not lay charges/withdraw charges etc.).

The reasons for this are (insert reasons, i.e., suspect unable to be identified/lack of available evidence. Ensure the reasons are set out in terms easily understood by the victim and that are worded in a sensitive manner).

This decision has been made after careful consideration of the available evidence and in consultation with (insert investigation manager/non-authorising member’s name).

If you would like further information regarding this decision or would like to discuss anything with those involved in the decision making process, please do not hesitate to contact either myself or (insert investigation manager/non-authorising member’s name) on (phone nos).

Yours sincerely

(Informant’s name)  
(Investigation manager/non-authorising member’s name)
DISCLAIMER

The information contained in this Code of Practice for the Investigation of Sexual Crime is for general guidance only to persons other than members of Victoria Police and not intended to be advice to such persons with respect to any particular case of alleged sexual crime. Such persons should not act on the basis of any material in this Code of Practice without first obtaining advice relevant to the particular case of alleged sexual crime. The State of Victoria, its servants and agents including all members of the Victoria Police expressly disclaim any liability to any such persons in respect of any action taken or not taken in reliance on the contents of this Code of Practice.