



VICTORIA POLICE

CODE OF PRACTICE

for the investigation of sexual assault

CODE OF PRACTICE FOR THE INVESTIGATION OF SEXUAL ASSAULT

Foreword

Sexual assault is a violent crime which requires a specialist response from police. Sexual assault crosses over all socio economic and cultural barriers. It has long lasting effects on victims, their families and the community. Victoria Police is committed to providing the highest level of service to all victims of sexual assault regardless of age, gender, cultural background or impairment.

The Victoria Police *Code of Practice for the Investigation of Sexual Assault* (The Code of Practice) describes the way Victoria Police members must respond to reports of sexual assault. The fundamental principle underlying this service is that the victim is the number one priority.

The Code of Practice was first introduced in 1992. It was reprinted in 1996 and again in 1999. In 2004 as a result of recommendations made by the Victorian Law Reform Commission, and issues identified by the Statewide Steering Committee to Reduce Sexual Assault and Centres Against Sexual Assault, an extensive evaluation of the Code of Practice was undertaken by Victoria Police. The evaluation has resulted in the publication of the 2005 edition of the Code of Practice which includes information on responding appropriately to victims from Indigenous communities, non-English speaking backgrounds, victims with a physical or cognitive impairment and children.

A ready reckoner '*Responding to a report of sexual assault*' has been developed as a complimentary tool to the Code of Practice. The ready reckoner will assist police when responding to a report of sexual assault. The ready reckoner is to be used as a prompt only. Police must be familiar with the Code of Practice, which contains detailed instructions applicable to responding to a reported sexual assault.

The Code of Practice has been developed to ensure a co-ordinated and efficient response from all services including police, sexual assault counsellors and forensic medical officers. Victoria Police is dedicated to enhancing partnerships with these agencies and the community to ensure a holistic response to sexual assault.

Christine Nixon APM
Chief Commissioner

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AIMS OF THE CODE

- 1 The aims of this Code are to:
 - provide a coordinated approach to the handling of sexual assault cases by police, Centres Against Sexual Assault (CASA) and other victim assistance programs
 - increase the confidence of sexual assault victims and the public in police management of sexual assault cases and minimise trauma experienced by sexual assault victims during the investigation and court process
 - increase the apprehension of offenders
 - maximise successful prosecutions.

OVERVIEW

Functions of Victoria Police

- 2 Victoria Police have three main functions in sexual assault cases:
 - to establish whether a crime has been committed and gather any evidence that may exist
 - to support and protect victims
 - to identify, apprehend and prosecute the offender/s.

Caring for the victim

- 3 The first priority in sexual assault cases is the care of the victim. The welfare of the victim is maximised when police officers conduct the investigation in a supportive and non-judgmental manner.
- 4 Police sensitivity to victims will:
 - help the victim to recover from the assault trauma
 - assist in gathering evidence in order to build a stronger prosecution case
 - encourage victim cooperation with investigations and their willing involvement in court proceedings.
- 5 Police are reminded of the need to ensure victim confidentiality according to the requirements of *s4* of the *Judicial Proceedings Reports Act 1958* (Vic).

Ensuring prompt medical attention

- 6 Police must consider the victim's immediate medical needs and take them to the nearest Centre Against Sexual Assault (CASA) or Hospital Crisis Care Unit (HCCU) as soon as possible.

This is a priority in cases of recent sexual assault and should occur within two 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.

- 7 In cases where the victim requires medical attention for injuries they should be conveyed to the nearest Emergency Department. In these instances police should remind medical staff and/or attending ambulance personnel that the victim's clothing may be required as exhibits for forensic testing.
- 8 If the victim is admitted to a hospital, CASA are able to attend to provide crisis care.
- 9 If there is no requirement for a medical examination of the victim, police must consult with the nearest CASA, for example, where the assault reported is an indecent assault, where there has been a delay in reporting or where the victim refuses to undergo a medical examination. The CASA duty worker can assess the need for crisis care. 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.
- 10 **The principles set out in this Code of Practice apply regardless of whether medical attention or a forensic medical examination is required.**

DRUG AND ALCOHOL FACILITATED SEXUAL ASSAULT (DAFSA)

- 11 The use of drugs and/or alcohol in the commission of sexual assault is a serious concern. The reporting and investigation of Drug and Alcohol Facilitated Sexual Assault (DAFSA) can be complex. It is common that victims of DAFSA are unable to recall the assault or feel that they are reporting a suspicion of sexual assault. 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.
- 12 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.

- 13** In instances where the victim is under the effects of drugs or alcohol, they should have their immediate medical needs addressed. Reassure the victim and advise them that seeking medical attention is a priority.
- 14** Police must be mindful that blood and urine samples should be collected as soon as possible. Delays may result in loss of evidence.
- 15** If there is a reasonable belief that the victim may have been administered drugs, police must consult with a Forensic Medical Officer (FMO) regarding collection of blood or urine samples. Samples should be taken within 12 hours of exposure to the drug. If appropriate, a FMO will attend and obtain the relevant samples.
- See VPM 108-8 for further information on drug and alcohol testing on victims of sexual assault.
- Further advice can be obtained from the Victorian Institute of Forensic Medicine or the Sexual Crimes Squad, 24 hours a day.
- See the resources section of this document for phone numbers.

DIVERSE COMMUNITIES

- 16** Some people in our community who are victims of sexual assault may require additional support and consideration. This section provides a reference for police who are assisting a victim of sexual assault who may be:
- from the Indigenous community
 - from a culturally and linguistically diverse background
 - living with a disability
 - living with a cognitive impairment
 - living with a mental health issue.
- 17** **CASA is the lead agency in providing sexual assault counselling and MUST be contacted in all cases where appropriate as outlined in paragraphs 6-10.** Other agencies are available to provide additional specialised support to diverse groups. Police must provide appropriate culturally specific assistance and referral to available specialised support agencies.

Indigenous communities

- 18** Police will provide a high standard response to Indigenous communities by:
- gaining trust and respect by showing fairness and patience and by listening to the victim

- helping to facilitate an integrated approach with other service providers, which includes accessing both mainstream and local Indigenous support services
 - taking time to explain why certain action is being undertaken
 - understanding and accepting that the victim may not want to access the Indigenous services in the local area in which they live. Indigenous services in the victim's local area may be comprised of members 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 Liaison Officers (ALO).
- 19** In consultation with the victim, police should consider involving the following Indigenous specific agencies:
- the Aboriginal and Torres Strait Islander Corporation Family Violence Prevention and Legal Service and/or
 - Elizabeth Hoffman House Aboriginal Women's Family Violence Services.
- See paragraph 144-145 for information on these services.

Culturally and Linguistically Diverse Communities (CALD)

- 20** People from Culturally and Linguistically Diverse (CALD) communities who experience sexual assault face particular issues when reporting to police, including language barriers. An effective police response to sexual assault victims from the CALD community must take into account their diverse needs.
- 21** Police must ensure that the victim fully understands the investigative process.
- 22** 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. **Statements should be in the victim's own words.**
- 23** In cases where the victim does not speak English, or is not comfortable or proficient with English, an interpreter of the same sex as the victim should be provided 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.
- See VPM 112-2 for more information on using interpreters.
- 24** Family members, including children, should never be used as interpreters. If interpretation is required at the scene or initial reporting stage, police should utilise the services of the Telephone Interpreting Service (TIS), phone 131450 (metro) or 1300 655 010 (country).

25 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 the TIS 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 utilising the services of on site interpreters, police should ensure that the interpreter is not associated with the victim or his/her immediate cultural community.

[See VPM 112-2 for more information on using interpreters.](#)

26 Police should ensure that CALD victims are given information about culturally specific support services available to them. This information can be located in the Resources section of this document or the multi lingual Victoria Police pamphlet '*Sexual assault: What to do if it happens to you or someone you know*'.

Victims with disabilities

27 When dealing with 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.

28 Some considerations when dealing with physically impaired victims can be:

- informing Forensic Medical Officers that the victim has a physical disability so they can make appropriate arrangements
- utilising the services of a sign language interpreter, preferably the same sex as the victim. Interpreters can be obtained via the Victorian Deaf Society, phone 9473 1117.

[See VPM 112-2 for procedure and further information on sign language interpreters.](#)

29 When dealing with victims with a cognitive impairment or a mental illness, 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.

Victims with a mental illness

30 People who are suffering from a mental illness may require a high level of support, depending on their wellbeing prior to the assault and the effect that the assault has had on them.

31 If it is known that the victim has a 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 requests psychiatric support, police can liaise with the local Crisis & Assessment Team (CAT). This support is in addition to the crisis support provided by CASA.

32 **The victim's mental illness support needs should be attended to as a priority.** This should be done in consultation with CASA and VIFM or the FMO.

33 Police should make a continual risk assessment of the victim's mental state. In consultation with CASA and VIFM or the FMO, police should put in place procedures and contingency arrangements to ensure the safety and welfare of the victim, support workers, medical professionals and police.

Victims with a cognitive impairment

34 When dealing with victims with a cognitive impairment, police must be aware of their manner of questioning and refrain from asking leading or suggestive questions. A victim with a cognitive impairment may agree to procedures without fully understanding what is involved and the consequences which may result. It is important that police use resources to ensure that victims with a cognitive impairment are provided with an appropriate level of service, such as using an Independent Third Person (ITP).

[See VPM 112-2 for more information on using an ITP.](#)

35 Police must be mindful of the possibility of an undiagnosed cognitive impairment or that a person may not disclose they have a cognitive impairment.

36 **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 Office of the Public Advocate and CASA.**

37 During the police interview an independent person must be present. [See paragraph 95-97 for guidelines on interviewing a sexual assault victim with a cognitive impairment or mental illness.](#)

38 Where it is suspected a victim suffers from a mental illness or cognitive impairment, their statements should be obtained by way of a Video and Audio Taped Evidence (VATE) statement.

[See paragraph 98-99 for information on VATE statements.](#)

CHILDREN

- 39** When attending to reports of sexual assault against a child, police must be aware of the requirements of mandatory reporting under the *Children and Young Persons Act 1989* Act No. 56/1989 (Vic).

Mandatory reporting

- 40** The *Children and Young Persons Act 1989*, requires police to notify the Department of Human Services (DHS) – Child Protection, where they believe on reasonable grounds, that a child is in need of protection because the 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 such harm. Failure to notify may lead to pecuniary penalties being imposed by a Court (*CYPA 1989, s.64(1A)*).
- 41** In order to ensure mandatory reporting is adhered to, Victoria Police policy states: '*members notify the SOCAU of any incidents where a child has suffered or is likely to suffer significant harm as a result of physical or sexual abuse and the parents have not or are unlikely to protect the child from harm of that type.*' (VPM 109-8) **This must be done in addition to the member contacting DHS Child Protection directly.**
- 42** Victoria Police protocol with the DHS further states: '*Where Police are notified that a child has been, or is likely to be, physically, sexually or emotionally abused or neglected and the parents are not able to protect the child, Police must notify DHS Child Protection as soon as possible. The person notifying Police shall also be directed to DHS Child Protection and be advised that Police will also be notifying DHS Child Protection. DHS Child Protection is to be notified prior to Police commencing their investigation.*' (Protocol between Department of Human Services and Victoria Police – Protecting Children).
- 43** Where DHS becomes involved in a sexual assault investigation, these instructions must be read in conjunction with the Victoria Police/Department of Human Services Protocol – Protecting Children. (Copy available on SOCA coordination office intranet site or by contacting the SOCA coordination office direct).
- 44** Where a statement is to be obtained from a child in relation to a sexual offence (either as a victim or as a witness), the use of a VATE statement must be considered. Police should liaise with their local SOCA Unit regarding the need for a VATE statement.
- See paragraph 98-99 for more information on VATE statements.

Paediatric forensic medical services

- 45** The provision of paediatric forensic medical services to children will be provided through the Gatehouse Centre (Royal Children's Hospital), South East CASA (SECASA, Monash Medical Centre) or the nearest Hospital Crisis Care Unit (HCCU).
- 46** In cases of recent sexual assault, police must make contact with the appropriate paediatric forensic medical service. It is imperative that this is done as soon as possible after the disclosure in order to reduce loss of evidence.
- Refer to Appendix 2 – Health services for abused children of Victoria, which sets out the procedure for requesting a paediatric forensic medical service in the metropolitan area.**
- VIFM can also advise police of the most appropriate service to contact, including outside the metropolitan area.
- 47** Where disclosure of sexual abuse is not of a recent nature, advice should be sought from the Gatehouse Centre, SECASA or the nearest HCCU to ensure that appropriate action is taken and referrals made.
- See resources section of this document for telephone numbers.

GUIDELINES

GUIDELINES FOR POLICE WHO RECEIVE THE INITIAL REPORT OF A SEXUAL ASSAULT

Listen carefully and be supportive

- 48** A recent sexual assault victim is likely to be distraught and any description of events given by the victim may appear confused. Encourage the victim to tell you the information you require to take further action and assure the victim of your support.
- 49** Consider the victim's physical circumstances and safety. The victim's immediate medical needs and safety are paramount.
- 50** Where a person reports a sexual assault that has occurred days, months or years prior, provide the victim with crisis counselling support, medical assistance or other referrals as required. If the victim does not require medical care, you should consult with the nearest CASA. The CASA duty worker can assess the 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 guideline.
- 51** If the victim has attended at the police station to report a sexual assault, you should where possible, take the victim to a separate private office.

Quickly obtain brief details about what has happened

- 52** Find out, if possible:
- the nature of the offence
 - the victim's current location and contact number
 - the victim's name, residential address and residential telephone number
 - the time and place of the offence
 - the number of offenders
 - the name (if known) and a description of each offender
 - the direction and means of departure of the offender
 - any weapons used.
- Unless the victim wishes to do so, do not go into great detail about the offence.**

Contact relevant police and emergency units

- 53** Once the necessary information has been obtained:
- request an ambulance if medical attention is required
 - notify the communications centre
 - dispatch a response unit
 - notify SOCA Unit and CIU members to attend
 - notify supervisor
 - notify DHS Child Protection if the victim is a child and mandatory reporting criteria is met
- See paragraph 40-44 for further information on mandatory reporting.

Inform the victim about retaining forensic evidence

- 54** Tell the victim to be careful to retain any forensic evidence. Encourage the victim not to touch anything from which evidence may be collected. Explain to the victim that showering and changing clothes may destroy evidence that could be used in court. Assure them 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 advise them on how to handle clothing in order to minimise the loss of evidence.
- 55** Reassure the victim that a decision about whether to be involved in a prosecution does not have to be made immediately. If the victim has contacted you by telephone, she or he may want to retain someone on the line until help arrives. This is a critical time to offer support and make the victim feel secure. DO NOT continue questioning. Just having an open line may provide the necessary feeling of security.

Victims who do not want further police involvement

56 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 assault. If this is the case, try to find out as much about the offence as possible, in particular:

- the nature of the offence, ie. vaginal, oral or anal penetration
- the name or a description of the offender, including identifying marks or traits
- the time and place of the assault
- whether weapons were used
- whether any other violence was involved.

Attempt to obtain this information even if the victim does not want to give a name and address.

57 After obtaining as much information as possible, advise the victim that they can contact the local SOCA Unit or CASA for further assistance. Tell the victim it is important for their well-being to attend a sexual assault centre, hospital or doctor for a medical examination. Let the victim know that during the medical examination, forensic evidence may be collected to assist the police investigation should the victim wish to proceed at a later stage.

GUIDELINES FOR POLICE WHO ARE FIRST ON THE SCENE

Protect and support the victim

58 The victim may be in shock or experiencing extreme trauma. Tell the victim your name and assure the person they are safe. Request an ambulance if appropriate. Be mindful that a victim may feel they are to blame. Reassure the victim that they should not blame themselves for the assault. Show your concern about the events.

59 The member who is first on the scene should ensure that a SOCA Unit member has been notified to attend at the earliest possible opportunity.

Confirm or establish details to identify the offender

60 There may be need to confirm or establish:

- the victim's name
- the time and place of the assault
- the name and/or a description of each offender
- the direction and means of departure of the offender.

Do not attempt to go into great detail or obtain a lengthy statement from the victim as this should only be a brief interview. It should be done with tact and discretion and as far as practical, in private. You should not attempt to go into detail to determine the truth of the allegation. Never presume an allegation is false until it is thoroughly investigated.

61 Initiate a search for the offender by relaying the relevant information to the nearest communications centre.

62 Take steps to preserve the crime scene and any physical evidence until an investigator can take charge.

63 **Do not allow unnecessary patrol units to gather.** A supervisor will be able to assist with this.

64 When attending to the victim, make sure another member is responsible for preserving the crime scene. When the crime scene involves a dwelling, include the complete dwelling and its surrounds. Restrict non essential entry to the crime scene.

65 Stay with the victim until a SOCA Unit or CIU member is available to take charge. Continue to provide support to the victim.

66 If there are no SOCA Unit members available, comply with the following guidelines.

Care for the victim

- 67** When responding to reports of sexual assault SOCA Unit members are to respond in plain clothes, utilising an unmarked vehicle.
See SOCAU Standard Operating Procedures.
- 68** Ensure that the victim's medical needs are attended to as a priority.
- 69** When you are with the victim, be sensitive to their immediate physical and emotional needs
- provide information about the medical examination and other support services
 - advise the victim that you will take them to the nearest CASA or HCCU for a medical examination
 - refer them to their local GP.
- See paragraphs 78-81 for information on nearest CASA/HCCU.*
- If the victim clearly does not want to proceed with a police investigation, the Forensic Medical Officer will not conduct a medical examination. In these instances the victim should be offered access to crisis care from CASA. This can be done by contacting CASA with the victim's consent.
- 70** If the victim is a child and mandatory reporting criteria is met, ensure that you notify DHS Child Protection.
See paragraphs 39-47 for further information on children.
- 71** Explain that the FMO 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.
- 72** A counsellor or advocate should be at the crisis care unit to provide emotional support for the victim and explain medical and legal options.
- 73** In consultation with the victim, the FMO will decide the need for a forensic medical examination. If the victim is undecided about proceeding with a medical examination, you should consult with a FMO. This can be done 24 hours a day on 9684 4480 (VIFM).

- 74** Police should not be present during any part of the examination. On occasion 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. The support person should never be a person who is involved in the investigation, for example a witness, including the witness of 'recent complaint'.
- 75** If a forensic medical examination is conducted, police, the CASA counsellor/advocate and the FMO should not be present whilst the victim undresses, unless otherwise requested by the victim. The FMO or a police member should advise the victim about how to handle their clothing and other items in order to ensure the preservation and continuity of evidence. Clothing must be carefully handled, individually packaged and labelled.
- 76** Emphasise that decisions about how to proceed are for the victim but that you, other police and the support people are there to help.

Organise a change of clothing

- 77** Before you take the victim to a CASA or HCCU, assist the victim to obtain a change of clothing. Explain that the clothing worn at the time of the assault may be required for forensic evidence. If it is not possible to obtain a change of clothing before attending the CASA or HCCU, it may be provided at the unit or hospital.
- In cases of **recent sexual assault**, the victim should be conveyed to the nearest CASA or HCCU as soon as possible and no later than **two 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 guideline.

Which CASA/HCCU is the nearest?

- 78** When deciding which CASA/HCCU to utilise on behalf of the victim, the best interests of the victim must be the primary consideration. The CASA/HCCU decided upon should be the one that can provide continuity of care and is geographically located to optimise future access to counselling services. If necessary, consideration should be given to the availability of disabled access. The decision should not be based on what is in the best interests of police, the FMO or CASA.

79 In most instances the CASA nearest to the victim's home 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 assault occurred a great distance from the victim's home
- the victim specifically does not want to attend the nearest CASA/HCCU. For example, the victim works in the area and wishes to maintain their privacy
- the victim is currently a patient at a medical facility. In this instance you should liaise with CASA and the FMO for the most appropriate venue.

80 You should request that the police communications centre contact the CASA/HCCU (or the after-hours service) at the same time as arranging an on-call FMO. Notify the FMO and the CASA/HCCU that a victim is being conveyed to the Unit for examination and support.

81 After-hours access to the relevant CASA can be obtained through the Sexual Assault Crisis Line on 9349 1212.

Conduct a preliminary interview

82 Before the medical examination begins, find out what information has already been obtained from the victim. Ask the victim for any other information about the offence that you or they think may assist the investigation or the FMO. Advise the victim that a more detailed statement will need to be taken later.

See paragraphs 89-99 for guidelines on interviewing sexual assault victims.

Allow the victim as much control as possible over their situation

83 Explain the necessary procedures and why they need to occur. Reassure the victim that they do not have to make an immediate decision about their involvement with a police investigation. Explain to the victim that police may proceed with an investigation without the evidence of a medical examination, but an examination is an important way for evidence to be gathered should the victim wish to proceed further.

84 Explain the investigation steps that are likely to 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.

85 Check all possible evidence has been secured. This includes evidence at the crime scene, any medical evidence and the victim's clothing. Make sure exhibits are properly labelled and taken to the Victoria Police Forensic Services Centre without delay. All drug, blood and urine samples must be forwarded to VIFM.

86 Make notes of the victim's physical condition. With the consent of the victim, photographs may be taken of any injuries sustained by the victim. It is preferable that photographs are taken by the FMO.

Provide the victim with information about support services

87 Make sure that the victim is given written information about the following sexual assault counselling services:

- Victims Support Agency
- Victims of Crime Assistance Tribunal
- Victorian Court Information and Welfare Network
- Other relevant support agencies in the local area.

88 Complete all necessary LEAP forms, including Form L17 where appropriate. Provide the victim with your name and the telephone number for the nearest SOCA Unit.

GUIDELINES FOR POLICE INTERVIEWING A SEXUAL ASSAULT VICTIM

Conducting the interview

- 89** Unless the victim otherwise requests, a SOCA Unit member of the same sex should conduct the interview and take a full statement.
- 90** Conduct the interview in a private and comfortable setting. Limit the number of people present. Gain the confidence of the victim. Explain how and why the interview is to be conducted. Explain that some questions may be intrusive or embarrassing but it is important that everything they can remember is included in their statement. Encourage the victim to use their own words.
- 91** Take into account the physical and emotional state of the victim. Ask the victim if they feel they are able to proceed. If there is some doubt consult with the CASA counsellor/advocate and the attending FMO.

Take a detailed and accurate statement

- 92** Allow the victim to describe the assault in their own words without interruptions. Phrase questions in a sensitive manner. Try to reduce the victim's embarrassment, shame or self-blame. Remind the victim that it is the offender who has committed the crime.
- 93** Provide the victim with a copy of his or her 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.
- 94** Liaise with the investigator to provide information and support to the victim throughout the investigation and prosecution process.
- 95** If the victim has a cognitive impairment an independent person must be present at the interview. A cognitive impairment includes an intellectual disability, mental illness, brain damage or dementia. The independent person can be a relative, close friend or a trained ITP. In these circumstances a VATE statement may be the most appropriate means of recording the victim's statement.
- 96** If the victim is a child, the child's parent or guardian should be present during the interview. However, where the presence of a parent/guardian is not appropriate, ie. the parent/guardian is a witness to the assault, including a witness of 'recent complaint', or a possible suspect, an independent person must be present.

- 97** A list of ITPs is available on the Victoria Police Intranet under 'Useful Links'. Police can contact an ITP on the list directly. This list is updated every month. CASA counsellor/advocates are also authorised under protocols with the Office of Public Advocate to act as trained ITP in sexual assault cases. If a problem arises, contact the Office of the Public Advocate on 9603 9500. If outside business hours ask for the Duty Advocate.

See paragraph 34-38 for further information on Victims with a Cognitive Impairment.

See VPM 112-3 for further information on Independent Third Persons.

Video and Audio Taping of Evidence (VATE)

- 98** Video and Audio Taping of Evidence (VATE) is the video recording of a person's evidence in chief. VATE statements can only be taken by a suitably qualified member of Victoria Police. In all circumstances where the legislative criteria of VATE are met, the use of VATE should be considered in the first instance. Police should consult with a SOCA Unit member for assistance with VATE interviews.

Criteria for conducting VATE statements

- 99** The VATE process can be applied to **witnesses (including the victim)** who:
- is under the age of 18 at the time of court or
 - has impaired mental functioning.
- In legal proceedings that **relate wholly or partly to a charge for:**
- a sexual offence or
 - an indictable offence which involves an assault on, or injury or a threat of injury to a person.
- See VATE procedural guidelines available on SOCA coordination office intranet site.

GUIDELINES FOR INVESTIGATORS

Make an initial assessment

- 100** When you arrive:
- find out who is in charge, and note the name, rank and station
 - find out what has been discovered about the incident and what action has been taken
 - make sure the crime scene is identified. The crime scene should be adequately protected from contamination and guarded. If it has already been contaminated, find out what has been touched
 - find out if any witnesses have been located. Ensure their details have been recorded, they are isolated and are awaiting interview
 - find out if any suspects have been apprehended. If so, ensure they have been separated, searched and secured
 - check who has been notified of the incident, (ie. supervisor, FMO, Sexual Crimes Squad, SOCA Unit, Victorian Sexual Assault Crisis Line, the local CASA or HCCU).
- See VPM 108-5 for investigative criteria of Sexual Crimes Squad.

Consider the victim

- 101** Introduce yourself to the victim and explain your role as the investigator. Ensure priority is given to the physical and emotional welfare of the victim and that a police member, preferably a SOCA Unit member, stays with the victim. Do not attempt to undertake an extensive investigation involving the victim until a medical examination has been conducted. Remember that people react differently to traumatic events. A victim may appear very composed and be able to calmly discuss the incident. You should not infer from this that the victim is unaffected by the assault or that they are lying. The victim may be able to control their true feelings or may be suffering from physical exhaustion. Alternatively, a victim may be very distressed and may be unable to relate details of the incident in an accurate or chronological manner. You should not infer from this that you are being given false or misleading information.
- 102** In cases of **recent sexual assault**, the victim should be conveyed to the nearest CASA or HCCU as soon as possible and no later than **two 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.

- 103** The FMO, in consultation with the victim, will decide on which medical/forensic procedures are to be carried out. You are not to direct the FMO regarding medical procedures. The FMO will not conduct a procedure if it is not in the best interests of the victim or if the victim does not consent. This includes photographs and testing for drugs and alcohol.

Monitor the progress of the victim's statement

- 104** The victim's statement will be taken by a SOCA Unit member. Do not stay in the same room but remain where you can be contacted by the SOCA Unit member. This will mean you can be immediately informed of details which may be important for the investigation. You will also be able to ask the SOCA Unit member to obtain more information on specific matters without disrupting the statement.
- 105** If the statement is to be taken by way of a VATE statement and the police investigator has been nominated prior to the interview, the investigator is encouraged to monitor the interview.

Keep the victim informed about the investigation

- 106** Arrange with SOCA Unit members to provide support for the victim throughout the investigation and prosecution process.
- 107** In cooperation with the SOCA Unit, make sure:
- the victim is made aware of available counselling services and their right to apply for crimes compensation
 - the victim understands what may be required of them at subsequent court hearings. Assistance can be obtained from the Court Information and Welfare Network
 - arrangements are made for any necessary child minding facilities and transport for the victim to and from court hearings.
- 108** Regardless of the outcome, you must inform the victim if the alleged offender is interviewed. Obtain the victim's views on bail and advise the victim of the outcome of any bail applications, including the bail conditions designed to protect the victim.
- 109** It is the responsibility of you, as the investigator, to keep the victim informed of the status of the investigation and any subsequent criminal proceedings. Regularly speak with the victim regardless of what investigation progress, if any, has been made. Immediately inform the victim of any decision not to charge an alleged offender or to discontinue an investigation.

110 Make sure that the reasons for such a decision are explained to the victim verbally *and in writing*. Tell the victim that they have a right to advise the Office of Public Prosecutions, within 28 days, that a decision not to charge has been made and that the Office of Public Prosecutions *MAY* review that decision within 60 days of being informed. This information, along with the opportunity to discuss the matter in person, must be included in a letter to the complainant.

111 *Appendix 1* contains a guide for investigators when drafting the letter. It is preferable that the non-authorising member co-sign the letter. A copy of the letter must be attached to any existing brief and the LEAP Case Narrative must be updated accordingly. See VPM 108 for further information on Crime Investigations.

Victim Impact Statement

112 Offer the victim the opportunity to complete a Victim Impact Statement whenever an alleged offender is arrested or when the victim requests to make such a statement. See VPM 112-2 for further information on Victim Impact Statements.

PROCEDURES FOR NO FURTHER POLICE ACTION

Withdrawal of complaint

113 Should a victim desire no further police action or they wish to make a statement of no complaint, the following instructions must be followed. Under no circumstances should police encourage a victim to request no further action or to sign a statement of no complaint.

At time of complaint

114 If, at the time of making the initial report, the victim indicates that they desire no further police action, that fact must be included in their statement.

115 The victim's statement must set out:

- the fact that the victim desires no further police action in the matter and the reasons why
- that the request is made in the exercise of free will and not under any duress or intimidation.

116 In addition, the member taking the statement must convey to the victim that his or her request for no further police action may be rejected by the authorised member.

Subsequent to initial report

117 If the victim expresses a desire for the police to discontinue an investigation at a time subsequent to the initial report, the police member in charge of the investigation must obtain a short written statement from the victim setting out:

- the fact that the victim reported a particular criminal offence to police
- the fact that the victim desires no further police action in the matter and the reasons why
- that the request is made in the exercise of free will and not under any duress or intimidation.

118 In addition, the member must inform the victim that his or her request for no further police action may be rejected by the authorised member.

Responsibilities of investigating member

- 119** Send a report and a copy of the victim/s statements to a member approved to authorise the relevant brief of evidence, the 'authorised member'.
- 120** Include in the report:
- details of the offence
 - witnesses available
 - evidence available to identify and prosecute the offender in the absence of assistance from the victim.

Responsibilities of authorised member

- 121** The authorised member will decide whether an investigation is to continue or cease and endorse the file accordingly. The member may decide that it is desirable to continue in the public interest. This decision will be based on:

- the seriousness and nature of the offence
- whether the offence is one of a series of offences
- solvability of the offence, particularly in view of the attitude of the victim
- priority to be accorded to the matter in the allocation of investigative resources.

122 Decision made to continue investigation

- **Authorised member** – return file to the investigating member for further action.
- **Investigating member** – take appropriate action, provide progress reports to the authorised member monthly or sooner as directed.

123 Decision made to cease investigation

- **Authorised member** – return file to the investigating member endorsed accordingly.
- **Investigating member** – complete relevant supplementary LEAP reports, update LEAP case progress as 'complaint withdrawn'.
- **Supervisor** – change case progress status to 'Completed – complaint withdrawn'.

See VPM 108-4 for further information on withdrawal of a complaint.

This instruction relates to offences involving sexual assault and overrides any other instruction or Code of Practice.

Use of indemnity forms

- 124** Under no circumstances are police to use indemnity forms for statements of no further police action or no complaint.
- 125** SOCA Unit members and sexual assault counsellors will also be able to provide advice on:
- application procedures for the Victims of Crime Assistance Tribunal
 - support and counselling services.

PAST SEXUAL ASSAULTS

- 126** It is common for victims of sexual assault to delay reporting the assault to police. It can be weeks, months and even years after the assault has occurred that it is reported to police. When responding to and/or investigating reports of past sexual assault, you 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. If there is any doubt regarding the need for either a forensic medical examination or crisis care, you should contact the respective agency (ie. VIFM or CASA).

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

RECENT SEXUAL ASSAULT

- 127** Normally described as a sexual assault which has occurred within the preceding 72 hours (longer in some cases). Forensic evidence may still be collected hours or even days outside the 72 hour timeframe. Police should consult with a FMO or VIFM to ascertain if a forensic examination is necessary in these cases. Police must also consider the necessity of crisis support for victims of sexual assault which has occurred outside the 72 hour timeframe. It may take a victim days or even weeks to report a sexual assault to police. They may require crisis support regardless of when the assault occurred. Victims should be offered the opportunity to speak to a CASA counsellor/advocate in these instances.

SUPPORT SERVICES

CENTRES AGAINST SEXUAL ASSAULT (CASA)

- 128** CASAs operate throughout Victoria. These services have been established to provide both crisis and ongoing counselling support to recent and past victims of sexual assault. Not all CASAs operate on a 24-hour basis.
- 129** All victims of sexual assault have the right of access to sexual assault services. Police should provide victims with information regarding the existence of such centres and the services offered. The services offered by CASAs include:
- immediate crisis counselling and support
 - follow-up, longer term counselling and support
 - information regarding the victim's options and rights within the legal system
 - information regarding medical options and follow-up medical treatment
 - assistance in the management of any sexually transmitted diseases or pregnancy arising from the assault
 - assistance in the management of other practical consequences of the assault such as emergency housing and compensation
 - support and information for friends and family members
 - support and referral for victims attending court.
- See the resources page for CASA contact details.

VICTORIAN INSTITUTE OF FORENSIC MEDICINE (VIFM)

- 130** The Victorian Institute of Forensic Medicine (VIFM) is available 24 hours a day to offer advice on medical or forensic issues relating to sexual assaults.
- 131** Rural areas who do not have immediate access to a FMO can access information from VIFM. Local doctors can also contact VIFM for advice.
- 132** In instances where a FMO is not available or refuses to attend police should immediately contact VIFM for direction.

Complaint procedure

- 133** Any complaints about the conduct of a FMO can be addressed:
- informally – police can contact VIFM by phone
 - formally – in writing to VIFM or via the Service Monitor, Operations Coordination Division via the OIC SOCACO. Refer to SOCA Unit Standard Operating Procedures.
- 134** Any complaints by FMOs about police will be reported to VIFM who will then make contact with the member's supervisor.

VICTORIA POLICE VICTIM ADVISORY UNIT

- 135** The Victim Advisory Unit is located at the Victoria Police Centre, 637 Flinders Street, Melbourne
Ph: 9628 8380/8381
- 136** The Unit is available 24 hours a day and can offer advice and assistance regarding:
- Victim Support Agency and Victim Support Programs
 - Victims of Crime Assistance Tribunal procedures and entitlements
 - crime scene cleaning assistance
 - facilitating urgent access to security equipment and other forms of material aid to support victims.

VICTIMS SUPPORT AGENCY (VSA)

- 137** The Victims Support Agency 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.
Ph: 1800 819 817 (business hours).
After hours they can be contacted via the Police communications centre.

VICTORIAN COURT INFORMATION AND WELFARE NETWORK

- 138** The Court Information and Welfare 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.

139 Court Network services are available at all metropolitan Magistrates' Courts, Family Courts, Children's Courts and at the County, Supreme and Coroner's Courts and most regional courts. Police should check with Court Network Information and Referral Service for availability.

140 The Network's headquarters is located on the 1st Floor, 565 Lonsdale Street, Melbourne.
Ph: 9603 7420

The Network's Information and Referral Service can be contacted on Ph: 9603 1800 or 1800 681 614 (Monday to Friday).

141 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.

VICTIMS OF CRIME ASSISTANCE TRIBUNAL (VOCAT)

142 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.

Ph: 9628 7855 or toll free 1800 882 752.

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

- to assist victims of crime to recover from the crime by paying them financial assistance for expenses incurred, or reasonably likely to be incurred by them as a direct result of the crime
- to pay certain victims of crime 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.

THE ABORIGINAL AND TORRES STRAIT ISLANDER CORPORATION FAMILY VIOLENCE PREVENTION AND LEGAL SERVICE (VICTORIA)

144 The Aboriginal and Torres Strait Islander Family Violence Prevention Service offer legal services, information, referral and counselling to Indigenous victims of family violence and sexual assault.

Ph: 03 9654 3111 or free call 1800 105 303

Fax: 03 9654 1976

Email: information@fvpls.org

Web: www.fvpls.org

ELIZABETH HOFFMAN HOUSE ABORIGINAL WOMAN'S FAMILY VIOLENCE SERVICES

145 The Elizabeth Hoffman House provides crisis accommodation and support for Aboriginal women and spouses of Aboriginal men.

Ph: 1800 015 188 (24 hrs) 9482 6005 (10am–4pm, Mon–Fri)

Mb: 0438 528 525 (9am–5pm, Mon–Fri)

MONITORING ADHERENCE TO THE GUIDELINES

146 If police are concerned about the performance of workers or procedures adopted in a CASA or HCCU, the member should contact a local SOCA Unit who will initiate follow-up action with the services' Co-ordinator to address these concerns.

147 Specific issues relating to the operation of the Code and specific breaches of the Code should be discussed with Victoria Police/CASA Liaison Committees.

See paragraphs 148-152 for further information on Victoria Police/CASA Liaison Committees.

VICTORIA POLICE/CASA LIAISON COMMITTEES

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

149 Membership

- CASA Coordinator
- District Detective Inspector, or equivalent
- Officer in charge of SOCA Unit or cluster sergeant (SOCA Unit)
- Coopted person/s as required.

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

150 Objectives

Committees are to comply with the following objectives:

- to identify and resolve problems at a local level
- to implement proactive strategies preventing the reoccurrence of such problems
- to monitor, document and report the adherence to the Code by the parties involved to the Regional/District Commander and the CASA Forum.

Committees represent the formal component of the coordinated approach to handling sexual assault matters 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.

151 Meetings

Meetings are to be held quarterly as a minimum requirement in February, May, August and November.

152 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 Regional/District Commander (Victoria Police) and the CASA Forum.

RESOURCES

CASA CONTACT NUMBERS

Statewide

Victorian Sexual Assault Crisis Line (Police only)	9349 1212
	1800 806 292

Metropolitan

CASA House – Royal Women’s Hospital	9344 2210
Gatehouse Centre – Royal Children’s Hospital (After hours)	9345 6391 9345 5522
ECASA – East Ringwood	9870 7330
Northern CASA – Austin and Repatriation Medical Centre	9496 5770
South Eastern CASA – Monash Medical Centre	9594 2289
West CASA – Western Hospital Sunshine	9687 5811

Country (if no answer, ring after hours service on 9349 1212)

Ballarat CASA – Ballarat Base Hospital	5320 3933
Ballarat, Bacchus Marsh, Ararat & Daylesford	
Barwon CASA	5222 4802
Geelong, Colac & Apollo Bay	
Gippsland CASA	5134 3922
Bunyip River, Phillip Island, South Gippsland	
Goulburn Valley CASA	5831 2343
Shepparton, Seymour, Eildon, Cobram, Alexandra & Yea	
Loddon Campaspe Region CASA	5441 0430
Mildura, Swan Hill, Buloke, Gannawarra, Loddon, Campaspe, Central Goldfields, Greater Bendigo, Mount Alexandra & Macedon Ranges	
Mallee Sexual Assault Unit	5025 5400
Ouyen, Murrayville, Robinvale & Swan Hill	
South Western CASA	5564 4144
Camperdown, Hamilton & Portland	1800 806 292
Upper Murray CASA	5722 2203
Wodonga, Benalla & Mansfield	
Wimmera CASA	5381 9272
Wimmera, Nhill, St Arnaud & Balmoral	
Crisis Line	5381 9294
	A/H: 5381 9111

OTHER CONTACT NUMBERS

Aboriginal Family Violence Prevention & Legal Service	9654 3111 (free call) 1800 105 303
Department of Human Services After Hours Child Protection – Statewide	13 1278
Elizabeth Hoffman House	(free call) 1800 015 188 9482 6005
Immigrant Woman’s Domestic Violence Service	9898 3145
Islamic Women’s Welfare Council	9419 7888
Office of Public Advocate	9603 9500 1300 309 337
Office of Public Prosecutions	9603 7666
Resourcing Health and Education in the Sex Industry	9534 8166
Sexual Crimes Squad (Victoria Police)	9865 2562
Sexual Offences and Child Abuse Co-ordination Unit (Victoria Police)	9247 6916/36
Telephone Interpreting Service (TIS)	(metro) 131450 (country) 1300 655 010
Victims of Crime Assistance Tribunal (VOCAT)	9628 7855 (free call) 1800 882 752
Victims Support Agency (VSA)	1800 819 817
Victorian Court Information and Welfare Network	9603 1800 1800 681 614
Victoria Institute of Forensic Medicine (VIFM)	9684 4480
Victoria Police Victim Advisory Unit	9628 8380
Victorian Interpreter Translation Service (VITS)	9280 1955
Victorian Deaf Society (VicDeaf)	9473 1117 9473 1118

GLOSSARY OF TERMS

CASA – Centres Against Sexual Assault – non-government organisation which provides both crisis and ongoing counselling support to all victims of sexual assault.

CIU – Criminal Investigation Unit – Victoria Police units staffed by detectives. CIUs investigate and/or oversee all serious offences occurring in their area including sexual and physical assault.

Cognitive impairment – also known as mental impairment. The term covers a range of disabilities which impact on a person’s ability to understand and process information. It includes intellectual disability, acquired brain injury, mental illness and neurological disorders such as dementia.

FMO – Forensic Medical Officer – a medical practitioner who provides clinical forensic medical services to victims and offenders of crime.

HCCU – Hospital Crisis Care Unit – specialist hospital suite used for victims of sexual assault.

Mental illness – a medical condition that is characterised by a significant disturbance of thought, mood, perception or memory. (*Mental Health Act, s.8(1A)*).

SOCA Units – Sexual Offences & Child Abuse Units – Victoria Police units providing a specialised response to adult victims of sexual assault and child victims of sexual and/or physical abuse. SOCA Units are staffed by experienced police officers trained to respond to child abuse and sexual assault.

VIFM – Victorian Institute of Forensic Medicine – VIFM is based at the Coronial Services Centre Southbank, which also houses the State Coroners Office. Its principal function is to provide services in forensic pathology and related aspects of forensic science (toxicology, molecular biology), clinical forensic medicine and related services such as photography, teaching and research. The Institute incorporates the Donor Tissue Bank Victoria.

VPM – Victoria Police Manual – the Victoria Police Manual outlines what Victoria Police considers to be good work practices, in the form of organisational endorsed policies, procedures and guidelines.

APPENDIX 1



VICTORIA POLICE

(Police Station)
(Address)
Victoria, Australia
DX (DX No)
Telephone (Tel No)
Facsimile (Fax No)

www.police.vic.gov.au

(Date)

(Complainant's Name)
(Complainant's Address)

Dear (Complainant's name),

We are writing to you about the crime you reported to police on (date of report).
(Explain end status of investigation ie. 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 ie. suspect unable to be identified, lack
of available evidence. Ensure the reasons are set out in terms easily understood by
the complainant and that they are worded in a sensitive manner).

This decision has been made after careful consideration of the available
evidence and in consultation with (insert names ie. non-authorising officer,
informant, prosecutions, OPP).

You have the right to contact the Office of Public Prosecutions within 28 days
of receiving this letter, and advise them that a decision *not to charge/withdraw
the charges* has been made. The Office of Public Prosecutions **may** review the
decision within 60 days of being informed. The Office of Public Prosecutions
can be contacted on 9603 7666*
(*Do not include this paragraph where an offender has not been interviewed)

If you would like to discuss this matter in person with those involved in the
decision making process please do not hesitate to contact either myself or
(non-authorising member) on (phone nos.).

Yours sincerely,

(Informant's name)

(Non-authorising Officer's name)

APPENDIX 2

HEALTH SERVICES FOR ABUSED CHILDREN OF VICTORIA

Procedure for requesting a medical service – metropolitan area:

These services are available from Monash Medical Centre, South Eastern
Centre Against Sexual Assault (SECASA) and the Royal Children's Hospital,
Gatehouse Centre for the Assessment and Treatment of Child Abuse
(Gatehouse Centre) which incorporate services provided by the Victorian
Institute of Forensic Medicine (VIFM). The VIFM will advise members of
the most appropriate centre to contact if necessary.

Access to these services

By whom:	Child/young person who is a victim of abuse.
Age:	Under 17 (if older refer to VIFM).
Metropolitan:	Royal Children's Hospital – Child/young person resident north of Yarra River. Monash Medical Centre – Child/young person resident south of Yarra River.
Flexibility:	Development age Known to particular centre Geographical variations eg. closer to RCH than MMC will be considered.

MONASH/SECASA – Physical and sexual abuse

Business Hours:	Ph: 9594 2289 Request the duty worker who will arrange for the child to be seen.
After Hours:	Ph: 9349 1212 (for police contact and anyone requiring immediate assistance). Request the SECASA worker. An after hours medical roster is available and will be activated by SECASA if required.

ROYAL CHILDREN'S HOSPITAL Gatehouse Centre – Physical and sexual abuse

Business Hours:	Ph: 9345 6391 Request duty worker. The duty worker will arrange for child to be seen.
After Hours:	Ph: 9345 5522 Request on-call Gatehouse Centre social worker. After hours medical roster available.

DISCLAIMER

The information contained in this Code of Practice for the Investigation of Sexual Assault 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 assault. 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 assault. 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.