

**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

REVISED STATEMENT OF SENIOR SERGEANT BRYCE ASHLEIGH PETTETT

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Filed on behalf of: State of Victoria
Prepared by:
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I, BRYCE ASHLEIGH PETTETT, Senior Sergeant, Victoria Police, SAY AS FOLLOWS:

1. I am a Senior Sergeant of Victoria Police, having held this position since 2003.
2. Since 2010, I have been the Officer in Charge of the Dandenong Sexual Offence and Child Abuse Investigation Team (**SOCIT**). On 22 September 2014, the Dandenong SOCIT took up occupancy of the Dandenong Multidisciplinary Centre (**MDC**), which is based in Division 3 of Victoria Police's Southern Metropolitan Region.
3. As the Officer in Charge of the Dandenong SOCIT, I work closely with partner agencies, particularly their managers, to coordinate the operation of the MDC. This includes relationship management between the partner agencies, coordination of joint training and development of cooperative workplace practices. I also help coordinate improvements to the facilities on site given that Victoria Police is responsible for the infrastructure of MDCs. In addition to my MDC role, I also manage the personnel, administrative functions and resources of the Dandenong SOCIT. I am responsible for:
 - 3.1 ensuring compliance with legislation and policy including the authorisation of all prosecutions undertaken by the Dandenong SOCIT;
 - 3.2 providing highly responsive crime investigation services in the area of sexual assault and child abuse;

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- 3.3 overseeing the development of sensitive and effective victim management processes and ensuring compliance with the *Victim's Charter Act 2006* (Vic), *Charter of Human Rights and Responsibilities Act 2006* (Vic) and Victoria Police policy and procedures;
 - 3.4 administering the continual development of specialist practices and processes aimed at improving the response to sexual assault and child abuse; and
 - 3.5 compliance managing the registered sex offenders residing within the Division.
4. I have been a police officer since 1977. During my thirty-eight year career I have gained extensive operational policing experience, having performed a variety of roles. These roles have included operational uniform and station management and criminal investigations at both suburban and crime department positions. My experience also includes investigation management and covert and surveillance duties.
 5. I have conducted detective training as a member of the directing staff at the Victoria Police Detective Training School at the rank of Sergeant and Senior Sergeant. I have conducted international training in the Kingdom of Tonga, Fiji and Samoa. I also served a two year term as the 'in-country' Operations and Training Advisor to the AusAID funded Samoa Police Service Institutional Strengthening Project.
 6. I am a recipient of the National Emergency Medal, the National Police Service Medal, the National Medal, the Victoria Police Service Medal and the 35 year service award.

SCOPE OF STATEMENT

7. I have received a notice from the Royal Commission pursuant to s 17(1)(d) of the *Inquiries Act 2014* (Vic) requiring me to attend to give evidence at the Royal Commission and to provide a written witness statement.
8. In this statement I respond to a request by the Royal Commission for information regarding Module 19: Integrating services from the victim's perspective.

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9. I understand that Superintendent Paul Naylor has filed a witness statement in relation to the Mildura MDC. This statement should be read together with Superintendent Naylor's statement and other statements filed by Victoria Police members in so far as any issues may overlap.

MULTIDISCIPLINARY CENTRES IN VICTORIA

10. MDCs involve the co-location of specialist police SOCITs, Department of Health and Human Services (DHHS) Child Protection practitioners, Centres Against Sexual Assault (CASA) counsellors and some MDCs include specially designed forensic medical facilities staffed by co-located or on-call medical practitioners. The Dandenong MDC includes co-located medical practitioners from the Victorian Institute of Forensic Medicine (VIFM).
11. MDCs provide a 'one-stop-shop' for victims of sexual assault and child abuse so that the investigation of the criminal offences committed against them can be dealt with in a comfortable and supportive environment, whilst at the same time linking them with counselling and other specialist supports.
12. Aside from the Dandenong MDC, MDCs are also located in Mildura, Geelong and Seaford. A further two MDCs are due to open in Morwell and Bendigo in the 2015/16 financial year:

CO-LOCATION: BEFORE THE DANDENONG MDC

13. The Dandenong MDC opened in September 2014. Prior to its opening there existed a limited form of co-location of agencies at the Dandenong police station.
14. Between late 2010 and September 2014, a team of Child Protection practitioners worked out of the Dandenong police station. These Child Protection practitioners were part of the DHHS Juvenile Investigation and Response Team. They were responsible for investigating and responding to child abuse and sexual assaults against children in the Dandenong area.
15. The co-location of Child Protection workers at the Dandenong police station was very effective. It enabled improvements in information sharing between the two agencies. It also enabled each agency to develop a greater understanding of each other's work practices, workloads and methodologies.

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16. It was beneficial to build relationships with our Child Protection colleagues through daily contact. Importantly, it allowed both agencies an opportunity to plan and seek advice from each other before taking action in relation to a victim.
17. At around the same time as the co-location of Child Protection practitioners at the Dandenong police station, a team of counsellors from the South Eastern CASA commenced working out of the Dandenong police station. They provided counselling services to victims on Tuesdays and Thursdays. This co-location arrangement only lasted for around 10 months. The busy nature of the Dandenong police station was not the most conducive environment for CASA to provide counselling to victims.

THE DANDENONG MDC

18. As I have stated above, the Dandenong MDC has been operational since September 2014. It is the principal MDC in Victoria.
19. It currently consists of the following professionals:
 - 19.1 members of the Victoria Police Dandenong SOCIT;
 - 19.2 DHHS Child Protection practitioners;
 - 19.3 South Eastern CASA counsellors; and
 - 19.4 VIFM specialist forensic medical practitioners.
20. The operation of the Dandenong MDC is governed by the MDC Framework, which includes the Statewide Agreement between Victoria Police and DHHS. This outlines the non-legally binding components of the MDC framework at a Statewide level (**Attachment BAP-1**).
21. A key governance mechanism for the MDC is the Local Governance Meeting, which occurs monthly and is attended by senior managers from the SOCIT Project office, VIFM, CASA, and DHHS. Communications, facilities, and other operational matters are discussed at the Local Governance Meeting.
22. Additionally, the 'Protecting Children' Protocol between the then Department of Human Services (Child Protection) and Victoria Police, signed in 2012

(**Attachment BAP-2**), is an overarching protocol between Child Protection and Victoria Police. The Protocol provides guidance on a range of matters, including information sharing and guides aspects of the operation of the MDC. The information sharing practices of the Dandenong MDC are discussed further below.

Agencies co-located at the Dandenong MDC

SOCIT police members

23. There are 45 serving SOCIT police members and administrative staff working at the MDC.
24. SOCITs are specialist units responsible for responding to and investigating adult sexual offences and child abuse matters.
25. SOCITs replaced Sexual Offences and Child Abuse Units (**SOCAUs**) following the Victorian Law Reform Commission's Final Report on Sexual Offences delivered in July 2004. The Dandenong SOCAU transitioned to a SOCIT over a two-year period, which was completed by August 2012. A significant change was that SOCITs undertook the role of criminal investigations, which was something that the SOCAUs had not done.

DHHS Child Protection practitioners

26. There are six DHHS Child Protection practitioners who work at the Dandenong MDC, comprised of one supervisor and five other practitioners.
27. These practitioners are responsible for investigating and taking action under the *Children, Youth and Families Act 2005* (Vic) to protect children who have suffered, or who are at risk of, child abuse. More specifically, the DHHS practitioners who are based at the Dandenong MDC are part of the Sexual Abuse Investigation Team and are Registered Sex Offender compliance managers. The DHHS response to child physical abuse is facilitated by response teams who are located at the DHHS Government Services Office in Dandenong.

CASA counsellors

28. There are 23 counsellors from the South Eastern CASA who provide counselling to victims at the Dandenong MDC.

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29. Six of these counsellors deliver CASA's 'AWARE' program. The AWARE program is a counselling service for young adolescents demonstrating sexualised behaviours, often against siblings or at school. A number of these adolescents have been victims of crime themselves and the counselling is designed to target behaviours to steer them away from offending.
30. The remaining 17 counsellors work full time with adult sexual assault victims.

VIFM

31. VIFM specialist forensic medical practitioners with additional specialised training work at the Dandenong MDC on a daily basis. These doctors are responsible for conducting forensic examinations of adult sexual assault victims.
32. At present a paediatrician is not co-located at the MDC. The introduction of a paediatrician would be a positive development as the greatest volume of work conducted at the Dandenong MDC is in the area of Child Protection and concerns children.

Southern Health nurse

33. A nurse from Southern Health will be joining the MDC in the near future. The nurse will work at the MDC from Monday to Friday on a full time basis.
34. Over the short to medium term, community health nursing services will be provided to victims of any age who have experienced sexual assault. The plan is for the nurse to be available to consult with all clients of the MDC. The role of the community health nurse will be to:
- 34.1 undertake health initial needs identification and care planning;
 - 34.2 provide health advice and appropriate referrals to health services;
 - 34.3 offer health and wellbeing support including health coaching; and
 - 34.4 increase health literacy.
35. This service will be underpinned by the principles of community health care and the principles of MDC operations. Developing networks with, and building the capacity of, health and community professionals will also be a focus. Together

with all stakeholders, the community health nurse will actively contribute to MDC interagency collaboration.

Dandenong MDC's key features

36. The Dandenong MDC is located in a three-storey building, which co-locates each of the above agencies. The agencies provide services to victims on the ground floor.
37. MDCs are not police stations. Some of the features which distinguish the Dandenong MDC from a police station are that:
 - 37.1 it is for victims only – offenders are not brought to the MDC. An exception to this occurs in conjunction with the AWARE program offered by South Eastern CASA, described above. To ensure the safety of all victims at the MDC, participants in the AWARE program enter by a separate entrance, and use separate counselling rooms;
 - 37.2 the location of the MDC is kept anonymous;
 - 37.3 there is no police signage fixed to the building; and
 - 37.4 police members working at the MDC wear plain clothes and drive unmarked police cars.
38. Some of the design features of the Dandenong MDC include:
 - 38.1 purpose-built interview rooms, designed for the comfort of the victim;
 - 38.2 facilities for people with intellectual disabilities;
 - 38.3 play areas for children; and
 - 38.4 interview rooms adjoining play areas are separated by glass panelling, which enables parents to watch their children whilst being interviewed or receiving counselling.
39. There is also a case conferencing room with teleconferencing facilities. I refer to the role of case conferencing below. The case conferencing room is also used for training, which is delivered remotely to other MDCs across Victoria. It is

anticipated that in the future this room will also be used for victims to give evidence to courts remotely.

40. The MDC also contains two state of the art medical examination suites, the only two of their type in Victoria. These medical examination suites are designed to prevent cross contamination of evidence obtained during the forensic examination of a victim. The suites are forensically cleaned and properly sealed after each examination. VIFM has spent considerable time and resources developing best practice procedures for the collection and preservation of forensic evidence.

Accessing the Dandenong MDC

41. A victim may access the MDC for an adult sexual assault or child abuse matter in the following main ways.
42. If a call is made to '000', a Victoria Police divisional van will attend the incident as first responders. Upon disclosure that a sexual assault has occurred, SOCIT will be notified and will respond to the incident. Depending on the individual circumstances, the victim may be brought directly to the MDC and introduced to a CASA counsellor. A forensic examination of adult victims may then be conducted at the MDC in one of the specially designed medication examination suites. This will occur unless critical medical care is required in which case the victim will be taken to a hospital.
43. If a victim attends the Dandenong police station and reports a sexual assault or child abuse matter, the police member is directed to inform a SOCIT member at the MDC. A SOCIT member travels to the police station and collects the victim and takes them to the MDC. The procedure upon arrival at the MDC described in the preceding paragraph is followed.
44. South Eastern CASA manages the majority of its business from the Dandenong MDC. Victims can directly access the MDC by making an appointment with CASA. If the victim reports a relevant criminal offence (or at risk matter) to a CASA counsellor, at the appropriate time the counsellor will encourage the victim to report the matter to, or least have a discussion with, a SOCIT member at the MDC.
45. Child physical assaults are governed by the legislative framework under the *Children, Youth and Families Act 2005* (Vic), which provides for mandatory

reporting obligations and protective intervention. In the majority of instances, matters are referred to DHHS by general practitioners or schools. Once DHHS assesses the matter they may supply the SOCIT unit with an intake report. This report commences the police investigative process, which in many instances is acted upon in the form of a joint investigation by both agencies.

Agency collaboration

Case conferencing

46. One of the features of the MDC is case conferencing. Case conferencing involves each of the agencies conferring at the MDC about a victim, with the view to creating a plan to assist them through the system and the prosecution process, should they choose to proceed.
47. Formalised case conferencing occurs in all cases involving child abuse and child sexual assault, while formal case conferencing for adult victims of sexual assault occurs on an as-needs basis. For example, formalised case conferencing for adults may occur where the victim is identified as particularly vulnerable, or as having complex needs. For other adult victims, case conferencing may occur on a more informal basis, through consultation, information sharing and discussions as required between Victoria Police, CASA and VIFM.
48. The nature of case conferencing will depend on the needs of the victim and the type of offending. For example, for adult victims, CASA will not necessarily confer with Victoria Police until the victim has consented to engage with the process.
49. Importantly, case conferencing is an ongoing process. The tailored response and the support provided to individual victims are both revisited as and when required.

Joint training

50. One of the key methods used at the MDC to develop relationships and inter-agency understanding is through joint training, attended by Victoria Police, DHHS, VIFM and CASA staff. This training includes:
 - 50.1 an induction package and training provided to new staff members, in which the roles and responsibilities of each agency are explained; and

50.2 a 'Walk in my Shoes' training day, which involves representatives from each agency making a presentation to the group in response to a 'real life' scenario. In turn, each agency outlines how they would respond to the scenario as required by their organisation's mandate and practice models. Participants are able to ask questions and presenters are able to explain their agency's expectations and internal workings. We have found that this training helps enormously in building a shared understanding and respect between staff from the different agencies. As a result of this collaboration, victims benefit because they receive more streamlined services.

Information sharing

51. Each agency maintains its own information management system. There is no shared database.
52. Information sharing at the MDC is governed by the *Privacy and Data Protection Act 2014* (Vic). In so far as information is shared between agencies, this is subject to the limitations within that Act.
53. In practice, information sharing about adult victims between Victoria Police and South Eastern CASA tends to be limited, because in many instances victims do not wish to engage with the police or the prosecutorial process. However, if a victim does engage, case conferencing and victim support regularly occurs and information is shared on the basis of the consent of the victim.
54. Information sharing between Victoria Police and DHHS about child victims is more extensive, as Victoria Police often requires full disclosure from DHHS in order to perform its law enforcement and community protection functions. Similarly, DHHS may require full disclosure from Victoria Police in order to perform its own statutory functions, for example, when making a protection application and it is necessary for DHHS to be aware of the criminal history of a person. Both Victoria Police and DHHS are legislated protective interveners under the *Children, Youth and Families Act* and conduct joint investigations on a daily basis.

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55. My basic instruction to the SOCIT staff at the Dandenong MDC is that where it is demonstrated that a child or vulnerable adult is at risk or requires protection, then information may be shared.
56. Queries about the extent of information sharing are escalated to supervision management level. This includes the DHHS manager, myself and the South Eastern CASA manager (if required). Together, we will discuss the matter and make a determination.
57. If required, Victoria Police may seek a warrant to obtain particular information, although this is rare in the experience of the MDC.
58. As noted above, the 'Protecting Children' Protocol (see Attachment BAP-2, above), is the overarching Protocol between Child Protection and Victoria Police. This document reiterates the limitations in the privacy legislation (as it was then in force), but notes at page 32, in relation to child victims:

[t]here will be very few occasions when Child Protection and Victoria Police, acting in their capacity as protective interveners, will not be able to share information when, either unilaterally or jointly, they are investigating a report or making a determination under section 162 of the *Children, Youth and Families Act* as to whether or not a child is in need of protection.

Benefits of MDCs

59. In my view there are distinct benefits of the Dandenong MDC model compared with the co-location arrangement that previously existed at the Dandenong police station (which I have referred to above).
60. Having separate premises from the Dandenong Police Station creates an environment that is more conducive to responding to the needs of victims. The Dandenong MDC is a far more supportive environment for victims than the Dandenong police station.
61. Importantly, victims feel much safer and supported in the MDC because offenders are not dealt with in the same premises.

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62. It is also a more appropriate environment for counselling to be provided, because victims can be consulted more promptly and do not have to navigate a busy general police station in order to receive counselling.
63. Victims also benefit from having a doctor on site to conduct forensic examinations. As I have explained above, the design of the medical suites is such that evidence obtained in a forensic examination is protected from cross contamination, which enhances the criminal justice process.
64. Co-locating a medical professional on site enhances the way the SOCIT investigates and responds to crime. This co-location enables the SOCIT to obtain advice quickly in relation to medical issues arising in an investigation, which advice can inform the way an investigation proceeds and the charges that are ultimately laid against an accused.
65. As outlined above, one of the other key benefits is the enhanced shared understanding between agencies. Historically, staff from respective agencies simply did not have a very good appreciation of the workload and work practices of the other agencies. This caused misunderstanding and frustrations relating to time frames and response. Agencies now have a far better understanding of each other's workloads, protocols and practices.
66. Where a difference in work practices has the potential to cause difficulty - for example, where a protective application made by DHHS (which are aired in open court) contains information that may jeopardise a police investigation into alleged criminal offending - staff from each agency can approach each other directly, sit down, and discuss the issue with all of the required information. There are no gatekeepers or barriers, and we have found that the ability to have face-to-face contact facilitates a positive, efficient and effective working relationship.

Challenges for the Dandenong MDC

67. Dandenong has many culturally, linguistically and religiously diverse communities. Adequately addressing their many needs can be challenging.
68. For example, there are about 83 different languages spoken in Dandenong and, at times, there can be challenges in obtaining the assistance of the right interpreter at the right time.

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69. There are also challenges with engaging some members of culturally, religious and linguistically diverse communities to report crimes to the police. Some communities believe that their community leaders, rather than the police, are the appropriate responders to crime. Some victims also fear reprisals by their community in coming forward to police. I understand that Superintendent Charles Allen has made a statement in relation to the work of Victoria Police in engaging with diverse communities, including culturally, linguistically, and religiously diverse communities. I refer the Royal Commission to Superintendent Allen's statement for more information on this topic.
70. A significant challenge in Dandenong is the provision of support services for culturally and linguistically diverse communities. Although there are some excellent service providers, services for culturally and linguistically diverse groups are scarce.

Evaluation of MDCs in Victoria

71. The Family Violence Command of Victoria Police has recently engaged a consultant to commence an evaluation of the MDCs operating in Victoria, including the Dandenong MDC. I understand that the evaluation report is to be provided to Victoria Police before the end of the year. The full scope of the evaluation is contained in Part B of the Request for Quote 'Evaluation of MDCs in Victoria' (**Attachment BAP-3**).
72. The key aims of the evaluation are to assess the impact of MDCs on the practice, working relationships and culture of the agencies who work in them. The evaluation will focus particularly on service delivery, interagency collaboration, workplace culture and practice and governance. The evaluation will also focus on the impact of adding a family violence function to the MDC model. The evaluation will assist Victoria Police to identify the challenges and opportunities for improving the quality of services which MDCs deliver to victims.

Application of the MDC model to family violence

73. Based on my experience as manager of an MDC and in policing generally, aspects of the family violence portfolio could sit well within MDCs, which I explain further below. Applying a holistic approach to the sufferers of family violence, as

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presently occurs for victims of sexual assault and child abuse at the MDC, could be beneficial for victims of family violence, law enforcement and support agencies.

74. It is important to note that a large proportion of investigations by the SOCIT at the Dandenong MDC involve family violence, in the form of sexual offences against adults and child abuse committed by family members.
75. MDCs would need to be properly funded and resourced in order to respond appropriately to broader family violence issues and, in particular, recidivist offending.
76. Between 22 September 2014 (when the Dandenong MDC commenced operating) and March 2015, statistics obtained from the Crime Statistics Agency indicate that Division 3 of the Southern Metropolitan Region recorded an average of around 600 family violence incidents per month. Data obtained from the Dandenong MDC indicates that the SOCIT has conducted a total of 1359 new investigations since it commenced operations in September 2014, to July 2015. (This is local or operational data and is not official crime statistics data.)
77. Given the scale of the family violence problem, the 24-hour uniform first responders will always be required to attend such incidents in the first instance. To conduct the investigative aspects of recidivist family violence offending there are, currently, insufficient resources for the Dandenong SOCIT and MDC partner agencies to respond.
78. If appropriately resourced, MDCs could be particularly well suited to deal with recidivist family violence offending. Presently, the response to family violence incidents, including repeat incidents, generally occurs through the generalist divisional van dispatch.
79. If the MDC response model is adopted for family violence more broadly, in my view specialist training of police will be required to enable members to recognise, assess and respond to particularised offending.
80. At present, SOCIT members at the MDC are qualified at Detective Training School and they also receive a month-long specialist training course. This course covers a number of disciplines. In particular, it provides investigating and interviewing techniques to assist in obtaining a 'whole of story' statement from victims as well

as victim management. This specialist training is essential in drawing out the full story from victims, including children, victims with disabilities and cognitive impairments. The skills acquired enable police members to obtain all relevant and admissible evidence required to proceed with a prosecution of this nature.

81. If MDCs are to be expanded it is important to consider the range of additional supports that will be required to deal with victims of family violence more broadly. In my view, expanding the remit of MDCs in such a manner will require additional services to be co-located at MDCs to provide for the varying needs of victims.

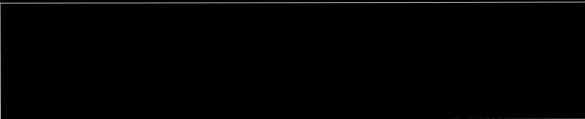
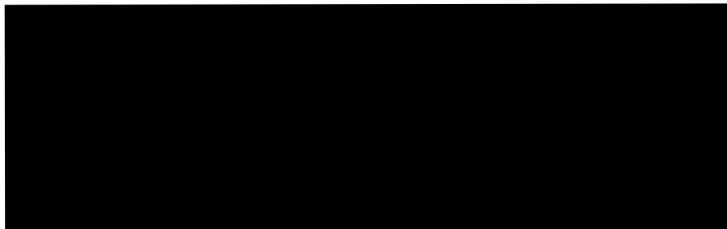
82. It is also important that the essential features of MDCs, which distinguish them from police stations (which I have referred to above), are retained. All of these factors assist in making the MDC a more conducive environment for vulnerable victims to attend and disclose their terrible experiences.

83. It will also be necessary for any joining agencies to work collaboratively with their MDC partners to share information where necessary to ensure the safety, welfare and continued confidence of vulnerable clients.

Signed by)
BRYCE ASHLEIGH PETTETT)
at Melbourne)
this 11th day of August 2015)



Before me



An Australian legal practitioner
within the meaning of the
Legal Profession Uniform Law (Victoria)