

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

**ATTACHMENT PN-5 TO STATEMENT OF PAUL RICHARD NAYLOR**

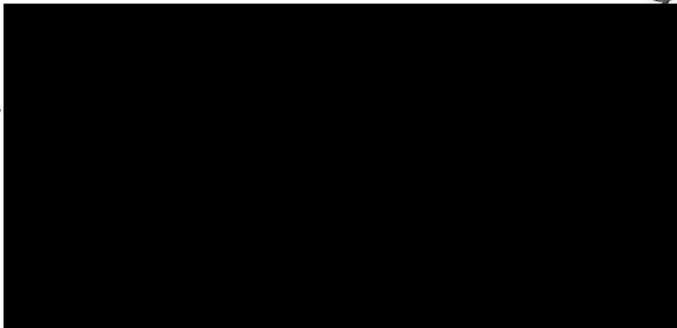
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This is the attachment marked '**PN-5**' produced and shown to **PAUL RICHARD NAYLOR** at the time of signing his Statement on 4 August 2015.

A handwritten signature in black ink, appearing to be 'PRN', located to the right of the text above.

Before me: .....



Attachment PN-5

**Victims' perceptions of the new SOCIT-MDC model adopted by  
Victoria Police**

**Martine Powell and Rita Cauchi**  
**Deakin University**  
**July 2009**



This research was funded by Victoria Police; however, the views expressed are those of the  
authors.

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- April Wilson and Jenny Underwood who transcribed the interviews

## Abbreviations

CASA	Centre Against Sexual Assault
CIU	Criminal Investigation Unit
DHS	Department of Human Services
FMO	Forensic Medical Officer
MDC	Multidisciplinary Centre
SOCAU	Sexual Offences and Child Abuse Unit
SOCIT	Sexual Offence and Child Abuse Investigation Team
VLRC	Victorian Law Reform Commission

## **Biography of the authors**

### **Professor Martine Powell [DipTeach, BAHons, MCLinPsych, PhD]**

Martine Powell is a researcher and trainer who specialises in police investigation of abuse. Most of her prior research has focused on the factors that affect witness testimony and what constitutes effective training of investigative interviewers. More recently, however, her work has focused on the personal and organisational barriers that inhibit effective investigation of abuse and the strategies for overcoming these barriers. Professor Powell has a multidisciplinary background. Prior to becoming an academic she worked as a psychologist assessing and treating child sexual assault victims. She is founding coordinator of the Doctor of Psychology (Forensic) course at Deakin University and has assisted in the design, delivery and/or evaluation of eight training courses for sexual assault investigators. Funding sources for her research to date include various state and national granting bodies (e.g., Australian Research Council, Criminological Research Council, VIC and NT Law Societies) and international granting bodies (e.g., NZ Marsden Fund, Social Sciences and Humanities Research Council of Canada), as well as tenders funded by various police organisations. To date, she has over 100 published papers related to the elicitation of evidence about assault and has over 70 conference presentations (three as invited keynote).

### **Ms. Rita Cauchi [BA, DipHums, DipEd, GradDipBehSc(Psych)(Hons)]**

Rita Cauchi is a full-time research fellow at Deakin University with prior research experience in the area of sexual assault investigation. In 2003, Ms Cauchi was awarded the Australian Psychological Society prize for first place in fourth year psychology at RMIT University. In 2004, she received a scholarship to complete a Doctorate of Psychology (Forensic) degree which she completed in 2009 under the supervision of Professor Powell (research thesis currently under review). During her doctoral degree, Ms Cauchi conducted several clinical placements, specialising in the treatment of child sex offenders with an intellectual disability.

Ms Cauchi has 17 years experience as a secondary school teacher; six of these years involved working with juveniles who had been in contact with the law.

## **Executive summary**

### **Background**

This is the third in a series of studies evaluating a new model of operation for the investigation of sexual assault, trialled by Victoria Police at two pilot sites. The new model of operation, the SOCIT-MDC model, was implemented to improve victim satisfaction and service quality, through the provision of a more efficient, specialised and user-friendly system.

The model is characterised by two components. First, it includes the delivery of core services to the complainant (e.g., police investigation, counselling, medical assessment) at single, stand-alone service sites referred to as ‘Multidisciplinary Centres’. In the previous system of service delivery (still in operation in parts of the state) victims needed to move *between* separate sites in order to obtain these services. The police service, in particular, was provided at police stations. Second, the new model includes the establishment of specialist teams of police investigators, referred to as Sexual Offence and Child Abuse Investigation Teams (SOCITs). SOCITs are responsible for providing victim support and liaison, interviewing and conducting the investigation. The preceding model of service delivery also contained specialist teams, referred to as Sexual Offences and Child Abuse Units (SOCAUs). However, unlike SOCITs, SOCAUs were not detective trained and thus their role was limited to interviewing and victim support — members of Criminal Investigation Units (CIUs) and Sexual Crimes Squads were responsible for the criminal investigation component.

### **Aims**

The aim of this study was to determine whether the new SOCIT-MDC model has resulted in more victim-centred and user-friendly service delivery by police.

### **Procedure**

The participants included 25 victims of sexual assault (24 females and 1 male) aged between 15 and 54 years. Each victim interviewed for this evaluation had reported sexual

assault to, or had their cases investigated by, a Victoria Police sexual assault team located at either a pilot (Frankston or Mildura) or comparison (Footscray or Bairnsdale) site. Seven of the victims accessed services from a SOCIT only, 7 accessed services from both a SOCIT and a team operating under the old model (i.e., SOCAU, CIU, Sex Crimes Squad) and 11 accessed services from teams operating under the old model only. A structured interview schedule was used to investigate the victims' perceptions of, and satisfaction with, their experiences reporting sexual assault and the police investigation process. Victims were also invited to speak about their experiences with other professional services they had accessed during the investigation process.

The interview data was organised, coded and analysed using principles of grounded theory to elicit the key themes arising in the interviews. Next, for each participant, and for each system referred to in the interviews (pilot or comparison site), it was noted whether the victim was satisfied overall with the police response. Finally, details provided by victims in relation to specific experiences of the investigative process were noted and subsequently classified as positive or negative.

## **Results**

The overriding theme to arise from all the interviews was the importance to victims of being treated with dignity and respect when engaging with service providers. Throughout the interviews, all victims (irrespective of their location and whether their experiences were positive or negative) highlighted six elements that assisted in maintaining victim dignity and respect during the investigation process. These elements included: (1) being treated as a valued complainant; (2) privacy and anonymity; (3) minimising the number of service providers; (4) timely response; (5) accessibility of services; and (6) understanding and keeping apprised of the legal status of the case. Importantly, these elements are highly compatible with the core features of the new SOCIT-MDC reform.

Support for the SOCIT-MDC reform was also demonstrated by other key findings:

- All except one victim who experienced the SOCIT- MDC system reported satisfaction with the process—this satisfaction rate (93%) was significantly higher than that of victims who attended the comparison sites (56%).
- All but 3 of the 25 victims explicitly stated that they preferred the new model of service delivery.
- When victims reflected on their experiences, a significantly greater number of positive comments and significantly fewer negative comments were made in relation to the SOCIT-MDC system compared to that of the comparison sites.
- The only persons to indicate that they would *not* recommend reporting were from comparison sites (these decisions were attributed to negative experiences with police and/or the criminal justice system).
- Of those 7 victims who had access to police from SOCIT as well as other teams, all except 2 (71%) felt that overall, the SOCIT-MDC system was superior.

### **Conclusion**

The findings provide clear evidence to suggest that the response of Victoria Police to victims who report sexual assault has become more victim-centred under the new SOCIT-MDC model of service delivery. This conclusion is entirely consistent with the perception of the 90 stakeholders we interviewed for the first study of this evaluation. Analysis of the ‘hard’ indicators (e.g., number of complaints withdrawn across the pilot and comparison sites) is the focus of the fourth and final report of our series of evaluation studies.

## 1.0 Introduction

This study is the third of a series of studies evaluating a new model of operation for the investigation of sexual assault by Victoria Police. The new model of operation, hereby referred to as the SOCIT-MDC model, is characterised by two core components which are examined in the current evaluation. First, the new model of operation includes the delivery of core services to the complainant at single stand-alone service sites referred to as ‘Multidisciplinary Centres’ (MDCs). At the time of this evaluation, the services located at MDCs include: (a) police (i.e., SOCITs), (b) Centres Against Sexual Assault (CASAs) which provide counselling and general victim advice and support, (c) Department of Human Services which investigate child protection matters, and (d) the Institute of Forensic Medicine which provides forensic medical examinations. In the previous system of service delivery (which was still in operation in parts of the state at the time of this evaluation) victims needed to move *between* separate sites in order to obtain these services. The police service, in particular, was provided at local police stations.

Second, the new model includes the establishment of specialist teams of police investigators, referred to as Sexual Offence and Child Abuse Investigation Teams (SOCITs). SOCITs are responsible for providing victim<sup>1</sup> support and liaison, and conducting the investigation. The preceding model of service delivery also contained specialist teams, referred to as Sexual Offences and Child Abuse Units (SOCAUs). However, unlike SOCITs, SOCAUs were not detective trained and thus their role was limited to interviewing and victim support—members of Criminal Investigation Units (CIUs) and Sexual Crimes Squads were responsible for the criminal investigation component.

The rationale for unification of the roles traditionally carried out by SOCAU members and CIU detectives is to provide more specialised, user-friendly and streamlined service

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<sup>1</sup> The term ‘victim’ is used, irrespective of whether the case of assault had been substantiated. This is consistent with other reports (e.g., Statewide Steering Committee to Reduce Sexual Assault, 2006).

delivery. The model arguably achieves these aspects because victims only need to liaise with one police person throughout the investigation. Further, unlike CIU detectives, SOCIT members focus purely on sexual offences. This is proposed to lead to greater appreciation of the elements to be covered in the interview and better understanding (through face-to-face contact) of the victims' experiences and difficulties in reporting. A more specialised response is also facilitated within the new model by improved training in investigative interviewing. In addition to the standard investigation and interviewing courses completed by SOCAU and CIU members<sup>2</sup>, SOCIT members complete two supplementary and highly specialised investigative interview training courses (one related to interviewing victims and one in relation to interviewing suspects). The aim of these supplementary courses is to provide more intensive practice and feedback in the elicitation of forensically relevant narrative detail from victims about offences.

Similar to the context in which team approaches to service delivery have been implemented in other countries (e.g., the SARC model in the UK; Pillai & Paul, 2006; Robinson, Hudson, & Brookman, 2008), the current model of operation arose from widespread concern among stakeholders about victims' low levels of confidence and participation in the criminal justice system and (consequently) unsatisfactory levels of arrest, charging and prosecution and the low conviction rates of alleged offenders. These concerns were echoed by the Victorian Law Reform Commission's (VLRC, 2004) final report which provided a major impetus for the current reform. The report stated that poor legal outcomes and victim reporting rates were due in large part to poor police decision-making and widespread attitudes of scepticism and disbelief among police toward victims (see also Statewide Steering Committee to Reduce Sexual Assault, 2006). The VLRC concluded that the system suffered from fragmented, inadequate and inconsistent service delivery that exacerbated victims' stress because victims had to repeat their accounts to numerous service providers. Recommendations

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<sup>2</sup> This includes the Field Investigators Course, the Advanced Diploma of Investigation (Detective Training School) and the Video and Audio Taped Evidence training course.

included the need for increased specialisation of forensic professionals and improved working relationships between key players to reduce delays in victim responding and the need for victims to repeat their response to numerous service providers.

In the first study of this series (conducted 18 months after the implementation of the SOCIT-MDC reform at two pilot sites), we elicited the perceptions of professional stakeholders ( $N = 90$ ) about the impact of the reform. The stakeholders included professionals involved in the MDCs (police, counsellors, child protection and medical practitioners), managers and senior executives at each organisation participating in the reforms, and legal professionals (Powell & Wright, 2009). The overriding theme to emerge from the stakeholder interviews was strong, unanimous support for the new SOCIT-MDC reform. Indeed, all of the stakeholders perceived that the adoption of a multidisciplinary, ‘victim-centred’, ‘one-stop shop’ model of service delivery was a major step forward in service delivery to victims of sexual assault. Further, the overriding perception was that having a qualified police member undertake the entire investigation (from the initial statement to brief authorisation) ensured a more efficient and user-friendly system for victims. Relative to the traditional model of service delivery still in operation throughout Victoria, stakeholders reported numerous positive outcomes of the SOCIT-MDC model including improved collaboration between service providers, increased victim satisfaction and reporting rates, increased referrals between professionals, reduced response and investigation times, better quality briefs and higher prosecution and conviction rates. Improvement in the quality of briefs of evidence was also supported by the second study of this evaluation, which compared covering reports to the briefs of evidence across pilot (MDC) and comparison sites.

Overall, the two prior studies of our evaluation of the SOCIT-MDC model suggest that the reforms have corresponded with a major shift in police attitudes to victims of sexual assault and improved service delivery. One missing element needed to draw conclusions about how well the system is operating, however, is *victims’ perceptions* about the service delivery.

Victims' perceptions of the system are critical for our evaluation because they directly impact reporting and attrition of cases (key concerns of the VLRC report). Further, just because the SOCIT-MDC model was designed and implemented to improve victim satisfaction, and is supported by stakeholders, this does not mean that it has been successful in improving victims' satisfaction. For example, Temkin (1999) reported that despite improvements in the specialisation of UK sexual assault investigators and the establishment of neutral service sites independent to police stations, the level of communication and follow-up provided by police to victims during case management was perceived by victims to be unsatisfactory. Jordon (2001) reported that despite the implementation of improved police training related to the impact of sexual assault and procedures to encourage better consultation by New Zealand police to victims about decision-making procedures, there was no apparent improvement in victims' experiences of the rape reporting process under the new system of operation.

In sum, the current study examined the impact of the SOCIT-MDC reform on victims' perceptions of service delivery. Specifically, we conducted interviews with victims from both pilot and two comparison sites. The comparison sites were deemed to be similar in population and sexual offence rates. Given that our aim was to elicit a thorough understanding of the victims' experiences and the reasons underlying victims' concerns (if any), our procedure involved in-depth face-to-face interviews with victims (as opposed to surveys) which allowed victims to elaborate on their experiences and perceptions.

So what findings would need to be revealed in the current study to conclude that the new model of service delivery has been successful in improving victim satisfaction and service quality? First, we would expect that when victims reflect on their experiences of reporting and the investigation process, the issues they highlight would largely mirror the core elements of the SOCIT-MDC model. Second, we would expect victims who experienced the SOCIT-MDC system to report significantly more positive experiences and better satisfaction with the process

compared to victims who reported sexual assault at the comparison sites where the older model of service delivery was still in operation.

The remainder of this report is structured as follows. We commence with an outline of the procedure and type of analyses conducted in this evaluation. Next, we provide an overview of the key findings (qualitative and quantitative analyses). Quotations are provided to illustrate the various themes. In the final section we provide an integrated discussion of the findings and their implications.

## **2.0 Method**

The current evaluation was approved by three separate ethics committees: Deakin University, Southern Health, and the Victoria Police Ethics Committees.

### **2.1 Participants**

The participants included 25 victims of sexual assault (24 females and 1 male) aged between 15 and 54 years. All victims had reported sexual assault to, or had their cases investigated by, a Victoria Police sexual assault team located at either a pilot or comparison site. Of the 25 victims, 7 accessed services from a SOCIT only, 7 accessed services from both a SOCIT and a team operating under the old model<sup>3</sup> (i.e., SOCAU, CIU, Sex Crimes Squad) and 11 accessed services from teams operating under the old model only.

For ethical reasons (i.e., to protect the anonymity of the victims), the recruiting process needed to be undertaken by SOCIT, SOCAU and CASA professionals with whom the victims already had contact. These professionals were provided with ‘recruitment packs’ including a cover letter detailing the nature and purpose of the current evaluation and an invitation to

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<sup>3</sup> For all but one of these cases, contact with two different police units occurred because the victim did not report in the area that the offence occurred (i.e., teams are only permitted to investigate sexual offences committed in their own geographic region). Four of the victims transferred into a SOCIT for this reason and 2 transferred out of a SOCIT into a comparison site. The remaining victim was managed by both a SOCIT team and Sex Crimes Squad because of the nature of the crime; the crime represented the highest level category offence which requires a collaborative investigative response between the regional unit and centralised crime department investigators.

participate in the study, a Plain Language Statement and written consent form(s), and a reply-paid self-addressed envelope to distribute to the victims. Importantly, the letter of invitation informed the clients that their personal information had not been disclosed to the researchers and that they were in no way obliged to partake in the evaluation. Interested individuals were asked to return (by mail) the written consent form(s) directly to the researchers and also to provide a telephone number that they could be contacted on. Upon receiving the consent forms, Rita Cauchi (researcher) then contacted each individual victim to organise a suitable time/date for the interview to take place.

Given that the recruiting process was undertaken by police and counselling professionals, it was not possible to determine precisely how many victims were informed of the current evaluation and how representative they were of all victims at the sites. However, the sample of victims who returned consent forms to us was heterogeneous in nature. To summarise, for all victims the investigation was complete except for one case where the police were still trying to locate the offender. Twelve of the cases involved recent offences, while 13 involved offences that were historical. Offences were reported to police between the years 2007 and early 2009; 11 proceeded to trial, 6 proceeded to committal hearing, and 5 cases were not authorised due to lack of evidence. Of the remaining three cases, one victim chose not to proceed to trial, another refused to give a statement, and in the third instance, the alleged offender has yet to be located. Importantly, the level of heterogeneity (in terms of age, referral to the study, access to counsellors and case type and status) was largely consistent across the pilot and comparison sites. This is shown in Table 1 which summarises case profile details at each of the two categories of sites. While the final sample size was somewhat smaller than originally anticipated, data saturation (i.e., when no new information was being obtained about the topics of enquiry; Sim & Wright, 2000) was equivocally reached.

Table 1

Victim demographic and descriptive factors across pilot and comparison sites

<b>Demographic/descriptive factors</b>	<b>Pilot sites</b>	<b>Comparison sites</b>
Age of victims	$M = 31$ years	$M = 30$ years
Percentage of cases from rural locations	16%	24%
Organisation referring victims to study	police = 50% CASA = 36% other = 14%	police = 56% CASA = 28% other = 17%
Percentage of cases where CASA was accessed	79%	72%
Length of time between sexual assault and reporting to police	< than 1 month = 50% 1 month -1 year = 0% > than 1 year = 50%	< than 1 month = 50% 1 month -1 year = 0% > than 1 year = 50%
Percentage of cases authorized to proceed	64%	72%
Percentage of cases where the outcome is known	71%	77%

## 2.2 Procedure

All interviews were conducted by Rita Cauchi. No time limit was set for these interviews (the length was dictated by the victim). The interviews ranged in duration from 21 to 88 minutes ( $M = 49.83$ ,  $SD = 21.00$ ) and were conducted between the months of May and June 2009. All of the interviews were conducted face to face at a Mildura, Frankston, Footscray or Bairnsdale CASA office. When scheduling interview times, care was taken to ensure that a

CASA counsellor was available on standby to provide immediate follow up counselling to any participant who took part in the study. Eight participants requested to speak to a counsellor at the completion of the research interview.

Prior to commencing the interviews, Ms Cauchi reiterated the purpose of the current evaluation, explained the open-ended format and the interview style, provided victims with the opportunity to ask questions, and sought approval to audiotape the interview. A structured interview schedule was adhered to for all participants. Each interview commenced with a broad open-ended question, inviting victims to reflect on their overall experience of reporting sexual assault. Further prompts were used to encourage the victims to qualify or elaborate on their stated perceptions or conclusions. For example, all victims were directly asked to talk about the strengths and limitations of the services they received, and how the services could be improved. Although the focus of the interviews was on victims' experiences of the reporting and police investigation process, victims were also invited to speak about their experiences of the other professional services they had accessed during the criminal justice process (e.g., police, CASA, FMOs, DHS, court support services). The interviews always concluded by inviting the victims to make any further comments that they felt were relevant and not covered in the interview schedule.

In addition to the above-mentioned prompts, there were several focused prompts that were asked in certain circumstances. For those victims who did not state these issues directly, they were asked: (a) the time when they reported and the current status of the case, (b) whether they would encourage a friend or family member who was sexually assaulted to report to police, and (c) how they came to learn about the study. The seven victims whose cases had been managed by both a SOCIT team *and* another team (i.e., SOCAU, CIU or Sex Crimes Squad) operating under the older model of service delivery were asked to report their overall experience and satisfaction with each system separately. Finally, at the very end of interviews with victims who had only accessed police services at a comparison site, these victims were

told about the key features of the pilot program and asked to briefly comment on their perception of the new model of service delivery.

A number of steps were taken to ensure that the participants had the autonomy to direct their responses toward experiences and concerns that were personally relevant to them, and to attribute their own meaning to these experiences. First, the interviewer played a passive role in the interviews, asking mainly broad open-ended questions (as per interview schedule) and providing minimal encouragers to seek clarification or elaboration where required. Second, the victims were not directly asked to reflect on details relating to the actual abuse itself. Third, the interviews took place in CASA counselling rooms to reduce the sense of police presence when victims talked about their experiences of reporting assault. Finally, the issue of confidentiality was raised with victims when scheduling the interviews, and again, immediately prior to their commencement. Each victim was informed that only a limited number of individuals with ethics clearance would be privy to the information gathered. Victims were advised that no details would be discussed outside of these ethics-approved personnel and that all information, including quotations used in any subsequent report, would be de-identified. They were told that this was primarily to protect their privacy, but that it might also give them the confidence to speak freely (i.e., either positively or negatively) on the nature of their experience with the various professionals.

## **2.3 Data management and analysis**

With permission, all of the interviews were audio taped and transcribed verbatim.

### **2.3.1 Analyses of key themes reported by victims**

The interview data was firstly organised, coded and analysed using principles of grounded theory (Browne & Sullivan, 1999). That is, the themes were inductively derived and grounded within the dataset. After the interviews were conducted, they were transcribed and coded. Comments and phrases were placed into categories based on similarities in their direct

and implied meanings. Further, the coding process was collaborative in nature; each of the two researchers (Rita Cauchi and Martine Powell) independently read all of the interview transcripts to discuss and debate key themes and to develop the coding protocol. Unlike reliability coding used in quantitative research, the value of multiple coding lies within the content of the interpretive discussions held between researchers, rather than the degree of concordance between the researchers (Barbour, 2001). Such discussions aided in refining the coding protocol to ensure that it adequately captured the content of the interviews.

During the analytical phase, quotations were also gathered to illustrate the key themes being described. Due to the sensitive nature of the research and the need to maintain the anonymity of participants, only broad descriptors are used when providing quotations to indicate whether the experience being referred to relates to a pilot or comparison site. Any identifying information was also removed from quotations, and quotations were corrected (where appropriate) for minor wording or grammatical errors.

### **2.3.2 Comparing victims' experiences across the pilot and comparison sites**

For each participant, and for each system referred to in the interviews (pilot or comparison site), it was noted whether the victim was satisfied overall with the police response. Next, details provided by victims in relation to specific experiences of the investigative process were noted and subsequently classified as positive or negative<sup>4</sup>. For example, a positive experience was one where a victim's reaction or interpretation indicated satisfaction with the process and a negative experience was one where a victim's reaction or interpretation indicated dissatisfaction with the process. We define a detail as any specific reflection relating to an actual experience or interaction with a service provider. Experiences were not coded more than once unless the victim provided a new reflection, perspective or insight about the experience. Text that was merely describing an individual, the offence, providing background contextual

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<sup>4</sup> The focus of these particular analyses was to compare victims' experiences of the reporting process across the pilot and comparison sites. Thus, comments regarding the benefit of counselling, medical or other support that were not directly relevant to the investigation process per se were excluded from the analyses.

information or elaborating on an issue already stated was not coded. For each detail reported it was also noted what particular theme the detail referred to. A research assistant, who was not otherwise involved in the current evaluation research conducted all of the coding, data entry and analysis for this component.

### **3.0 Results**

#### **3.1 Key themes reported by victims**

The overriding theme to arise from all the interviews was the importance (to victims) of being treated with dignity and respect when engaging with service providers. The words ‘dignity’ and/or ‘respect’ were used spontaneously by many victims when reflecting on the process of reporting sexual assault ( $N = 12$ ). However, the theme was not just evident in victims’ use of these terms – it was also shown in the way they spoke about their experiences, the professionals who interacted with them, and the elements of the system that assisted in minimising any additional stress or trauma arising from engagement with the service providers. Throughout the interviews, all victims (irrespective of their location and whether their experiences were positive or negative) highlighted six elements that assisted in maintaining victim dignity and respect during the investigation process. These included:

- (1) being treated as a valued complainant;
- (2) privacy and anonymity;
- (3) minimising the number of service providers;
- (4) timely response;
- (5) accessibility of services, and
- (6) understanding and keeping apprised of the legal status of the case.

In the remainder of this subsection, we provide a description of the six elements listed above and their reported benefit to victims across all sites.

### 3.1.1 Being treated as a valued complainant

The most critical factor to determine victims' satisfaction in the investigation process was whether they were treated as valued complainants. The term 'valued complainant' is a complainant who is considered by professionals as worthy of being listened to and worthy of having his or her allegations investigated thoroughly. All victims referred to this theme, and of all the comments raised in the interviews, 42% related to this theme.

In addition to the prevalence of this theme throughout the interviews, the importance of being treated as a 'valued complainant' was demonstrated in four ways. First, when victims judged their interaction with police during the reporting process to be positive or negative, these judgements were usually qualified in terms of whether the investigator treated them as a valued complainant. For instance, a positive interaction was typically described as one where the victim was allowed to tell their story (at their own pace), and where the officer listened to the story (without judgement), and was willing to do everything in his or her power to act on or follow up the evidence that the witness provided.

"My ideal type of (police officer) would be someone who you go to talk to and you can tell them anything and they'll listen. They'll advise you on things but they won't judge you." (Comparison site)

"Mine [abuse] happened 30 years ago and I came into that room thinking you're not going to be able to help me. When you think of some of the cases that they have right here and now you would think that they're more important. But they [police] made me feel my case has been important and that's what I appreciate." (Pilot site)

In contrast, a negative experience when reporting sexual assault was described as one where the officer disregarded or dismissed the victims' allegations or made assumptions about how the victims were feeling or thinking. Victims' perceived that they were being disregarded or dismissed when their evidence was trivialised or challenged, or when the officer made the conclusion on the victims' behalf (without providing adequate explanation or justification) that there was no value in proceeding with the victims' case.

"It was the most invalidating experience of my life to be told that it didn't happen when it did... She [the officer] just judged me as petty and silly and yes, it does a lot to you.

These [the police] are the people I trusted and who I thought were there to serve and protect me. They did neither.” (Comparison site)

“[Investigator] told me that he knew the guy that assaulted me personally. He had known him for years and couldn’t believe he would do it. He virtually told me I was a liar. I left that interview really really angry.” (Comparison site).

“One of the detectives pulled me aside and sort of confided in me and said, “It’s OK if things didn’t happen the way that they did, sometimes we can fabricate stories in our heads to make it seem OK”... When I heard that I felt more violated than anything because I couldn’t believe that I was being judged. I felt like the criminal instead of a victim.” (Comparison site)

Second, the process of being heard and taken seriously seemed more important to victims than the outcome of the case (i.e., whether the police were able to proceed with the charges or whether the case went to trial). Indeed, the behaviour and attitude of the investigator was a major focus of all the victims’ interviews, yet the majority of victims (72%, 18/25;  $\chi^2(1) = 4.84, p < .05$ ) did *not* explicitly state that the outcome of the trial or investigation (conviction or guilty plea) was important to them. For example, one victim whose case was ready to proceed to a committal hearing spoke of feeling so empowered by the officers’ skill and respectful handling of her case that she felt completely satisfied with the justice system and no longer wanted the case to proceed to trial. The fact that the case had proceeded to committal demonstrated to her that she had been heard and valued; however, she had doubts about whether she had the emotional strength to engage in a trial where her account would not be treated impartially by professionals.

“(The investigator) has been absolutely wonderful...I could see that determination, that gave me a lot of faith. He was very patient (and) really experienced...I decided not to proceed again to other hearings...I was given that power because I know I’m heard, I know I was believed, and I know the perpetrator will think twice before he does this again as he didn’t expect it to go so far...It all has worked out in my favour. I have no regrets.” (Comparison site)

Another victim who had reported historical abuse said that while she was disappointed that the case could not proceed due to lack of evidence, she was exiting the system with a very positive view of the police organisation and was satisfied that the officer had done everything in her capability to provide the best outcome.

“They [police officers] were fantastic, absolutely.. They listened... I sort of feel OK about my case not going forward because they [the investigators] believed me and did as much as possible.” (Pilot site)

Third, the importance of being treated as a valued complainant was demonstrated by the value some victims placed on professionals having *specialised* knowledge and experience in sexual assault investigation. Several victims recognised that sexual assault investigation was a very complex and demanding area of police work, due in part to the lack of physical evidence and to victims’ emotional vulnerabilities and memory limitations, which made it difficult for them to provide the level of detail and clarity that police require to lay charges. When victims felt reassured that the officer assigned to their case was experienced and knowledgeable in this area of work, they felt valued. In other words, victims felt the police organisation was acknowledging the personal effort it took for them to come forward by providing a high level of service delivery. Acknowledgement for the effort in coming forward, in turn, increased victims’ perceptions of (and engagement with) the system and their likelihood of coming forward again, or recommending the system to others, if required.

“Until you’ve gone through something like that you don’t really understand the importance of having specialist skills. It’s really striking.” (Comparison site)

“She’s got the passion for it [investigation] and I know historical cases are her forte. That makes me really comfortable working with her on my case.” (Pilot site)

In terms of the characteristics of police officers, investigative skills were considered more relevant than officers’ individual characteristics such as gender, rank and personality in determining victims’ satisfaction with the process. Indeed, when the issue of gender was probed in the interviews, 14 of the 25 victims reported that they had no preference for a male or female investigator<sup>5</sup>, even though most felt that female officers were more emotionally connected with them and were better able to understand what it was like to be sexually

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<sup>5</sup> Of the remaining 11 victims, 9 said they preferred female investigators (six had only ever experienced a female investigator).

violated<sup>6</sup>. Rather than viewing police officers as persons to seek emotional support from, victims tended to value signs that reflected a sense of professionalism, integrity and the ability to keep the victim safe.

“They [police] were impartial. They couldn’t say “Oh yes, you’re right. We’re totally there for you. But they actually *were* there! They did a lot of research and hours and gee, I was really wrapped that they did it... They weren’t biased in any way and I felt that’s how they had to be. They left me feeling good about the whole situation.” (Pilot site)

“I wanted to say “Stop asking me how I’m going. Just catch the bastard and put him in fuckin’ jail.” (Comparison site)

“When I was talking to her [investigator] I didn’t feel that it was shocking or overwhelming for her. She was very professional. That no-nonsense no-fuss [response] to what I was saying made it easier for me to talk to her and relate to her what had happened to me. It was that professionalism from her that made it easy for me...” (Pilot site)

“As a victim I was actually very procedurally oriented. I just wanted them to catch the guy.” (Comparison site)

Finally, the importance of being treated as a valued complainant was illustrated by the numerous case examples provided by victims explaining how extreme negative stereotypes of police had been overturned by a single positive experience with a competent and highly professional investigator. One victim, for example, spoke of an extremely uncomfortable experience with a detective where she had felt ‘intimidated’. When this officer decided not to proceed with the case (due to a perceived lack of evidence) the victim appealed to the OPP. Subsequently, the decision was reversed and her case was taken over by another detective. Whereas at the time of the appeal her perception of the police was extremely negative, she now perceived the police (due to the skill and dedication of the second detective) as being ‘absolutely wonderful’. One of the younger victims claimed that because of the highly competent handling of her case by the investigator, she now wanted to join the police

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<sup>6</sup> Gender and age of service providers was reported to be more relevant in relation to medical practitioners and counsellors where service delivery was more confronting on an emotional level. Here, victims generally had a strong preference for female counsellors and medical practitioners, and older victims preferred counsellors who had more life experience. Interestingly, one older victim described feeling upset about being assigned a 27-year-old counsellor but said that the officer would not have been much older, but that did not matter to her.

organisation. Another victim who reported being raped by an on-duty police officer explained how she was able to overcome her extreme distrust of police through the competent handling of her case.

“It’s been 30 years...I wouldn’t trust (police). For another person who’s been in my situation, the last thing you’d want is to see another police officer. It’s taken me that long to actually be able to talk to someone who was a police officer about this. I needed to trust a person to do that...(The officers here) were fantastic, absolutely...My memory has faded so much, but they believed me, which is great and how I was treated was just fantastic.” (Pilot site)

### **3.1.2 Privacy and anonymity**

The issue of privacy and anonymity was raised by 20 of the 25 participants that we interviewed; 6% of all comments raised throughout the interviews related to this theme. Privacy was usually mentioned within the context of whether the victim would be identified by people in the community when accessing police services. This issue was considered so important that for some victims it was a consideration when deciding to report sexual assault. Of those victims whose investigations had been handled solely at comparison sites, 5 had emphasised that attending the police station when reporting their assault was very stigmatising. Several victims who attended MDCs ( $N = 7$ ) declared that they would have been reluctant or hesitant to report their assault if it had required attending a police station.

“I don’t think I would have reported if I’d had to go to a police station...Even the idea that somebody sees you from the outside thinking, “Why is she going to the police station?” Here [MDC] it just looks like any other building. Nobody knows your business. They’re not all in uniforms.” (Pilot site)

“If this was actually at the police station that would have been harder because I would have been on the main road. Everyone would ask, “What are you going in there for?” So I actually found that this place, being away from the police station, was a lot more helpful for me to come and report the incident.” (Pilot site)

The issue of privacy was also brought up by victims in relation to the soundproofing of interview rooms. Inadequate soundproofing of counselling rooms at the MDCs, in particular, was a concern raised by several victims. For example, one victim reported that the only way to

remain calm when waiting to see her counsellor was to play music on her MP3 player because this blocked out the sound of distress from other victims who were in the process of receiving counselling.

“Just the sound coming through ...I really try not to pay attention...Sometimes I have to put music on because I can hear someone’s upset or yelling. Even when they’re just talking you can hear them.” (Pilot site)

“Oh it’s fine in this room but not in the interview rooms. The walls are so thin you can hear everything going on.” (Pilot site)

Finally, concerns about privacy were raised by victims in relation to the number of different professionals (e.g., investigators, counsellors, medical practitioners) who had access to the victims’ case files. The more people who knew about the victims’ experiences, the more exposed or vulnerable the victims felt.

“You don’t actually know who knows... You don’t know how many people have looked at your file. It’s a privacy thing. I know you shouldn’t but you feel ashamed. It’s hard not knowing who knows—not that you really want to know that 10 other people know... Working with one person was a positive.” (Pilot site)

Concern about anonymity was most prevalent at the rural sites, because the small population heightened the risk that professionals working on the case would know the victim (or offender) in an informal capacity, or that the victim would be recognised by someone in the community walking into a service site.

### **3.1.3 Minimising the number of service providers**

All victims raised concern about the importance of minimising the number of different service providers; 9% of all comments about the investigation process addressed this theme. Most victims expressed a strong need for having the *same* investigators and counsellors throughout their entire process. There were several perceived benefits of this. First, minimising the number of service providers reduces the number of times victims need to repeat the details of their assault and it also enhances victims’ sense of privacy and anonymity. Talking about their traumatic experiences was described by many victims to be a difficult process irrespective

of the context; however, reporting these details to a complete stranger was seen to compound victims' difficulties because the establishment of trust and rapport with a professional was considered integral to providing honest and detailed disclosures.

“You feel a connection with someone that you've been through something with or helped you through something, and that's what's made it so easy to confide in that person, to tell them everything that you know and it's just made a lot easier just dealing with one person, not so many people.” (Comparison site)

“I don't deal with [SOCAU member] anymore which is one thing that I get disappointed about because I feel that I related to her and now it's cut off and I'm just hearing from this other detective. He knows what's going on but I don't feel any connection to him so that makes it hard.” (Comparison site)

“It's very difficult to explain things so personal to someone who's just a stranger. And if you have to do it over and over and over again and every person is a stranger, it doesn't help. All you're doing is just telling a really sad story to lots of other people.” (Pilot site)

Several victims reported such a strong sense of connectedness and attachment to their counsellor and investigator that they suffered grief and loss when these professionals were no longer able to work on their case. One victim said that she found the loss of her counsellor so traumatic that she ceased counselling prematurely when her counsellor left, just to avoid having to develop a relationship with a new counsellor.

“The counsellor had to move somewhere else so I had to build up a rapport with a new counsellor... It's totally like losing a parent and going to a foster home. It wasn't that bad but I'm just saying that you build up that rapport, because I had that first counsellor from day one and she has seen me through everything and then you have to start again when you've been handed over.” (Comparison site)

Third, having only one point of contact within the police organisation was reported by victims to enhance their ability to keep abreast of the progress of the case. This was because the investigator would be better informed of the case progress and there would be less potential for miscommunication or misunderstanding due to the stronger relationship between the victim and investigation.

“It's easier to get the facts correct when you're just dealing with the one person, because they can go, “Well hang on, you said this last week”, so it's more helpful. It's very difficult to remember things when you're all stressed and upset and sometimes you

might get things wrong. If you're talking to someone you don't know or haven't talked to before, then it's distracting cause you get a little bit more caught up in the person that you're dealing with. You're kind of thinking more about them than you are about what they're telling you or you're telling them. So that distracts you from your own experience and being able to relate, because you're not thinking about that so much, you're thinking about this person, how uncomfortable they're making you feel." (Pilot site)

As one victim explained, having access to just one investigator provides individualised service delivery. Having access to numerous service providers is like 'dealing with an organisation'.

### 3.1.4 Timely response

When describing the process of initially disclosing details of their sexual assault or deciding whether to make an official statement, victims talked about the importance of being able to take their time without undue pressure from professionals. However, in relation to the investigation process *after* the initial disclosure, speed of service delivery was the key concern. This issue was raised by all except one of the victims we interviewed (8% of all points raised in the interviews related to this issue). Further, the importance of a timely response was raised in relation to all professional services and about all stages of victim management. This includes: the response of emergency and medical staff, the elicitation of victims' statements and the investigation process, the assignment of counsellors and the commencement of the trial. In over half of the instances where the issue of timing was raised (53%), victims spoke about the speed of service delivery in a negative light (i.e., to complain about the inconvenience imposed by lengthy delays).

"The forensic doctor wasn't going to be available until something like 10.30 or 11am and the assault probably took place around 6 a.m... There was a gap in waiting time and this needs to be addressed. You're under an enormous amount of stress, fear, trauma and I just think that it's critical that the doctor gets here immediately...I was already traumatised and then I had to sit around numb and stunned trying not to do a wee to get rid of evidence. Of course I *needed* to wee. I'm 50-odd, I've had two babies!" (Comparison site)

"We were stuck in there for two days in that room. Two days is a long time to be chucked in a little room answering questions." (Pilot site)

“I have to say, there was a big lapse in between the time where I was assaulted and when I heard that it was going to a committal... There was period of nearly two years before I was even told that it was going to a committal hearing.” (Pilot site)

“I’m ready to have counselling now. I rang and I still haven’t heard back from them for five weeks.” (Pilot site)

In relation to the interview process, note taking was an issue raised by some of the victims, who complained that this slowed the process considerably and impeded the officer’s ability to listen to the victim and get an accurate record of the information.

Having the case dealt with quickly was important to victims because it assisted the healing process. In relation to professionals’ initial responses, rapid service delivery was about the victim feeling safe and ensuring that his or her medical needs were attended to.

“I made my 000 call a few times just in fear and anxiety. Their response was darn quick. Having someone on the spot was a very positive experience in terms of feeling safe and the shock and trauma I was experiencing.” (Comparison site)

In relation to the investigation and evidential process, minimising delays reduced the number of constant reminders of the victims’ abusive experience and the anxiety and stress imposed by the victim’s uncertainty about the outcome of the case and how he or she would cope psychologically during the trial.

“You want to block it out of your mind. You just want to get on with your life. It just drags you down. You need to move on so the length of time was terrible because you knew that build up to it and always being on your mind whether you want to think about it or not you knew it was coming and you wanted to get it over and done with. So that was horrible.” (Pilot site)

Further, the longer the case went on, the harder it was for victims to keep apprised of the status of their cases, and the more likely they would be exposed to new service providers (e.g., new investigators replacing existing investigators on leave).

### **3.1.5 Accessibility of services**

Easy access to services was a major theme raised in the interviews. It was raised by all participants and 18% of all comments referred to this issue. Having the key services under one roof was considered by victims to be the ‘ideal’ form of service delivery. All victims who had

accessed an MDC commented on the benefit of doing so when raising this theme. All except one of the victims who reported under the older (fragmented) form of service delivery said (when prompted on this issue) that they would have preferred to have had services co-located<sup>7</sup>. One obvious advantage of having the services in one location is that it minimised victims' travel time and other practical challenges involved in accessing services which was an added source of stress for victims.

“It [co-location] is a really good idea because when you're not thinkin' the clearest and it's all here, ready to go, it's good... It's important cause you don't have to go shopping for things [the various services]. Everything's in the one spot and you don't have to rely on your memory to remember to do this and do that because at the time you're not thinkin' straight.” (Pilot site)

“It's really important that they combine all the services under the one roof to make it as stress-free for the people that are having to go through what they're going through. It's really important for us and our peace of mind and for our benefit as well. Instead of going to four or five different places – I just had to go to that place and that's all I needed to worry about. That's beneficial for the persons' [victims'] wellbeing.” (Pilot site)

Another victim declared that having regular access to the police when attending her counselling sessions meant that she was more easily updated about the progress of her case, as getting access to a private phone to make or receive calls was not easy. Further, the familiarity of the surroundings and the presence of counsellors in the building provided a source of comfort to victims while engaging in the forensic process.

Victims' preference for co-located service delivery, however, was not solely an issue of convenience and reducing the stress associated with accessing services. Importantly, co-location was reported to enhance the willingness of those who had not initially intended to report their assault to make a formal complaint, because it gave them the opportunity to interact with investigators informally (e.g., to ask questions about the process prior to reporting) and to

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<sup>7</sup> The one victim who expressed no preference for co-located services was the victim of a brutal sexual assault whose case was investigated at a comparison site. She stated that although she was happy with the police response, she would not want to go back to the location where she had reported details of the offence as she had been traumatised by her experience. Therefore, if she were to access the services of CASA she would prefer to do so at a different location.

act immediately on their decision to report if this arose within the context of a counselling session. These factors, in turn, were deemed to increase the likelihood that victims would report their assault.

“I started talking to my counsellor about the sexual assault. She basically just said, “Oh would you like me to organise one of the police officers to come in if you’re willing to take it to the police?” I found it was good because I didn’t have to go nowhere else. I didn’t have to try and build up the urge to go to the police station. While I was still in that frame of mind I just went straight into a next room.” (Pilot site)

“It is good to have the one-stop-shop - everything is there at your fingertips when you need it. If you remember any new things with the counsellor you can go and speak to the coppers up the front straight away.” (Pilot site)

“As soon as I told my counsellor I was ready to go forward [to report] she was able to just walk down the passageway and get the particular officer. If it had been located in a different place, it might have just been, “Well we’ll make an appointment for you to go and see them at another time”. Instead, I had the officer come down to talk to me. I met him so I knew the next day when I walked in to talk to him [to make my statement], where I was going and who he was and what he was like. That to me was very positive. In fact I thought that was one of the most important things, introducing me the day before the statement because I knew who I was going to talk to and it wasn’t going to be strange...If they’d said, “We’ll make an appointment next week” or whatever I might have actually said forget about it. Because I met the person straight away I felt I’d made the first step. I can make the second step now and do the statement.” (Pilot site)

Co-location of services was also perceived by victims to enhance their competency as witnesses and to reduce victims’ reliance on the police investigators’ skills in providing a victim-support role. The act of reporting intimate details of assault to police investigators was described by victims as such an intrusive and emotionally challenging procedure that it often left victims feeling “vulnerable and exposed”. Counsellors were described as facilitating victims’ sense of emotional stability which (in turn) increased victims’ ability to understand and effectively engage in the criminal justice process.

“If I didn’t have anybody [support person] and I only just had myself and I needed to tell my story, then those [police investigators] are the only people that I’ve got to believe me, to look after me so to speak. So if I didn’t have [support person] I think I would have liked to get a lot more attention and care from the police.” (Comparison site)

“If you’re speaking to the coppers and you have a breakdown you can go and talk with the counsellor.” (Pilot site)

“I wouldn’t have survived this without CASA—not for a second. Everything from academic to all these protocols, the police formalities, all this legal stuff was all new to me and my counsellor was there through each and every process... My counsellor is still with me even after such a long time of hearing nothing from the police.”  
(Comparison site)

One victim who attended an MDC explained how a counsellor pulled an officer aside on her behalf, explaining that the victim was not in any state to engage in further questioning—the victim was grateful because while she agreed with this judgement, she did not have the courage or ability to state this to the officer.

"One day, the counsellor turned around and told one of the sergeants, "Look, back off. She’s not ready to do this [interview]." She stepped in and thought this is out of line. So it [co-location] seems like a better way to sort of monitor each other. It gives you a feeling that they’re working as a unit and that they understand each other’s jobs. I felt good about seeing her tell that to one of the sergeants. It made me feel it’s not just another police station with a fancy cover. They’re not just here to get the information and send me on my way. They sort of provided a good service." (Pilot site)

Importantly, criticisms about accessibility of services were not restricted to the comparison sites. The cold temperature and uninviting entrance of the MDCs was reported to minimise accessibility of these services in an emotional sense, and difficulty in accessing the metropolitan MDC by public transport was a criticism made by more than one victim.

“Normally I wouldn’t have a car so I would have to catch a bus from (suburb). That’s OK catching a bus from (suburb) to Frankston Station but then I’ve got to get from Frankston Station to here. Now do you know how far that is? It’s a bloody long way. Once again my response to this SOCIT situation is that it’s really important and the service is absolutely wonderful, but it’s in the wrong geographic location... Although it’s really discreet and not got neon lights, it’s too far away from people who have no access to private transport... I need ongoing support from my counsellor but if it’s a rainy, freezing cold day and I’ve got to walk all the way up Nepean Highway do you think I’m going to come for the appointment or the support I need? No way. It’s too hard.” (Pilot site)

Victims also complained about lack of access to counsellors after hours, and the fact that the services are not widely publicised among the public.

“There are so many rapes that don’t come forward and if they [victims] actually knew of the services that CASA can offer as a whole then they may come forward whereas

people don't know CASA. It's great you can't find them for privacy but at the same time it's a problem." (Pilot site)

"It [the service] is not advertised enough. When I was growing up there was nothing about being able to talk to someone...if you're getting abused by someone. I remember they [school staff] constantly asking me what was wrong and why I was such an angry child – why I was acting out at school. The police should just voice it more." (Pilot site)

"What I found most difficult was being so young and not having a clue about services or where to go... It's important to let people know about it because if no one knows that this place is here then it's not going to help." (Pilot site)

### **3.1.6 Understanding and keeping apprised of the legal status of the case**

The final theme raised by all victims was the need to understand the legal process and having up-to-date knowledge of the status of the case. This theme was raised by all victims and constituted 17% of all issues raised about the investigation process. Keeping apprised of the case status assisted in reducing victims' anxiety and uncertainty thereby assisting the psychological healing process. Further, keeping apprised of the case status was perceived by victims to minimise misunderstandings (on their part) that could lead to disappointment, anger or resentment when procedures or outcomes were not consistent with victims' expectations. For example, one victim who had attended a SOCIT site reported being telephoned unexpectedly the day before her trial and given one hour to decide if she wanted to accept a plea bargain. The victim said she had wanted to discuss the issue with her counsellor but was unable to contact this counsellor at short notice. This situation would not have arisen, she believed, if she had been kept up-to-date with the case and was forewarned that a plea bargain may be a possible decision she needed to make in the future.

"I got rung up 3 o'clock Monday afternoon. I was to go to court on Tuesday afternoon for trial in front of a jury. The detective rings me and tells me that the perpetrator has entered a plea bargain—he'd like to enter indecent assault. I'm alone at home, I have to let him [detective] know in one hour. Will I accept his plea bargain of indecent assault or will I go ahead with the trial? I'm left out on a limb, I have to make that decision... the detective gave me no specific guidance... I went to trial... the day of the trial I found out that they found DNA of his inside my undies or something, no my DNA inside his undies something like that. This is what I was saying, I wasn't kept informed about what they were trying to do and what they were up to and all of that." (Pilot site)

Another victim, whose case was yet to go to court, explained of the importance of understanding the issues that were going to be raised, and how they impacted the outcome of the case.

“It was good to know how things were progressing and also [investigator] giving me her views on the responses that she got from people whether they were positive or negative to my case or helpful or not and just the way that things were progressing. It was good not just to get to court and realise that everything that I said fell flat on its arse because there was nothing to substantiate it. I didn’t want to come here and be bullshitted by someone – I’d rather the facts as hard and cold as they may be. I’d rather not be mollycoddled along thinking that everything’s grand when it’s not. At least I’ve always known where I stood and how the case was looking and all that comes down to professionalism.” (Pilot site)

Overall, most victims spoke about how alien the investigation and legal process was. Several victims said that if they had been more aware (in advance) of their role, the level of contact given as time progressed and the level of intimate detail required when providing a statement, then they would have been less traumatised and better able to engage in the evidence-gathering process. One victim spoke of getting a booklet on how victims are dealt with by police and CASA and what to expect if the case went to court. She claimed that this written material had been extremely beneficial.

### **3.2 A comparison of victims’ experiences across the pilot and comparison sites**

This section provides a markedly different type of analysis to the previous section of this report. The purpose of this section is to examine the degree to which the elements reported in Section 3.1 were facilitated by the SOCIT- MDC model. Specifically, we compared victims’ perceptions of their experiences depending on their location (pilot or comparison site). In the remainder of this section, we provide a description of the key findings.

As explained in Section 2.1, seven of the participants had accessed services by both a SOCIT team *and* another team (i.e., SOCAU, CIU or Sex Crimes Squad) operating under the older model of service delivery. Five out of 7 of these cases were based predominantly with a SOCIT throughout the investigation period and the remaining two were based predominantly

with another team. Irrespective of whether these victims' responses about the site where they spent less time were included in the analyses or not, the pattern of results is consistent. All analyses in this section are thus reported with these seven participants included in both the pilot and comparison sites (i.e., total  $N = 32$  in all reported analyses).

### 3.2.1 Victims' satisfaction with the police response

A chi-square analysis<sup>8</sup> was employed to ascertain whether there was any association between the service model and overall satisfaction with the police response<sup>9</sup>. This was the case. Victims who reported within the SOCIT-MDC system ( $N = 14$ ) more often reported being happy with the process (92.9%) than the victims ( $N = 18$ ) who had experienced other police service teams (55.6%),  $\chi^2(1, N = 32) = 5.42, p < .05$ .

Greater satisfaction for the SOCIT-MDC system was also consistent with victims' decisions regarding whether they would recommend reporting of sexual assault to others. The only persons to indicate that they would *not* recommend reporting ( $N = 2$ ) were from comparison sites (these decisions were attributed to negative experiences with police and/or the criminal justice system). Further, of those 7 victims who had access to police from SOCIT as well as other teams (i.e., CIU, SOCAU or Sex Crimes Squad), all except two (71%) felt that overall, the SOCIT-MDC system was superior. The two who did not declare that the SOCIT-MDC system was superior had no particular preference for either model. Of the 11 victims who had only accessed police services at a comparison site, all but one of these victims (when told about the new model at the end of their interview) declared that they would have preferred the

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<sup>8</sup> Chi-square tests were used to assess whether satisfaction ratings significantly differed across the two groups (i.e. pilot sites vs. comparison sites). A statistically significant difference implies that a finding or a result is caused by something other than chance. Usually, this is set at less than 5% probability ( $p < 0.05$ ), meaning that the result would be produced by chance no more than 5% of the time.

<sup>9</sup> All but two of the victims explicitly stated in their interview whether or not they were satisfied overall with their experience of reporting sexual assault. For the remaining two participants (both of whom had reported at a comparison site) their reaction was mixed. After careful reflection and discussion of these two interviews, we coded them as a satisfactory response to the process. This was a conservative judgement, which would have reduced rather than increased the difference score in satisfactory ratings between the SOCIT-MDC and original service model.

new system. The remaining victim said that for others the new system would probably be better but in her particular circumstances it would not have made any difference because the level of service she received was excellent<sup>10</sup>.

### 3.2.2 Details related to victims' experiences during the investigative process

Figure 1 presents the total number of positive and negative comments that arose in the interviews. The data is recorded separately for references made about the SOCIT-MDC system and those regarding the preceding model of service delivery. Initially, two independent sample *t* tests<sup>11</sup> were conducted comparing the total number of positive and negative comments across the pilot versus comparison sites<sup>12</sup>. Overall, a significantly greater number of positive comments were made by victims in relation to the SOCIT-MDC system ( $M = 51.50, SD = 35.09$ ) compared to the comparison site ( $M = 17.78, SD = 19.04$ ),  $t(18.88) = 3.24, p < .01$ . Further, significantly fewer negative comments were made by victims in relation to SOCIT-MDC system ( $M = 13.07, SD = 18.00$ ) compared to the comparison sites ( $M = 34.00, SD = 28.73$ ),  $t(28.87) = -2.52, p < .05$ .

Figures 2 and 3 present the mean number of positive and negative comments that arose in relation to each of the six individual themes mentioned in Section 3.1. As can be seen, the pattern of means is consistent such that the numerical values are always in favour of more positive and less negative comments related to the SOCIT-MDC than comparison sites. When performing separate *t* tests for each of the themes, a significantly higher number of *positive*

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<sup>10</sup> This case was different to the others in the sense that the victim had considerable knowledge about the criminal justice system already through her professional training and experience. Further, the offence was of the highest category and thus the police response was immediate and very resource intensive.

<sup>11</sup> T-tests were used to determine if there is a statistically significant difference between the mean score for the two groups (i.e., pilot sites and comparison sites) on some continuous variable (e.g. number of positive and negative comments). A statistically significant difference implies that a finding or a result is caused by something other than just chance. Usually, this is set at less than 5% probability ( $p < 0.05$ ), meaning that the result would be produced by chance no more than 5% of the time.

<sup>12</sup> Levene's test of equality of error variances was violated for several analyses reported in Section 3.2.2 (this is not unusual). In these situations unequal variance estimates were interpreted.

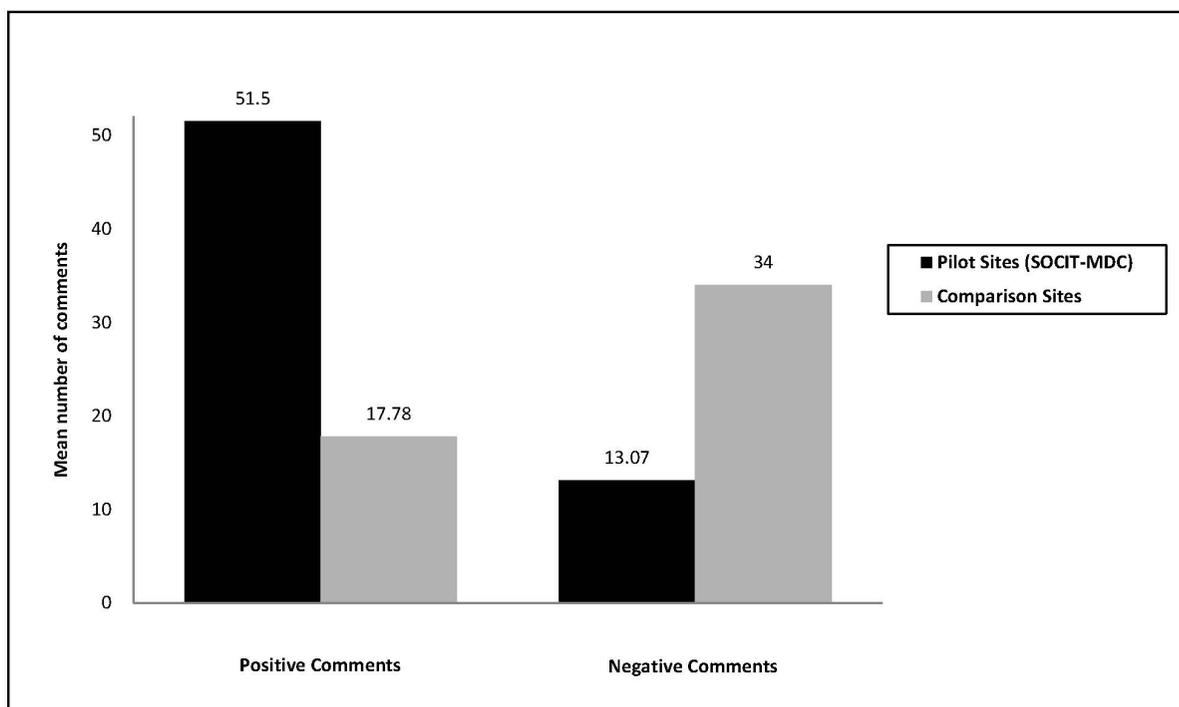


Figure 1. Total mean number of *positive* and *negative* comments collapsed across themes.

comments about the SOCIT-MDC system were evident for all themes except ‘timing of response’ where there was no significant statistical difference in comments reported across the pilot and comparison sites. In relation to the negative comments, analyses revealed a statistically lower number of SOCIT-MDC comments for three themes (‘being treated as a valued complainant’, ‘minimising number of service providers’, and ‘keeping apprised of the process’). For the three remaining themes (‘privacy’, ‘timely response’ and ‘accessibility of services’) there was no significant difference in the number of negative comments across the pilot and comparison sites. Appendix A provides the results of the separate *t* test analyses, along with the means and standard deviations. Appendix B provides examples of positive and negative comments about experiences for each of the six themes reported in Figures 2 and 3.

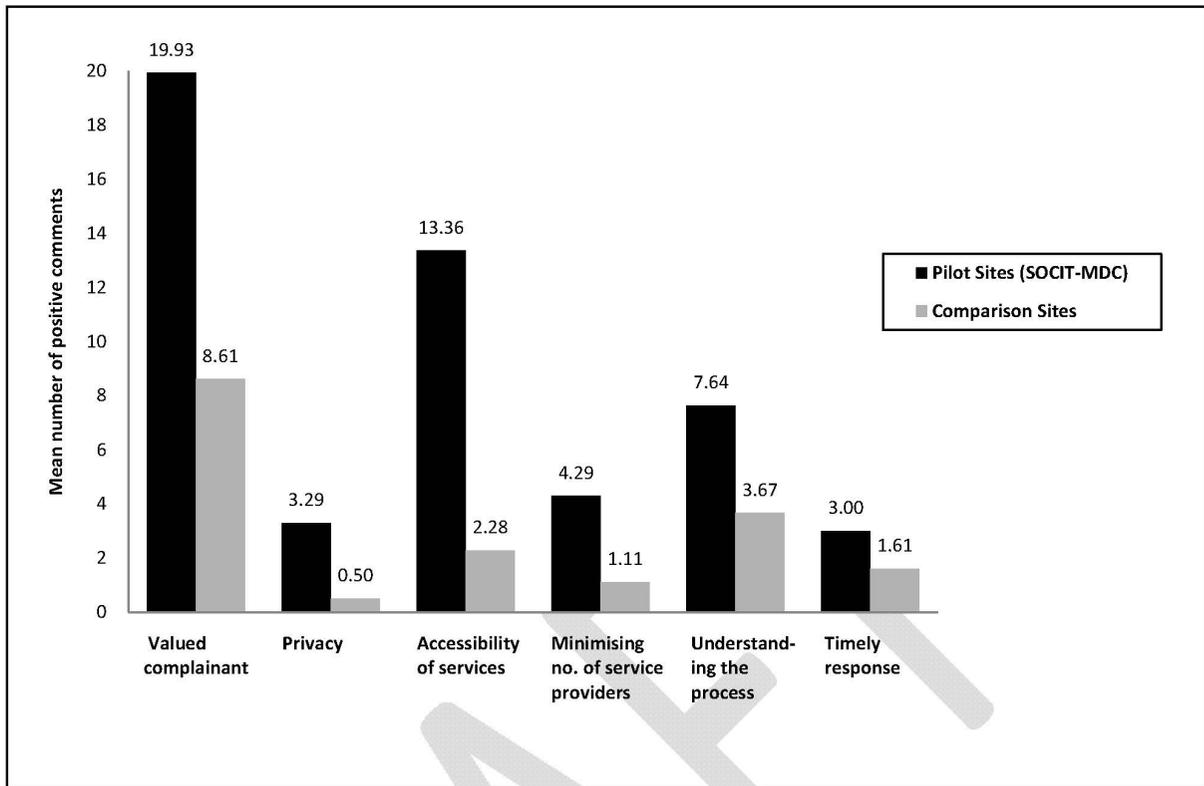


Figure 2. Mean number of *positive* comments across the six themes.

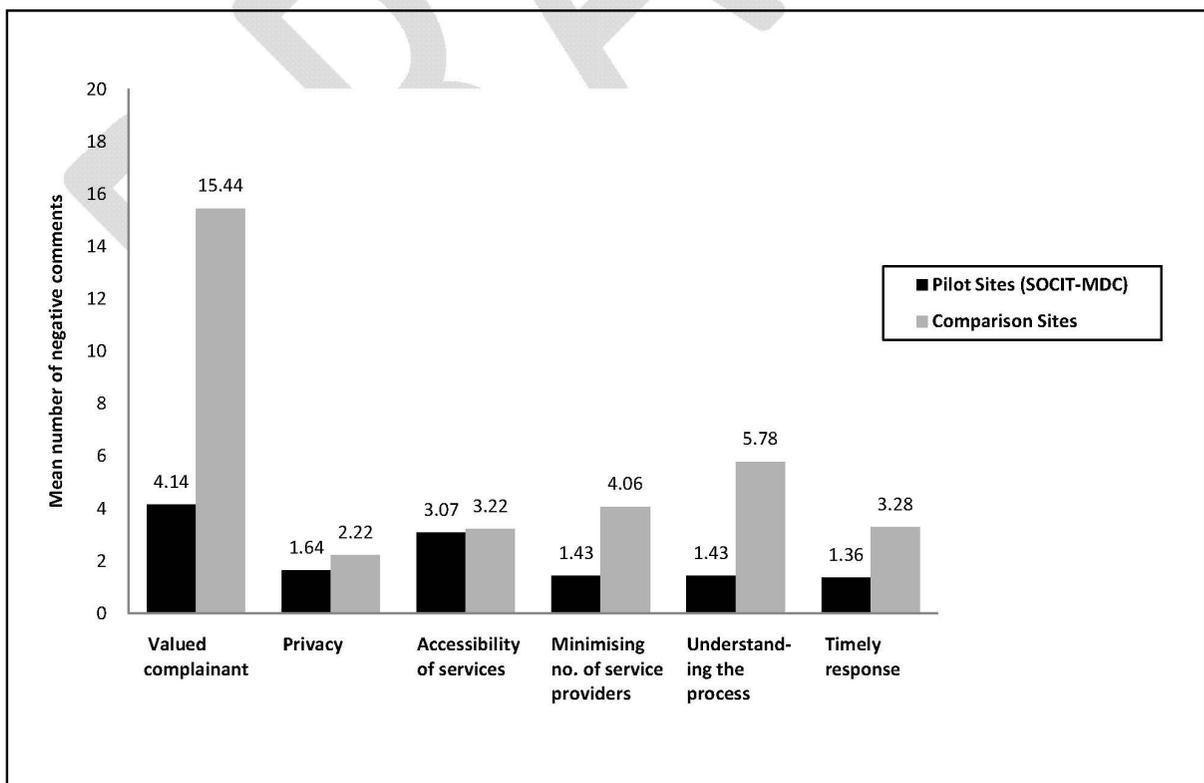


Figure 3. Mean number of *negative* comments across the six themes.

#### 4.0 Discussion

The main objective of this evaluation was to determine whether the response of Victoria Police to victims who report sexual assault has become more victim-centred under the new SOCIT-MDC model of service delivery. The current findings provide clear evidence to suggest that this is the case. This conclusion is justified by the two major findings of this evaluation, each of which is briefly discussed in turn.

First, our evaluation has demonstrated that the unique elements of the SOCIT-MDC model (compared to the older model of service delivery) are compatible with the core concerns of victims who report sexual assault. All the victims who were interviewed for the current research highlighted first and foremost the importance of being treated with dignity and respect, and six elements were perceived as critical in determining professionals' ability to provide this. These elements included: (1) treating victims as valued complainants; (2) providing privacy and anonymity to victims when reporting abuse; (3) minimising the number of case workers; (4) timely response of service providers; (5) accessibility of services, and (6) proficiency of service providers in keeping victims apprised of the legal status of their cases. Table 4 lists these elements along with a summary of victims' descriptions of the way in which these elements are ideally implemented by service providers on a practical level. Table 4 also lists those elements of the new reform that specifically target the issues raised by victims.

What is evident when reading Table 4 is that *all* of the elements raised by victims that directly relate to the police service are components that were specifically targeted in the design of the new SOCIT-MDC reform. For example:

- enhanced investigative interview training of SOCIT members directly targets victims' need to be able to tell their stories without being judged because the training focuses on establishing interviewer-victim rapport, keeping an open-mind and eliciting narrative responses

Table 4

Summary of victim needs and features of the SOCIT-MDC model designed to address these

<b>Themes</b>	<b>Victim's specific needs</b>	<b>Distinctive features of the SOCIT-MDC model</b>
Valued complainant	Having the victim's story heard and not judged, disregarded and/or dismissed	Enhanced interview training for SOCIT members
	Prioritising officers' investigative skills	All SOCIT members being detective trained
	Having investigators with specialised knowledge and experience	All SOCIT members being detective trained and enhanced interview skills
Privacy and anonymity	Police service not being identifiable	Neutral independent service facility
	Soundproofing of rooms	—
	Minimising access to victims' case files	Combining SOCAU and CIU role and co-location of services
Minimising the number of service providers	Consistency of case worker	Combining SOCAU and CIU role
Timely response	Immediate response of medical staff	Co-located service delivery
	Efficient statement taking and investigation process	Combining SOCAU and CIU role and more specialised interview training
	Assignment of a counsellor on request	Co-located service delivery
	Minimising delays of court process	—

Table 4 continued

<b>Themes</b>	<b>Victim's specific needs and recommendations</b>	<b>Distinctive features of the SOCIT-MDC model</b>
Accessibility of services	Not having to travel to different locations	Co-located service delivery
	Having the opportunity to interact with police informally prior to reporting	Co-located service delivery (i.e., counselling and police in one location)
	Accessibility of service by public transport	—
	Friendly entrance of service site and adequate temperature control	—
	After hours counselling service	—
Understanding and keeping appraised of legal status	Keeping appraised of case status during investigation process	Increased training and combining SOCAU and CIU role
	Keeping appraised of the court process	Increased training and combining SOCAU and CIU role

- combining the SOCAU and CIU role directly targets victims' need for a more specialised, streamlined and timely response and one where they are better appraised of the process
- co-location of services at an independent site directly addresses victims' need for accessible and non-stigmatising service delivery

The only aspects raised by victims in the interviews that are *not* directly addressed in the SOCIT-MDC reform relate to the location or design of the facilities, and service delivery provided by non-police professionals (e.g., delays in the trial process and accessibility of counsellors after hours). Overall, the themes raised in the victim interviews provide good support for the concept of operation underlying the SOCIT-MDC reform. In other words, the new model provides a good fit (conceptually) with victims' perceptions of what constitutes victim-centred and user-friendly service delivery for people who report sexual assault.

The second finding to support the success of the SOCIT-MDC reform relates to our comparison of victims' perceptions of their experiences across the pilot and comparison sites. All except one victim who experienced the SOCIT-MDC system reported satisfaction with the process and this satisfaction rate (93%) was significantly higher than that of victims who attended the comparison sites (56%). All victims within the SOCIT-MDC system stated that they would recommend reporting sexual assault to others, and of all the 25 victims we interviewed (collapsed across sites) all but 3 explicitly stated that they preferred the new model of service delivery. Further, victims who accessed the SOCIT-MDC model qualified their overall satisfaction by reporting more positive and less negative experiences compared to those from the comparison sites. Greater positive and/or fewer negative experiences was a robust finding that was evident across the individual themes<sup>13</sup>.

The process of being heard and having allegations of assault investigated thoroughly was particularly important to victims. Indeed, knowing that a competent and highly specialised investigator was working on their case was a major determinant of victims' satisfaction, more so than the outcome of the investigation, the personal qualities of the investigator or the victims' emotional connectedness with the investigator (particularly when the victim had access to counsellors). The heightened perception of being treated as a valued complainant

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<sup>13</sup> The only theme where there was no statistically significant difference in the number of positive and/or negative experiences between the pilot and comparison sites was timeliness of response. We suspect that this is due to lack of power (i.e., low *N*). In fact, the result of the *t* test on negative experiences was approaching significance ( $p = .09$ ).

within the SOCIT-MDC system is a particularly important finding of this evaluation. Prior research shows that the attitudes of police and the support they provide during the investigation are major factors in predicting attrition of cases (Felson & Pare, 2008; Frazier & Haney, 1996; VLRC, 2004). High attrition rates were a central criticism of the VLRC (2004) report, which provided a major impetus for the current reform. The current findings suggest there has been a major shift in police attitudes towards victims and prioritisation of sexual offences at the pilot sites and thus we would expect attrition rates to decline and reporting to increase as a result of this reform in the long term.

One of the strengths of the current study was the similarity of case profiles across the pilot and comparison sites. A limitation that needs to be acknowledged, however, is that victims who took part in our research were not randomly selected (14 were referred by police and 7 in particular came through SOCITs). This raises the question of whether the findings are generalisable to *all* victims who accessed the services at the pilot sites. However, we found no evidence to indicate that the recruitment process would have markedly skewed the results in favour of SOCITs. The recruitment procedure was consistent across the pilot and comparison sites, and the pattern of responses (overall satisfaction and disclosure of positive and negative experiences) appeared to be consistent irrespective of whether the victims were referred by SOCITs. Further, there were no comments or behaviours in the interviews to suggest that victims felt pressured to portray the police in a positive light. Indeed, many victims could not remember who referred them, all victims talked about the negative aspects of police service delivery quite openly and freely, and the only comment made about the selection process was by a woman who declared that she was referred to us by a SOCIT investigator because her perception was *not* entirely positive and she would therefore provide an interesting well-rounded perspective.

Importantly, support for our conclusion regarding the impact of the reform on victims is entirely consistent with the perception of the 90 stakeholders we interviewed for the first study

of this evaluation. Anecdotally, the stakeholders reported that co-location and increased specialisation of police had resulted in a more private, user-friendly, competent and streamlined response, thereby increasing victim reporting and wellbeing. Our conclusion regarding the impact of the reform on victims' perceptions and engagement in the investigation process would be strengthened by examining 'hard' indicators of these aspects (e.g., number of complaints withdrawn across the pilot and comparison sites is a reliable indicator of victim engagement). Analysis of the 'hard' indicators is the focus of the fourth and final report of our series of evaluation studies.

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**Appendix A. Summary of means and t test results comparing positive and negative details across pilot and comparison sites**

Themes	Details	<i>M</i> Pilot site	<i>M</i> Comparison site	<i>t</i> value	df	significance
Valued complainant	Positive	19.93 (19.37)	8.61 (11.01)	2.09	30.00	.04*
	Negative	4.14 (10.52)	15.44 (17.73)	-2.24	28.29	.03*
Privacy and anonymity	Positive	3.29 (3.12)	0.50 (1.25)	3.15	16.24	.01*
	Negative	1.64 (4.83)	2.22 (4.19)	-0.36	30.00	.72
Minimising service providers	Positive	4.29 (3.20)	1.11 (1.75)	3.59	30.00	.001*
	Negative	1.43 (1.70)	4.06 (3.64)	-2.49	30.00	.02*
Timely response	Positive	3.00 (2.72)	1.61 (3.24)	1.29	30.00	.20
	Negative	1.36 (2.24)	3.28 (3.59)	-1.75	30.00	.09
Accessibility of service	Positive	13.36 (8.32)	2.28 (3.66)	4.65	16.92	.00*
	Negative	3.07 (4.08)	3.22 (3.44)	-0.11	30.00	.91
Keeping appraised of legal status	Positive	7.64 (6.10)	3.67 (4.55)	2.12	30.00	.04*
	Negative	1.43 (2.59)	5.78 (7.06)	-2.41	22.53	.02*
Total (collapsed across themes)	Positive	51.50 (35.09)	17.78 (19.04)	3.24	18.88	.004*
	Negative	13.07 (18.00)	34.00 (28.73)	-2.52	28.87	.02*

NB: Standard deviations appear in parentheses. For analyses where Levene's test of equality of error variances was violated, unequal variance estimates were interpreted. \*indicates a statistically significant difference between the pilot and comparison sites.

**Appendix B****Example of positive and negative comments**

<b>Theme</b>	<b>Positive Comment</b>	<b>Negative Comment</b>
Being treated as a valued complainant	They never once made you feel it was your fault or anything (Pilot site).	I didn't feel like they were really going to follow through or take it seriously (Comparison site).
	The reporting was great because I was with professionals who specialised in the field (Pilot site).	They wouldn't return your phone calls so you got the feeling that it wasn't very important (Pilot site).
	He didn't want it to rest, I could see that determination, and that gave me a lot of faith (Comparison site).	It was the most invalidating experience of my life to be told that it didn't happen, when it really did (Comparison site).
Privacy and anonymity	It's comforting knowing that unless somebody else has experienced this or either works here, they don't know what building you're going into (Pilot site).	Sometimes I can hear someone upset or someone yelling or when they're talking in the next room (Pilot site).
	It's very helpful not having the name of the place on the front door (Pilot site).	I walked into one of the rooms and all these people were watching videos from my case and it was awkward (Comparison site).
	I always feel like my privacy is the number one priority (Pilot site).	Oh it's fine in this room but not in the interview rooms. The walls are so thin you can hear everything going on (Pilot site).

Theme...continued	Positive Comment	Negative Comment
Accessibility of services	<p>It's important cause you don't have to go shopping for things [the various services], everything's in the one spot (Pilot site).</p> <p>When you walk in here it's very warm and welcoming, not like a normal police station (Pilot site).</p> <p>The police were here and then they got a doctor and they got a social worker so it was all waiting (Pilot site).</p>	<p>SOCIT should be out there more in the mainstream because it can't be found easily when you need it (Pilot site).</p> <p>I'm trying to tell them that I need help but both ladies said we don't work after hours, that doesn't make sense to me (Comparison site).</p> <p>It's nowhere near any public transport (Pilot site).</p>
Minimising the number of people involved	<p>I didn't have to explain my whole story or the whole case or where things were at because I was only dealing with one or two police members (Pilot site).</p> <p>It's good that you're in the one area and it's a team, so you don't have to tell more and more details to all these different people (Comparison site).</p> <p>What made it easy to confide in that person was knowing that you only had to deal with and tell everything to that one person (Comparison site).</p>	<p>I would have preferred someone from the start to go through the whole process with me (Comparison site).</p> <p>It was just a bunch of people knowing all different bits and pieces (Comparison site).</p> <p>I said "No". There are already enough people working on the investigation and I prefer that I don't have to tell my story again (Pilot site).</p>

Theme...continued	Positive Comment	Negative Comment
Understanding the process/ keeping informed	<p>She let us know the ins and outs of everything (Comparison site).</p> <p>He was really, really great and gave me all the information I needed (Comparison site).</p> <p>They let me know all the time what was happening (Pilot site).</p>	<p>They didn't understand the importance of keeping the victim in the loop (Comparison site).</p> <p>They don't tell us anything, I had to call up and ask if he'd been charged (Comparison site).</p> <p>Then you don't hear anything and you think, 'what are they doing, anything'? Have they forgotten my case? (Pilot site).</p>
Timely Response	<p>They were great they were actually onto it straight away so I felt protected (Comparison site).</p> <p>It came around pretty quickly, I didn't think it was going to be that fast (Comparison site).</p> <p>They had that sense of urgency to look after you (Pilot site).</p>	<p>Knowing that it wasn't moving through the CIU was definitely a limitation (Comparison site).</p> <p>They could have been more instant, it took them about a week and half to organise a counsellor (Comparison site).</p> <p>I guess it's the length of time, like waiting over a year because you don't want to keep on remembering things you want to blank it out of your mind and get on with your life (Pilot site).</p>