

Information current as at 10 January 2019

# Minister/DG meeting

Lead area: Health Support Queensland

Topic area: Sexual Assault

## Background

On 8 January 2019 the Brisbane Times reported on the difference in the forensic medical examination pathway for sexual assault victims in Queensland compared to other jurisdictions. In Queensland, forensic evidence is only collected in sexual assault presentations if victims decide to report the assault to police at the time of presentation, while in other jurisdictions evidence may be collected and retained for a period 'just in case'.

## Update

A pilot program is currently underway in Townsville to assess the effectiveness of an extended model of support provided to victims of sexual assault. The pilot program is not a trial of "just in case" sexual assault examinations only, but aims to assess the effectiveness of a specialist 24/7 sexual assault service that includes social work support provided to victims of sexual assault.

The project is being undertaken by the Sexual Assault Response Team (SART) in Townsville, a collaboration between The Women's Centre (North Queensland Combined Women's Services), Queensland Police Service's Child and Sexual Assault Unit, the Townsville Hospital and Health Service, and Queensland Health's Clinical Forensic Medical Unit (CFMU).

The 2-year pilot project is funded by the Department of Communities, Disability Services and Seniors. Funding ends in June 2019. Continued funding for the program is being sought by The Women's Centre from the Department of Communities, Disability Services and Seniors to continue the program locally.

The SART provides a single point of contact for victims of sexual assault to access a 24/7 service which is professional, non-judgemental, free and strictly confidential. The SART is provided by specialist sexual assault support workers, detectives, hospital clinicians and CFMU forensic nurse examiners.



The reference to “just in case” refers to the ability for a victim of sexual assault to be examined with forensic evidence collected and provided to QPS but to defer a decision to progress their complaint with police. Once completed, the sexual assault kit is collected by police and held in secure evidence storage to maintain the chain of custody. Police investigation will only proceed if the victim decides to make a statement. In Townsville, QPS follow up the victim to see if they wish to proceed for up to 28 days, and store the specimens for a further 90 days. A diagram is attached which illustrates the Townsville SART process in full.

An evaluation is underway to assess the effectiveness of the SART trial. However, the CFMU has collected data on the number of forensic examinations undertaken and the proportion of the cases that progress to a complaint for investigation by police. Data from October 2018 shows that since commencement of the trial, the number of reported sexual assaults has increased from 106 in 2015-16 to 142 in 2017-18; the number of forensic examinations has more than doubled from 20 in 2015-16 to 44 in 2017-18, and the number of complaints withdrawn has halved from 44 in 2015-16 to 22 in 2017-18. Before the introduction of the trial, many complaints were withdrawn within the first day. This may have translated to fewer forensic examinations. Graphs showing these trends are attached. Whilst the increase in forensic examinations conducted is encouraging of the benefits of the Townsville trial, it is important to note that there is no data yet showing that the absolute increase in forensic examinations performed has translated to an increase in convictions. Data from a QPS presentation in 2016 suggests that for 1,000 victims, 140 are reported to police, 42 are prosecuted, 8 go to trial, and only 1 is convicted.

Currently QPS in Townsville and the CFMU staff in Townsville are correlating the number of samples that arise from victims who initially did not formalise their complaint, and how many of these have progressed to formalised action (provided statement etc). This data should be available in March 2019.

### **Further Context**

A senior forensic physician from the Victorian Institute of Forensic Medicine (VIFM) indicates that only 1 case per month (35 over 5 years) in Victoria is from a victim who is ‘unsure’ of whether to proceed to provide police with a statement at the time of collection. This is out of 450 samples per year. Only approximately 1 case per year of these ‘unsure’ victims proceeds to formalise their complaint with police. Another senior forensic physician from the VIFM advised that a ‘just in case’ service is discouraged as it limits the opportunity for thorough and impartial evidence collection as it does not involve clothing collection, crime scene analysis, or offender examination.

Notwithstanding the low number of 'just in case' services provided in Victoria and the limitations of 'just in case' evidence collection, the inclusion of having forensic samples taken without a formal complaint can be considered more person-centred compared to requiring a victim to make a decision on having a forensic examination at the time of the incident (noting the emotional wellbeing of victims at this time).

The current approach in Queensland does not appear to provide sexual assault victims as much time to determine if they wish to proceed with police action compared to other states, and internationally. Consultation with other jurisdictions by the Prevention Division indicates that 'just in case' services operate at least in some extent also in South Australia and Western Australia. New South Wales has a thorough policy which considers issues of consent by the victim for police involvement but forensic examination and sample collection does not depend on this decision. In some jurisdictions, specimens are retained by the hospital/ sexual assault service and in others provided to Police. Internationally, the medical literature suggests that between 2006 and 2017 UK services moved from the norm being a requirement for police involvement to dedicated sexual assault services not requiring such involvement. In Norway, police reporting is not required. In the US, federal legislation mandated states not require police involvement before samples are collected.

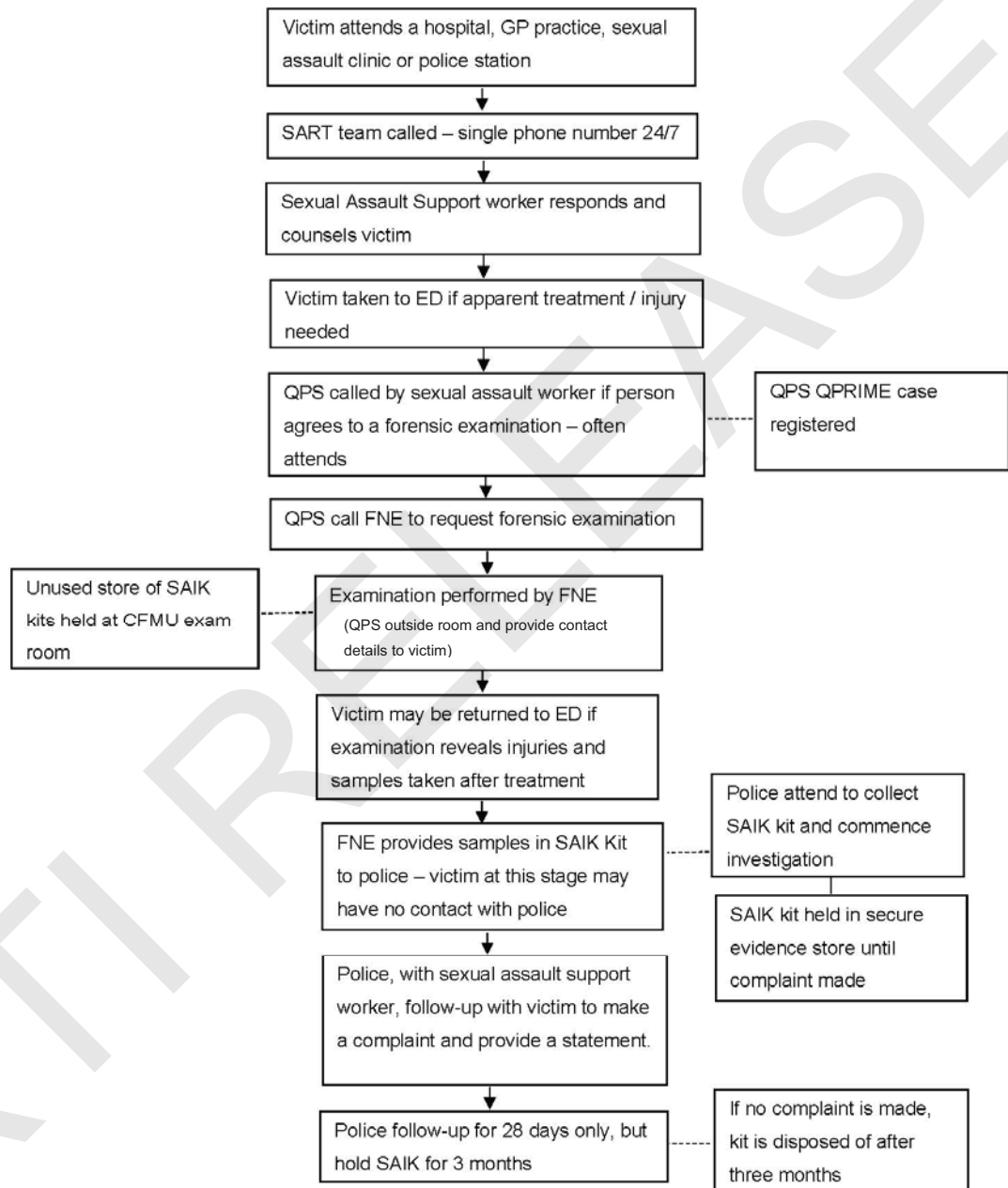
A desktop review of Hospital and Health Services policy, procedures and forms has been undertaken within the time permitted to allow this brief to be compiled. It has identified that most large HHSs have similar process documents and that these refer to an early decision point by the victim. The Townsville HHS appears unique in the approach documented above. One form requiring signed consent about the pathway to be followed has been referred to the Director-General.

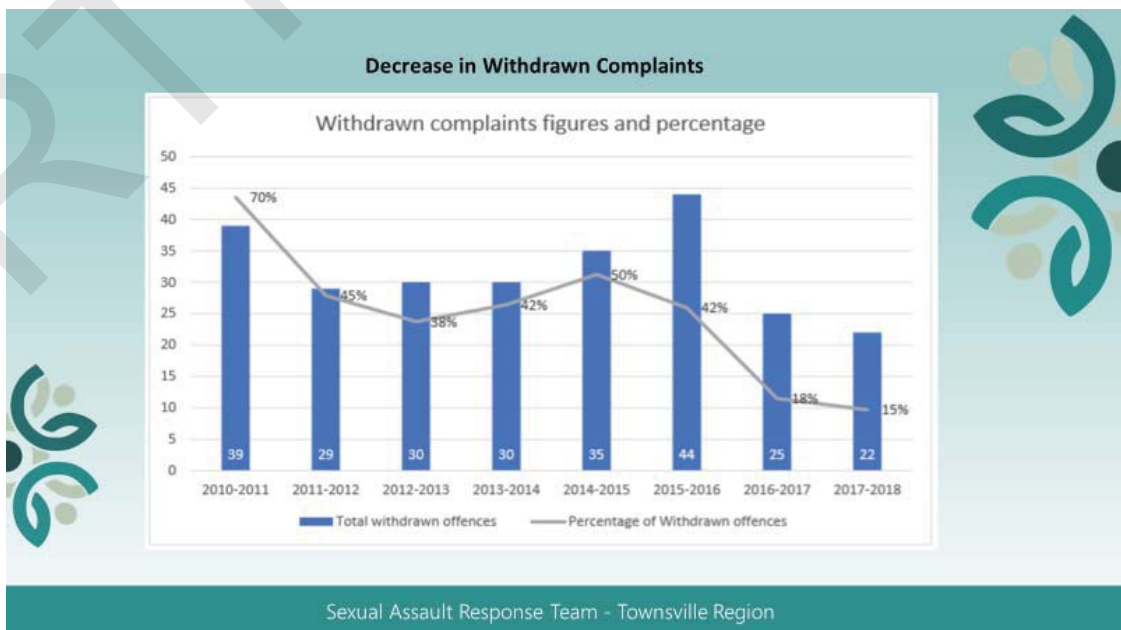
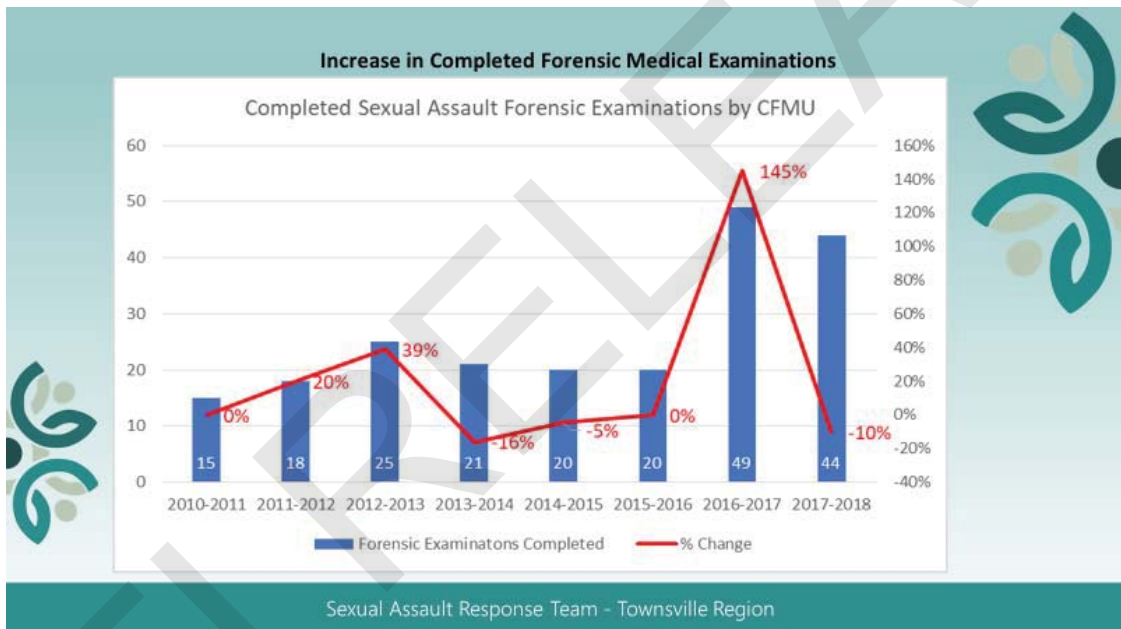
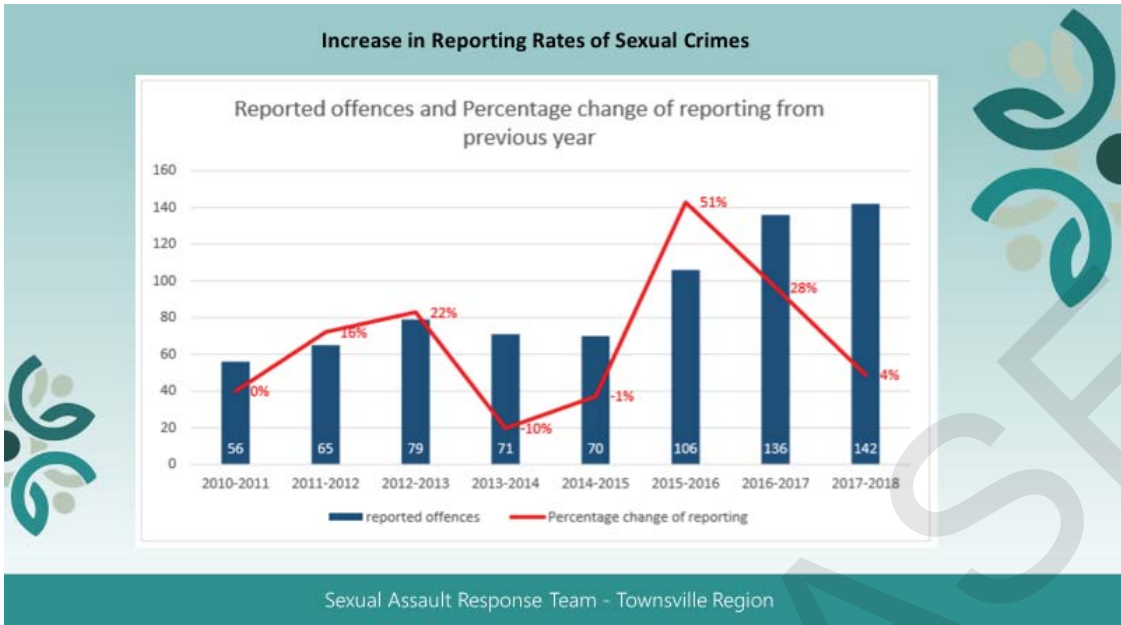
### **Moving Forward**

Given the critical involvement of QPS in the Townsville pilot, any decision to alter practice on a state-wide basis needs to occur in close collaboration with QPS. Further, as Government supports NGO-based sexual assault services across the State, collaboration with these entities as well as the Department of Communities, Disability Services and Seniors would be required. It is likely that any supplementation of current service pathways (such as implementing the Townsville SART process state-wide) would require added resourcing, which is yet to be costed. Issues for consideration include staffing, training, the storage of specimens whilst maintaining the chain of evidence, how will victims be followed up, the need for close liaison with QPS, the appropriate area to have responsibility to deliver services (eg HHS) and the method of mandating processes.

It is proposed that an options paper be produced including consultation with stakeholders to more fully consider and present the issues and an optimal way forward. To ensure alignment with the budget cycle, a draft will be provided by the end of February 2019.

### Townsville Sexual Assault Response Team (SART) Process Map





| Year         | Total SAIKs received* | Items requiring testing** |
|--------------|-----------------------|---------------------------|
| 1/01/2007    | 284                   |                           |
| 2008         | 293                   |                           |
| 2009         | 279                   |                           |
| 2010         | 287                   |                           |
| 2011         | 239                   |                           |
| 2012         | 261                   |                           |
| 2013         | 223                   |                           |
| 2014         | 255                   |                           |
| 2015         | 289                   |                           |
| 2016         | 323                   |                           |
| 2017         | 365                   |                           |
| 22/01/2018   | 49                    | 14                        |
| <b>Total</b> | <b>3147</b>           | <b>14</b>                 |

Data has been obtained from a forensic database and specifically pertains to sexual assault investigation kit items (not sexual offences in general)

Interpretation of the RTI (translated as to what it means to FSS)

\*Total Sexual Assault Investigation Kits received by Forensic DNA Analysis from the 01/01/2007 to 22/01/2018.

\*\*Received and stored at Forensic and Scientific Services

Forensic and Scientific Services

HealthSupport Queensland

**RTI #4896**

01/01/2017 – 14/01/2019

## Sexual Assault Investigation Kits

### Number received for testing –

2017 – 365

2018 – 369

2019 – 20

### Number processed

2017 – 365

2018 – 369

2019 – 20

### Number unprocessed in any storage facilities currently under Qld Health Jurisdiction and control

Zero kits unprocessed at FSS in Brisbane.